STRATEGIC PLAN

2026-2030

Washington County EMS Alliance

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EXECUTIVE SUMMARY

The purpose of a strategic plan is to realize the future of an organization and how to achieve that future through a systematic, collaborative, integrative process of developing strategies, goals, objectives, and action plans. Strategic planning is a process that requires participation from the entire community. As such, stakeholder engagement is of the utmost importance. To develop this strategic plan, the Washington County Emergency Medical Services (WCEMS) program hosted stakeholder engagement meetings with representatives from all areas of EMS, held private one-on-one meetings, conducted a survey, and received feedback from multiple sources.

This plan acknowledges the need to align all components of the EMS system with the Oregon EMS Modernization Act (HB 4081/HB 3572) and the EMS Agenda 2050 framework. This alignment ensures that our EMS system's efforts are compliant with new state requirements, focused on patient-centered care, and financial sustainability. The resulting document is a collaborative product that represents the collective goal to ensure Washington County has an EMS system that meets everyone's needs now and into the future.

EMS has many challenges including scarce resources, inadequate funding & reimbursement, widening responsibilities, population growth, and unrealistic public perceptions. While many industries face these challenges, the pure nature of EMS, and the dependence of the community on these services, represent a significant problem that will continue to grow if not addressed immediately. Washington County is not immune from these challenges. Luckily, the Washington County EMS Alliance, in collaboration with all EMS stakeholders, has significantly improved EMS response capabilities and capacity over the past few years and is committed to continuing this advancement.

Past improvements include transitioning to a centralized dispatch system, Basic Life Support (BLS) units, Nurse Navigation, decreasing Ambulance Patient off-load Times (APOT), decreasing ambulance response redundancy, and launched the Compassionate Care program just to name a few.

Looking to the future, this plan includes strategies in areas of EMS dispatch, resource management integration, data systems, system enhancement & financial stewardship,

medical direction, and EMS Alliance growth & development. Goals include transitioning to a unified office of the medical director, sustainable financing for the system enhancement fund, and optimizing response resource allocation will continue to push our EMS system forward.

While some of the strategies, goals, and objectives listed in this plan may seem unique, all are tried, tested, and successful EMS concepts.

This strategic plan represents the EMS Alliance's vision for the future of EMS in Washington County.

Sincerely,
Adrienne Donner
EMS Program Supervisor

MISSION

To maintain and enhance a safe and effective EMS system through leadership, oversight, facilitation and education for the citizens and EMS community we serve.

VISION

To provide a high-performance, patient-centric health care system, within a just culture, through improved resource utilization, expanded education, system development and collaboration.

EMS Dispatch

The right resource to the right call in the right time through a systematic & data driven process, advancements in technology, and a commitment to continuous quality improvement.

Resource Management Integration

A fully integrated EMS system through a collaborative process to ensure efficient and effective resource allocation and management.

Data Systems

The ability to access, analyze, and distribute all EMS data throughout the entire EMS system.

System Enhancements & Financial Stewardship

A collaborative, integrated, and resilient EMS system through systemwide enhancement strategies and financial sustainability.

Medical Direction

Collaborative approach to Medical Direction that supports centralized EMS system decision-making in evidence-based medicine, policy, and procedures.

EMS Alliance Growth & Development

An EMS Alliance that provides guidance and direction and is representative of the entire EMS community

BRIEF HISTORY & BACKGROUND

In 2019 the EMS Alliance IGA was signed formally bringing together leadership from the County and cities, represented by Fire Department Chiefs. In 2022, the first EMS Alliance strategic plan was published and the Washington EMS system entered into a system review and process for modernizing how EMS functions to better meet the needs of the community we serve. To better monitor the EMS system, WCEMS began, in May 2023, utilizing the automated EMS-centric reporting and real-time, web-based data visualization platform, First Watch. In August of 2023, the Washington County EMS program entered into a franchise agreement with American Medical Response (AMR) after awarding the contract following the RFP process. With the transition to AMR, WCCCA took over EMS dispatching resulting in a centralized dispatch system through initial unit assignment. In November of 2023, BLS units were implemented into the EMS system. July 1st,2025 the Compassionate Care program was created to serve low-income families experience 9-1-1 medical emergencies.

MANDATES

Mandates are defined as an official order or commission to do something. Every EMS system component, whether a private for-profit or a government entity, has both formal and informal mandates that direct the daily activities and requirements of the organization. Almost everything we do is either regulated through Oregon State laws, rules and regulations, County Codes, or other state and federal statutes. These formal mandates include in part:

State of Oregon:

Oregon Revised Statutes (ORS)

ORS 030- "Good Samaritan Law" - see ORS 030.800.
ORS 041- Confidentiality of patient records in general.
ORS 183- Administrative Procedure Act.
ORS 431A- Emergency Medical Services and Trauma Systems.
ORS 676- Health Professionals Reporting and Complaints.
ORS 682- Regulation of Ambulance Services and Emergency Medical Services Providers.
ORS 820- Exemptions from traffic laws: Ambulance and Emergency Vehicles.

Oregon Administrative Rules

(OAR) OAR 333-250 Ambulance Service Licensing.
OAR 333-255 Ambulance Licensing.
OAR 333-260 County Ambulance Service Area Plans.
OAR 333-265 EMS Providers.
OAR 847-035 EMS Scope of Practice (Oregon Medical Board).

EMS required information reporting

Oregon EMS Information System (OR-EMSIS).
National EMS Information System (NEMSIS).

Washington County:

Washington County Code 8.32: Emergency Medical & Transportation Services Ordinance.
Washington County EMS Administrative Rules.
Washington County Ambulance Service Plan.
Washington County Emergency Ambulance Franchise Agreement.
EMS Alliance Inter-Governmental Agreement.

American Medical Response (AMR):

Teamsters Local 223 Collective Bargaining Agreement.

STRATEGIES, GOAL, & OBJECTIVES

The Strategies, goals, and objectives listed below represent the collective work of the EMS Alliance, the Washington County EMS program, and EMS stakeholders throughout the County. During the process of developing this plan, several of the previous goals were determined to be completed but would remain a continuous process in the ongoing evaluation of our EMS system. Each group in the EMS alliance (Governing Board, EMS Operations Committee, County EMS program, etc.) who are assigned the work of achieving an assigned goal will develop action plans for each objective in this plan. These action plans must be Specific, Measurable, Achievable, Relative, and Time-Bound (SMART) and specify who is responsible for completing the work. The EMS Operations Committee will determine the priority of the goals and objectives. Prioritization will be determined by urgency and impact on the EMS system vs. long-term goals to determine what to do first, next, and last.

1. EMS DISPATCH- The right resource to the right call in the right time through a systematic & data driven process, technology advancements, and a commitment to continuous quality improvement.

Goal 1a: The WCEMS office and WCCCA will develop an official connection between dispatch and EMS response agencies to maximize resource allocation efficiency by the end of March 2026.

Objective 1a-1: The WCEMS office will develop avenues of communication between dispatch, AMR, FD, and medical direction that improves cooperation and collaboration between agencies, while reducing duplicated efforts, by the end of March 2026.

Plan Number	Action Plan	Completion Date
1a-1		

Goal 1b: The WCEMS office will create a structured pathway for redesigning EMS call triage, response determinants, and CAD configuration by the end of March 2026.

Objective 1b-1: The WCEMS office will develop a collaborative process between dispatch and EMS stakeholders to review EMD cards, response determinates, and response configurations by the end of March 2026.

Plan Number	Action Plan	Completion Date
1b-1		

2. RESOURCE MANAGEMENT INTEGRATION- A fully integrated EMS system through a collaborative process to ensure efficient and effective resource allocation and management.

Goal 2a: The EMS Operations Committee will increase EMS dispatch efficiency by optimizing response configurations to better meet the needs of the patient by the end of 2030.

Objective 2a-1: The EMS Operations Committee will implement ambulance only responses, BLS ambulance only responses, and FD only responses by the end of July 2026

Plan Number	Action Plan	Completion Date
2a-1		

Objective 2a-2: The EMS Operations Committee will work to increase the use of AMR quick response vehicles by the end of 2027.

Plan Number	Action Plan	Completion Date
2a-2		

Objective: 2a-3: The EMS Operations Committee will propose and obtain EMS Alliance Board approval to increase response times for non-critical call types by the end of June 2028.

Plan Number	Action Plan	Completion Date
2a-3		

Objective: 2a-4: The EMS Operations Committee will develop a tiered response system, where all tiers are effectively utilized from dispatch through transport, and QI metrics and goals are identified by the end of 2027.

Plan Number	Action Plan	Completion Date
2a-4		

Goal 2b: The EMS Operations Committee will develop alternate EMS models while recognizing differences in agency missions, staffing models, and funding structures by the end of 2027.

Objective 2b-1: The EMS Operations Committee will develop alternative transport & destination policy and procedures by the end of April 2027.

Plan Number	Action Plan	Completion Date
2b-1		

Objective 2b-2: The EMS Operations Committee will develop a County Community Paramedicine (CP) / Mobile Integrated Health (MIN) program by the end of December 2027.

Plan Number	Action Plan	Completion Date
2b-2		

Objective: 2b-3: The EMS Operations Committee will develop field referral procedures, metrics, and reporting for Nurse Navigator by the end of July 2026.

Plan Number	Action Plan	Completion Date
2b-3		

Objective: 2b-4: The EMS Operations Committee will develop behavioral health care delivery modernizations by the end of July 2027.		
Plan Number	Action Plan	Completion Date
2b-4		

Goal 2c: The EMS Operations Committee will ensure equity of care between rural and urban county areas by the end of 2028.

Objective 2c-1: The EMS Operations Committee will establish metrics to track equity of EMS care throughout the County by the end of May 2028.		
Plan Number	Action Plan	Completion Date
2c-1		

Goal 2d: The EMS Operations Committee will eliminate Response Redundancy (RR), when not necessary, on 9-1-1 calls to reduce miss allocation of resources by the end of 2026.

Objective 2d-1: The EMS Operations Committee will establish reasonable thresholds to define RR success by the end of May 2026.		
Plan Number	Action Plan	Completion Date
2d-1		

Goal 2e: The EMS Operations Committee will increase the ability to track the real-time availability of all EMS response resources/units by the end of Feburary2027.

Objective 2e-1: The EMS Operations Committee will enable shared access to all platforms and software that track EMS response resources/units by the end of August 2026.		
Plan Number	Action Plan	Completion Date
2e-1		

Objective 2e-2: The EMS Operations Committee will evaluate available technology to improve EMS resource notification and tracking by the end of November 2026.		
Plan Number	Action Plan	Completion Date
2e-2		

Goal 2f: The EMS Operations Committee will develop a collaborative approach to eliminate patient offload delays by the end of 2026.

Objective 2f-1: The EMS Operations Committee will track AOPT times and review policy and procedures by the end of August 2026.		
Plan Number	Action Plan	Completion Date
2f-1		

Goal 2g: The EMS Operations Committee will coordinate EMS contingency plans, procedures, and protocols that respond to 9-1-1 call surges, extreme weather conditions, and other hazards that directly affect the EMS system by the end of 2026.

Objective 2g-1: The WCEMS office will educate EMS stakeholders of these documents by the end of June 2026.		
Plan Number	Action Plan	Completion Date
2g-1		

Objective 2g-2: The WCEMS office will engage with Alliance members to identify SMEs to review the EMS resources appendix to the County Emergency Operations Plan by the end of July 2026.		
Plan Number	Action Plan	Completion Date
2g-2		

Objective: 2g-3: The WCEMS office will finalize appendix and share published location with alliance by the end of August 2026

Plan Number	Action Plan	Completion Date
2g-3		

Objective: 2g-4: The EMS Operations Committee will develop field level procedures for times when communications are down that give crews direction by the end of August 2026.

Plan Number	Action Plan	Completion Date
2g-4		

Objective: 2g-5: The WCEMS office will engage with all agencies to Identify “other hazards that directly impact the EMS system” where there are gaps or needs for plans, policies or procedures to ensure continued EMS operations by July of 2026.

Plan Number	Action Plan	Completion Date
2g-5		

Objective: 2g-6: The EMS Operations Committee will conduct annual reviews of contingency procedures by August of 2026.

Plan Number	Action Plan	Completion Date
2g-6		

Objective: 2g-7: The EMS Operations Committee will conduct annual EMS contingency TTX by December of 2026.

Plan Number	Action Plan	Completion Date
2g-7		

3. DATA SYSTEMS- The ability to access, analyze, and distribute all EMS data throughout the entire EMS system.

Goal 3a: The EMS Operations Committee will coordinate Patient Care Reporting (PCR) platforms by the end of 2026.

Objective 3a-1: The EMS Operations Committee will evaluate the use of a single ePCR software by the end of 2027.

Plan Number	Action Plan	Completion Date
3a-1		

Objective 3a-2: The EMS Operations Committee will evaluate data interoperability of the different ePCR platforms used throughout the County by the end of July 2027.

Plan Number	Action Plan	Completion Date
3a-2		

Goal 3b: The EMS Operations Committee will advocate for Health Data Exchange (HDE) between EMS agencies, healthcare systems, and public health.

Objective 3b-1: The EMS Clinical/ QI Committee will collaborate with local Washington County Hospitals to implement HDE by the end of 2026.

Plan Number	Action Plan	Completion Date
3b-1		

Objective 3b-2: The EMS Operations Committee will collaborate with AMR, ESO, and all Fire agencies to ensure access to HDE by Fire crews by the end of 2026.

Plan Number	Action Plan	Completion Date
3b-2		

Goal 3c: The EMS Alliance will finalize the Data Use Agreement (DUA) by the end of April 2026.

Objective 3c-1: The EMS Operations Committee will collaborate with all EMS agencies to finalize the Data Use Agreement (DUA) by the end of June 2026.

Plan Number	Action Plan	Completion Date
3c-1		

4. SYSTEM ENHANCEMENTS & FINANCIAL STEWARDSHIP- A collaborative, integrated, and resilient EMS system through systemwide enhancement strategies and financial sustainability.

Goal 4a: The EMS Operations Committee will standardize equipment across system partners while preserving agency discretion and meaningful field-provider input by the end of 2028.

Objective 4a-1: The EMS Operations Committee will develop uniform definitions, nomenclature, and standards by the end of 2026.

Plan Number	Action Plan	Completion Date
4a-2		

Objective: 4a-2: The EMS Operations Committee will establish/ maintain interoperability of key system components among all system elements (e.g., monitors, radios, mobile data terminals) by the end of 2029

Plan Number	Action Plan	Completion Date
4a-3		

Goal 4b: The EMS Operations Committee will recognize and promote clinical excellence in the workforce.

Objective 4b-1: The EMS Clinical/ QI Committee will develop and implement a cardiac arrest save recognition and CARES feedback loop process by the end of 2026.

Plan Number	Action Plan	Completion Date
4b-1		

Goal 4c: The EMS Operations Committee will establish sustainable financing of the system enhancement fund by the end of July 2026.

Objective 4c-1: The EMS Operations Committee will Identify a collaborative and sustainable funding source for the system enhancement fund by the end of July 2026.

Plan Number	Action Plan	Completion Date
4c-1		

Objective: 4c-2: The EMS Operations Committee will identify and track grants that are available to the EMS system by the end of 2026.

Plan Number	Action Plan	Completion Date
4c-3		

5. MEDICAL DIRECTION- Collaborative approach to Medical Direction that supports centralized EMS system decision-making in evidence-based medicine, policy, and procedures.

Goal 5a: The EMS Alliance will establish a Unified Office of the Medical Director. A centralized system where one physician provides medical oversight and guidance for all of Washington County EMS and ensuring standardized and high-quality care across the entire system. Under this model, associate MDs will work together under

the Medical Director in a formal structure with areas of concentration in dispatch, training, QA/QI, protocols, credentialing, etc. by the end of 2030.

Objective 5a-1: The EMS Alliance will Perform Strengths, Weaknesses, Opportunities, and Threats (SWAT) analysis of a Centralized Medical Direction by the end of 2028.

Plan Number	Action Plan	Completion Date
5a-1		

Objective 5a-2: The EMS Alliance will develop a collaborative long-term transition plan to move toward a unified Office of the Medical Directors by the end of 2030.

Plan Number	Action Plan	Completion Date
5a-2		

Goal 5b: Medical Direction will create a countywide EMS training program that aligns all system partners by the end of June 2026.

Objective 5b-1: The Clinical/ QI Committee will establish annual systemwide clinical training priorities and offer recommended EMS training objectives in coordination with partner agencies by the end of June 2026.

Plan Number	Action Plan	Completion Date
5b-1		

Goal 5c: Medical Direction will evaluate and adjust Quality Improvement (QI) plans to incorporate both clinical and operational measures.

Objective 5c-1: The Clinical/ QI Committee will develop a plan, policy and procedures to develop, evaluate, and adjust QI plans by the end of June 2027.

Plan Number	Action Plan	Completion Date
5c-1		

Goal 5d: Medical Direction will examine the feasibility of moving to a compliance model based on clinical outcomes, and away from the current model of exclusively time-based standards by the end of 2027.

Objective 5d-1: The WCEMS, in collaboration with medical direction and AMR, will evaluate moving to a compliance-based model by the end of 2026.

Plan Number	Action Plan	Completion Date
5d-1		

6. EMS ALLIANCE GROWTH & DEVELOPMENT- An EMS Alliance that provides guidance and direction and is representative of the entire EMS community

Goal 6a: The EMS Alliance will require collaborative action plans that achieve all goals by the end of June 2026.

Objective 6a-1: WCEMS Program will work with the EMS Operations Committee to build action plans from the objectives identified in this strategic plan by the July EMS Alliance meeting. These action plans will be Specific, Measurable, Achievable, Relevant, & Time-bound (S.M.A.R.T.) and will specify who is responsible for completing each task.

Plan Number	Action Plan	Completion Date
6a-1		

Goal 6b: The EMS Alliance will increase membership to improve EMS system stakeholder representation by the end of July 2026.

Objective 6b-1: EMS Alliance will create a short-term workgroup to look at bringing in more stakeholders (hospital/public/other) by the end of April 2026.

Plan Number	Action Plan	Completion Date
6b-1		

Goal 6c: The EMS Alliance will improve meetings to increase productivity to its members by the end of April 2026.

Objective 6c-1: EMS Alliance will review, discuss and approve proposals for meeting structure and data reporting needs by the end of April 2026.

Plan Number	Action Plan	Completion Date
6c-1		

Goal 6d: The EMS Alliance will require more efficient workgroups and meetings structure by the end of March 2026.

Objective 6d-1: The WCEMS office, in partnership with EMS stakeholders, will create the EMS Operations Committee to replace all existing workgroups and be the designated workgroup of the EMS Alliance by the end of March 2026.

Plan Number	Action Plan	Completion Date
6d-1		

Objective 6d-2: The EMS Operations Committee will create a charter for review and approval, by the EMS Alliance, by the end of March 2026

Plan Number	Action Plan	Completion Date
6d-2		