

Presentation Objectives

- Background
- Update Council and community on the annual results of the ambulance services agreement.
 - City's overview of performance benchmarks
 - Provider's perspective
 - Clinical performance assessment



Prior Council Review

- 2013 2014 Council policy direction to establish an ambulance service contract reporting to the City of Vancouver.
- 2015 First year report on service levels
- 2016 Report on service levels

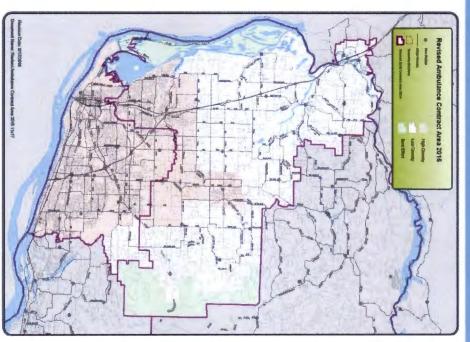


Presentation Overview

- Contract Service Area
- Response time performance standard
- Innovation
- Public Relations & Community Education
- Financial



Contracted Service Area



Response Time Performance

Alarm Type	Standard	2016 Actual	2016 Count
Priority 1 and 2 – High Density	9:59	09:52	15,356
Priority 1 and 2 – Low Density	19:59	17:14	1,403
Priority 3 and 4 – High Density	12:59	12:20	11,590
Priority 3 and 4 – Low Density	19:59	17:56	886
Priority 5 and 6 – High Density	17:59	15:39	9,015
Priority 5 and 6 – Low Density	29:59	23:29	539
Routine – EMSD2 Area Only – Scheduled (12 hr pre-scheduled)	≤ 15 mins	06:03	300
Routine – EMSD2 Area Only – Non Scheduled (less than 12 hr pre-scheduled)	≤ 60 mins	36:37	3,598



Innovation

- Pit Crew CPR
- Stroke Interventions (taking stroke patients right to the CT Scanner)
- First Pass Integration with First Watch
- Identifying frequent users of the 911 system



Public Relations / Community Education

Торіс	Attendance	Hours	County
Community Events	4500		
Hands Only CPR	1500	144	Clark
Health Fairs	1868	202.5	Clark
Car Seat Installation Clinics	423	208	Clark
Fall Prevention	215	5	Clark
Ambulance Show and Tells	2351	108	Clark
Car Seat Tech Class	44	28	Clark
Safe Kids	96	34.5	Clark
Total	6497	730	



Financial Review

- Financial Considerations
 - Franchise Fee for Oversight
 - Viable & sustainable
 - Patient Charges
- One Year Results
 - Franchise fee increased by 3% for 2017
 - Financial results for the first two years indicate the contract with the City is financially sustainable for the provider.
 - Patient rates increased by 3% as agreed to in the contract.



Clinical Performance Assessment - Dr. Wittwer

- Medical Program Director (MPD) Responsibilities
 - County Medical Control
 - Supervise Training and Audit Performance
 - Certification of Personnel
 - Counseling and Remedial Action
 - QI Program Development and Implementation
- Medical Director's perspective on the City administering the AMR contract



Cardiac Arrest

Cardiac Arrest

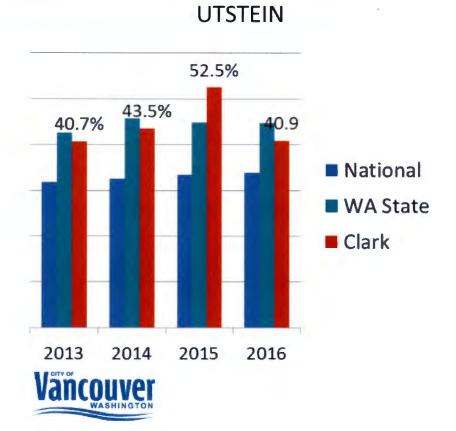
- WACARES
- O Citizen CPR
 - Pulsepoint
- O EMD CPR
- AED Program
 - PAD
 - Law Enforcement
- Pit Crew CPR

Two steps to save a life:

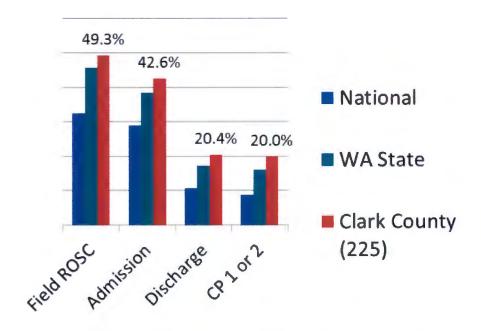




Cardiac Arrest



Overall OHCA Survival 2016



Ambulance Contract Annual Report - 12

Clinical Performance Assessment - Conclusion

Continued Enhancements

- Integrated Data
 First Response Transport
 Dispatch EMS Hospital
- PULSARA
- Improved OHCA Survival
- Patient Outcome

- KPI Monitoring
 - STEMI
 - Stroke
 - Trauma
- Integrated Healthcare
 - Alternative transport
 - Partnering resources



Ambulance Contract Annual Report - 13

Next Steps/Timeline

- Brief other jurisdictions within the contract service area on contract performance.
- Deliver a published annual report of contract performance to Council.
- Continue the City's approach to working closely with AMR to ensure delivery of the best results for the residents.
- Continue monthly monitoring of performance results.



