

MEMORANDUM

TO: Clackamas County Board of Commissioners
FROM: Mary Rumbaugh, H3S Director and Kim La Croix Public Health Division Director
RE: American Medical Response Northwest Contract Progress Update
DATE: March 10, 2026

REQUEST: None, informational update only.

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 is occurring over time. As with any new contract of this scope, there is an initial ramp-up period required to build new systems, align operational practices, establish data and reporting infrastructure, and implement monitoring and enforcement processes. County staff are actively working with AMR to operationalize the contract provisions, address early implementation issues, and ensure the contract's intent is fully realized.

This memo provides an overview of the new contract, early observations, and what the Board can expect during the first six months of the new contract with AMR. Public Health will provide semi-annual updates to the BCC, reflecting a transition from the quarterly reports that were required during AMR's compliance challenges under the previous contract.

AMR Response Time Compliance

Staff use a tool called First Watch Online Compliance Utility (OCU) to track AMR's compliance with the contract. Setting up this system took longer than expected because the new contract is complex and requires a high level of customization. The system had to be built to match the specific requirements of the new contract, including new categories and automated checks. This work involved carefully reviewing contract requirements, building and testing the system, and coordinating closely with First Watch. The system has been fully operational for about a week and now provides a reliable and sustainable way to monitor compliance and report on contract performance going forward.

Response time compliance for January 2026 has recently been adjudicated through OCU and is shown in the table below. AMR is required to meet code 1 and code 3 response times in Urban, Suburban, Rural, and Frontier zones 90% of the time. AMR met the 90% response time requirements in all zones for both code 1 and code 3, except for code 3 times in Urban and Suburban zones.

While January data indicates that AMR did not meet compliance standards, this reflects the early use of a new monitoring system that staff and AMR are still learning to apply. Once the new system was confirmed to be fully working, staff and AMR worked together to adjust how ambulances are deployed. These changes reflect the new contract requirements and the higher number of patient transports after Clackamas Fire District stopped providing transport services. Using the confirmed data, AMR is now adding more units and updating its deployment plan to make sure it fully meets the contract going forward.

Clackamas County
Response Compliance and Penalty

Period: Jan 01 2026 to Jan 31 2026

Compliance Reporting 2026/01/01 - 2026/01/31									
Priority	Zone	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance
Code 3	Urban	1387	439	1826	0	1826	1826	242	86.75%
	Suburban	226	47	273	0	273	273	30	89.01%
	Rural	181	21	202	0	202	202	12	94.06%
	Frontier	0	0	0	0	0	0	0	--
Code 3 Total		1794	507	2301	0	2301	2301	284	87.66%
Code 1	Urban	806	199	1005	0	1005	1005	95	90.55%
	Suburban	94	15	109	0	109	109	4	96.33%
	Rural	59	14	73	0	73	73	4	94.52%
	Frontier	0	0	0	0	0	0	0	--
Code 1 Total		959	228	1187	0	1187	1187	103	91.32%

Key Performance Indicator (KPI) Development Update

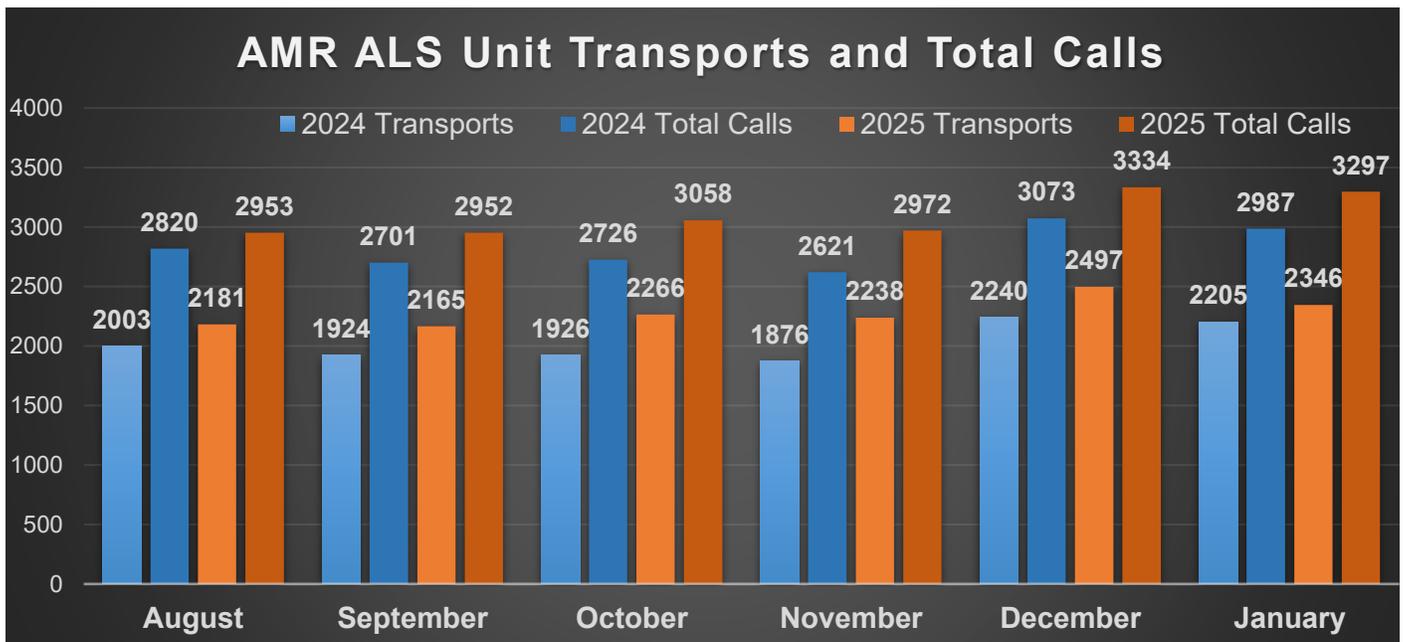
The new contract added requirements that measure clinical performance. Staff have been working closely with the EMS Medical Director and AMR to put the necessary processes in place to measure and report performance related to KPI, beginning with STEMI (heart attack) care. KPI for cardiac arrest, stroke, and advanced airway will follow. This work involves clearly defining what is being measured, confirming the accuracy and completeness of the data, and setting up the required reporting tools so results are reliable and comparable over time. Because these clinical measures will be used to determine incentive credits under the new contract, it is critical that the underlying data and measurement methods are validated and function as intended before incentives are applied. Per the AMR contract, this process must be operational within nine months of contract execution. Staff have made great progress and are confident this requirement will be met. KPI data will also be included in the next semi-annual update.

Patient Rates

Per the AMR agreement, patient transport rates increased on January 1, 2026 from \$3,480.49 to \$4,002.56, representing a 15% increase. The mileage rate also increased from \$72.90 per mile to \$83.84 per mile. These rate adjustments are intended to support continued operations under the new contract, including staffing, equipment, and system capacity necessary to meet updated performance and compliance requirements. The next patient rate increase will occur in July 2026. Rate increases will occur annually beginning January 1, 2027.

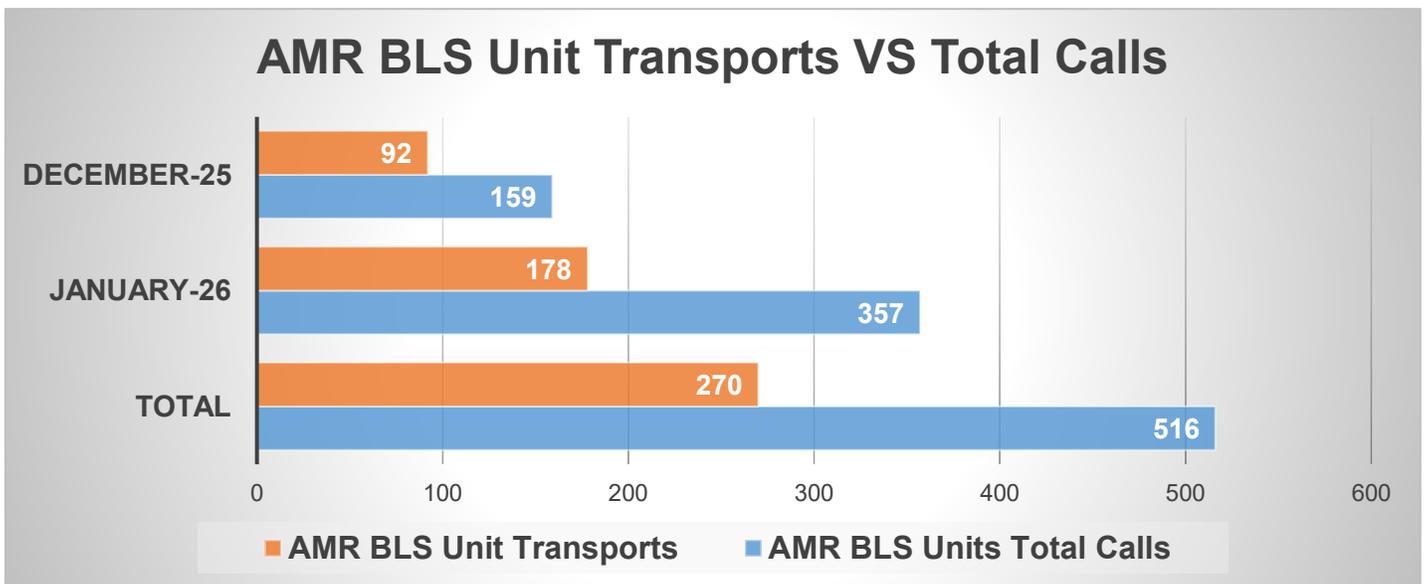
AMR patient incident and transport volume.

The graph shows the AMR total calls and transport volume for the first six months of the new contract with a comparison to the same period one year prior. Both total calls and transport volumes have increased each month compared to one year ago.



Basic Life Support (BLS) Transport Units Added

AMR added Basic Life Support (BLS) units to their fleet in December 2025. These units have two Emergency Medical Technicians (EMT). Advanced life support (ALS) units have one paramedic and one EMT. BLS units are sent to lower acuity incidents pre-identified by EMS medical direction as appropriate for BLS transport. This allows AMR to deploy the most appropriate EMS unit, using BLS units when appropriate and preserving ALS units for higher-acuity incidents. At this time, only two months of operational data are available.

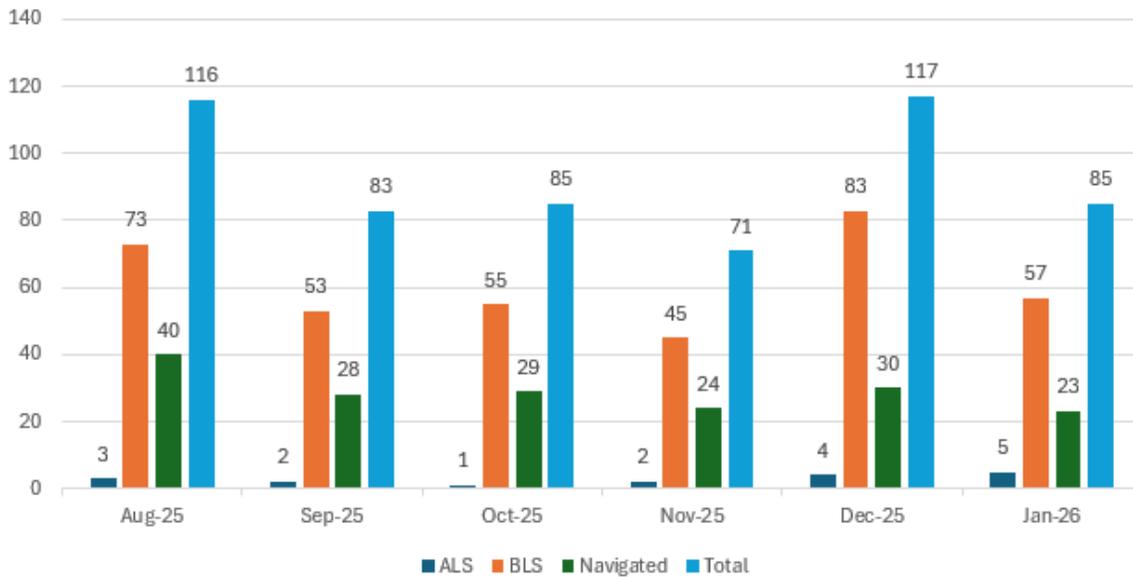


Nurse Navigation Update

The Ambulance Service Contract requires AMR to maintain funding for Nurse Navigation Services. Nurse navigators use evidence-based clinical protocols to screen a patient's current condition, providing an appropriate resource to meet the caller's unique healthcare needs, whether that's dispatching a ride-share to urgent care, an appointment at a Federally Qualified Health Center, or virtual care with a physician on the spot. This reduces strain on the EMS system, allowing ambulances to be prioritized for calls that truly require emergency transport.

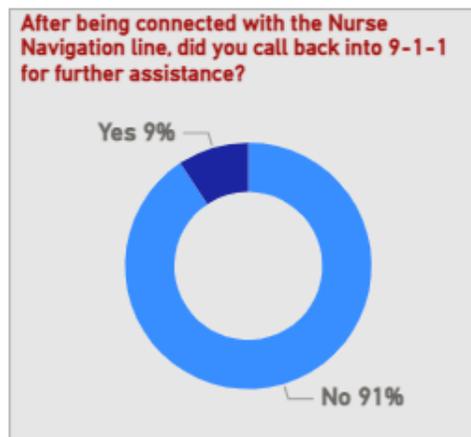
Below is an update on the services provided from August 1, 2025 through January 31, 2026. The Nurse Navigation Program had 557 calls over the 6-month period. This is an increase of 2.3% compared to the six months prior. This represents a 35.6% increase over the first full six months following the program's launch, demonstrating increasing utilization of this program.

Disposition by Month

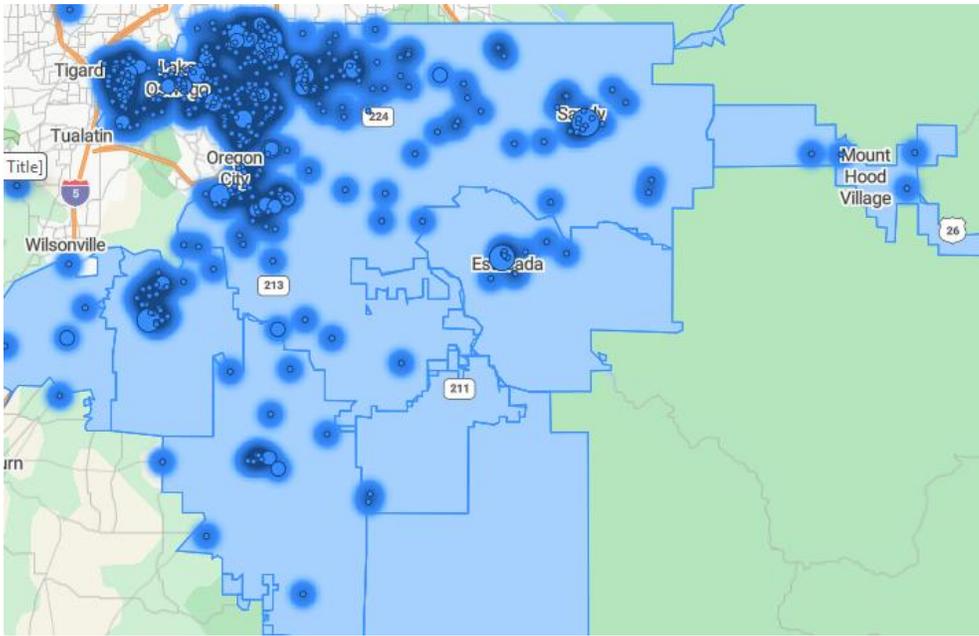


As part of the Nurse Navigation process, after the call has been completed, patients are contacted regarding their experience. During the last 6 months, 480 call backs were attempted with 117 surveys completed:

Average Score



Nurse Navigation has been accessed all over the county, with the majority of calls being in the Urban areas:



High Rocks River Rescue Program

The River Rescue program at High Rocks was implemented under the previous AMR ambulance service agreement and runs from Memorial Day to Labor Day. Per the new AMR ambulance service agreement, this program was discontinued in September 2025. There have been stakeholder meetings and discussions are still in-process to identify and diversify revenue to sustain this program.

The Cities of Gladstone and Oregon City signed a River Rescue MOU with AMR in May 2025 that stated the program will not be able to continue after the 2025 season without external funding. AMR met with the City of Gladstone 3 times since September 2024 to discuss the program ending without external funding. County staff and AMR are now assessing the feasibility of continuing the program and exploring potential funding options with the Cities of Gladstone and Oregon City. Staff and AMR met with both cities on Tuesday, February 10, and no decisions have been made to date. If new funding is not secured, this program is at risk of ending.

Reach & Treat Wilderness Medical Program

Under the new AMR ambulance service agreement, AMR will continue the Reach & Treat Wilderness Medical program through April 30, 2026, while County staff and AMR collaborate with stakeholders to evaluate options for the program's future.

Staff met with key contacts from the Clackamas County Sheriff's Office and are coordinating stakeholder meetings to identify the need to continue these services and research funding options. Staff submitted a grant application to the Clackamas County Tourism Division to obtain funding aimed at addressing the Reach and Treat program and ensuring safe recreational opportunities on Mt. Hood.

If new funding is not secured, this program is at risk of ending.

In August, staff will prepare another status update for the BCC. Questions can be directed to Kim La Croix, Public Health Director, at 971-806-0004 or klacroix@clackamas.us

RECOMMENDATION: None, informational update only.

Healthy Families. Strong Communities.

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