Health, Housing & Human Services
CLACKAMAS COUNTY

Mary Rumbaugh
Director

MEMORANDUM

TO: Clackamas County Board of Commissioners

FROM: Mary Rumbaugh, H3S Director and Kim La Croix, Public Health Director

RE: Progress update on the new performance-based ambulance contract with AMR

DATE: September 9, 2026

REQUEST: This update is informational only, no action requested at this time.

BACKGROUND: The Board of County Commissioners executed a long-term performance-based franchise agreement with American Medical Response (AMR), Northwest Inc. on July 31, 2025. The contract contains new requirements, including:

- Clinical performance metrics with incentives
- Revised response time requirements with incentives and liquidated damages (fines)
- Nurse navigation and secure transport services
- New compliance review processes to increase transparency
- Performance improvement process requirements
- New technology and equipment (data dashboards, electronic charting systems, etc.)
- Option to allow Basic Life Support (BLS) ambulances

Full implementation of these new requirements continues to occur. This memo provides an overview of AMR's contract performance from August 2025, through July 2026. Response time compliance is shown from January 2026 through July 2026, as the data collection system went live in January 2026. Public Health provided an initial update in February 2026 and will continue to provide semi-annual updates to the BCC.

RECOMMENDATION: This update is informational only, no action requested at this time.

Respectfully Submitted,

Mary Rumbaugh

Mary Rumbaugh, H3S Director

Attachments: AMR Performance Data and Service Updates

Attachment: AMR Performance Data

AMR Response Time Compliance

Staff use a tool called First Watch Online Compliance Utility (OCU) to track AMR's compliance with the contract. The system is fully operational (as of January 2026) and provides a reliable and sustainable way to monitor compliance and report on contract performance.

Response time compliance for January through July 2026 has been adjudicated through OCU and is shown in the tables below. AMR is required to meet non-emergent (code 1) and emergent (code 3) response times in Urban, Suburban, Rural, and Frontier zones 90% of the time. Code 3 response times fell below the 90% threshold in the Urban and Suburban zones in January and in the Urban zone in February. From March through July, AMR met the 90% response time requirements in all zones for both code 1 and code 3.

The Agreement includes a nine-month ramp-up period during which incentive credits were waived while the KPIs were being established. As a result, liquidated damages were not assessed for the January and February response-time deficiencies, as AMR had not yet been provided the opportunity to earn incentive credits to offset potential damages.

AMR adjusted its ambulance deployment to reflect the new contract requirements and the increased number of patient transports following Clackamas Fire District's transition away from providing transport services. To meet this increased demand, AMR has added additional ambulance units and updated its deployment plan to better align resources with system needs and support ongoing compliance with the Franchise Agreement.

AMR Response Time Compliance by Zone

Period: Jan 01 2026 to Jan 31

Priority	Zone	Response Time Compliance
Code 3	Urban	86.75%
	Suburban	89.01%
	Rural	94.06%
	Frontier	--
Code 3 Total		87.66%
Code 1	Urban	90.55%
	Suburban	96.33%
	Rural	94.52%
	Frontier	--
Code 1 Total		91.32%

Period: Feb 01 2026 to Feb 28

Priority	Zone	Response Time Compliance
Code 3	Urban	87.71%
	Suburban	94.47%
	Rural	92.11%
	Frontier	--
Code 3 Total		88.85%
Code 1	Urban	92.37%
	Suburban	94.49%
	Rural	91.43%
	Frontier	--
Code 1 Total		92.53%

Period: Mar 01 2026 to Mar 31

Priority	Zone	Response Time Compliance
Code 3	Urban	90.17%
	Suburban	93.94%
	Rural	92.59%
	Frontier	100.00%
Code 3 Total		90.83%
Code 1	Urban	93.73%
	Suburban	95.68%
	Rural	94.79%
	Frontier	--
Code 1 Total		93.97%

Period: Apr 01 2026 to Apr 30

Priority	Zone	Response Time Compliance
Code 3	Urban	91.39%
	Suburban	93.99%
	Rural	94.74%
	Frontier	100.00%
Code 3 Total		91.94%
Code 1	Urban	93.37%
	Suburban	95.06%
	Rural	97.22%
	Frontier	--
Code 1 Total		93.71%

Period: May 01 2026 to May 31

Priority	Zone	Response Time Compliance
Code 3	Urban	91.84%
	Suburban	97.52%
	Rural	97.60%
	Frontier	100.00%
Code 3 Total		93.03%
Code 1	Urban	93.07%
	Suburban	94.66%
	Rural	93.88%
	Frontier	100.00%
Code 1 Total		93.31%

Period: Jun 01 2026 to Jun 30

Priority	Zone	Response Time Compliance
Code 3	Urban	93.01%
	Suburban	95.88%
	Rural	93.33%
	Frontier	100.00%
Code 3 Total		93.39%
Code 1	Urban	95.66%
	Suburban	98.00%
	Rural	97.32%
	Frontier	100.00%
Code 1 Total		96.05%

Period: Jul 01 2026 to Jul 31

Priority	Zone	Response Time Compliance
Code 3	Urban	91.60%
	Suburban	92.34%
	Rural	94.12%
	Frontier	100.00%
Code 3 Total		91.90%
Code 1	Urban	94.15%
	Suburban	93.44%
	Rural	95.24%
	Frontier	--
Code 1 Total		94.15%

Key Performance Indicator (KPI) Development Update

The new ambulance service contract added requirements to measure and report clinical performance. Staff have been working closely with the EMS Medical Director and AMR to establish the necessary processes to measure and report performance related to KPIs, beginning with STEMI (heart attack) care. After further discussion with staff, AMR's clinical team, and the County Medical Director, the KPI measurements were adjusted to better measure the care being performed.

Instead of measuring and reporting on each individual piece of care, which can be heavily dependent on whether a specific action was documented (such as was aspirin administered), performance will be measured by the "bundle of care" and dedicated 12 lead timeliness. The bundle of care looks at the overall clinical response, including timely completion of a 12-lead, appropriate medications, and hospital alert time. The 12-lead timeliness measure evaluates the amount of time between providers arriving on scene and completion of the 12-lead.

Reporting under the new contract began in May, and AMR is meeting the established performance requirements as of this report. Compliance is measured by the number of total cases that fell under this call type, divided by the number of cases that "performed as expected" or met the measurements.

GMR Medicine AMR CLACKAMAS COUNTY CLINICAL SERVICES

ACS Bundle of Care - 2026 Northern Pacific Region (Clackamas)				Compliance ≥75%		Incentive ≥95%
Month	**Number of Cases**	**Performed as Expected**	**Verification %**	**% Change**	**Perceived Barriers**	**Action Plan**
January	22	16	72.7%			Monitor
February	31	26	83.9%	11.1%		Monitor
March	28	21	75.0%	-8.9%		Monitor
April	16	14	87.5%	12.5%		Monitor
May	19	16	84.2%	-3.3%		Monitor
June	22	19	86.4%	2.2%		Monitor
July	16	16	100.0%	13.6%		Monitor

GMR Medicine AMR CLACKAMAS COUNTY CLINICAL SERVICES

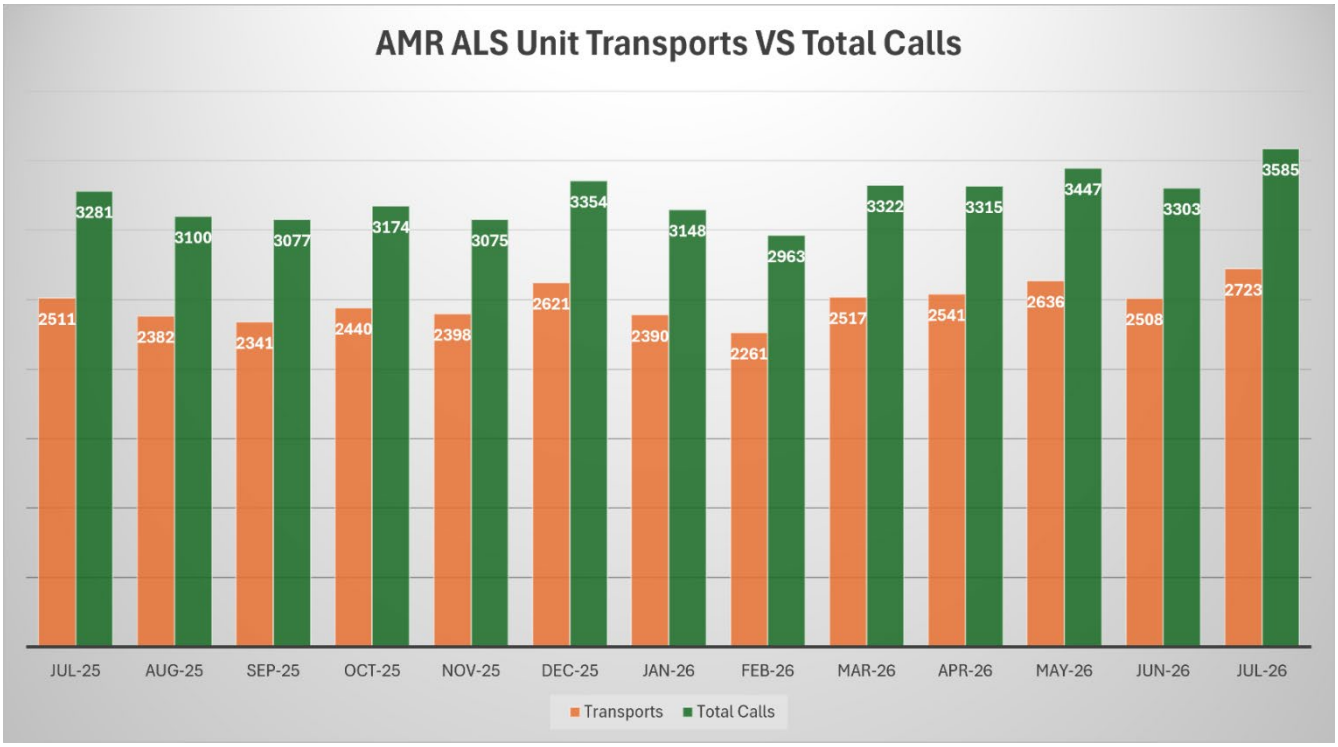
ACS 12 Lead Timeliness - 2026 Clackamas County				Compliance ≥65%		Incentive ≥95%
Month	**Number of Cases**	**Performed as Expected**	**Performance %**	**% Change**	**Perceived Barriers**	**Action Plan**
January	112	65	58.0%			
February	133	83	62.4%	4.4%		
March	108	77	71.3%	8.9%		
April	126	82	65.1%	-6.2%		
May	112	84	75.0%	9.9%		Monitor
June	120	84	70.0%	-5.0%		QI Committee review
July	121	82	67.8%	-2.2%		QI Committee PDSA-stickers

Patient Transport Rates

Current patient transport rates under the AMR Ambulance Service Agreement are $4,002.56 for the base transport rate and $83.84 per mile. In accordance with the contract, AMR received a rate increase in January 2026 and was eligible for a Consumer Price Index (CPI)-based rate adjustment that went into effect in July 2026. Beginning in July 2027, rate adjustments may occur annually each January in accordance with the agreement.

AMR Patient Incident and Transport Volume

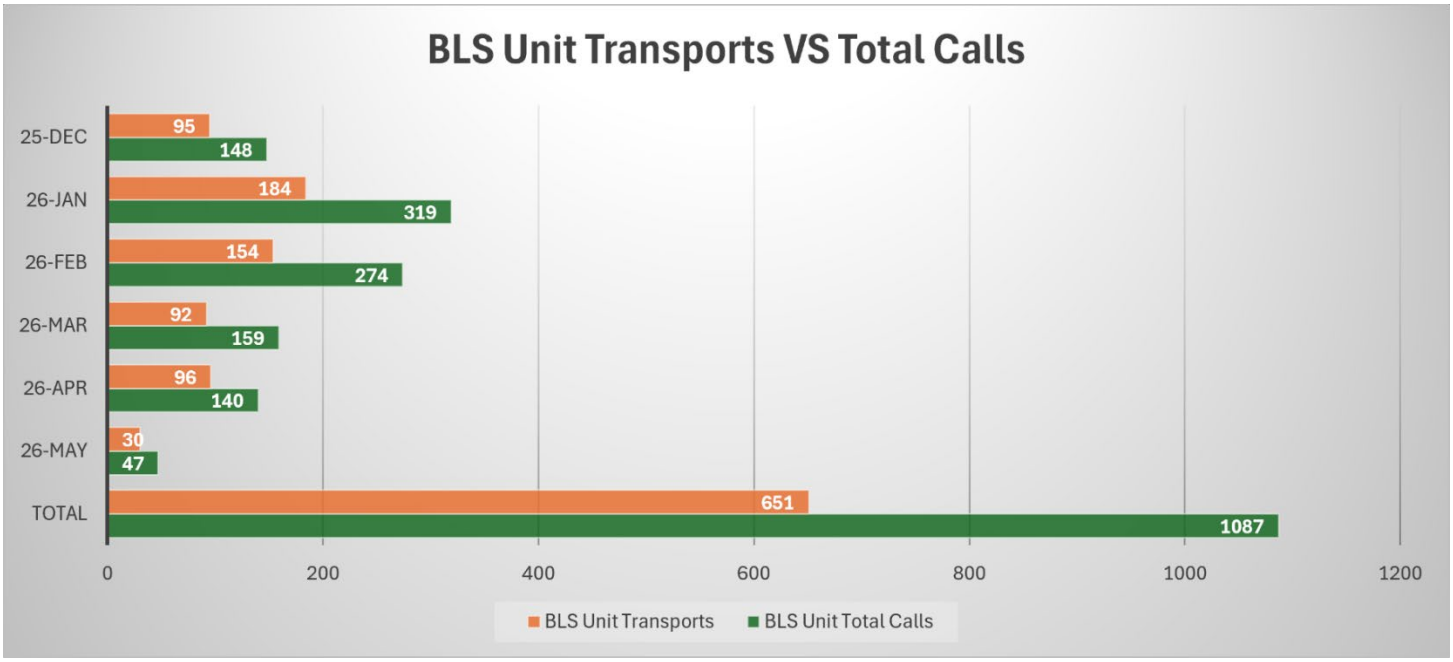
The graph shows the AMR total calls and transport volume from July 1,2025 through July 30, 2026. Transport volume represents the number of patients transported by ambulance following an EMS response. The graph illustrates overall EMS demand and the proportion of calls that ultimately result in ambulance transport.



Basic Life Support (BLS) Transport Units Added

AMR introduced Basic Life Support (BLS) ambulances into the system in December 2025. BLS ambulances are staffed by two Emergency Medical Technicians (EMTs) and are intended to respond to lower-acuity incidents, allowing Advanced Life Support (ALS) ambulances, staffed by a paramedic and an EMT, to remain available for more serious emergencies.

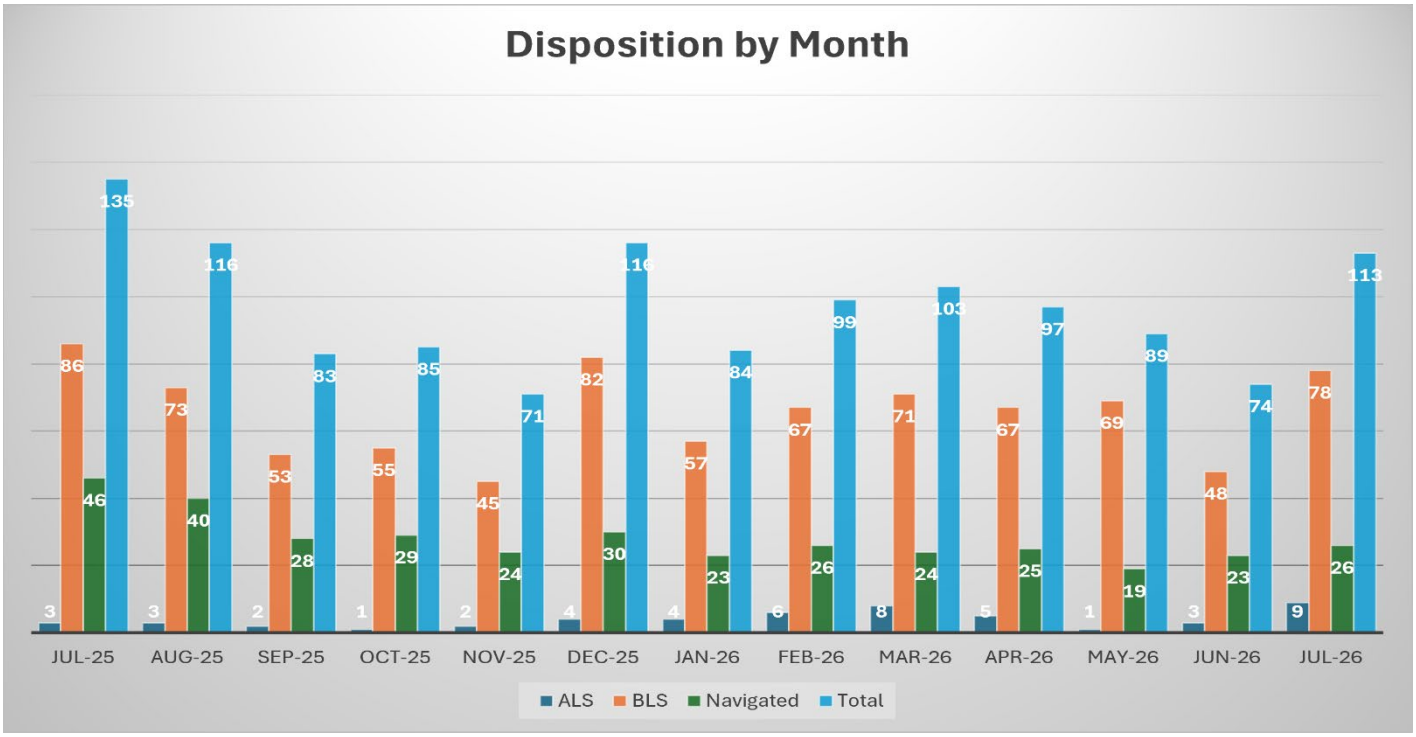
After several months of operation, AMR determined that the current call volume and dispatch criteria did not support the efficient use of dedicated BLS ambulances as evidenced by the graph below. To improve operational flexibility, the BLS ambulances were converted to ALS units. AMR and system partners plan to revisit the use of dedicated BLS ambulances in the future as dispatch criteria are updated to identify more incidents that can be safely managed by BLS crews. The goal is to make the best use of available EMS resources while ensuring patients receive the appropriate level of care.



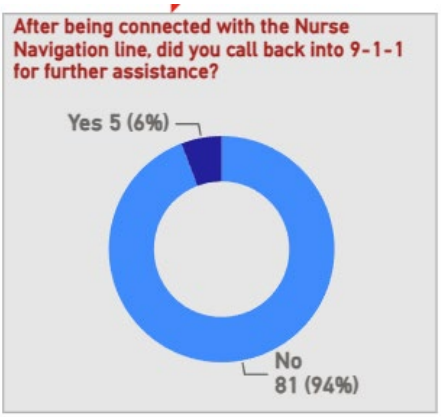
Nurse Navigation Update

The Ambulance Service Contract requires AMR to maintain funding for Nurse Navigation Services. Nurse navigators use evidence-based clinical protocols to assess a caller's condition and connect them with the level of care that best meets their needs. Depending on the situation, this may include arranging a ride-share to an urgent care clinic, scheduling an appointment at a Federally Qualified Health Center, or connecting the caller with a physician for virtual care. Nurse Navigation helps ensure people receive appropriate care without automatically relying on ambulance transport or an emergency department visit. This reduces strain on the EMS system and helps keep ambulances available for emergencies that truly require emergency response and transport.

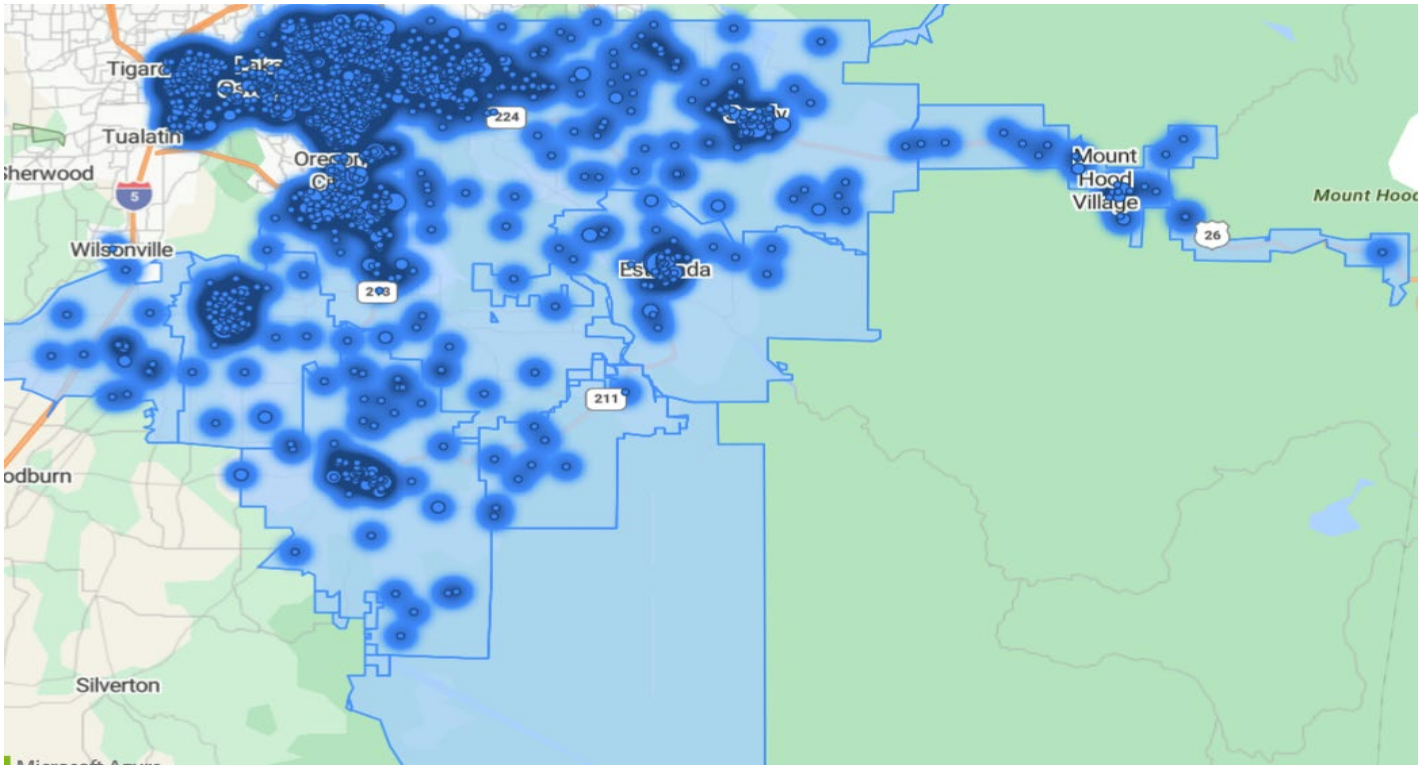
Below is an update on the services provided from July 1, 2025, through July 31, 2026. The Nurse Navigation Program had 1,265 calls over the 12-month period.



As part of the Nurse Navigation process, after the call has been completed, patients are contacted regarding their experience. Average satisfaction scores remain high (4.75/5) and most participants do not call back to 911 after connecting with the Nurse Navigation line.

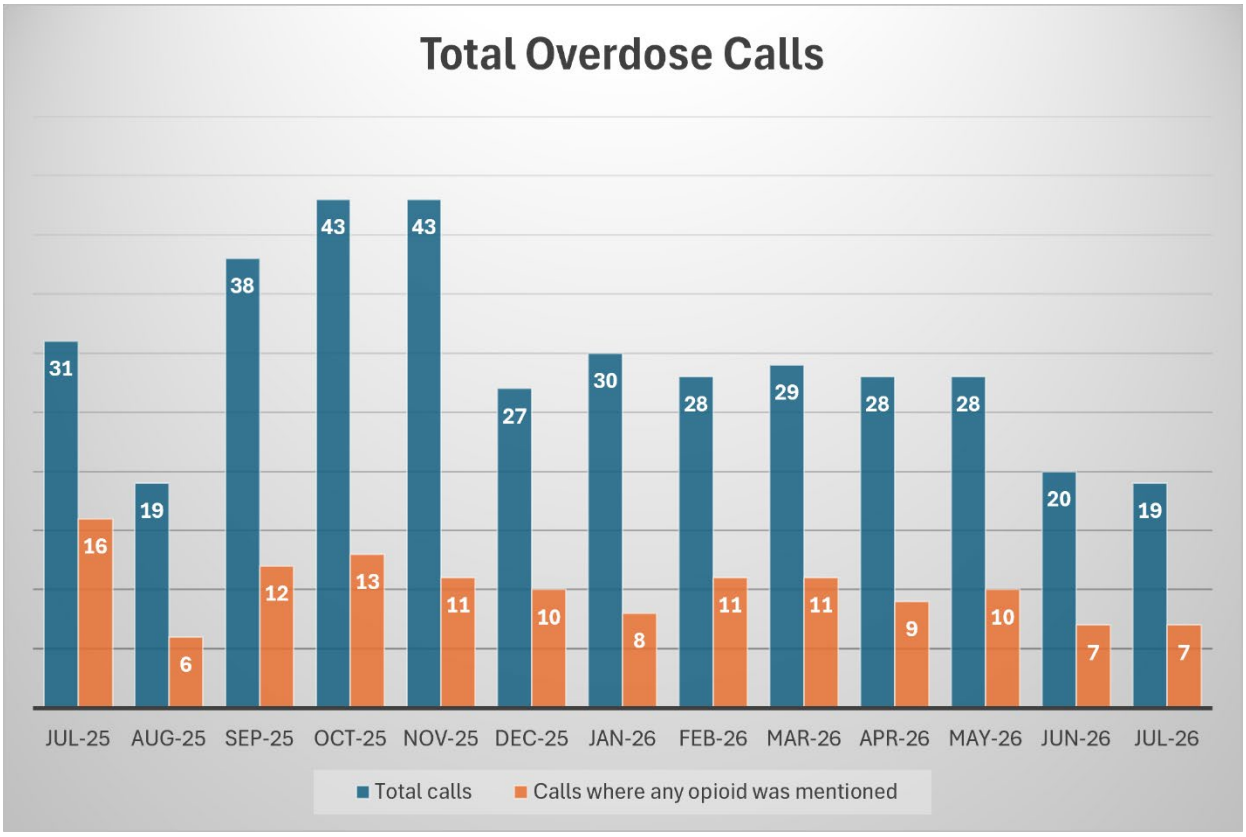


Nurse Navigation has been accessed all over the county, with most calls being in the Urban areas. See below for more details.



Opioid Response

Over the past 12 months, 383 EMS calls were related to overdoses, both accidental and intentional. 259 doses of Naloxone were administered by either bystanders, first responders, or EMS. Of the 383 overdose calls, over one third were related to opioid use. After a surge in 2024, opioid related events have decreased and remained steady in 2026.



Attachment: Service Updates

High Rocks River Rescue Program

The High Rocks River Rescue Program was implemented under the previous AMR ambulance service agreement and operated annually from Memorial Day through Labor Day. Under the current ambulance service agreement, the program is no longer a required contractual service and therefore requires external funding to continue.

Following discussions among Clackamas County, the Cities of Gladstone and Oregon City, and AMR, the parties entered into a one-year Intergovernmental agreement (IGA) to support the 2026 river rescue season. Program costs will be shared equally among the three public agencies as a temporary, stop-gap measure.

The County's participation in the 2026 IGA is intended to provide time for the partner agencies to identify a sustainable funding model. It is not intended to establish an ongoing County funding obligation. Continued operation of the program beyond the current IGA will require a long-term funding solution that does not rely on future County financial support.

Recent data from High Rocks River Rescue activations demonstrate the ongoing need for water-safety interventions at this location. During Memorial Day weekend and the June 13-15 heat event, nearly 3,500 visitors were observed at the park. Fewer than 30% of children and fewer than 5% of adults were documented as wearing a personal flotation device (PFD), highlighting the continued water-safety risk at High Rocks.

Reach & Treat Wilderness Medical Program

Under the new AMR ambulance service agreement, the AMR Reach & Treat Wilderness Medical program was provided through April 30, 2026, and then discontinued.

County staff and AMR collaborated with stakeholders to evaluate options for the program’s future. To help fill the gap of the discontinued AMR Reach & Treat program, three search and rescue teams, the Hood River Crag Rats, Portland Mountain Rescue, and PNWSAR, formed Search and Rescue Advanced Life Support teams. These teams consist of a skilled group of volunteer paramedics, nurses, nurse practitioners, physician associates, and doctors who provide advanced medical care in remote locations where conventional services cannot easily reach. This is an excellent example of regional collaboration and dedication of our search and rescue teams.