

PROGRAM DESCRIPTION

The Emergency Medical Services (EMS) program is responsible to ensure the highest quality medical care is delivered to patients on emergency scenes by District responders.

The Occupational Health portion of this program was established to provide OSHA blood and airborne pathogen compliance, vaccination and testing services, and other health monitoring for District personnel, as well as other contract agencies. OHS has expanded its range of services to include pre-physical examinations, lead and cholesterol testing, and respiratory protection compliance for outside clients. Contract revenues consistently offset expenditures for this program.

The Wellness portion provides uniformed personnel an annual physical and fitness assessment as outlined in the District's Joint Wellness Fitness Initiative. The Wellness Program coordinates the new hire process for all District employees and works with Human Resources to facilitate the return-to-work and fit-for-duty processes. The program provides a variety of wellness and fitness resources for all District personnel.

BUDGET SUMMARY

Expenditures	2007-08 Actual	2008-09 Budget	2009-10 Budget	2010-11 Budget
Personnel Services	\$854,655	\$855,573	\$957,533	\$1,396,897
Materials and Services	408,552	464,131	588,523	711,172
Total Expenditures	\$1,263,207	\$1,319,704	\$1,546,056	\$2,108,069

Note: Amounts have been restated to reflect the consolidation of the OHS and Wellness programs as of July 1, 2009 and the consolidation of EMS, Health and Wellness as of July 1, 2010.

PERSONNEL SUMMARY

Position	2007-08 Actual	2008-09 Budget	2009-10 Budget	2010-11 Budget
Division Chief	0.00	0.00	0.00	1.00
Battalion Chief	0.00	0.00	0.00	1.00
EMS Chief	1.00	1.00	1.00	0.00
EMS Officer Paramedic	1.00	1.00	1.00	1.00
Program Manager	1.00	1.00	1.00	1.00
Wellness Coordinator	1.00	1.00	1.00	1.00
Program Assistant	1.00	1.00	1.00	1.00
Administrative Assistant	0.00	0.00	0.00	1.00
Nurse	1.00	1.00	1.00	1.00
Behavioral Health Specialist	0.00	0.00	0.00	1.00
Total Full-Time Equivalents (FTE)	6.00	6.00	6.00	9.00

Note: The Nurse employee positions reflect the sum of part-time nurses supporting external agency contracts.

EMS / Health / Wellness, continued

2010-11 SIGNIFICANT CHANGES

In 2010-11, the budgets for the EMS cost center and the Safety, Health and Survival Wellness Program cost center were consolidated. The responsibility for Safety was transferred to Training as part of the District-wide reorganization.

Budgeted revenues for this cost center are \$297,560 and come primarily from contracts and fees from area agencies served such as Clackamas County inter governmental service agreement which provides revenue sharing to the District for medical calls. Expenditures are scheduled conservatively and are typically increased during the budget year, should revenue exceed budgeted revenues and expenditures need to be increased commensurately.

Personnel Services includes Union Overtime for mandatory ALS in-service training attendance, critical skills instructor training, and peer fitness training.

The majority of Materials and Services expenses are for District-wide EMS Supplies, medical supervision in Account 5413 and laboratory services in Account 5414. In addition the District must recertify its paramedics every two years and accordingly, certification on fees was increased.

STATUS OF 2009-10 SERVICE MEASURES

- **Cardiac Campaign**

Goal(s): I, III, VII
Service Type(s): Discretionary
Measured By: Increased percentage of 9-1-1 use by patients experiencing heart attacks who require immediate care of hospital cardiac catheterization lab (STEMI). Increased bystander hands-only cardiopulmonary resuscitation (CPR).
Status or Outcome: The EMS partnership with Community Services is in year two of a five year plan, to present public education through a data-driven process. The first two quarters of 2010 will deliver messages on the topic of hands-only CPR. Topics of signs/symptoms of heart attack and actions for survival will follow. The expected outcome is to sustain/improve our already high level of bystander CPR participation. Philips monitors will receive a software upgrade in April 2010, which improves diagnostic accuracy of 12 lead ECGs to identify STEMI. The District remains an active participant in the QI process of two local cardiac catheterization labs to monitor outcomes.

- **Cardiac Arrest Survival**

Goal(s): I
Service Type(s): Discretionary
Measured By: Sustained or improved percentage of survival of cardiac arrest patients.
Status or Outcome: The ROC cardiac arrest trial concluded with evidence that use of ITD valve had no positive effect on patient outcome, and there was no difference in CPR time performed before defibrillation. This information was utilized to return to the previous protocol with emphasis on cardiac compression performance. An evidence-based post resuscitation hypothermia protocol was added in January 2010 which shows promise of producing higher survival and better neurologic outcomes. District survival rates remain among the top ones published nationally.

STATUS OF 2009-10 SERVICE MEASURES, CONTINUED

- **Provide communicable disease health services in accordance with federal, state, OSHA, CDC, NFPA and public health mandates as well as industry best practices.** This will include education, intervention and referral for communicable disease and occupational health issues and provision of post-exposure follow-up through facilitation of the 24-hour exposure consortium.

Goal(s): III, IV, VII
Service Type(s): Mandatory
Measured By: Annual review and authorization of Program Standing Orders. Annual review and update of policies, procedures and clinical delivery. Number of District personnel and contract agencies who received mandatory or recommended services from the SHS – Occupational Health Program with no adverse events reported. This will include vaccination and testing services and mandatory educational presentations. Data will be gathered based on a calendar year to facilitate timely budget documentation.
Status or Outcome: Throughout 2009, District personnel were provided mandatory OSHA vaccinations, testing services and blood and airborne pathogen presentations. The exposure service maintained its 24/7 access and post-exposure follow-up services for TVF&R and contracted agency personnel. All mandatory data collection and recordkeeping was maintained in accordance with federal, state, OSHA and CDC requirements. With the outbreak of the H1N1 virus, multiple educational updates and vaccination services were provided to District personnel and outside agencies. No adverse events were reported. All relative SOGs, Standing Orders, and practices are up to date.

- **Continue to identify trends that develop from the centralized risk management data collection process** that includes Injury Reports, Damage Reports, Lost Equipment Reports, Unusual Event Reports (UERs), Training After Action Reports (AARs), and Post Incident Analysis (PIAs); and work with the appropriate division to develop corrective actions.

Goal(s): I, III, IV, VI, VII
Service Type(s): Mandatory
Measured By: Tracking and evaluating trends and tracking the number of corrective actions taken (policy changes, system changes, equipment changes, etc.) throughout the District.
Status or Outcome: *This Service Measure has been transitioned from Operations. Ongoing.* Multiple groups throughout the District have been able to benefit from the centralized collection of this data. The EMS Quality Improvement Committee requests confidential treatment data from the UER process in their continued efforts to evaluate and improve treatment protocols and medication standardization. The Safety Committee evaluated roughly five years of reported shoreline damage at the station level to determine the cause and identify a cost-effective solution to this low risk/high frequency issue. Based on its size and function, the Operations Division continues to be the largest contributor of this data. The risk management process and documentation of findings has proven to be a valuable learning tool and asset to the Duty Chiefs and Captains in documenting and tracking performance management information and trends.

EMS / Health / Wellness, continued

STATUS OF 2009-10 SERVICE MEASURES, CONTINUED

- **Continue to manage the comprehensive centralized risk management process for all District personnel.**
Convert the MS Word-based Injury, Damage, Lost Equipment and Unusual Event Reports into a SharePoint system.

Goal(s): I, III, IV, VII
Service Type(s): Mandatory
Measured By: The creation of a database collection process for the Injury, Damage, Lost Equipment, and Unusual Event Reports.
Status or Outcome: *This Service Measure has been transitioned from Operations. Ongoing. The management of these documents has been transitioned into SharePoint document libraries. Although the process of collecting the information is still cumbersome, the meta-data that is maintained in the document libraries is proving to be a helpful tool in retrieving trending information in a more efficient manner. As an extension of this SharePoint site, SHS staff will be more actively engaged in the medical case management process in an attempt to reduce workers' compensation costs and speed the return to work process.*

- **Continue to identify trends that develop from the centralized risk management data collection process** that includes Injury Reports, Damage Reports, Lost Equipment Reports, Unusual Event Reports (UERs), Training After Action Reports (AARs), and Post Incident Analysis (PIAs); and work with the appropriate division to develop corrective actions.

Goal(s): I, III, IV, VI, VII
Service Type(s): Mandatory
Measured By: Tracking and evaluating trends and tracking the number of corrective actions taken (policy changes, system changes, equipment changes, etc.) throughout the District.
Status or Outcome: *This Service Measure has been transitioned from Operations. Ongoing. Multiple groups throughout the District have been able to benefit from the centralized collection of this data. The EMS Quality Improvement Committee requests confidential treatment data from the UER process in their continued efforts to evaluate and improve treatment protocols and medication standardization. The Safety Committee evaluated roughly five years of reported shoreline damage at the station level to determine the cause and identify a cost-effective solution to this low risk/high frequency issue. Based on its size and function, the Operations Division continues to be the largest contributor of this data. The risk management process and documentation of findings has proven to be a valuable learning tool and asset to the Duty Chiefs and Captains in documenting and tracking performance management information and trends.*

STATUS OF 2009-10 SERVICE MEASURES, CONTINUED

- **Provide accurate and timely data collection and billing systems.**

Goal(s): IV, VII, VIII
Service Type(s): Essential
Measured By: Number of invoices paid within 60 days; goal of 95%.
Status or Outcome: Collections are currently at approximately 90% within 60 days. Outstanding collections have been due largely to month-to-month contracts with the City of Salem. With the change to MUNIS, SHS anticipates a more efficient billing and collection capability. Fitness assessment data is managed in-house in a web-based database that can sort and report information by individual, age, gender, rank, and fire station. Wellness questionnaire data is administered through the District's SharePoint website. Injury information is tracked by the District's workers' compensation insurance provider and reviewed by the District's Safety Committee. Annual fitness assessment, wellness questionnaire, and cholesterol data is collected in aggregate form and reported to all District staff via the annual Wellness Services report. Confidentiality is essential; individual health and fitness data is never distributed in a manner that would violate confidentiality.

- **Develop and implement new and innovative SHS programs for District personnel.**

Goal(s): III, IV, VII
Service Type(s): Essential
Measured By: Report of new and updated services.
Status or Outcome: In an attempt to provide cost sensitive and efficient occupational health services, a new method of providing physical exams to the crews was pilot tested. Station 56 was retrofitted into a clinic where employees completed their pre-physical and physical exam(s). Historically, crews were pulled from their first due areas on two occasions to complete these evaluations. This method merged the two evaluations and saved critical time away from the station. With the occurrence of the H1N1 virus, SHS provided a number of educational presentations and vaccination services to TVF&R and outside agencies. SHS developed and delivered educational presentations specifically targeting non-line personnel workgroups in an effort to improve their personal health, fitness, and wellness.

- **Coordinate and expand the Peer Fitness Trainer (PFT) program.** Increase PFT roles and responsibilities.

Goal(s): IV, VI, VII
Service Type(s): Essential
Measured By: Number of tasks completed and tracked on the PFT SharePoint task list.
Status or Outcome: In September 2009, the PFT Committee Charter and PFT Position Description were approved by the District. In October 2009, eight additional PFTs were certified bringing the District total to 13. The mission of the PFT group is to promote the enhancement of muscular strength and cardiovascular endurance of line, recruit, and volunteer firefighters; thus increasing and maintaining a high level of safety, injury prevention, and performance.

EMS / Health / Wellness, continued

STATUS OF 2009-10 SERVICE MEASURES, CONTINUED

- **Maintain internal and external web sites with the integration of SharePoint.**

Goal(s): II, III, IV, VI, VII
Service Type(s): Essential
Measured By: Increased updates and formatting on websites. Integration of internal SharePoint calendar usage by external clients. Number of hits on internal and external sites.
Status or Outcome: SHS coordinates several SharePoint sites. The Occupational Health site advertises a monthly clinic calendar and provides clinical disease information. The Wellness site includes fitness, injury prevention, and nutritional information.

- **AED Partnerships.** Continue to develop non-traditional AED partnerships to improve cardiac response and survival.

Goal(s): I, VII
Budget Impact: Discretionary
Duration: Year 3 of 3
Budget Description: Increase the number of AED resources to accessible before arrival of EMS responders.
Partner(s): WCCCA, CCOM, law enforcement, citizen organizations, businesses
Status or Outcome: Due to legislation effective January 2010, AEDs are required in businesses with >50,000 sq. feet and > 25 employees. The District worked with many businesses to help establish their AED program. Partnerships with Washington Co EMS and Clackamas Fire District #1 Foundation have resulted in addition of many community AEDs. Public and law enforcement AED use is increasing and resulting in survivors.

- **Medical Supply Co-operative System Upgrade.** Participate in Washington County EMS system to improve efficiencies in EMS supply reimbursement.

Goal(s): I, VII
Budget Impact: Savings expected
Duration: Year 3 of 3
Budget Description: Increase cash reimbursement for disposable EMS supplies while decreasing internal cost to administer the program.
Partner(s): Washington County EMS providers
Status or Outcome: Successfully added cash in lieu of resupply option to County Administrative Rule, and Metro West January 2010 franchise agreement. Washington County EMS Officers now exploring process with Metro West and County EMS to evaluate implementation of this option.

STATUS OF 2009-10 CHANGE STRATEGIES

- **Leverage use of existing resources to conduct pre-physical exams** in a manner that enables critical response readiness and reduces fiscal impacts.

Goal(s): I, III, IV, VII
Budget Impact: Increase Required
Duration: Year 3 of 3
Budget Description: By conducting the exams on-site at specific fire stations, crews are not pulled from their coverage response areas.
Partner(s): Integrated Operations
Status or Outcome: As previously described in the Service Measure for Provide Annual Pre-Physical and Physicals; staff provided on-site, pre-physical testing at two fire stations and provided both pre-physicals and actual physicals in the space vacated by the City of Wilsonville adjacent to Station 56. While successful in keeping crews in their response areas, issues were encountered that eliminated a mobile resource potential, but validated a fixed site for physicals. SHS will work toward the establishment of a clinical space at the newly remodeled Station 56. Discussions have been initiated with Logistics and Operations to begin this process.

- **Air Management Program.** Conduct a comprehensive analysis of all facets of the air management program to provide future direction on how to best accomplish this function.

Goal(s): III, IV, VII
Budget Impact: Increase required to implement analysis recommendations.
Duration: Year 3 of 3
Budget Description: Capital replacement requested this year.
Partner(s): Integrated Operations and Logistics
Status or Outcome: A comprehensive analysis was completed in December of 2009, titled *Respiratory Protection Project, Evaluations, Conclusions, and Recommendations*. Elements in the recommendations section of this analysis have already been accepted and acted upon, such as the replacement of aging compressor systems. A budget justification has been completed.

- **Establishment of physical therapy assessment services for injured employees.**

Goal(s): III, IV
Budget Impact: Increase requested to analyze validity of a pilot program.
Duration: Year 1 of 2
Budget Description: Funding for a pilot program
Partner(s): Integrated Operations and Human Resources
Status or Outcome: Recent data suggests that patients who received rehabilitative care within four days of injury required eight physical therapy sessions before they were released from care. Patients who waited one month before seeking rehabilitative care required 13-14 physical therapy sessions before they were released from care (Cascade Occupational Health, 2009). In an effort to reduce time loss and speed the return to work process, this change strategy provides an essential assessment and treatment tool.

EMS / Health / Wellness, continued

STATUS OF 2009-10 CHANGE STRATEGIES, CONTINUED

- **Synchronize existing partnerships to provide cost-effective Occupational Health Services to contract agencies.** Currently, OHS staff provides occupational health services such as vaccinations and testing, pre-physical exams, fitness evaluations, and educational seminars to other government agencies. By providing services to contract agencies, OHS has been able offset SHS operational costs and return a modest profit to the general fund. The application of TVF&R personnel time to prepare for and administer off-site services has had a moderate impact on daily OHS operations. An additional part-time OHS employee may be necessary, especially to ensure no adverse impact on the provision of services to TVF&R's personnel.

Goal(s):	III, IV, VII
Budget Impact:	Resource neutral
Duration:	Ongoing
Budget Description:	Further expansion of services requires additional staffing; however this is offset by contract revenues.
Partner(s):	Outside Contract Agencies, specifically CCFD #1
Status or Outcome:	Efficiency was gained by combining two budgeted .25 FTE RN positions into a single .5 position. SHS plans to increase this position to a .75 FTE in July of 2010, with support to other divisions such as Training and EMS. The OHS fee structure has been revised to incorporate increases in the costs of providing service. SHS will complete the exit strategy for Salem area clients by the close of the fiscal year. SHS is currently exploring opportunities to partner with agencies such as Clackamas County Fire District #1.

ADDITIONAL 2008-09 ACCOMPLISHMENTS

- Participated in development of alternate/paramedic response car project.
- Completed state DHS Vision 2012 planning process and proposed legislation.
- Participated in completing major upgrade to ambulance franchise agreement and County EMS Rules.
- Maintained Clackamas County integration agreement, returning over \$100,000 to the District.
- Placed a third new medic unit in service and upgraded District bariatric capabilities.
- Provided on-site pre-physical and physical services to uniformed employees eliminating nearly \$30,000 in overtime cost from the previous year.
- Provided H1N1 education and vaccination services to TVF&R. In addition, SHS partnered with municipalities within the District's service area, multiple police agencies, and outside contracted agencies.
- Provided a comprehensive injury and illness management and return to work process that was able to return personnel to duty more quickly and limit overtime. With medical management and an excellent collaboration with the Cascade Occupational Medicine group, the District was able to triage appropriate injured personnel to alternative services and reduce worker's compensation claims. Over the course of the year, if ten injured firefighters are returned three shifts early, over \$30,000 in overtime costs are saved annually. Data and relevant studies indicate that early intervention will accomplish this goal.
- Throughout 2009, SHS staff conducted several health and wellness seminars with uniformed, contract, administrative, and support employees and volunteers. Seminars include group workouts, new equipment orientation, nutritional instruction, injury prevention, and bloodborne pathogen training. Divisions reached include Administrative Support Team, Finance, Human Resources, Logistics, Information Technology, Supply, Training, Operations and Fire Prevention.

EMS / Health / Wellness, continued

ADDITIONAL 2008-09 ACCOMPLISHMENTS, CONTINUED

- In August, TVF&R's Occupational Health and Safety team won the prestigious International Association of Fire Chiefs' Billy Goldfeder Fire Service Organizational Safety Award. This award is given to a fire service organization that has demonstrated an outstanding commitment or significant contribution in the area of fire service health and safety.

SERVICE MEASURES

EMS Status	2006-07 Actual	2007-08 Actual	2008-09 Actual	2009-10 Estimated	2010-11 Projected
Patient Care Reports Written	16,050	15,754	14,849	16,013	17,578
Number of EMS Responses	25,262	25,381	24,085	26,252	28,352
Cardiac Arrest Survival Percent	13.7%	22.1%		14%	14%
Wellness Program Status	2006-07 Actual	2007-08 Actual	2008-09 Actual	2009-10 Estimated	2010-11 Projected
Completed annual pre-physicals for all uniformed staff	99%	99%	99%	99%	99%
Completed annual physicals for all uniformed staff	99%	99%	99%	90%	99%
Completed annual fitness assessments	70%	90%	90%	90%	95%
Survey aerobic activity participation in line personnel	75%	68%	75%	75%	80%
Survey strength training participation in line personnel	43%	47%	51%	50%	55%
Survey flexibility participation in line personnel	34%	29%	30%	30%	40%
Individual Fitness Consultations	35	40	41	45	45+
Peer Fitness Trainer Contacts	0	0	0	75	100
Occupational Health Program Status	2006-07 Actual	2007-08 Actual	2008-09 Actual	2009-10 Estimated	2010-11 Projected
Mandatory compliance with OSHA required education	100%	100%	100%	100%	100%
Provide mandatory and recommended vaccinations and testing services for TVFR and outside agencies (OA)	TVFR OA	517 5817	483 6790	950 5200	650 4500
Influenza vaccinations/H1N1 vaccinations for District personnel to TVFR and Outside Agencies (OA)	147	210	281	280 Seasonal 261 H1N1	300
Number of reported adverse events reported	0	0	0	0	0
Billing and collections received within 60 days	95%	90%	95%	95%	98%

2010-11 SERVICE MEASURES

- Cardiac Arrest Survival**

Goal(s): I
Service Type(s): Discretionary
Measured By: Sustained or improved percentage of survival of cardiac arrest patients.

EMS / Health / Wellness, continued

2010-11 SERVICE MEASURES, CONTINUED

- **Cardiac Campaign**

Goal(s): I, III, VII
Service Type(s): Discretionary
Measured By: Increased awareness of heart attack symptoms by patients. Increased use of 9-1-1 for patients experiencing STEMI. Increased bystander hands-only cardiopulmonary resuscitation (CPR).

- **Provide communicable disease health services in accordance with federal, state, OSHA, CDC, NFPA and public health mandates as well as industry best practices.** This will include education, intervention, and referral for communicable disease and occupational health issues and provision of post-exposure follow-up through facilitation of the 24-hour exposure consortium.

Goal(s): III, IV, VII
Service Type(s): Mandatory
Measured By: Annual review and authorization of Program Standing Orders. Annual review and update of policies, procedures, and clinical delivery. Number of District personnel and contract agencies who received mandatory or recommended services from the SHS – Occupational Health Program with no adverse events reported. This will include vaccination and testing services and mandatory educational presentations. Data will be gathered based on a calendar year to facilitate timely budget documentation.

- **Continue to manage the comprehensive centralized risk management process for all District personnel.** Convert the MS Word-based Injury, Damage, Lost Equipment, and Unusual Event Reports into a SharePoint system.

Goal(s): I, III, IV, VII
Service Type(s): Mandatory
Measured By: The creation of a database collection process for the Injury, Damage, Lost Equipment and Unusual Event Reports. This includes case management processes that manage employee leave due to injury and illness.

- **Continue to identify trends that develop from the centralized risk management data collection process** that includes Injury Reports, Damage Reports, Lost Equipment Reports, Unusual Event Reports (UERs), Training After Action Reports (AARs), and Post Incident Analysis (PIAs), and work with the appropriate division to develop corrective actions.

Goal(s): I, III, IV, VI, VII
Service Type(s): Mandatory
Measured By: Tracking and evaluating trends and tracking the number of corrective actions taken (policy changes, system changes, equipment changes, etc.) throughout the District.

- **Provide annual fitness assessment, pre-physical, and physical examinations** to all uniformed and new employees and volunteers; attain greater than 98% compliance. This process is mandatory for all uniformed personnel. Volunteers are offered yearly physicals, but it is mandatory that they are completed every other year.

Goal(s): III, IV, VII
Service Type(s): Essential
Measured By: Number of examinations completed.

EMS / Health / Wellness, continued

2010-11 SERVICE MEASURES , CONTINUED

- **Provide accurate and timely data collection and billing systems.**

Goal(s): IV, VII, VIII
Service Type(s): Essential
Measured By: Number of invoices paid within 60 days; goal of 95%.

- **Develop and implement new and innovative SHS programs for District personnel.**

Goal(s): III, IV, VII
Service Type(s): Essential
Measured By: Report of new and updated services. Last year, included reduction of overtime with pre-physical deliveries and outreach programs to non-line staff.

- **Coordinate and expand Peer Fitness Trainer (PFT) program.** Increase PFT roles and responsibilities.

Goal(s): IV, VI, VII
Service Type(s): Essential
Measured By: Number of tasks/hours completed and tracked on the PFT SharePoint task list.

- **Maintain internal and external web sites with the integration of SharePoint.**

Goal(s): II, III, IV, VI, VII
Service Type(s): Essential
Measured By: Increased updates and formatting on websites. Integration of internal SharePoint calendar usage by external clients. Number of hits on internal and external sites.

EMT Level (Paid and volunteer)	# of 2009 Recertification	# of 2011 recertification
EMT-Basic	227	180
EMT-Intermediate	15	10
Paramedic	190	195

2010-11 CHANGE STRATEGIES

- **Evaluate options and replace cardiac monitors.** Evaluate available monitors in the market to replace current fleet of aged machines. Replacement anticipated during 2011/2012 budget cycle.

Goal(s): I, VII
Budget Impact: Staff time during year 1
Duration: Year 1 of 2
Budget Description: Begin selection process to replace large capital item in subsequent budget year.
Partner(s): Information Technology, Finance

EMS / Health / Wellness, continued

2010-11 CHANGE STRATEGIES, CONTINUED

- **Medical Supply Cooperative System Upgrade**

Goal(s): I, VII
Budget Impact: Savings expected
Duration: Year 3 of 4
Budget Description: Increase cash reimbursement for disposable EMS supplies while decreasing internal cost to administer the program.
Partner(s): Finance, Supply

- **Leverage use of existing resources to conduct pre-physical exams** in a manner that enables critical response readiness and reduces fiscal impacts.

Goal(s): I, III, IV, VII
Budget Impact: Increase Required
Duration: Year 3 of 3
Budget Description: By conducting the exams on-site at specific fire stations, crews are not pulled from their coverage response areas. This will be the model until Station #56 is completed.
Partner(s): Integrated Operations, Logistics

- **Respiratory Protection Program.** Conduct a comprehensive analysis of all facets of the air management program to provide future direction on how to best accomplish this function.

Goal(s): III, IV, VII
Budget Impact: Increase required to implement recommendations.
Duration: Year 3 of 3
Budget Description: Capital replacement requested this year.
Partner(s): Integrated Operations, Training, Logistics

- **Establishment of physical therapy assessment services for injured employees.**

Goal(s): III, IV
Budget Impact: Increase requested to analyze validity of a pilot program.
Duration: Year 1 of 2
Budget Description: Funding for a pilot program.
Partner(s): Integrated Operations, Human Resources

- **Synchronize existing partnerships to provide cost-effective Occupational Health and Wellness Services to contract agencies.**

Goal(s): III, IV, VII
Budget Impact: Resource neutral
Duration: Ongoing
Budget Description: Further expansion of services requires additional staffing; however this is offset by contract revenues.
Partner(s): Cascade Occupational Health and contract agencies with a focus on expanding our relationship with CCFD #1.

EMS/Health/Wellness

	Actual Prior FY 2008	Actual Prior FY 2009	Budget Prior FY 2010	Budget Proposed FY 2011	Budget Approved FY 2011	Budget Adopted FY 2011
10421 General Fund						
5001 Salaries & Wages Union	77,421	82,156	88,123	88,122	88,122	88,122
5002 Salaries & Wages Nonunion	319,916	332,762	364,030	618,011	618,011	618,011
5003 Vacation Taken Union	11,613	10,867	8,715	8,715	8,715	8,715
5004 Vacation Taken Nonunion	18,654	14,956	36,003	60,914	60,914	60,914
5006 Sick Taken Nonunion	5,623	6,662				
5008 Personal Leave Taken Nonunion	810	268				
5010 Comp Taken Nonunion	978	46				
5015 Vacation Sold	5,009	3,413	5,469	14,838	14,838	14,838
5016 Vacation Sold at Retirement	9,960	6,293	8,092			
5017 PEHP Vac Sold at Retirement	1,865	3,992				
5020 Deferred Comp Match Union	1,349	1,395	1,395	3,389	3,389	3,389
5021 Deferred Comp Match Nonunion	4,641	5,887	9,983	16,335	16,335	16,335
5102 Duty Chief Relief		191				
5118 Standby Overtime	136					
5120 Overtime Union	96,933	110,634	145,269	133,656	133,656	133,656
5121 Overtime Nonunion	2,710	2,681	1,500	3,000	3,000	3,000
5201 PERS Taxes	97,124	103,296	126,762	190,257	190,257	190,257
5203 FICA/MEDI	40,766	41,777	51,147	72,919	72,919	72,919
5206 Worker's Comp	10,357	9,941	9,393	13,392	13,392	13,392
5207 TriMet/Wilsonville Tax	3,500	3,685	4,492	6,499	6,499	6,499
5208 OR Worker's Benefit Fund Tax	189	269	212	320	320	320
5210 Medical Ins Union	12,738	14,212	15,378	16,530	16,530	16,530
5211 Medical Ins Nonunion	49,679	59,697	60,263	116,448	116,448	116,448
5220 Post Retire Ins Union	600	600	600	600	600	600
5221 Post Retire Ins Nonunion	2,500	3,602	4,050	5,850	5,850	5,850
5230 Dental Ins Nonunion	7,838	8,118	8,207	15,752	15,752	15,752
5240 Life/Disability Insurance	3,278	3,604	4,500	6,500	6,500	6,500
5270 Uniform Allowance	230	53		250	250	250
5280 Physical Exams/Shots	64,506	20,151				
5290 Employee Tuition Reimburse	3,731	4,365	3,950	4,600	4,600	4,600
Total Personnel Services	854,655	855,573	957,533	1,396,897	1,396,897	1,396,897
5300 Office Supplies	620	2,753	3,994	1,350	1,350	1,350
5301 Special Department Supplies	7,177	9,769	9,000	8,000	8,000	8,000
5302 Training Supplies	4,805	12,661	5,436	6,800	6,800	6,800
5303 Physical Fitness	8,751	9,472	13,000	7,000	7,000	7,000
5305 Fire Extinguisher	190					
5320 EMS Supplies	211,589	210,390	232,290	252,350	252,350	252,350
5321 Fire Fighting Supplies	93	281				
5323 Food Service			700			
5325 Protective Clothing				2,500	2,500	2,500
5330 Noncapital Furniture & Equip	3,245	4,436	500	16,000	16,000	16,000
5350 Apparatus Fuel/Lubricants	4,557	4,660	7,020	10,700	10,700	10,700
5361 M&R Bldg/Bldg Equip & Improv	25	773				
5365 M&R Firefight Equip		122				
5366 M&R EMS Equip	17,488	39,183	35,182	37,575	37,575	37,575
5367 M&R Office Equip			500	500	500	500
5413 Consultant Fees	83,240	90,755	112,700	112,700	112,700	112,700

EMS/Health/Wellness

	Actual Prior FY 2008	Actual Prior FY 2009	Budget Prior FY 2010	Budget Proposed FY 2011	Budget Approved FY 2011	Budget Adopted FY 2011
5414 Other Professional Services	35,777	16,340	125,000	157,495	157,495	157,495
5415 Printing	4,635	1,346	5,202	7,500	7,500	7,500
5417 Temporary Services	1,375	4,634	3,500	4,000	4,000	4,000
5430 Telephone	1,240	1,244	1,400			
5461 External Training	4,811	5,266	14,642	15,275	15,275	15,275
5462 Travel and Per Diem	11,590	13,590	10,431	15,300	15,300	15,300
5471 Citizen Awards			100	100	100	100
5472 Employee Recog & Awards	718	827	850	1,300	1,300	1,300
5473 Employ Safety Pro & Incent				13,000	13,000	13,000
5484 Postage, UPS & Shipping	255	309	525	275	275	275
5500 Dues & Subscrip	1,292	1,244	975	2,975	2,975	2,975
5502 Certification & Licensing	1,715	31,780	3,890	35,220	35,220	35,220
5570 Misc Business Exp	3,361	2,296	1,686	2,757	2,757	2,757
5571 Planning Retreat Expense				500	500	500
Total Materials and Services	408,552	464,131	588,523	711,172	711,172	711,172
Total General Fund	1,263,207	1,319,704	1,546,056	2,108,069	2,108,069	2,108,069