



2024 ANNUAL REPORT

Executive Summary

Through collaboration with our partner agencies, the Office of the Medical Program Director has made important strides in benchmarking and improving the quality of care delivered.

In 2024, our primary quality focus was increasing the percentage of patients transported without lights and sirens. We focused on this because a modern ambulance can provide the majority of the care needed in the first 30 minutes of a patient's care, and because using lights and sirens more than doubles the risk of an ambulance crash. We make judicious use of lights and sirens when there is a time-sensitive intervention that can only be delivered at the hospital.

For our work, the system was recognized with the Quality and Safety Award for 2024 by the National Association of EMS Physicians.

We continued work on other fronts as well, benchmarking our system against national performance in response and transport, cardiac care, neurologic emergencies, respiratory emergencies, and trauma. We have identified opportunities for growth in each domain.

We continued to improve efficiency for patients with low-acuity complaints by using the nurse navigation line, and basic life support 911 ambulances.

We will work to build on our progress as we continue into 2025.

Clark County Agencies

EMS :

- American Medical Response
- Camas-Washougal Fire Department
- Clark-Cowlitz Fire Rescue
- Clark County Fire District #10 (Amboy)
- Clark County Fire District #13 (Yacolt)
- Clark County Fire District #3 (Brush Prairie, Battle Ground, Hockinson)
- Clark County Fire District #6 (Salmon Creek, Felida, Hazel Dell)
- East County Fire and Rescue
- North Country EMS (Yacolt)
- Vancouver Fire Department

DISPATCH:

Clark Regional Emergency Services Agency (CRESA)

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Mission and Vision

1.1

Mission:

We provide consistent high-quality emergency care to our patients where and when they need it most.

Vision:

Through continuous quality improvement in providing evidence-based and compassionate care, we are committed to setting a regional standard for excellent emergency medical services.

Core Values

1.2

PROVIDING HIGH-QUALITY CARE – CENTRAL OBJECTIVE

We prioritize care of patients with time-sensitive life-threatening conditions.
We believe the foundation for high-quality care is high-quality basic life support.
We evaluate outcomes that matter to the patient.
We provide care that is evidence-based, practical, and cost-effective.
We provide empathetic and equitable care for our entire community.

DELIVERING ONGOING EDUCATION

We continuously look for opportunities to improve.
We proactively identify needs for education.
We strive to teach in an engaging and useful way for adult learners and evaluate the education's effectiveness.

SUPPORTING CREW HEALTH AND SAFETY

We look for every opportunity to improve crew safety.
We support the professional development of the EMS workforce.
We promote a just culture as an integral part of quality improvement.
We recognize the physical and mental toll of EMS work and support the workforce.

PROMOTING EFFECTIVE TEAMWORK

We promote a unified system from dispatch to disposition.
In our EMS role, we have different uniforms but a common purpose.
We use best practices for crew resource management.
We communicate effectively with our patients and collaborators.
We recognize that for most of the agencies in the county, EMS is only one of the responsibilities they have.

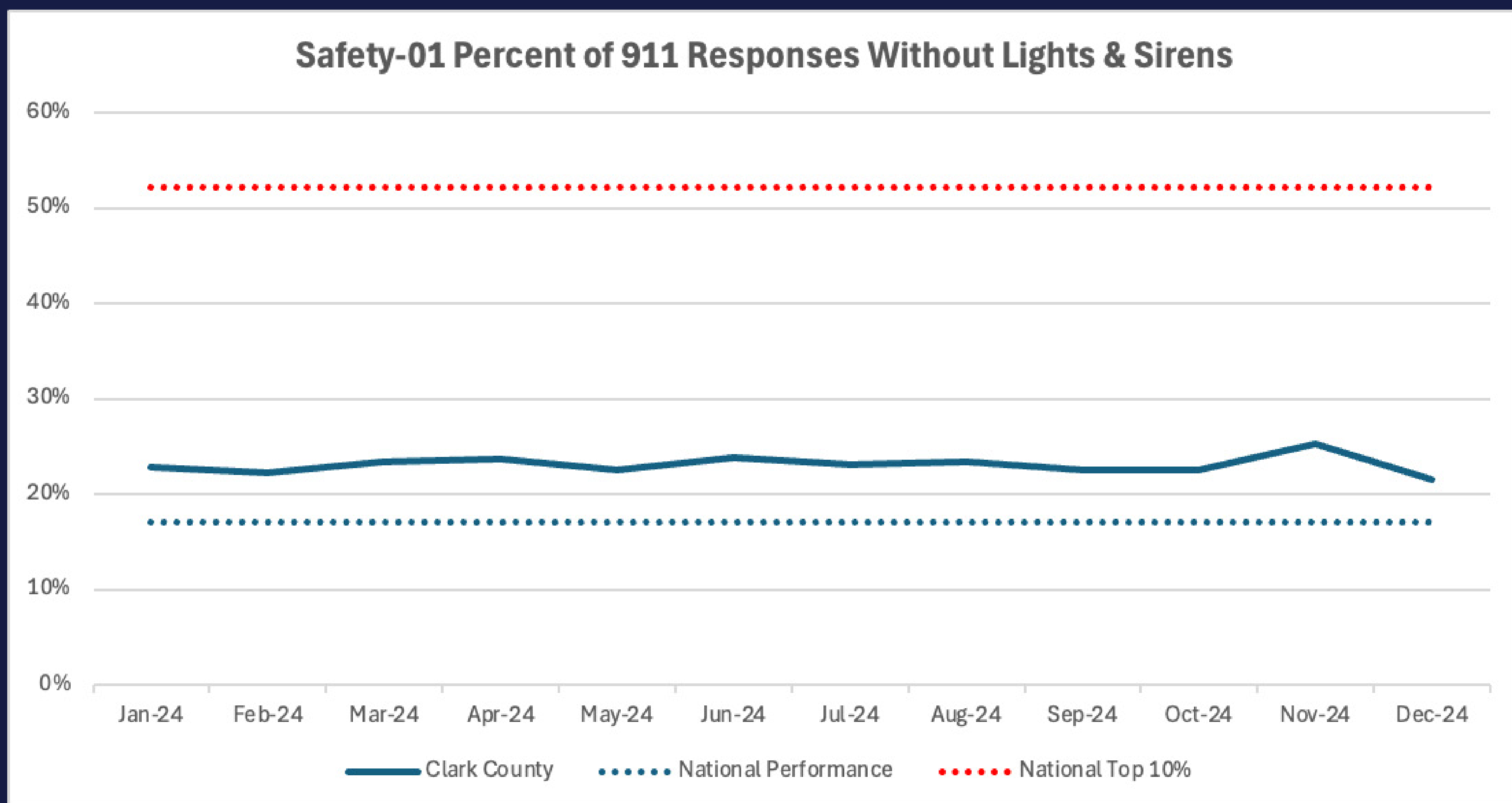
System Performance



Response and Transport

Responding Safely

2.1



Clark County: 23%

National Average: 17%

WHY THIS MATTERS

A small percentage of 911 calls require time-sensitive interventions. Responding with lights and sirens does have risk. A high-performing EMS system balances the benefit to the patient against the risks of responding with lights and sirens.

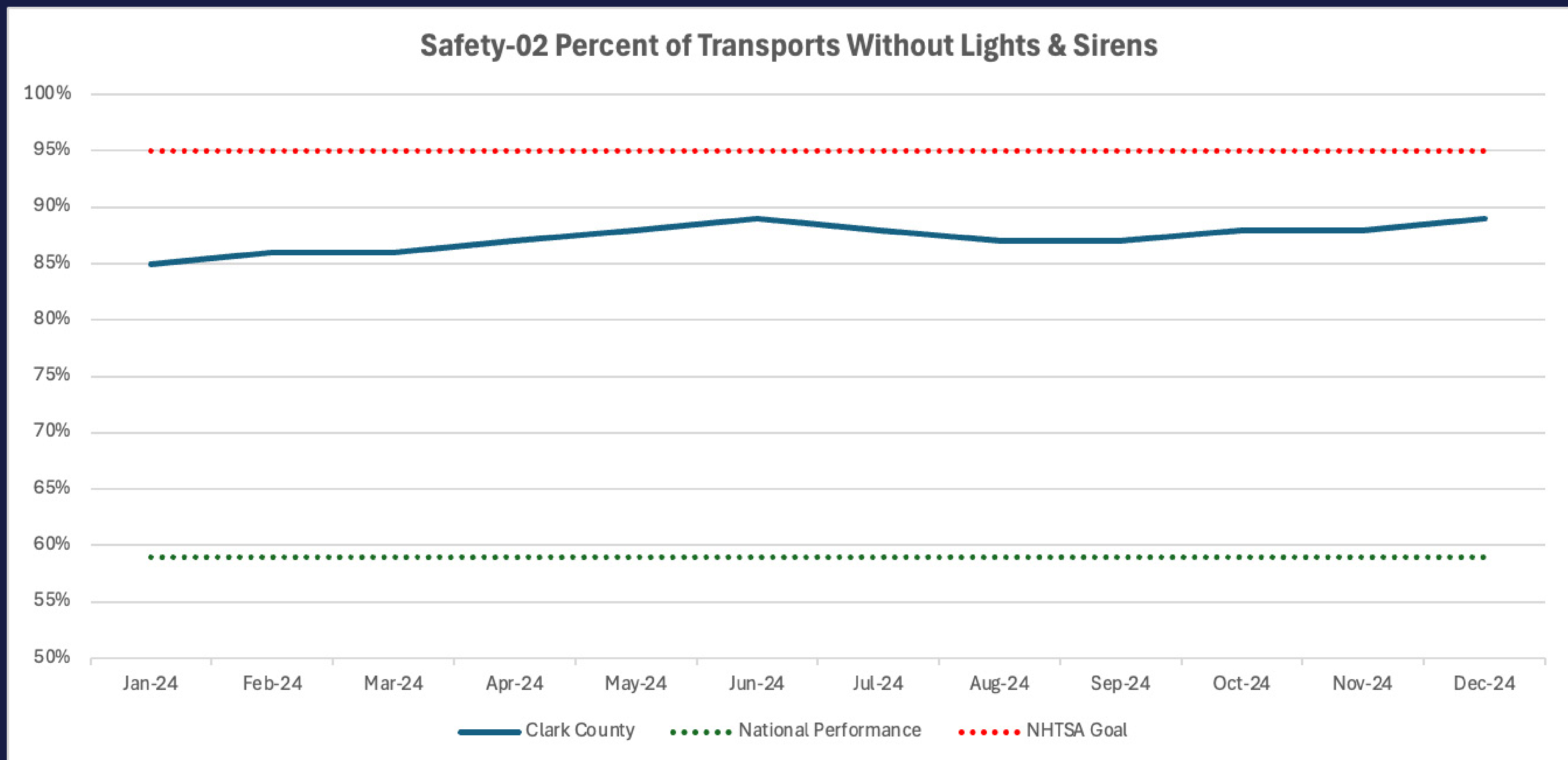
WHAT WE'RE DOING

In 2024, we revised response plans to make more calls eligible for BLS 911 response. These changes took effect in December 2024.

WHERE DOES THIS METRIC COME FROM? [The National EMS Quality Alliance](#)

WHERE DOES THE NATIONAL DATA COME FROM? [NEMSIS Public Performance Dashboard](#).

Transporting Safely 2.1



Clark County: 88%

National Average: 59%

WHY THIS MATTERS

A modern ambulance can provide the majority of interventions that emergency patients need in the first 30 minutes of their care. Transporting with lights and sirens more than doubles the risk of a crash. A high-performing EMS system only uses lights and sirens when the small amount of time saved justifies the risk.

WHAT WE'RE DOING

This measure was our quality focus in 2024. We made sustained improvement, for which the EMS system was recognized with the Quality & Safety Award from the National Association of EMS Physicians.

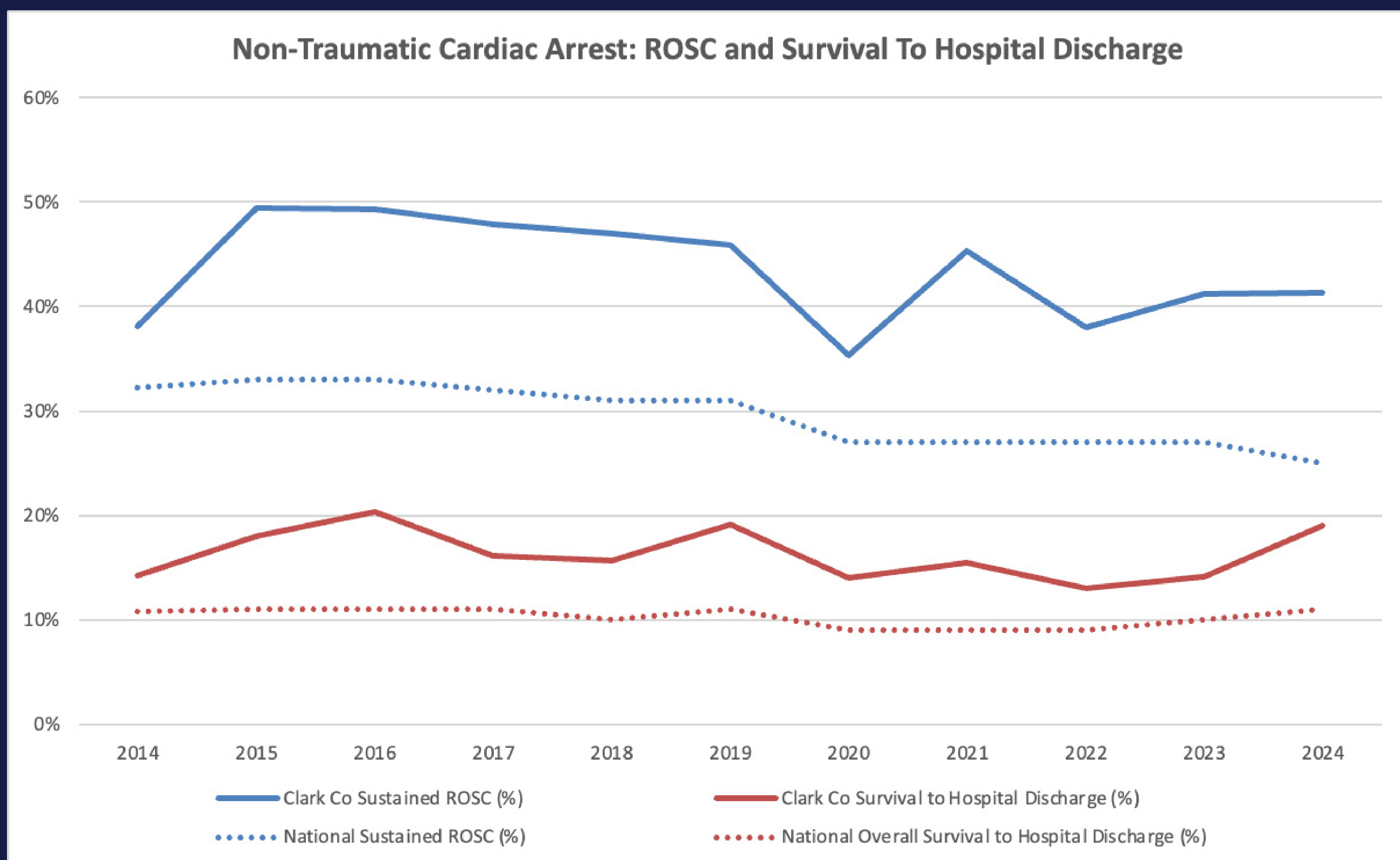
WHERE DOES THIS METRIC COME FROM? [The National EMS Quality Alliance](#)

WHERE DOES THE NATIONAL DATA COME FROM? [NEMSIS Public Performance Dashboard](#).

Cardiac Emergencies

Treating Cardiac Arrest

2.2



WHY THIS MATTERS

When someone's heart stops outside of the hospital, EMS is a crucial link in the chain of survival. EMS saves lives by gaining return of spontaneous circulation (getting a pulse back) and oxygenating the brain and heart; if we do this well, patients survive to leave the hospital. We are consistently performing above the national average in getting pulses back and getting patients out of the hospital alive.

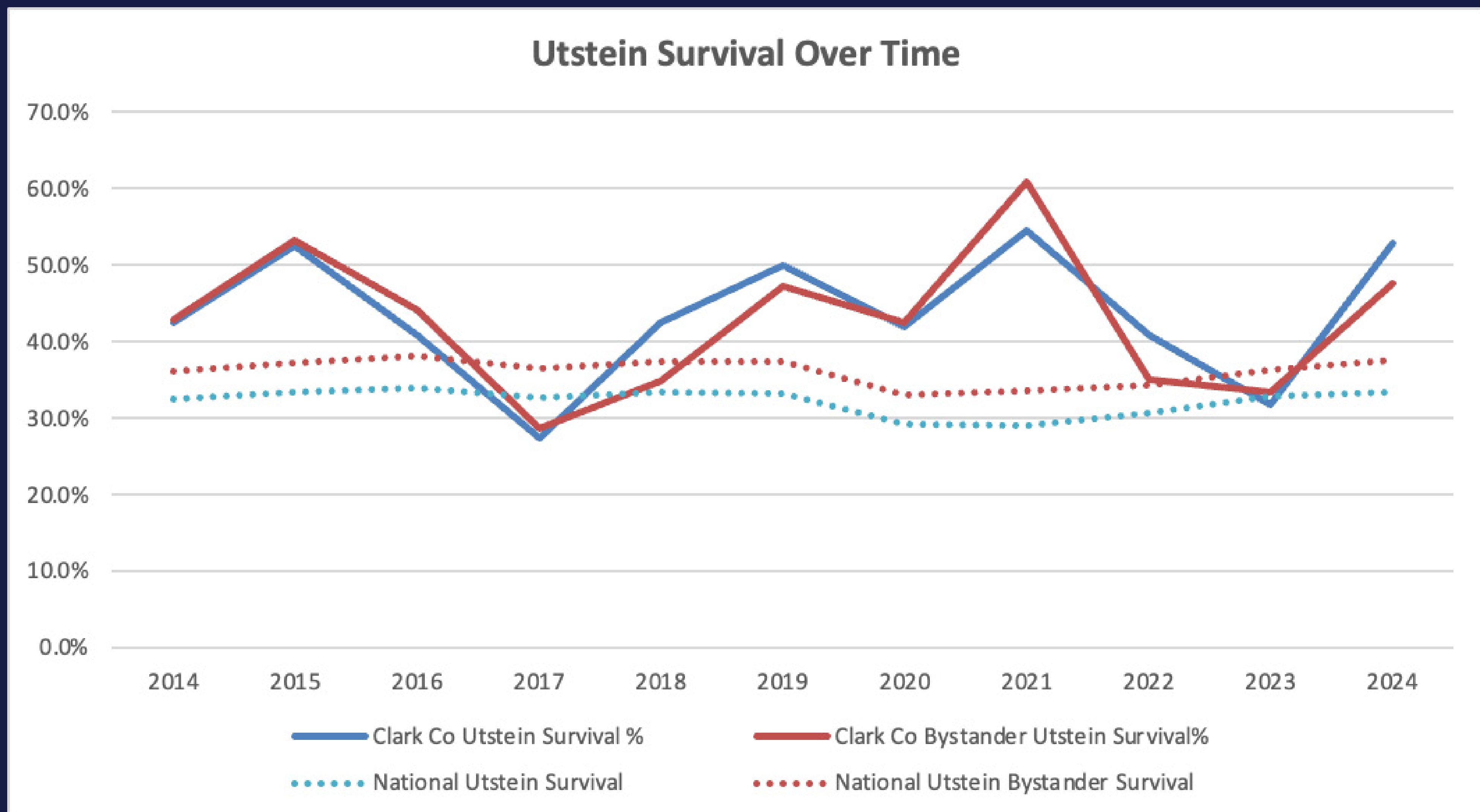
WHAT WE'RE DOING

With our 2025 protocol changes, we have re-emphasized starting with high-quality manual CPR.

WHERE DOES THIS METRIC COME FROM? [Cardiac Arrest Registry to Enhance Survival](#)

Saving shockable lives

2.2



WHY THIS MATTERS

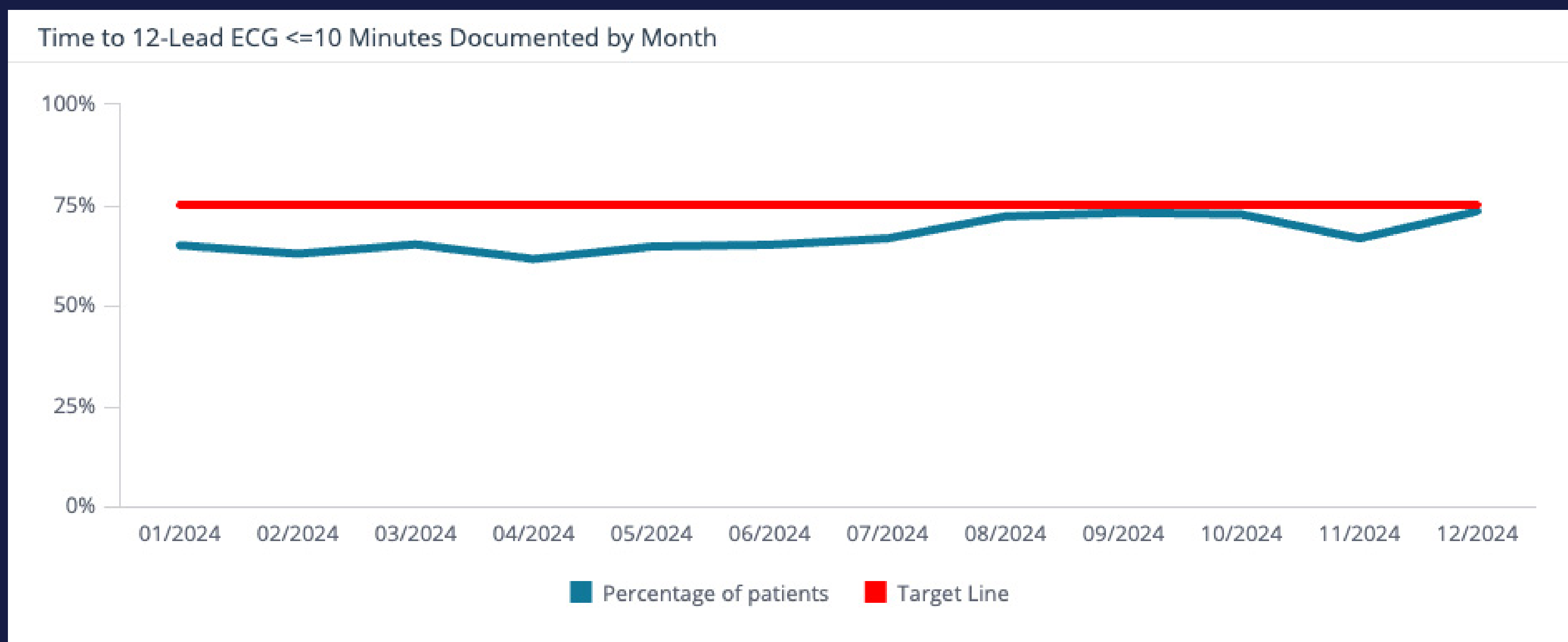
Amongst cardiac arrests, the most salvageable patients are those that can be defibrillated. By emphasizing bystander CPR and defibrillation, early EMS defibrillation, and early administration of anti-arrhythmic drugs, we save lives.

WHAT WE'RE DOING

With our 2025 protocol changes, we have re-emphasized starting with high-quality manual CPR.

WHERE DOES THIS METRIC COME FROM? [Cardiac Arrest Registry to Enhance Survival](#)

Finding heart attacks early 2.2



AHA Target: 75%

Clark County: 67%

WHY THIS MATTERS

EMS screens for heart attacks by performing and interpreting 12-lead ECGs. By performing 12-lead ECG within 10 minutes of patient contact for patients over 18, we can identify and treat heart attack early.

WHAT WE'RE DOING

We are recognizing crews who lead the way in screening for heart attacks and improved performance throughout the year.

WHERE DOES THIS METRIC COME FROM?

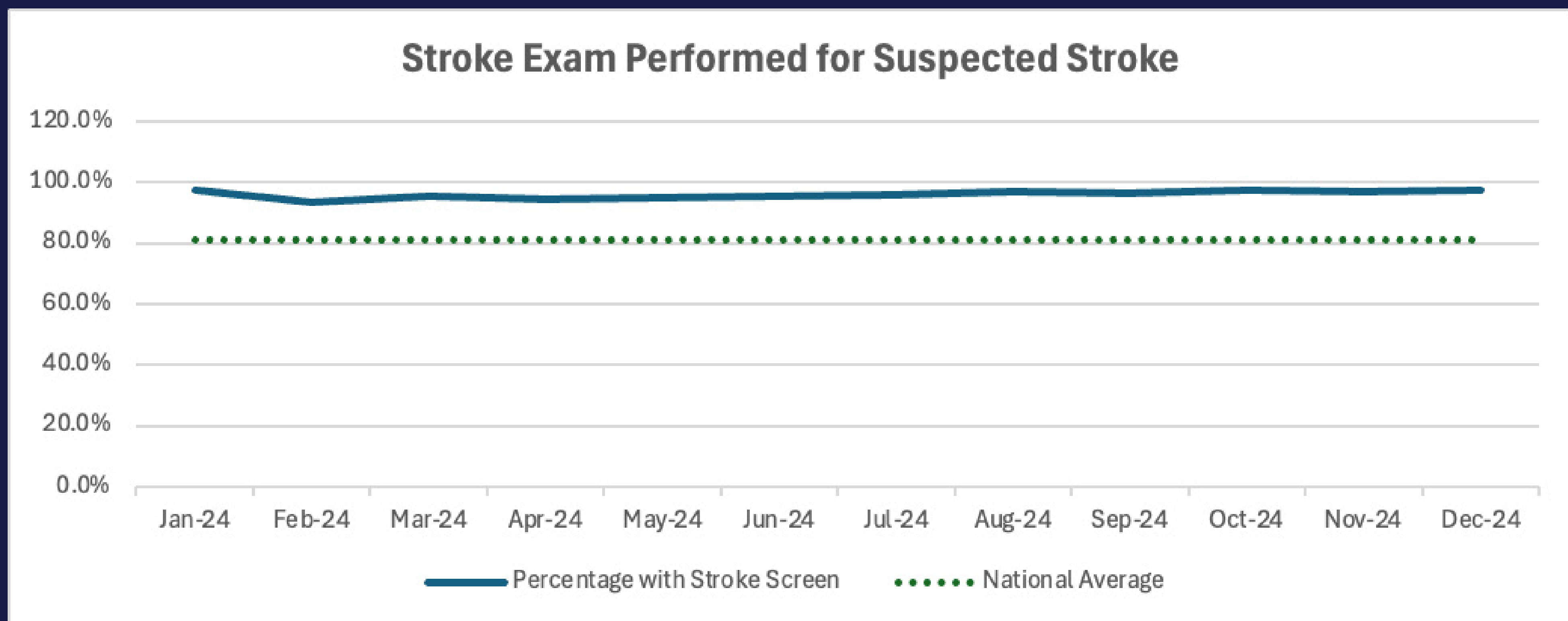
American Heart Association, Mission: Lifeline EMS

(AHAEMS5 12-lead ECG Performed ≤ 10 Minutes for Suspected Heart Attack)

Neurologic Emergencies

Finding Strokes

2.3



Clark County: 96%

National Average: 81%

WHY THIS MATTERS

EMS screens for stroke. By identifying stroke early, we can identify patients that can benefit from clot-busting drugs and/or advanced procedures to restore blood flow. This measures the percentage of patients > 18 who are transported with a suspected stroke who receive a stroke screen.

WHAT WE'RE DOING

We continually monitor performance on this metric.

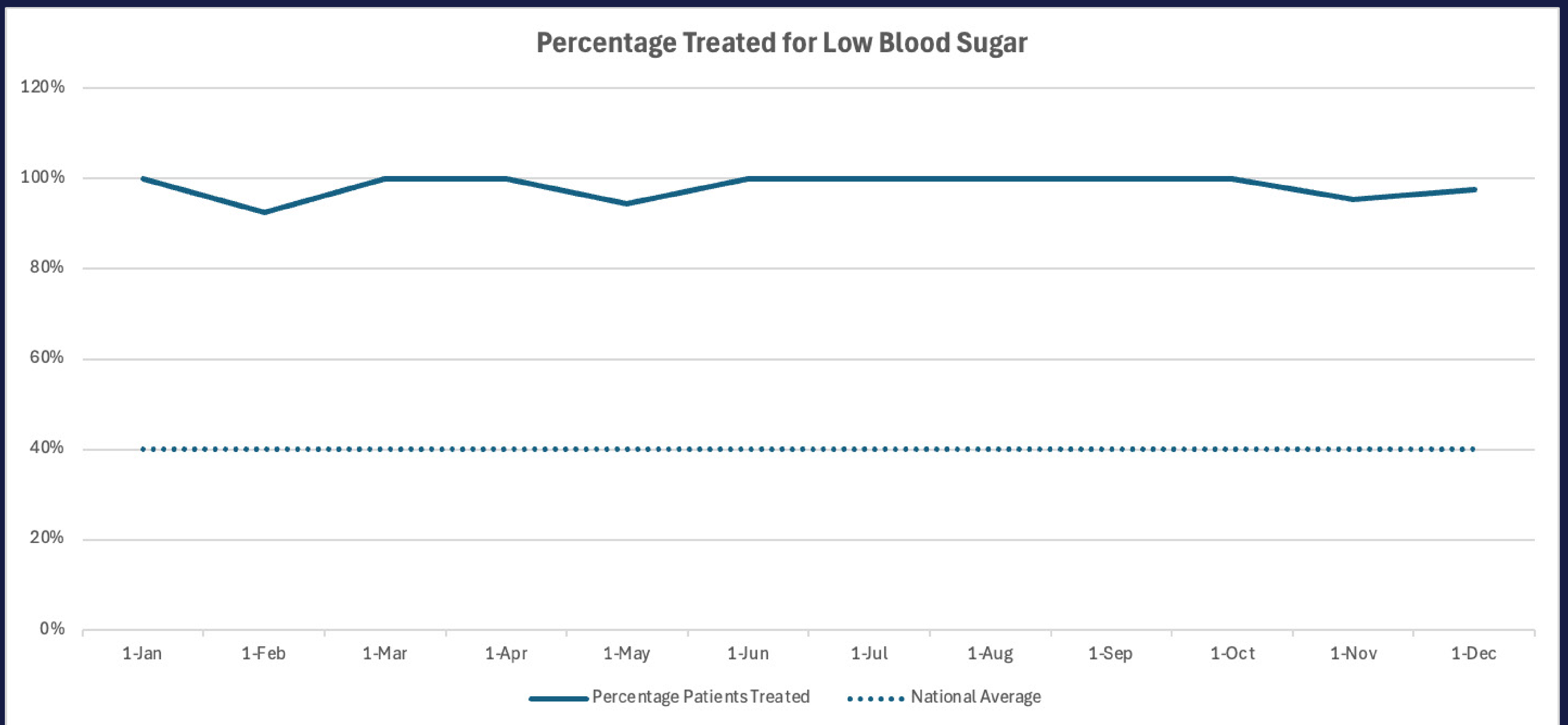
WHERE DOES THIS METRIC COME FROM?

American Heart Association, Mission: Lifeline EMS

(AHAEMS4 Stroke Screen Performed and Documented)

National performance from NEMSIS Public Performance Dashboard

Treating Low Blood Sugar 2.3



Clark County: 96%

National Average: 40%

WHY THIS MATTERS

The brain can only survive for minutes when it is starved of blood sugar. By treating low blood sugar, paramedics prevent death and disability.

WHAT WE'RE DOING

We continually monitor performance on this metric.

WHERE DOES THIS METRIC COME FROM?

National EMS Quality Alliance (Hypoglycemia-01)

National performance from NEMSIS Public Performance Dashboard

Respiratory Emergencies

Assessing Breathing

2.4

Clark County: 100%

National Average: 93%

WHY THIS MATTERS

Shortness of breath is one of the most common reasons people call 911. Treating shortness of breath starts with a respiratory assessment, including respiratory rate and pulse oximetry.

WHAT WE'RE DOING

We continually monitor performance on this metric.

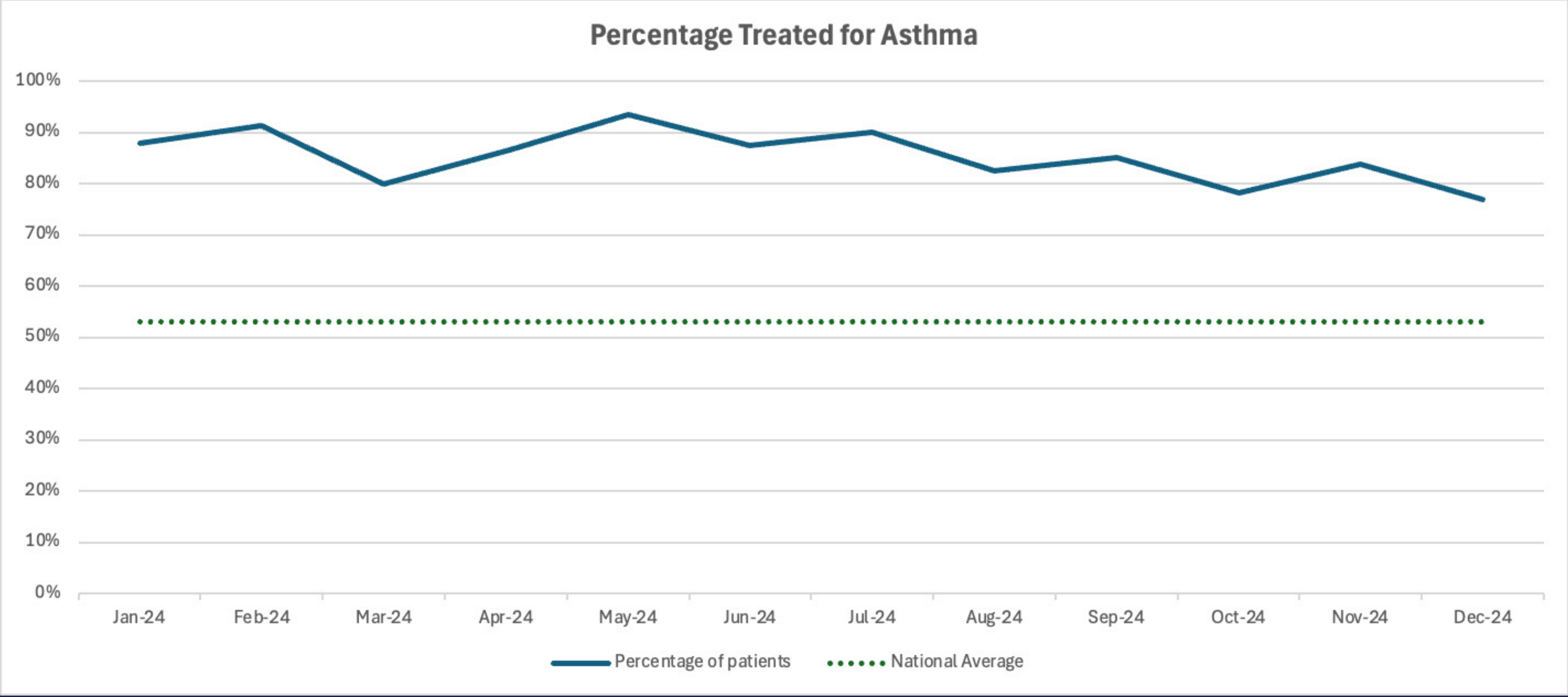
WHERE DOES THIS METRIC COME FROM?

National EMS Quality Alliance (Respiratory-01)

National performance from NEMSIS Public Performance Dashboard

Treating Asthma

2.4



Clark County: 86%

National Average: 53%

WHY THIS MATTERS

Drugs like albuterol open the airways for asthmatic patients. They are the cornerstone of asthma treatments.

WHAT WE'RE DOING

We continually monitor performance on this metric.

WHERE DOES THIS METRIC COME FROM?

National EMS Quality Alliance (Asthma-01)

National performance from NEMSIS Public Performance Dashboard

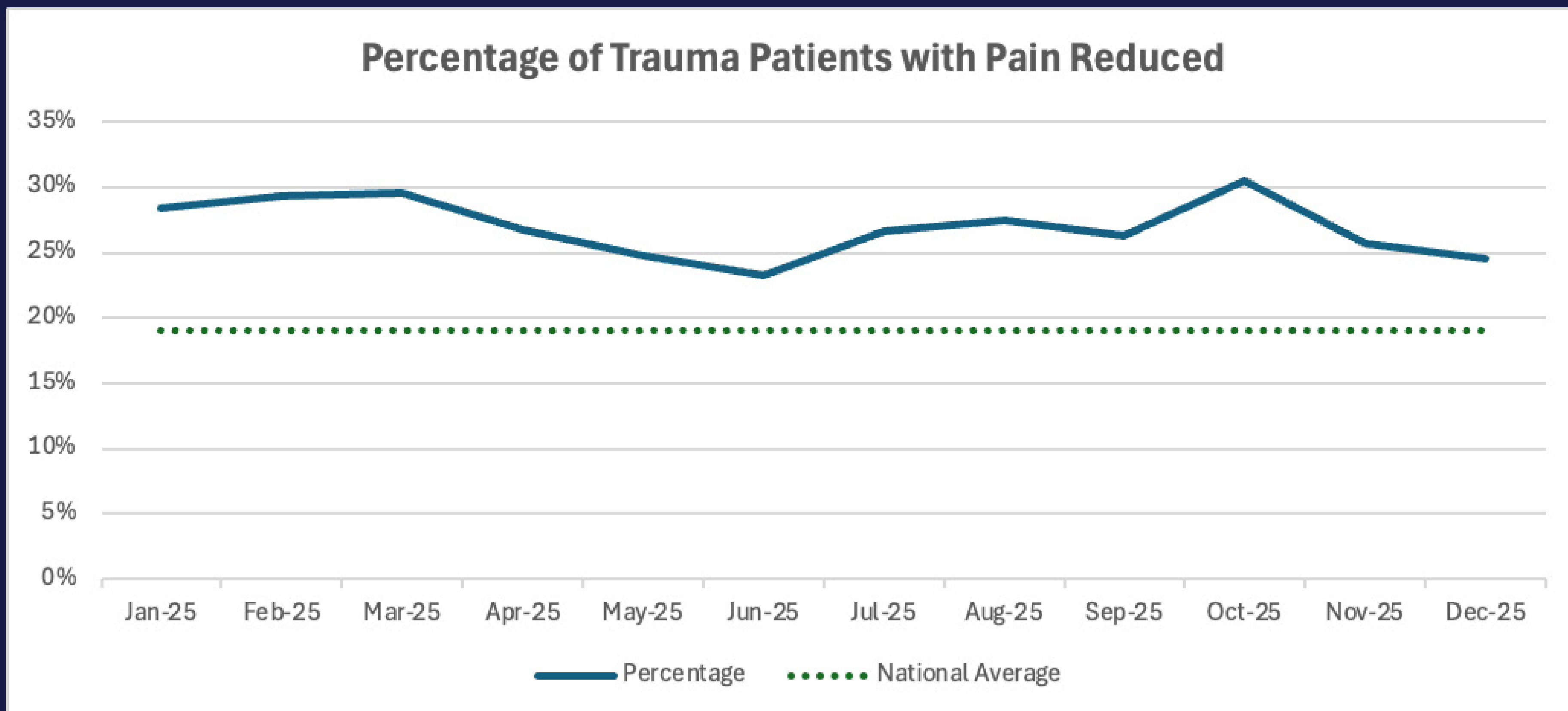


Treating Trauma



Reducing Pain

2.5



Clark County: 27%

National Average: 19%

WHY THIS MATTERS

Few things matter more to an injured patient than reducing their pain during the time they are with EMS.

WHAT WE'RE DOING

We continually monitor performance on this metric.

WHERE DOES THIS METRIC COME FROM?

[National EMS Quality Alliance \(Trauma-03\)](#)

National performance from [NEMSIS Public Performance Dashboard](#)



Low-Acuity Calls



Nurse

2.6

Navigation

Took 695 calls

48% referred to BLS

19% referred to virtual
care or urgent care

28% nurse advice

WHY THIS MATTERS

In our health care system, it can be difficult to know where to turn. The nurse navigation program directs willing patients with low-acuity complaints to the most efficient way to get the care they need, while preserving resources to handle time-sensitive emergencies.

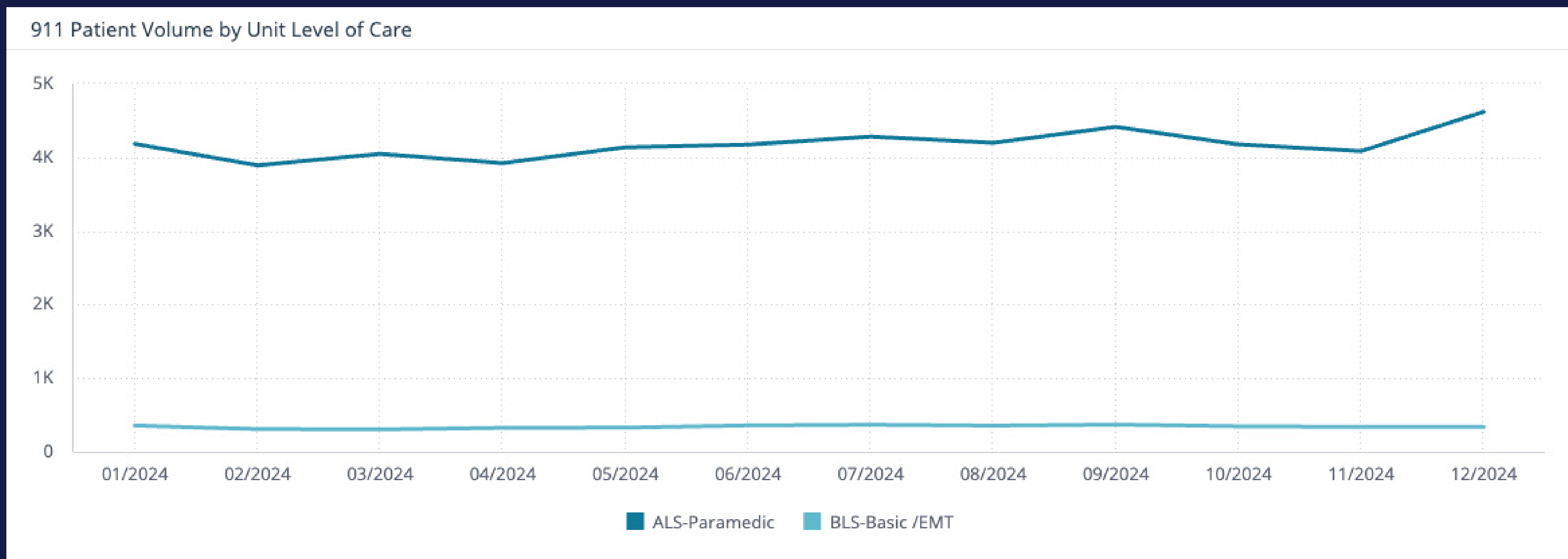
WHAT WE'RE DOING

We began letting EMTs and paramedics in the field refer patients to nurse navigation, and added additional call types as candidates for nurse navigation.

Basic Life

2.6

Support 911



8% of all 911 calls handled by a BLS ambulance

WHY THIS MATTERS

Paramedics are the most highly trained prehospital responders. Many 911 calls that do require transport can be handled by EMTs, freeing paramedics to handle more critical calls, and providing service more efficiently.

WHAT WE'RE DOING

We continued to monitor for safety. Of the 4107 calls sent to BLS, 219 (5%) involved calling a paramedic to assist. Based on the safety of the program, we expanded additional call determinants



Other Initiatives



Other Initiatives in 2024

- We began having board-certified EMS physicians answer calls for online medical control.
 - We moved to a single county-wide incident number, linking first response and ambulance care in a single patient-centered record.
 - The state approved our pilot program to give medications for opioid use disorder, and we laid the groundwork to start the program.
 - We joined the National EMS Quality Alliance Airway Collaborative as one of 56 system across North America working to improve the safety of prehospital airway management.
 - We worked on developing the EMS workforce, by enrolling EMS leaders in the National Association of EMS Physicians Quality & Safety Course.
 - We launched a website (clarkmpd.org) to improve transparency.
 - We began giving monthly updates to the EMS system.
 - We instituted pharmacist review of EMS protocols.
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Initiatives for 2025

- We have moved to annual protocol updates.
- We are continuing our work with the Airway Collaborative, focusing in improving first-pass success without hypotension or hypoxia (NEMSQA Airway-01).
- We have begun administering medications for opioid use disorder.
- We have begun to build an IT infrastructure for the future.
- We have invested in strategy execution tools, to become more effective in carrying out our mission.



