



AGENDA

EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)

REGULAR MEETING

THURSDAY – February 10th, 2022

4:00 P.M.

Location: [Click here to join the meeting](#)

https://teams.microsoft.com/l/meetup-join/19%3ameeting_NWlzNTNINGYtZWriZC00MTk2LWFkY2QtOWNIMTEyMDExZGI5%40thread.v2/0?context=%7b%22Tid%22%3a%22e0f2e4b5-0515-4028-99f2-2e7a43fe5379%22%2c%22Oid%22%3a%2269ff2d1f-5a50-42d5-bafd-40fe97d00922%22%7d

[+1 831-296-3421,787864515#](tel:+18312963421787864515) United States, Salinas

Phone Conference ID: 787 864 515#

- I. Call to Order**
- II. Flag Salute**
- III. Roll Call**
- IV. Resolution**
- V. Consent Agenda (CA):** Consideration of the consent agenda.
All items listed with a “CA” are considered by Division staff to be routine and non-controversial. Consent items may be considered first and approved in one motion if no member of the Board or audience wishes to comment or discuss an item. If comment or discussion is desired, the item will be removed from consent and heard in its listed sequence with an opportunity for any member of the public to address the Board concerning the item before action is taken.
- VI. (CA) Approval of Minutes: EMCAB Meeting November 18th, 2021– approve**
- VII. Subcommittee Reports:**
APOT Task Force – Discuss reinstating APOT Task Force Meetings
- VIII. Public Comments:**

This portion of the meeting is reserved for persons desiring to address the Board on any matter not on this Agenda and over which the Board has jurisdiction. Members of the public will also have the opportunity to comment as agenda items are discussed.

IX. Public Requests: None

X. Manager's Report: - Receive and File

XI. Unfinished Business: None

XII. New Business:

- a) (CA) Maddy Fund Quarterly Report – receive and file
- b) (CA) Legislation Report – receive and file
- c) (CA) Quarterly APOT Report – receive and file
- d) (CA) Quarterly Response Time Compliance – received and file
- e) (CA) Tele911 – receive and file
- f) (CA) Maddy Fund Request – First Watch – approve

XIII. Miscellaneous Documents for Information: None

XIV. Board Member Announcements or Reports:

On their own initiative, Board members may make a brief announcement or a brief report on their own activities. They may ask a question for clarification, make a referral to staff, or take action to have staff place a matter of business on a future agenda. (Government Code Section 54954.2 [a.]

XV. Announcements:

- A. Next regularly scheduled meeting: Thursday, May 12th, 2022, 4:00 p.m., at the Kern County Public Health Services Department, Bakersfield, California.
- B. The deadline for submitting public requests on the next EMCAB meeting agenda is Thursday, April 28th, 2022, 5:00 p.m., to the Kern County EMS Program Manager.

XVI. Adjournment

Disabled individuals who need special assistance to attend or participate in a meeting of the Kern County Emergency Medical Care Advisory Board (EMCAB) may request assistance at the Kern County Public Health Services Department located at 1800 Mount Vernon Avenue, Bakersfield, 93306 or by calling (661) 321-3000. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting materials available in alternative formats. Requests for assistance should be made at least three (3) working days in advance whenever possible.

**EMERGENCY MEDICAL CARE ADVISORY BOARD
Membership Roster**

<i>Name and Address</i>	<i>Representing</i>
Mike Maggard, Supervisor Third District 1115 Truxtun Avenue Bakersfield, CA 93301 (661) 868-3670	Board of Supervisors
<u>Alternate</u> Phillip Peters, Supervisor First District 1115 Truxtun Avenue Bakersfield, CA 93301 (661) 868-3652	
Donny Youngblood, Sheriff Kern County Sheriff's Department 1350 Norris Road Bakersfield, CA 93308 (661) 391-7500	Police Chief's Association
<u>Alternate</u> Vacant	
Zachary Wells, Deputy Chief Kern County Fire Department 5642 Victor Street Bakersfield, CA 93308 (661)	Fire Chief's Association
<u>Alternate</u> Kevin Albertson, Deputy Chief Bakersfield Fire Department 2101 H St. Bakersfield, CA 93301 (661)	
James Miller 14113 Wellington Court Bakersfield, CA 93314 (817) 832-2263	Urban Consumer
<u>Alternate</u> Vacant	
Leslie Wilmer 1110 Bell Ave., Taft, CA 93268 (661) 304-1106	Rural Consumer
<u>Alternate</u> Vacant	

Orchel Krier
Mayor Pro Tem, City of Taft
209 E. Kern Street
Taft, CA 93268
661-763-1222

City Selection Committee

Alternate

Cathy Prout
Councilmember, City of Shafter
435 Maple Street
Shafter, CA 93263
(661) 746-6409

Scott Hurlbert
City of Wasco
746 8th Street
Wasco, CA 93280
(661) 758-7214

Kern Mayors and City Managers Group

Alternate

Anne Ambrose
California City
21000 Hacienda Blvd
California City, California 93505
(760) 338-8010

Earl Canson, M.D.
1400 Easton Drive Ste. 139B
Bakersfield, CA 93309

Kern County Medical Society

Alternate

Nadeem Goraya, M.D.
1400 Easton Drive Ste. 139B
Bakersfield, CA 93309

Tyler Whitezell, Chief Operating Officer
Kern Medical
1700 Mt. Vernon
Bakersfield, CA 93306
(661)

Kern County Hospital Administrators

Alternate

John Surface
Hall Ambulance Inc.
1001 21st Street
Bakersfield, CA 93301
(661) 322-8741

Kern County Ambulance Association

Alternate

Kristopher Lyon, M.D.
1800 Mount Vernon Avenue, 2nd floor
Bakersfield, CA 93306
(661) 321-3000

EMS Medical Director

Support Staff

Jeff Fariss, EMS Program Manager
1800 Mount Vernon Avenue, 2nd floor
Bakersfield, CA 93306
(661) 321-3000

EMS Division

Gurujodha Khalsa, Chief Deputy
1115 Truxtun Avenue, 4th Floor
Bakersfield, CA 93301
(661) 868-3800

County Counsel

Julia Carlson
1115 Truxtun Avenue, 5th Floor
Bakersfield, CA 93301
(661) 868-3198

County Administrative Office

IV. Resolution

RESOLUTION NO. _____

**A RESOLUTION OF THE EMERGENCY MEDICAL CARE ADVISORY BOARD (“EMCAB”)
AUTHORIZING REMOTE TELECONFERENCE MEETINGS OF FOR THE PERIOD
FEBRUARY 10, 2022, THROUGH MARCH 9, 2022, PURSUANT TO THE RALPH M. BROWN
ACT.**

WHEREAS, all meetings of the of the EMCAB, are open and public, as required by the Ralph M. Brown Act (Cal. Gov. Code §§ 54950 – 54963), so that any member of the public may attend, participate, and view the legislative body conducting their business; and

WHEREAS, the Brown Act, Government Code section 54953(e), makes provisions for remote teleconferencing participation in meetings by members of a legislative body, without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain conditions and requirements; and

WHEREAS, a required condition of Government Code section 54953(e) is that a state of emergency is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by conditions as described in Government Code section 8558(b); and

WHEREAS, a further required condition of Government Code section 54953(e) is that state or local officials have imposed or recommended measures to promote social distancing, or, the legislative body holds a meeting to determine or has determined by a majority vote that meeting in person would present imminent risks to the health and safety of attendees; and

WHEREAS, on March 4, 2020, Governor Newsom issued a Proclamation of a State of Emergency declaring a state of emergency exists in California due to the threat of COVID-19, pursuant to the California Emergency Services Act (Government Code section 8625); and,

WHEREAS, on June 11, 2021, Governor Newsom issued Executive Order N-07-21, which formally rescinded the Stay-at-Home Order (Executive Order N-33-20), as well as the framework for a gradual, risk-based reopening of the economy (Executive Order N-60-20, issued on May 4, 2020) but did not rescind the proclaimed state of emergency; and,

1 **WHEREAS**, on June 11, 2021, Governor Newsom also issued Executive Order N-08-21, which set
2 expiration dates for certain paragraphs of the State of Emergency Proclamation dated March 4, 2020 and
3 other Executive Orders but did not rescind the proclaimed state of emergency; and,

4 **WHEREAS**, as of the date of this Resolution, neither the Governor nor the state Legislature have
5 exercised their respective powers pursuant to Government Code section 8629 to lift the state of emergency
6 either by proclamation or by concurrent resolution the state Legislature; and,

7 **WHEREAS**, the California Department of Industrial Relations has issued regulations related to
8 COVID-19 Prevention for employees and places of employment. Title 8 of the California Code of
9 Regulations, Section 3205(5)(D) specifically recommends physical (social) distancing as one of the
10 measures to decrease the spread of COVID-19 based on the fact that particles containing the virus can travel
11 more than six feet, especially indoors; and,

12 **WHEREAS**, EMCAB finds that state or local officials have imposed or recommended measures to
13 promote social distancing, based on the California Department of Industrial Relations' issuance of
14 regulations related to COVID-19 Prevention through Title 8 of the California Code of Regulations, Section
15 3205(5)(D); and,

16 **WHEREAS**, as a consequence, the EMCAB hereby finds that it shall conduct its meetings by
17 teleconferencing without compliance with Government Code section 54953 (b)(3), pursuant to Section
18 54953(e), and that EMCAB shall comply with the requirements to provide the public with access to the
19 meetings as prescribed by Government Code section 54953(e)(2).

20 **NOW, THEREFORE, BE IT RESOLVED, FOUND AND ORDERED** by the EMCAB, State
21 of California, in session assembled on February 10,2022, does hereby resolve as follows:

22 Section 1. Recitals. All of the above recitals are true and correct and are incorporated into this
23 Resolution by this reference.

24 Section 2. State or Local Officials Have Imposed or Recommended Measures to Promote Social
25 Distancing. The EMCAB hereby proclaims that state officials have imposed or recommended measures to
26 promote social (physical) distancing based on the California Department of Industrial Relations' issuance
27 of regulations related to COVID-19 Prevention through Title 8 of the California Code of Regulations,
28 Section 3205(5)(D).

1 Section 3. Remote Teleconference Meetings. The EMCAB is hereby authorized and directed
2 to take all actions necessary to carry out the intent and purpose of this Resolution including, conducting
3 open and public meetings in accordance with Government Code section 54953(e) and other applicable
4 provisions of the Brown Act.

5 Section 4. Effective Date. This Resolution shall take effect immediately upon its adoption and
6 shall be effective until the earlier of (i) March, 9, 2022, or, (ii) such time the EMCAB adopts a subsequent
7 resolution in accordance with Government Code section 54953(e)(3) to extend the time during which it
8 may continue to teleconference without compliance with Section 54953(b)(3).

9 ADOPTED this 10th day of February, 2022, by the EMCAB by the following vote:

10
11 YES:

12 NO:

13 ABSENT:

14 ABSTAIN:

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17 _____
18 SECRETARY
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V. Approval of Minutes

AGENDA
EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)
REGULAR MEETING
THURSDAY – November 18th, 2021
4:00 P.M.

Location: [Click here to join the meeting](#)

https://teams.microsoft.com/l/meetup-join/19%3ameeting_MmQ4MGU0ODItNDRhMi00MGM3LWFmZWUtNDQ1NGQxMWY3NTBh%40thread.v2/0?context=%7b%22Tid%22%3a%22e0f2e4b5-0515-4028-99f2-2e7a43fe5379%22%2c%22Oid%22%3a%2269ff2d1f-5a50-42d5-bafd-40fe97d00922%22%7d

[+1 831-296-3421,334940540#](tel:+18312963421334940540) United States, Salinas
Phone Conference ID: 334 940 540#

- I. **Call to Order – Chairman Maggard**
- II. **Flag Salute**
- III. **Roll Call – Conducted by Jeff Fariss - Chris Miller, Leslie Wilmer, Bruce Peters, Sheriff Youngblood, John Surface, Dr. Lyon, Chairman Maggard, Orchel Krier, Dr. Canton**
- IV. **Consent Agenda (CA):** Consideration of the consent agenda.

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Motion – Chris Miller - Second Lyon – Wilmer aye, Bruce Peters aye, Sheriff Youngblood aye, John Surface aye, Dr. Lyon aye, Chairman Maggard aye, Orchel Krier aye, Dr. Canton aya.

- V. **(CA) Approval of Minutes: EMCAB Meeting August 12th, 2021– approve**
- VI. **Subcommittee Reports:**
APOT Task Force – N/A – **Report or comments**
- VII. **Public Comments:**

This portion of the meeting is reserved for persons desiring to address the Board on any matter not on this Agenda and over which the Board has jurisdiction. Members of the public will also have the opportunity to comment as agenda items are discussed.

No Comments

**VIII. Public Requests:
None**

**IX. Unfinished Business:
None**

X. New Business:
a) (CA) Maddy Fund Quarterly Report – receive and file
b) (CA) Legislation Report – receive and file
c) (CA) Quarterly APOT Report – receive and file
d) (CA) Narcan Use by Law Enforcement Policy – approve
e) (CA) 2022 EMCAB Meeting Dates - approve

XI. Manager’s Report: - Receive and File – Chairman Maggard inquired as to the managers confidence that Kern County will be able to deal with the surge that may happen in late January or early February. Manager indicated very confident in the efforts made in reaching out to the state in order to secure additional beds and staffing.

Motion Bruce Peters, Second Dr. Lyon – Chris Miller aye, Leslie Wilmer Aye, Sheriff Youngblood aye, Cathy Prout aye, Dr. Lyon aye, Chairman Maggard aye, Orchel Krier aye, Dr. Canton aye, John Surface non-responsive

**XII. Miscellaneous Documents for Information:
None**

XIII. Board Member Announcements or Reports:

On their own initiative, Board members may make a brief announcement or a brief report on their own activities. They may ask a question for clarification, make a referral to staff, or take action to have staff place a matter of business on a future agenda. (Government Code Section 54954.2 [a.])

Chairman Maggard commends Bruce Peters for many years of service to EMCAB.

Orchel Krier commented on recent experience with Kern County Fire Department in Taft, Hall Ambulance Service, Taft West Side Urgent Care, Mercy Hospital doctors, saved his life.

Gabriel Gonzalez, City Manager of Shafter through Cathy Prout – voiced concerns regarding delays in ambulance responses in Shafter.

Mayor of Delano voiced concerns regarding delays in ambulance response.

GK brought up a procedural issue for EMCAB. Government code provides local agency with teleconferencing meeting options as long as certain findings are deemed to exist. GK

recommends a special meeting of EMCAB be held approximately 2 weeks, December 2nd, to pass a resolution to cover this meeting that indicates that a remote meeting was deemed necessary in this case and because this board does not meet every 30 days or less, when February meeting arises there will be a similar resolution to pass at the beginning of that meeting if it is deemed necessary to continue to meet remotely. Chairman Maggard asked if we could make an emergency finding and make it effective today. GK recommends a voice vote be taken today to cover this resolution and the findings be adopted that a remote meeting was necessary for today and that be incorporated and memorialized in your minutes and then we will go forward in February with the resolution which will be necessary again because you don't meet every 30 days or less.

GK-Resolution – Under sections 54 and 953 of the government code this board is recommending that a remote meeting be held today given that the health emergency still exists and that measures to promote social distancing and the health of this constituent members is preserved through that remote meeting status.

No comments provided

Motion – Leslie Wilmer – Second Chris Miller – Roll Call Vote = Bruce Peters aye, Sheriff Youngblood absent, Kathy Prout aye, John Surface absent, Dr. Lyon aye, Chairman Maggard aye, Orchel Krier aye, Dr. Canton aye – motion passes

Chairman Maggard – inquired as to the meeting status in February based on the pandemic. GK stated he will have a resolution ready for February in order to hold meeting remotely.

XIV. Announcements:

- A. Next regularly scheduled meeting: Thursday, February 10th, 2022, 4:00 p.m., at the Kern County Public Health Services Department, Bakersfield, California.
- B. The deadline for submitting public requests on the next EMCAB meeting agenda is Thursday, January 27th, 2022, 5:00 p.m., to the Kern County EMS Program Manager.

XV. Adjournment

Disabled individuals who need special assistance to attend or participate in a meeting of the Kern County Emergency Medical Care Advisory Board (EMCAB) may request assistance at the Kern County Public Health Services Department located at 1800 Mount Vernon Avenue, Bakersfield, 93306 or by calling (661) 321-3000. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting materials available in alternative formats. Requests for assistance should be made at least three (3) working days in advance whenever possible.

Motion – Leslie Wilmer.

X. New Business

a. Maddy Funds Quarterly Report

FISCAL YEAR 2021-22 ACTIVITY

	MADDY Deposits + Interest AS (10 & 12)	RICHIE'S Deposits + Interest AS (11)	Admin 10% of Each Fund AS (14 & 15)	Richie's Fund (15%) Distribution AS (17)	Total Physician Claims Submitted In Quarter PC (8)	Physicians 58% both funds Balance AS (24)	Physician Payments in Quarter PC (16)	Percent Paid to Physicians H16/F16	Hospitals 25% of Both Fund Balance AS (28)	Hospital Payments in Quarter HP (17 & 19)	EMCAAB-Current	EMCAAB-Rollover	EMCAAB-Rollover	EMCAAB-Rollover	EMCAAB-Transfers	Other EMS Balance AS (34)
											Other EMS 17% MADDY Balance FY 2122 (Jul 2021-Jun 2022) AS (33)	Other EMS 17% MADDY Rollover Balance FY 1819 (Nov 2018-Jun 2019)	Other EMS 17% MADDY Rollover Balance FY 1920 (Jul 2019-Jun 2020)	Other EMS 17% MADDY Rollover Balance FY 2021 (Jul 2020-Jun 2021)	EMCAAB Transfers-JV33023 10/1/21 To pay for EMS warehouse lease (285,868.80)	Other EMS 17% RICHIE'S Balance AS (34)
JULY 2021	74,231.59	74,221.26	14,845.29	11,133.19		71,184.44			30,618.59		11,357.43	135,711.45	177,421.30	171,266.68		9,463.21
AUGUST 2021	100,167.17	87,093.96	18,726.11	13,064.09		90,353.66			38,867.73		15,325.58					11,104.48
SEPTEMBER 2021	84,829.49	84,000.43	16,882.99	12,600.06		80,893.56			34,836.72		12,978.91					10,710.06
Total for Quarter 1	259,228.25	245,315.65	50,454.39	36,797.34	244,927.03	242,431.66	50%	104,323.04	172,398.13	39,661.92	-	-	-	-		31,277.75
OCTOBER 2021	88,358.34	75,884.17	16,424.26	11,382.63		79,132.66			34,108.91		13,518.83					9,675.23
NOVEMBER 2021	75,035.58	73,824.35	14,886.00	11,073.65		76,848.92			30,725.07		11,480.44					9,412.60
DECEMBER 2021	64,909.03	65,335.53	13,024.45	9,800.33		64,631.06			26,854.95		9,931.08					8,330.28
Total for Quarter 2	228,302.95	215,044.05	44,334.71	32,256.61	332,143.29	220,612.64	50%	91,688.93	151,363.65	34,930.35	-	-	-	-		27,418.11
JANUARY 2022	-	-	-	-		-			-		-					-
FEBRUARY 2022	-	-	-	-		-			-		-					-
MARCH 2022	-	-	-	-		-			-		-					-
Total for Quarter 3	-	-	-	-	-	-	-	#DIV/0!	-	#DIV/0!	-	-	-	-		-
APRIL 2022	-	-	-	-		-			-		-					-
MAY 2022	-	-	-	-		-			-		-					-
JUNE 2022	-	-	-	-		-			-		-					-
Total for Quarter 4	-	-	-	-	-	-	-	#DIV/0!	-	#DIV/0!	-	-	-	-		-
YEAR-END SUP.	-	-	-	-		-			-		-					-
YEAR TO DATE	487,531.20	460,359.70	94,789.10	69,053.95	577,070.32	463,044.30	288,549.51	50%	196,011.97	172,398.13	74,592.27	135,711.45	177,421.30	171,266.68	(285,868.80)	58,695.86
Total												273,122.90				

X. New Business

b. Legislative Reports



KERN COUNTY
Public Health Services
DEPARTMENT

BRYNN CARRIGAN
DIRECTOR

KRISTOPHER LYON, MD
HEALTH OFFICER

1800 MT. VERNON AVENUE

BAKERSFIELD, CALIFORNIA 93306-3302

661-321-3000

WWW.KERNPUBLICHEALTH.COM

EMS Program Staff Report for EMCAB

Legislative Report

Background

Emergency Medical Services is constantly changing and evolving. Each year laws and regulations are created that have an effect on our local system. The last several years have seen an increase in such legislation. The following pages represent bills currently in the legislative process.

EMSA Weekly Legislative Update

Wednesday, February 02, 2022

[AB 240](#) ([Rodriguez D](#)) **Local health department workforce assessment.**

Current Text: Amended: 6/21/2021 [html](#) [pdf](#)

Introduced: 1/13/2021

Last Amend: 6/21/2021

Status: 8/27/2021-Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 7/5/2021)(May be acted upon Jan 2022)

Location: 8/27/2021-S. 2 YEAR

Summary: This bill would require the State Department of Public Health to contract with an appropriate and qualified entity to conduct an evaluation of the adequacy of the local health department infrastructure and to make recommendations for future staffing, workforce needs, and resources, in order to accurately and adequately fund local public health. The bill would exempt the department from specific provisions relating to public contracting with regard to this requirement. The bill would require the department to report the findings and recommendations of the evaluation to the appropriate policy and fiscal committees of the Legislature on or before July 1, 2024. The bill would also require the department to convene an advisory group, composed of representatives from public, private, and tribal entities, as specified, to provide input on the selection of the entity that would conduct the evaluation.

[AB 662](#) ([Rodriguez D](#)) **Mental health: dispatch and response protocols: working group.**

Current Text: Amended: 4/28/2021 [html](#) [pdf](#)

Introduced: 2/12/2021

Last Amend: 4/28/2021

Status: 1/25/2022-In Senate. Read first time. To Com. on RLS. for assignment.

Location: 1/25/2022-S. RLS.

Summary: Would require the California Health and Human Services Agency to convene a working group, as specified, no later than July 1, 2022, to examine the existing dispatch and response protocols when providing emergency medical services to an individual who may require evaluation and treatment for a mental health disorder. The bill would require the working group to develop recommendations for improvements to those dispatch and response protocols and recommend amendments to existing law, including, but not limited to, the provisions governing involuntarily taking an individual into temporary custody for a mental health evaluation and treatment. The bill would require the working group to submit periodic reports to the Legislature every 6 months to update the Legislature on its progress, and to submit a final report of its recommendations to the Legislature on or before January 1, 2024.

[AB 1229](#) ([Rodriguez D](#)) **Advisory task force: ambulance services.**

Current Text: Amended: 4/19/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Last Amend: 4/19/2021

Status: 2/1/2022-From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

Location: 1/31/2022-A. DEAD

Summary: Would require the Director of the Emergency Medical Services Authority to appoint and convene an advisory task force, and would further require the director to recommend a project plan for the advisory task force that includes an evaluation relating to ambulance patient offload delays due to the COVID-19 pandemic, as specified, and an evaluation of adopting technologies to allow EMS systems to better manage resources and improve response times. The bill would require the director to transmit the evaluations conducted by the advisory task force to the authority, in a manner that allows for their timely inclusion in an existing reporting requirement from the authority to the Commission on Emergency Medical Services, and to specified legislative committees.

AB 1721

(Rodriguez D) California Emergency Services Act: Emergency Medical Services Mutual Aid Program.

Current Text: Introduced: 1/27/2022 [html](#) [pdf](#)

Introduced: 1/27/2022

Status: 1/28/2022-From printer. May be heard in committee February 27.

Location: 1/27/2022-A. PRINT

Summary: Would establish the Emergency Medical Services Mutual Aid Program, to be administered by the Office of Emergency Services, to support local government efforts in responding to surges in demand for emergency medical services and provide effective mutual aid during disasters, as defined. The bill would, upon appropriation by the Legislature, require OES to provide noncompetitive grant funding to local governments, special districts, and tribes for the purpose of acquiring emergency medical services, as specified. The bill would also require OES to provide an annual report to the Legislature regarding the program, as specified.

SB 371

(Caballero D) Health information technology.

Current Text: Amended: 5/20/2021 [html](#) [pdf](#)

Introduced: 2/10/2021

Last Amend: 5/20/2021

Status: 7/14/2021-Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 6/3/2021)(May be acted upon Jan 2022)

Location: 7/14/2021-A. 2 YEAR

Summary: Would require any federal funds the California Health and Human Services Agency receives for health information technology and exchange to be deposited in the California Health Information Technology and Exchange Fund. The bill would authorize CHHSA to use the fund to provide grants to health care providers to implement or expand health information technology and to contract for direct data exchange technical assistance for safety net providers. The bill would require a health information organization to be connected to the California Trusted Exchange Network and to a qualified national network. The bill would also require a health care provider, health system, health care service plan, or health insurer that engages in health information exchange to comply with specified federal standards.

SB 687

(Hueso D) Emergency response: trauma kits.

Current Text: Amended: 6/16/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Last Amend: 6/16/2021

Status: 8/27/2021-Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 8/19/2021)(May be acted upon Jan 2022)

Location: 8/27/2021-A. 2 YEAR

Summary: Current law exempts from civil liability any person who, in good faith and not for compensation, renders emergency medical or nonmedical care or assistance at the scene of an emergency other than an act or omission constituting gross negligence or willful or wanton misconduct. Current law exempts public or private organizations that sponsor, authorize, support, finance, or supervise the training of people, or certifies those people in emergency medical services, from liability for civil damages alleged to result from those training programs. This bill would define "trauma kit" to mean a first aid response kit that contains specified items, including, among other things, a tourniquet. The bill would require a person or entity that supplies a trauma kit to provide the person or entity that acquires the trauma kit with all information governing the use, installation, operation, training, and maintenance of the trauma kit.

X. New Business

c. Quarterly APOT



EMS Division Staff Report for EMCAB

Ambulance Patient Offload Times (APOT)

Background

APOT is defined as the time interval between the arrival of an ambulance patient at an emergency department (ED) and the time the patient is transferred to the ED gurney, bed, chair or other acceptable location and the emergency department assumes the responsibility for care of the patient.

The standard methodology that was created includes two separate indicators.

APOT 1: reports the 90th% of offload times for the total number of ambulance patients received by the hospital during a specified time frame.

And

APOT 2 reports the percentage of ambulance patients received by the hospital and offloaded at specific time intervals; twenty minutes (2.1), twenty one to sixty

minutes (2.2), sixty one to one hundred and twenty minutes (2.3) one hundred and twenty one to one hundred and eighty minutes (2.4) and greater than one hundred and eighty minutes (2.5).

Beginning July 1, 2019, Health and Safety Code Section 1797.225 required that local ems agencies transmit APOT data to the EMS Authority on a quarterly basis. Once the data is received EMSA is mandated to submit it to the state legislature for review.

Ambulance Patient Offload Times are extremely important and can have a direct effect on the 911 system.

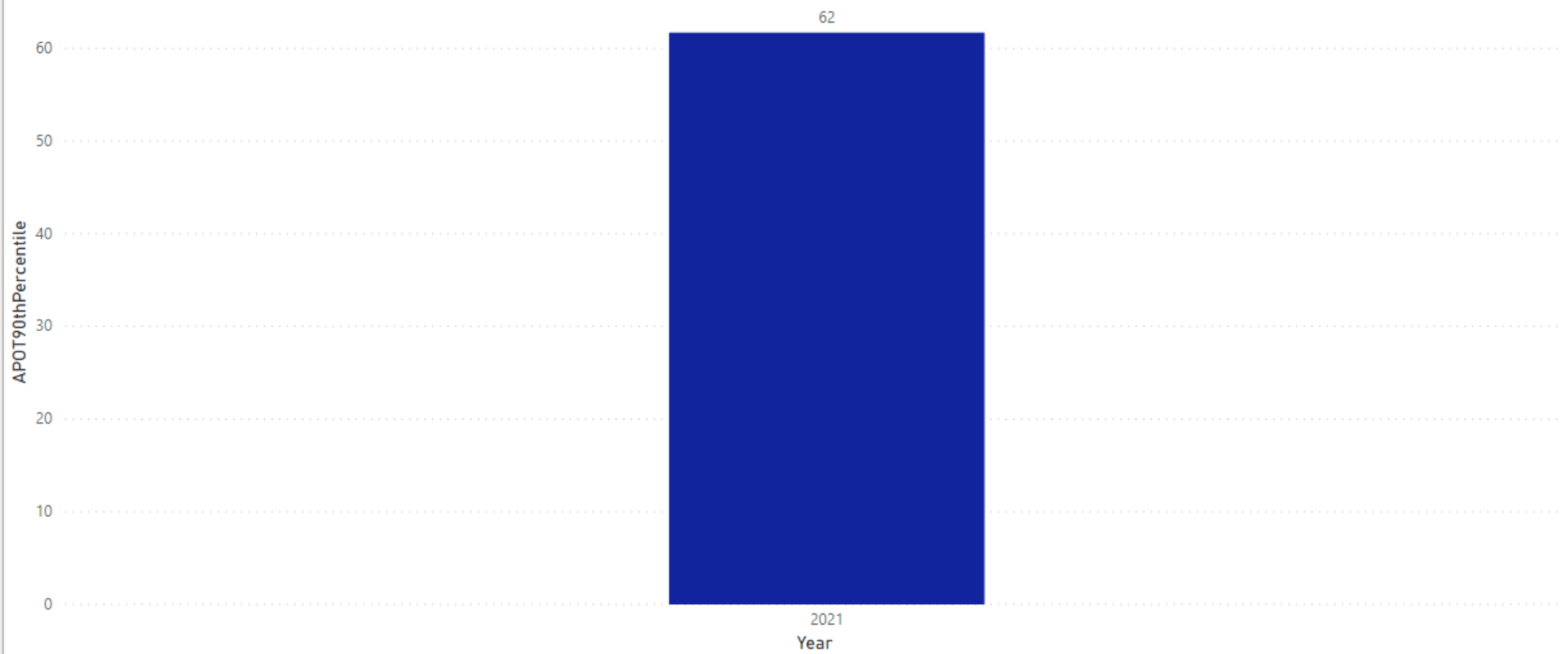
Therefore IT IS RECOMMENDED, the Board receive and file this APOT report.

[Back to report](#)

APOT90THPERCENTILE QUARTER 4 2021

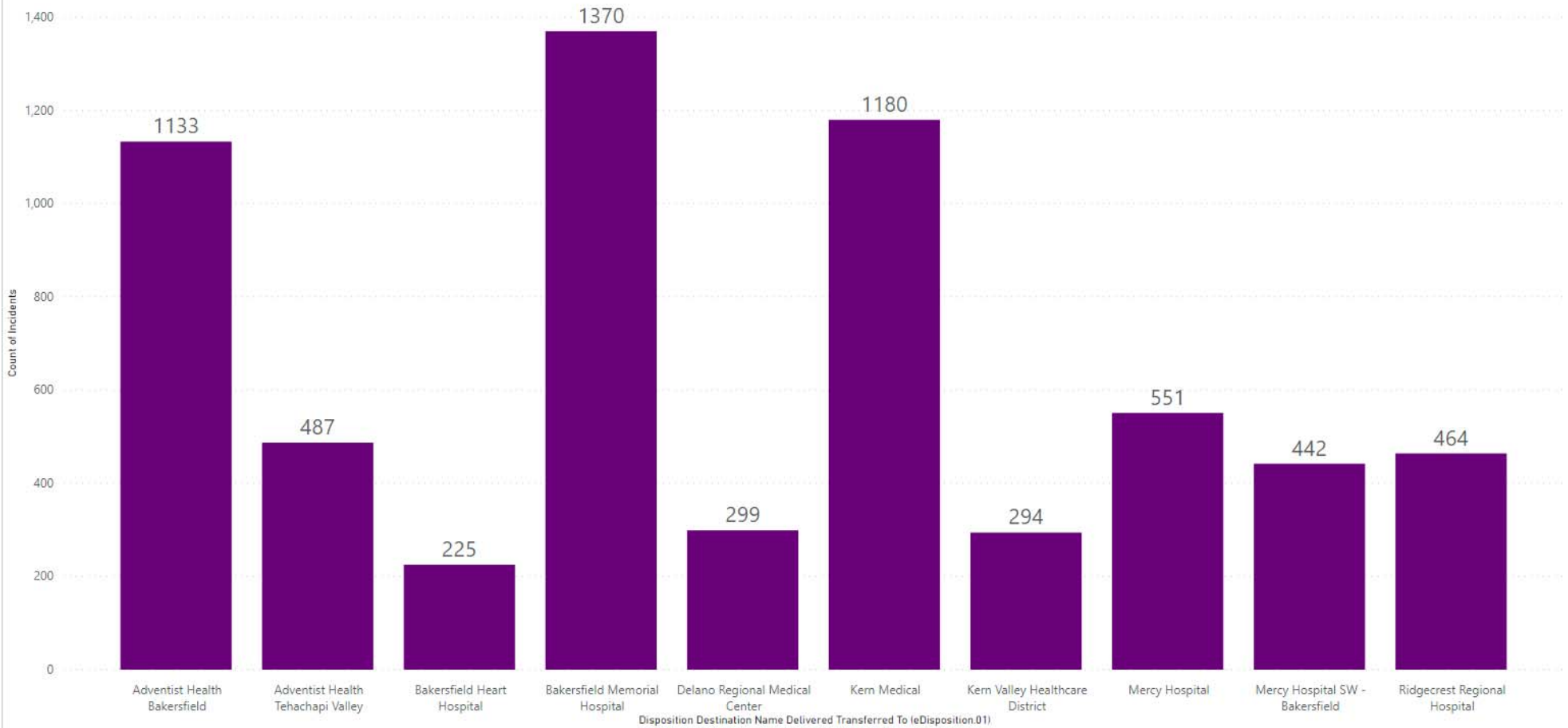


Year ● 2021



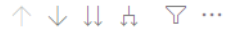
AMBULANCE PATIENT OFFLOAD TIMES <=20 MINUTES (2.1)

APOT ● <20

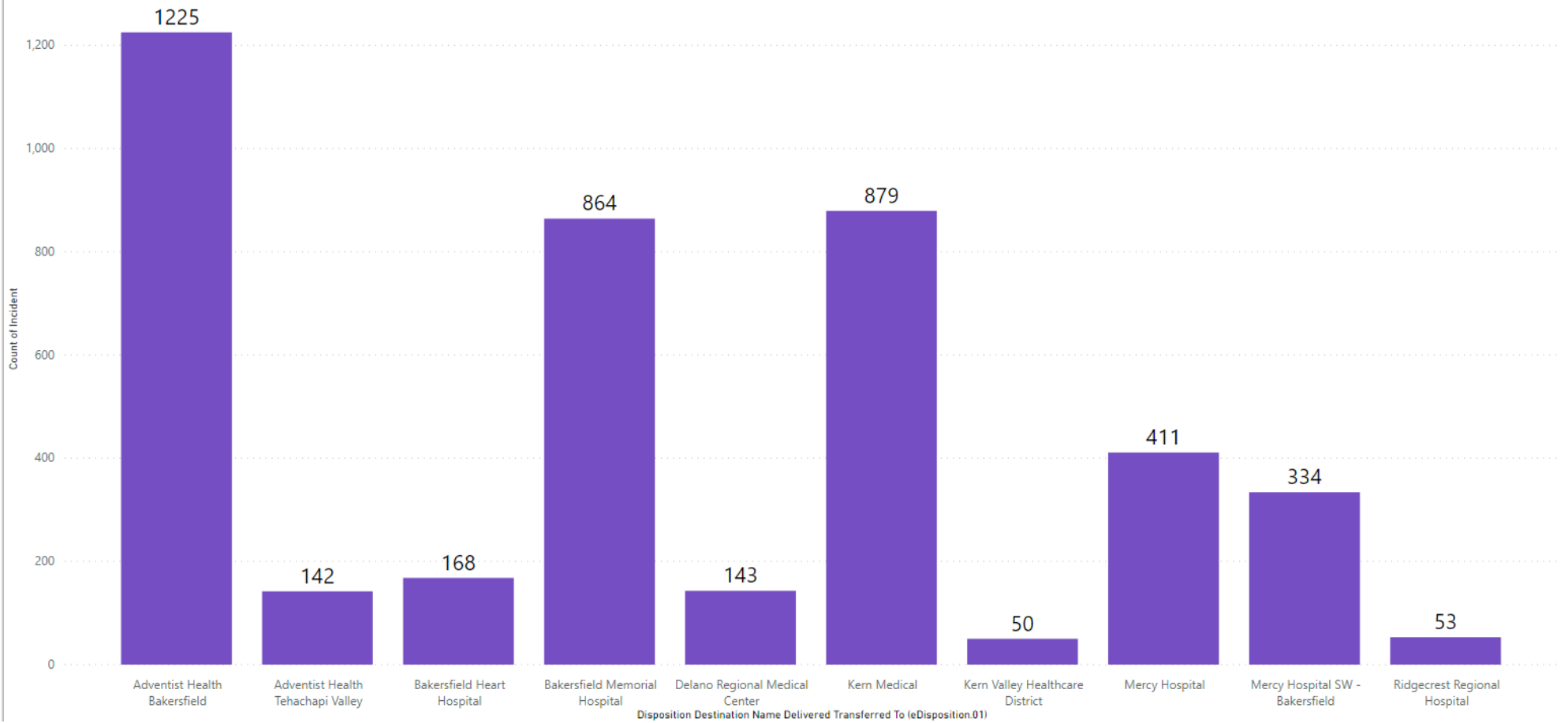


[Back to report](#)

AMBULANCE PATIENT OFFLOAD TIMES >20 TO <=30 MINUTES (2.2)

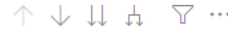


APOT ● >20 to <=30

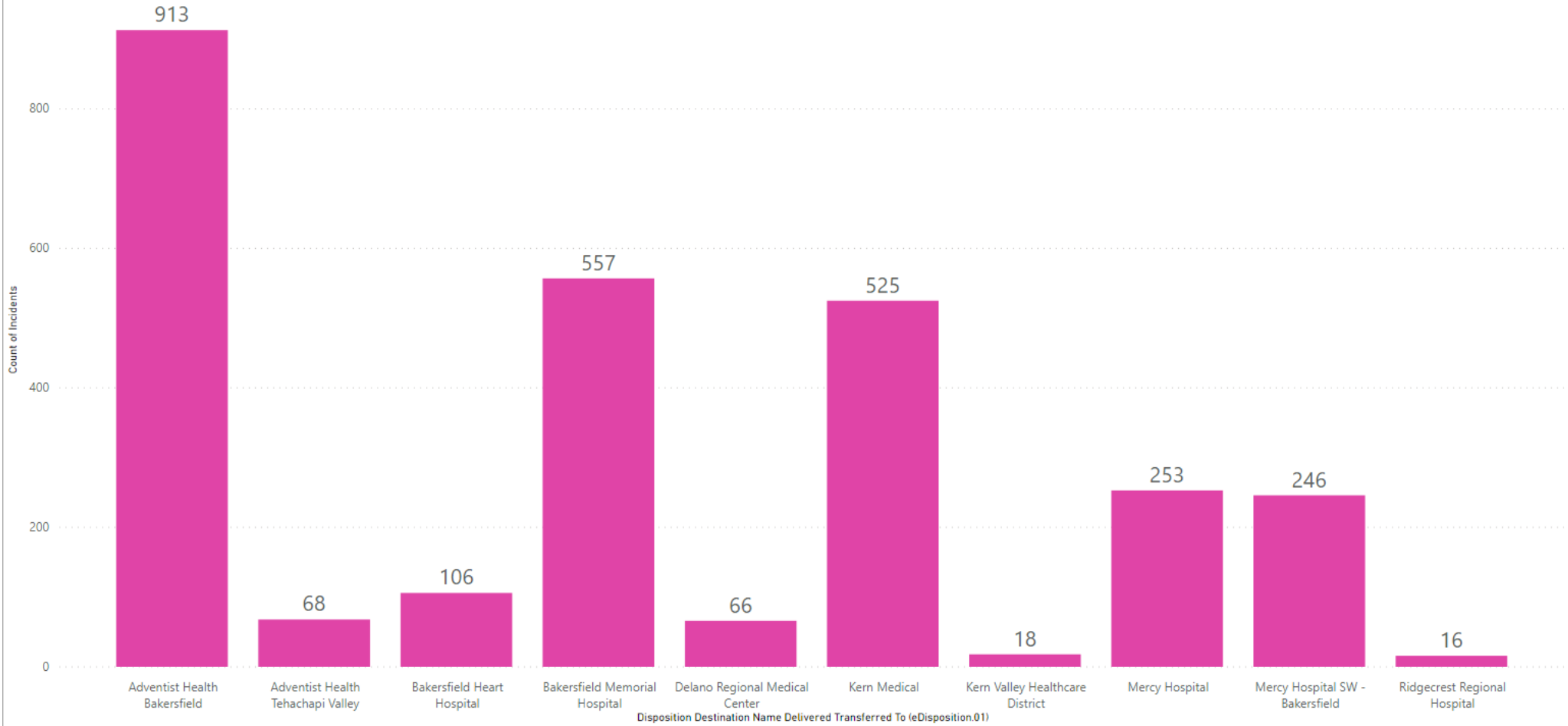


[Back to report](#)

AMBULANCE PATIENT OFFLOAD TIMES >30 TO <=40 INUTES (2.3)



APOT ● >30 to <=40

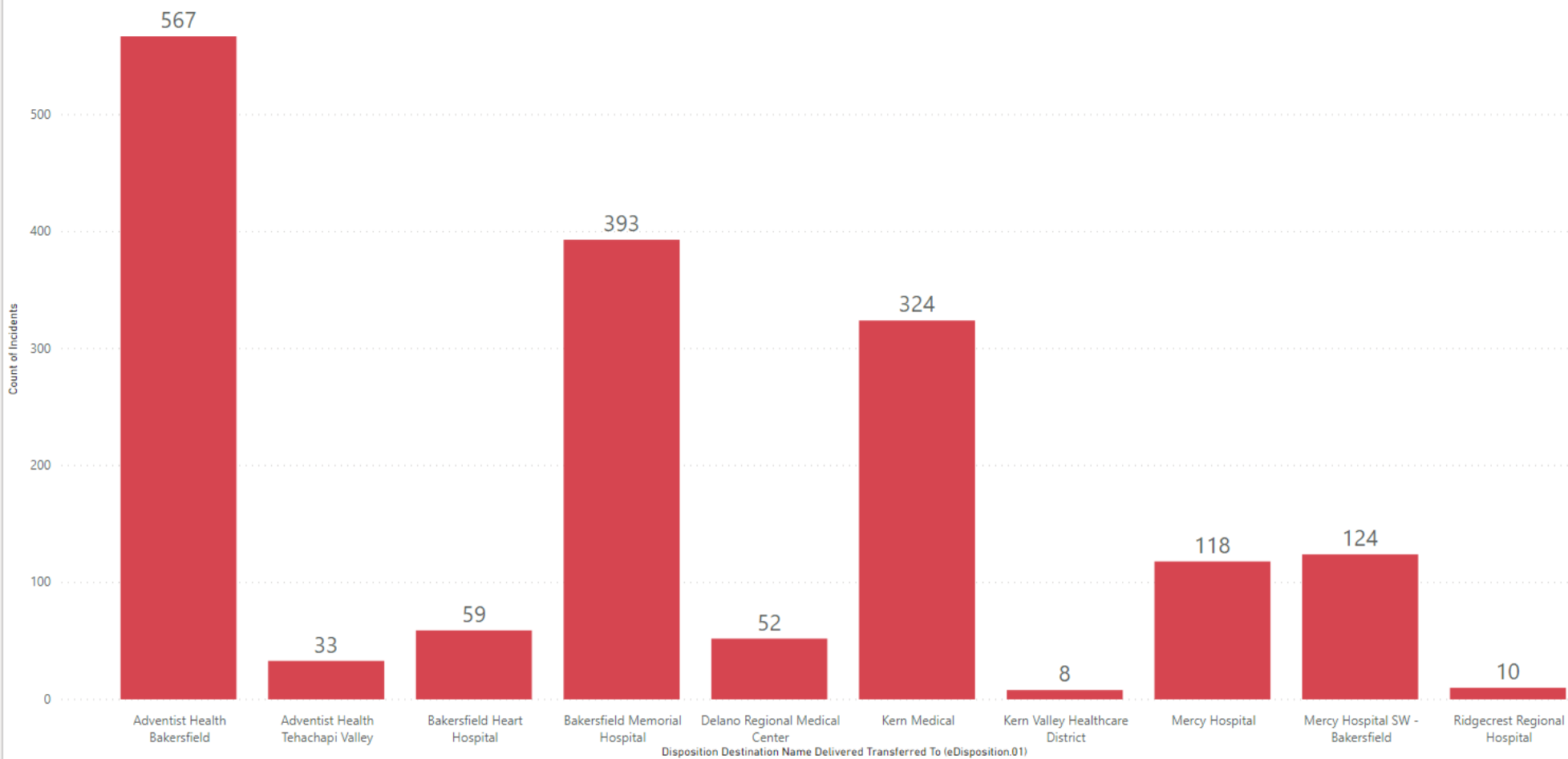


[Back to report](#)

AMBULANCE PATIENT OFFLOAD TIMES >40 TO <50 MINUTES (2.1)



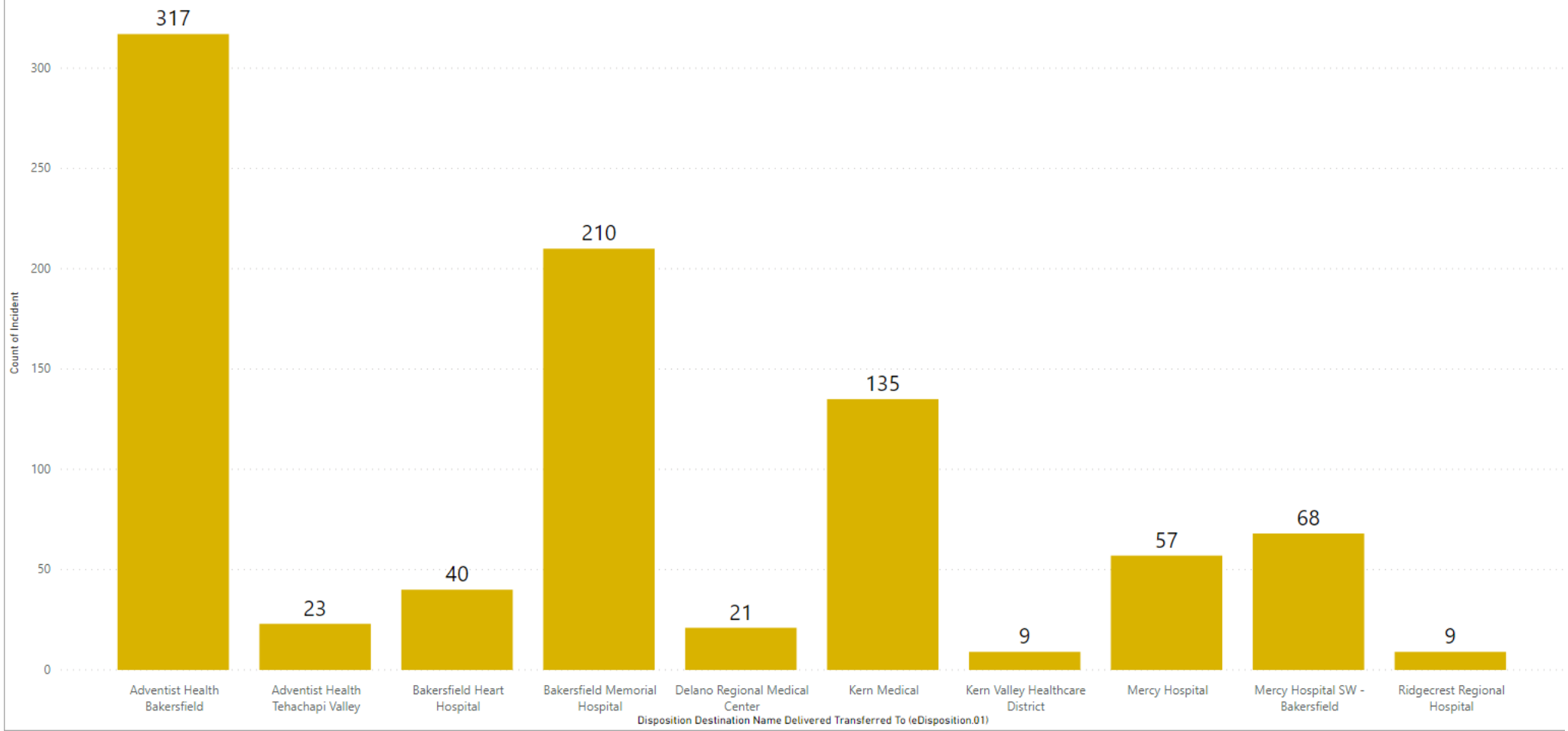
APOT ● >40 to <=50



[Back to report](#)

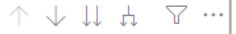
AMBULANCE PATIENT OFFLOAD TIMES >50 TO <=60 MINUTES (2.2)

APOT ● >50 to <=60

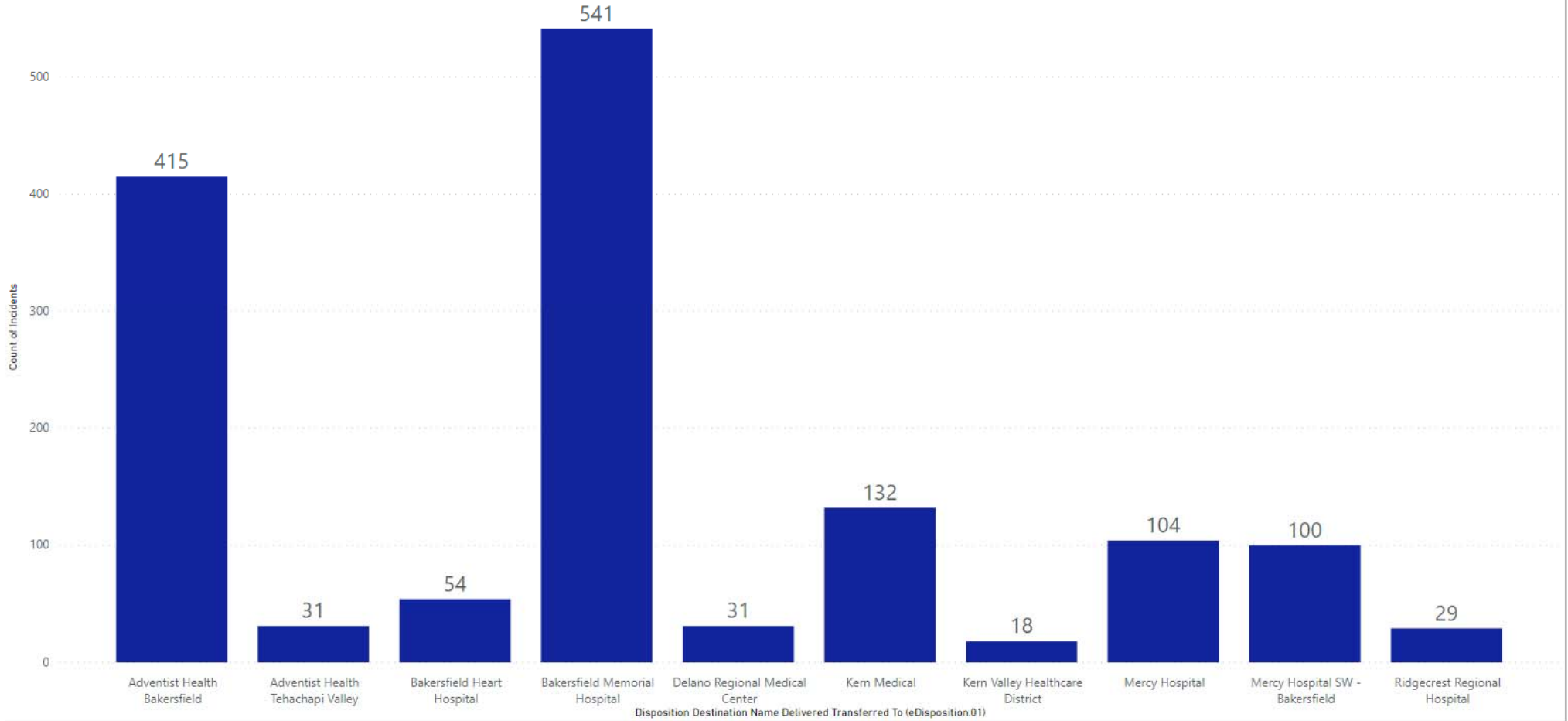


[Back to report](#)

AMBULANCE PATIENT OFFLOAD TIMES >60 TO <=120 MINUTES (2.3)



APOT ● >60 to <=120

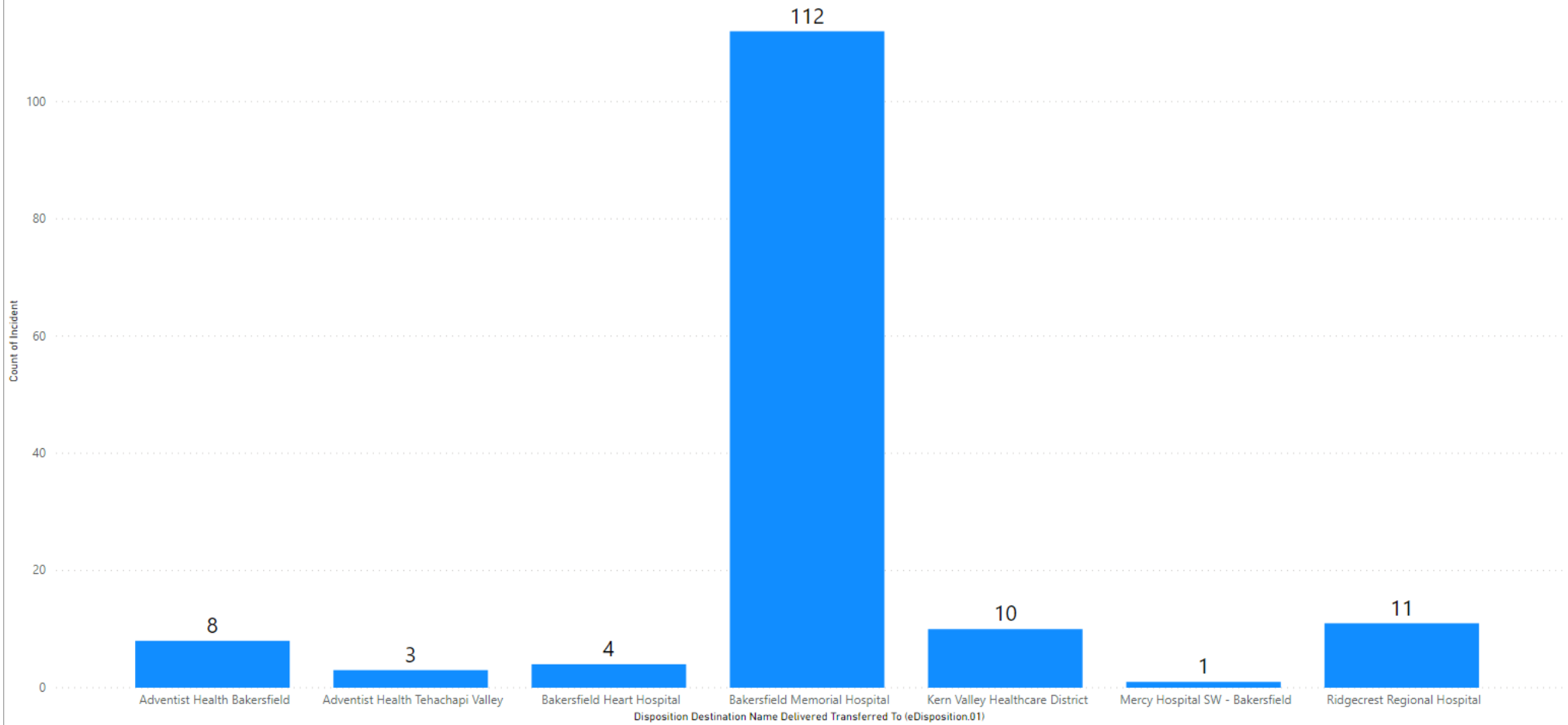


[Back to report](#)

AMBULANCE PATIENT OFFLOAD TIMES >180 MINUTES (2.5)

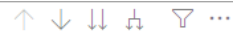


APOT ● >=181

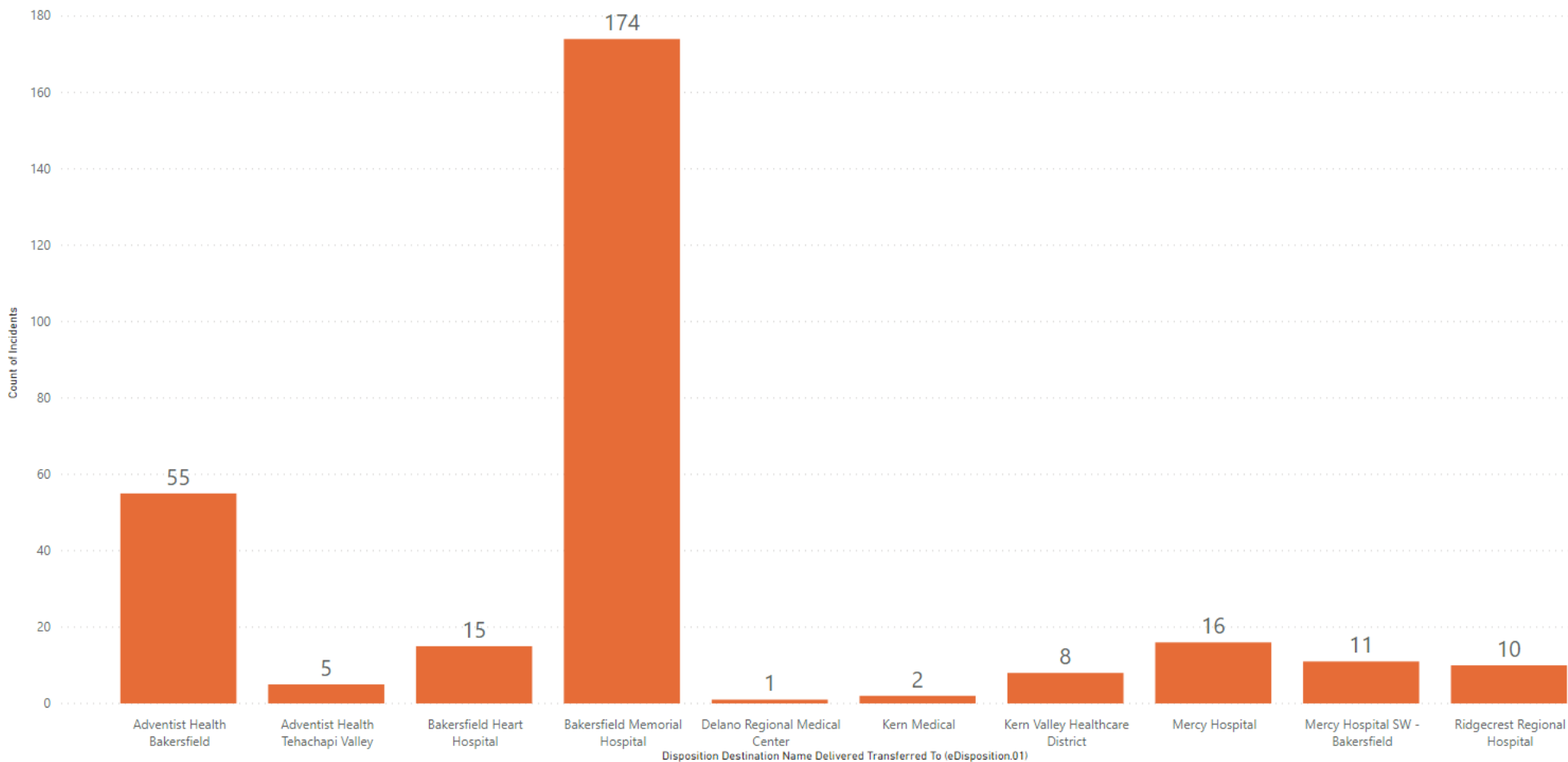


[Back to report](#)

AMBULANCE PATIENT OFFLOAD TIMES > 120 TO 180 MINUTES (2.4)



APOT ● > 120 to <=180



X. New Business

d. QUARTERLY RESPONSE COMPLIANCE



EMS Division Staff Report for EMCAB

Quarterly Ambulance Service Performance Standards Compliance Report

In accordance with the Ambulance Service Performance Standards, ambulance service providers are required to meet minimum ambulance response time standards. Specifically, ambulance service providers are required to respond to 90% of calls or more in each response time zone within each exclusive operating area each month. There are 25 categories of response time compliance that must be met each month. Required maximum response times per zone are as follows:

Priority Code	Metro Zone	Urban Zone	Suburban Zone	Rural Zone	Wilderness Zone
1	8 min	15 min	25 min	50 min	75 min
2	10 min	15 min	25 min	50 min	75 min
3	20 min	25 min	30 min	50 min	75 min
4	15 min	25 min	30 min	50 min	75 min
5	60 min	60 min	60 min	60 min	75 min

In addition, there are three other categories of response compliance we measure to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls.

The COVID-19 pandemic has significantly impacted the pre-hospital and hospital emergency medical system in Kern County; a problem that is not unique to Kern County and has been noted nationwide. Specifically, we have seen unprecedented 911 call volumes, longer ambulance patient offload times at local hospitals, staffing shortages due to burnout and COVID isolation and quarantine, and ambulance decontamination processes that remove ambulances out of the system that have transported patients who are suspected or known positive for COVID-19. In response, we suspended all response compliance penalties for all of the ambulance providers under contract with the County for the duration of the State of Emergency declared both by the State of California and the Kern County Board of Supervisors.

As we embarked on the pandemic, we had no way of knowing the duration that it would impact the emergency medical services system. On August 27, 2021, we implemented an Emergency Medical Services system surge plan to ensure resources remained available for those who truly needed them. (when system under duress, limit responses to low acuity 911 calls, assess and refer, contract with Pro Safety, etc.) We have spent much of the pandemic in the yellow tier.

Additionally, we have implemented many short-term solutions in an attempt to address the system. In December 2021, through the Medical Health Operational Area Coordinator (MHOAC) system, the Department requested ambulance strike team assistance throughout the region and the state. We were able to secure two ambulance strike teams totaling 11 ambulances from multiple counties within the state. These ambulances responded within a matter of hours and assisted by providing much

needed ambulance resources to our system. The effect of these teams can be seen in the non-compliance response numbers for December, as we saw great improvement. As resources within the region and state became unavailable due to the Omicron surge, we were able to acquire an additional five ambulance strike teams from Montana, as well as 10 additional paramedics that have been partnered with existing Hall Ambulance Service staff to increase the number of available advanced life support ambulances in our system.

Due to the high volume of patients being seen in emergency departments and the high volume of ambulance traffic going to local hospitals, especially during times of COVID-19 surge, our ambulance patient offload times (APOT) at hospitals became a significant hinderance for getting our ambulances back into the field to respond to calls. We were able to locate and secure staffing assistance for three of our largest hospitals called APOT Offload Strike Teams. Each team consists of six paramedics and six nurses with the sole purpose of accepting patients from ambulances and providing care to them until the hospitals have available hospital beds to admit the patients. These teams provide a continuity of care to the patients, but also allow our first responders to immediately depart the hospital and respond to the next 911 call. Kern County is the only county in the state to secure these state-sponsored resources.

On December 2nd, Public Health issued Policy Memorandum #2021-03 providing for EMS system alterations due to ambulance availability issues in the rural exclusive operating areas (EOAs). This memorandum directs that at no time shall one EOA be reduced to level zero for the purpose of mutual aid to another EOA. Additionally, when ambulances transport from rural EOA's to metropolitan Bakersfield, they will be taken out of the system plan in order to return to their EOA of origin, when specific criteria is met.

One of the effects of COVID-19 is the need for interfacility patient transfers. In an effort to open beds locally, hospitals must constantly work to transfer eligible patients to other facilities. The increased need for interfacility transfers has added to the massive increase in call volume in Kern County. At the direction of the Department, Hall Ambulance Service entered into a sub-contract with American Ambulance of Visalia, for the provision of interfacility transfers. Beginning January 10th, American Ambulances have been operating in Kern in order to handle the increased interfacility transfer volume. This has helped to free up local ambulances to respond to emergent calls.

Knowing now that the pandemic is not a short-term problem and will likely be around for the foreseeable future, we have also been working towards long-term solutions to the emergency medical services system. On January 25, 2022, the Kern County Board of Supervisors approved a contract for the implementation of the Tele911 system. Tele911 is an internet-based company that essentially adds the ability for a 911 caller to be seen by a physician via tablet or smart phone via a telehealth visit to determine the appropriate path for care. In low-acuity scenarios, this telehealth visit could result in treatment on scene and prevent an unnecessary transport to our already impacted hospitals.

Additionally, Kern County Public Health, in collaboration with all Kern County ambulance companies, hospitals, and fire agencies, has initiated a campaign to educate the public on the proper use of the 911 system. This campaign was launched in January 2022 through a joint community statement from the stakeholders and the release of an infographic that details what level of healthcare service to seek based on injury or illness. A public service announcement has been created and will be shown on television and in movie theaters. We are also in the process of mass mailing the infographic to every residence in Kern County, as well as turning the infographic into a refrigerator magnet that will be distributed by ambulance companies during calls that don't warrant an ambulance response and by

hospitals during visits that don't warrant an emergency room visit. It is our hope that this campaign will help to decrease the 911 call volume and hospital overcrowding.

Kern County Public Health and Hall Ambulance Service meet on a weekly basis to review compliance and brainstorm solutions. Hall Ambulance Service has also submitted a written action plan to address the current compliance issues as well as a plan to improve services moving forward post-pandemic. Additionally, Hall Ambulance Service submits regular reports to keep us updated on any staffing issues, as well as their ability to provide coverage in their exclusive operating areas (EOAs).

Attached are the reports that detail the areas of response time non-compliance for the fourth quarter of calendar year 2021, as well as Hall Ambulance Services' plan of action to address areas of non-compliance.

Therefore, IT IS RECOMMENDED that the Board receive and file the quarterly ambulance response time non-compliance report for the fourth quarter of calendar year 2021.

Hall Ambulance Compiancer Reporting 2021/10/1 - 2021/10/31

Hall Ambulance Compiancer Reporting 2021/10/1 - 2021/10/31								BLS on ALS		Compliance Period Reporting for Repetitive Non-Compliance
Zone	Priority	On Time	Late	Total Incidents	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	BLS on ALS	Total Fine Assessment	Consecutive Periods Out of Compliance Including Current Period
EOA 1 Metro	1	48	12	60	53	10	81.13%	2	\$5,334	4
	2	64	19	83	76	16	78.95%	3	\$1,067	2
EOA 1 Suburban	1	11	2	13	13	2	84.62%	1	\$1,067	1
	2	13	3	16	14	2	85.71%	0	\$1,067	1
EOA 1 Urban	2	11	6	17	16	6	62.50%	1	\$1,067	3
	3	6	1	7	7	1	85.71%	0	\$0	
EOA 2 Metro	1	22	9	31	30	8	73.33%	0	\$5,334	4
	2	46	16	62	56	11	80.36%	1	\$5,334	4
EOA 2 Suburban	1	11	2	13	13	2	84.62%	0	\$1,067	2
	3	10	2	12	10	2	80.00%	0	\$0	
EOA 2 Urban	2	15	5	20	15	3	80.00%	1	\$5,334	4
EOA 3 Metro	2	91	20	111	104	16	84.62%	6	\$1,067	1
	4	7	1	8	8	1	87.50%	0	\$0	
	6	5	6	11	11	6	45.45%	0	\$0	
	7	23	10	33	33	10	69.70%	0	\$0	
	8	4	3	7	6	1	83.33%	0	\$0	
EOA 4 Metro	1	1531	614	2145	1879	445	76.32%	259	\$5,334	4
	2	2238	866	3104	2708	593	78.10%	363	\$5,334	4
	3	1296	425	1721	1242	242	80.52%	19	\$0	
	4	23	8	31	31	8	74.19%	0	\$0	
	5	7	2	9	8	2	75.00%	0	\$0	
	6	109	141	250	249	140	43.78%	0	\$0	
	7	192	219	411	410	219	46.59%	0	\$0	
EOA 4 Rural	1	3	2	5	5	2	60.00%	1	\$1,067	1
EOA 4 Urban	2	50	15	65	62	13	79.03%	4	\$5,334	4
	3	17	5	22	15	3	80.00%	0	\$0	
EOA 8 Metro	1	86	54	140	126	44	65.08%	6	\$5,334	4
	2	143	81	224	203	67	67.00%	6	\$5,334	4
	3	80	17	97	77	14	81.82%	0	\$0	
	5	2	1	3	3	1	66.67%	0	\$0	
	6	8	3	11	11	3	72.73%	0	\$0	
	7	52	31	83	82	31	62.20%	0	\$0	
	8	0	3	3	2	2	0.00%	0	\$0	
EOA 8 Urban	1	37	11	48	37	4	89.19%	2	\$1,067	1
	2	38	15	53	45	10	77.78%	3	\$5,334	4
	3	19	2	21	16	2	87.50%	0	\$0	
EOA 9 Metro	1	60	22	82	74	14	81.08%	4	\$1,067	3
	2	64	30	94	82	18	78.05%	2	\$1,067	3
	3	47	5	52	39	5	87.18%	0	\$0	
	8	1	2	3	2	1	50.00%	0	\$0	
EOA 9 Suburban	2	1	2	3	2	1	50.00%	0	\$1,067	2
	3	3	1	4	4	1	75.00%	0	\$0	
EOA 9 Urban	1	11	4	15	14	3	78.57%	0	\$5,334	4
	3	4	1	5	4	1	75.00%	0	\$0	
EOA 11 Metro	1	134	37	171	164	30	81.71%	2	\$1,067	3
	2	175	42	217	199	32	83.92%	3	\$1,067	2
	7	1	1	2	2	1	50.00%	0	\$0	
	8	1	5	6	2	1	50.00%	0	\$0	
EOA 11 Suburban	3	8	1	9	7	1	85.71%	0	\$0	
									\$72,545	

		Hall Ambulance Compliance Reporting 2021/11/01 - 2021/11/30						BLS on ALS		Compliance Period Reporting for Repetitive Non-Compliance
Zone	Priority	On Time	Late	Total Incidents	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	BLS on ALS	Total Fine Assessment	Consecutive Periods Out of Compliance Including Current Period
EOA 1 Metro	1	46	25	71	53	10	81.13%	2	\$5,334	4
	2	37	17	54	43	5	88.37%	1	\$1,067	3
EOA 1 Urban	1	1	1	2	2	1	50.00%	0	\$1,067	1
	2	7	7	14	12	4	66.67%	1	\$5,334	4
EOA 2 Metro	3	7	5	12	12	5	58.33%	0	\$0	
	1	23	16	39	32	9	71.88%	2	\$5,334	4
	2	31	14	45	41	10	75.61%	1	\$5,334	4
EOA 2 Suburban	3	20	4	24	20	4	80.00%	0	\$0	
	2	15	5	20	19	3	84.21%	1	\$1,067	1
	EOA 2 Urban	1	15	5	20	18	5	72.22%	1	\$1,067
EOA 3 Metro	2	21	4	25	23	4	82.61%	1	\$5,334	4
	3	3	2	5	4	2	50.00%	0	\$0	
	3	45	8	53	50	7	86.00%	0	\$0	
EOA 3 Urban	4	8	1	9	9	1	88.89%	0	\$0	
	6	6	7	13	13	7	46.15%	0	\$0	
	7	22	18	40	40	18	55.00%	0	\$0	
	1	34	4	38	37	4	89.19%	5	\$1,067	1
EOA 4 Metro	2	55	6	61	57	8	85.96%	5	\$1,067	1
	1	1388	600	1988	1737	407	76.57%	287	\$5,334	4
EOA 4 Suburban	2	2029	890	2919	2530	572	77.39%	379	\$5,334	4
	3	1234	374	1608	1250	280	77.60%	1	\$0	
	4	15	6	21	21	6	71.43%	0	\$0	
	6	68	110	178	178	109	38.76%	0	\$0	
	7	142	222	364	362	221	38.95%	0	\$0	
EOA 4 Rural	1	1	1	2	2	1	50.00%	0	\$1,067	2
	2	5	2	7	5	1	80.00%	0	\$1,067	1
EOA 4 Suburban	2	14	7	21	14	2	85.71%	1	\$1,067	1
	3	2	1	3	3	1	66.67%	0	\$0	
EOA 4 Urban	1	30	7	37	36	6	83.33%	6	\$1,067	1
	2	45	9	54	51	9	82.35%	8	\$5,334	4
	3	22	8	30	25	8	68.00%	0	\$0	
EOA 8 Metro	1	41	70	111	86	48	44.19%	8	\$5,334	4
	2	95	69	164	139	45	67.63%	11	\$5,334	4
	3	71	18	89	80	15	81.25%	0	\$0	
	6	5	8	13	13	8	38.46%	0	\$0	
	7	55	36	91	91	36	60.44%	0	\$0	
EOA 8 Suburban	3	31	4	35	33	4	87.88%	0	\$0	
EOA 8 Urban	1	27	7	34	31	5	83.87%	3	\$1,067	2
	2	39	19	58	45	8	82.22%	3	\$5,334	4
	3	14	4	18	15	3	80.00%	0	\$0	
EOA 9 Metro	1	26	18	44	33	6	81.82%	1	\$5,334	4
	3	31	8	39	30	6	80.00%	0	\$0	
EOA 9 Suburban	1	7	1	8	5	1	80.00%	0	\$1,067	1
EOA 9 Urban	1	14	5	19	16	2	87.50%	0	\$5,334	4
	2	10	3	13	13	3	76.92%	0	\$1,067	1
	3	3	2	5	5	1	80.00%	0	\$0	
EOA 11 Metro	1	135	29	164	153	18	88.24%	8	\$5,334	4
	2	157	31	188	173	21	87.86%	3	\$1,067	3
	6	1	1	2	2	1	50.00%	0	\$0	
EOA 11 Rural	8	4	1	5	5	1	80.00%	0	\$0	
EOA 11 Suburban	3	12	2	14	10	2	80.00%	0	\$0	
EOA 11 Urban	1	16	2	18	18	2	88.89%	2	\$1,067	1
									\$90,681	

		Hall Ambulance Compliance Reporting 2021/12/01 - 2021/12/31						BLS on ALS		Compliance Period Reporting for Repetitive Non-Compliance
Zone	Priority	On Time	Late	Total Incidents	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	BLS on ALS	Total Fine Assessment	Consecutive Periods Out of Compliance Including Current Period
EOA 1 Metro	1	42	10	52	44	3	93.18%	2	\$0	0
	2	51	8	59	55	4	92.73%	3	\$0	0
	3	53	2	55	46	2	95.65%	0	\$0	
EOA 1 Urban	1	9	3	12	11	2	81.82%	1	\$1,067	2
	3	4	2	6	6	2	66.67%	0	\$0	
EOA 2 Metro	3	40	6	46	41	6	85.37%	0	\$0	
	8	0	1	1	1	1	0.00%	0	\$0	
EOA 2 Urban	1	13	5	18	15	3	80.00%	0	\$1,067	2
	2	15	9	24	18	5	72.22%	1	\$5,334	4
	3	8	1	9	8	1	87.50%	1	\$0	
EOA 3 Metro	3	50	8	58	56	8	85.71%	0	\$0	
	4	3	5	8	8	4	50.00%	0	\$0	
	6	7	2	9	9	2	77.78%	0	\$0	
	7	33	12	45	44	11	75.00%	0	\$0	
EOA 4 Metro	1	1394	577	1971	1484	305	79.45%	212	\$5,334	4
	2	2109	648	2757	2102	330	84.30%	274	\$5,334	4
	3	1357	221	1578	1230	185	84.96%	32	\$0	
	4	20	8	28	24	8	66.67%	0	\$0	
	6	129	114	243	228	108	52.63%	0	\$0	
	7	261	141	402	362	127	64.92%	0	\$0	
EOA 4 Rural	1	3	1	4	4	1	75.00%	1	\$1,067	3
EOA 4 Urban	3	19	6	25	21	5	76.19%	0	\$0	
EOA 8 Metro	1	89	56	145	114	27	76.32%	5	\$5,334	4
	2	124	50	174	126	21	83.33%	2	\$5,334	4
	3	87	15	102	79	12	84.81%	0	\$0	
	4	4	3	7	7	3	57.14%	0	\$0	
	6	3	2	5	5	2	60.00%	0	\$0	
	7	66	35	101	98	34	65.31%	0	\$0	
	EOA 8 Suburban	1	42	16	58	44	6	86.36%	2	\$1,067
3	29	9	38	37	8	78.38%	0	\$0		
EOA 8 Urban	1	44	12	56	42	6	85.71%	2	\$1,067	3
	2	38	15	53	38	9	76.32%	2	\$5,334	4
	3	24	6	30	23	4	82.61%	0	\$0	
EOA 9 Metro	7	0	1	1	1	1	0.00%	0	\$0	
EOA 9 Suburban	1	3	1	4	4	1	75.00%	0	\$1,067	2
	2	8	3	11	6	1	83.33%	0	\$1,067	1
EOA 11 Metro	1	132	18	150	145	14	90.34%	6	\$0	0
	2	149	25	174	171	22	87.13%	6	\$5,334	4
	6	0	1	1	1	1	0.00%	0	\$0	
	8	0	1	1	1	1	0.00%	0	\$0	
									\$44,807	

		Liberty Ambulance Compliance Reporting 2021/10/01 - 2021/10/31						BLS on ALS		Compliance Period Reporting for Repetitive Non-Compliance
Zone	Priority	On Time	Late	Total Incidents	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	BLS on ALS	Total Fine Assessment	Consecutive Periods Out of Compliance Including Current Period
EOA 6 Metro	1	34	12	46	46	11	76.09%	0	\$1,067	1
	8	3	2	5	5	2	60.00%	0	\$0	
EOA 6 Urban	2	31	6	37	37	5	86.49%	0	\$1,067	1
	6	33	12	45	45	12	73.33%	0	\$0	
EOA 7 Metro	7	16	7	23	23	7	69.57%	0	\$0	
	6	19	7	26	26	7	73.08%	0	\$0	
	7	14	2	16	16	2	87.50%	0	\$0	
									\$2,134	

		Liberty Ambulance Compliance Reporting 2021/11/01 - 2021/11/30						BLS on ALS		Compliance Period Reporting for Repetitive Non-Compliance
Zone	Priority	On Time	Late	Total Incidents	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	BLS on ALS	Total Fine Assessment	Consecutive Periods Out of Compliance Including Current Period
EOA 6 Metro	1	40	7	47	47	7	85.11%	0	\$1,067	2
	2	51	10	61	61	10	83.61%	0	\$1,067	1
	8	1	1	2	2	1	50.00%	0	\$0	
EOA 6 Urban	1	30	5	35	35	5	85.71%	0	\$1,067	1
	6	30	17	47	47	17	63.83%	0	\$0	
	7	4	3	7	7	3	57.14%	0	\$0	
EOA 6 Wilderness	2	7	1	8	8	1	87.50%	0	\$1,067	1
EOA 7 Metro	1	77	12	89	89	12	86.52%	2	\$1,067	1
	4	1	2	3	3	2	33.33%	0	\$0	
	6	31	14	45	45	14	68.89%	0	\$0	
	7	17	3	20	20	3	85.00%	0	\$0	
EOA 7 Suburban	1	6	1	7	7	1	85.71%	0	\$1,067	1
EOA 7 Urban	3	3	1	4	4	1	75.00%	0	\$0	
									\$6,402	

		Liberty Ambulance Compliance Reporting 2021/12/01 - 2021/12/31						BLS on ALS		Compliance Period Reporting for Repetitive Non-Compliance
Zone	Priority	On Time	Late	Total Incidents	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	BLS on ALS	Total Fine Assessment	Consecutive Periods Out of Compliance Including Current Period
EOA 6 Metro	1	34	9	43	43	9	79.07%	0	\$1,067	3
EOA 6 Urban	6	23	8	31	31	8	74.19%	0	\$0	
	7	5	5	10	10	5	50.00%	0	\$0	
EOA 7 Metro	5	8	1	9	9	1	88.89%	0	\$0	
	6	30	13	43	43	13	69.77%	0	\$0	
	7	11	5	16	16	5	68.75%	0	\$0	
									\$1,067	

Jeff Fariss

From: John Surface <surfacej@hallamb.com>
Sent: Thursday, December 16, 2021 2:04 PM
To: Brynn Carrigan; Jeff Fariss; Imoxley; smithm@hallamb.com
Subject: Compliance Update

CAUTION: This email originated from outside of the organization. Do not click links, open attachments, or provide information unless you recognize the sender and know the content is safe.

Good Afternoon all,

Below is a brief recent history of efforts to improve compliance performance and the ongoing challenges we continue to face. While there is no magic pill in today's environment, you can see that great effort is being expended to improve compliance.

Canceled all COVID Vaccine Clinic participation.

Altered EMT and Paramedic baseline testing at time of application. This has resulted in more applications making it through to interview. There is no tangible outcome to report yet as the process is fairly fresh.

We took 8 EMTs that are enrolled in our Paramedic Academy and temporarily assigned them to shifts. They are currently on their semester break.

We have EMT Academy students that have completed didactic and accreditation and will now start field training. We have cut that process from six to three weeks.

A new EMT Academy is scheduled to start in February. That Academy will not result in additional EMTs until April at the earliest. Given some HR practice changes we implemented we hope that this class will be larger than the last few combined.

New employee orientation is scheduled for January. It is too early to estimate the number of new hires.

We added an Admin shift in Delano from 0800-1700 Monday thru Friday.

We have reassigned One Paramedic Instructor to field shifts three days a week.

We have had five Paramedics complete training and have been assigned to regular shifts. Two of those were assigned to California City, and one to Shafter. The others will be assigned to Metro night shifts.

We have three EMTs that have completed their Paramedic licensing and are now in the county accreditation process. One of those has not completed a call since training and will need a few weeks of refresher training.

We had two Paramedics out due to relicensing issues. They have both returned to the schedule.

We have two Paramedics that were assigned to Taft return after long medical leaves.

We have increased the pressure on staff to hand off at Hospitals when delayed. One crew is now watching as many as five patients rather than three.

We are now placing patients in any open bed we see after a 20 minute offload delay.

We are starting a retraining process on Assess and Refer. The goal is to not waste resources on those patients that do not need an ED for care.

When our helicopter is out of service, the flight nurse and medic are used to staff an extra CCT ambulance. This typically happens at night. We have also grounded the helicopter and assigned the crew to ground CCT when needed to accommodate local hospital needs.

We are meeting every morning with EMS program staff at 0630 to discuss the current situation.

We have added \$1.5 million to EMT and Paramedic wages beginning January 2, 2022.

A recruiter from our HR Department has started visiting the BC EMT classes trying to secure more applicants.

Challenges

COVID continues to reduce staffing through employee and employee family illness.

Younger EMTs are walking away from EMS at a higher rate than we have ever seen. We have added several mental health resources to our tool kit and we are increasing daily contact with the younger work force.

Staffing shortages are not unique to Kern County. Nationwide staffing shortages are being reported daily in newspapers, TV news, and online media. There have been several webinars to discuss the shortage and none have yielded any actionable item.

Call volume remains high and we continue to service calls that need to be downgraded to no ambulance.

Pro Safety does not work on Sunday.

Fire agencies need to cancel us if we are not needed.

APOT

Frequent Users of ambulance service.

Feel free to contact me with any questions or suggestions.

John

Johnathon R. Surface
Chief Operating Officer
surfacej@hallamb.com
661-322-8741

HALL AMBULANCE SERVICE, INC.
1001 21st Street
Bakersfield, CA 93301

Jeff Fariss

From: John Surface <surfacej@hallamb.com>
Sent: Wednesday, December 22, 2021 9:07 AM
To: Jeff Fariss; Brynn Carrigan; smithm@hallamb.com; Imoxley
Subject: Response Compliance

CAUTION: This email originated from outside of the organization. Do not click links, open attachments, or provide information unless you recognize the sender and know the content is safe.

Good morning,

This is the first of a biweekly update I will be forwarding to you.

As the global pandemic continues to dominate healthcare in 2021, we have faced incredible challenges hiring, training, and retaining our workforce. Growing then number of deployed unit hours is the number one factor that will determine response compliance. While we are still subjected to incredible Patient Offload times at hospitals, there is not much we can do at times to clear the hospital. Call volume had a sharp increase and then little no to retraction. Yesterday, December 21, 2021, was our busiest day this month. A holiday slow down does not appear to be imminent. Many of these 911 calls simply do not need an ambulance and could be handled by a phone call to the primary healthcare provider or urgent care visit.

We are taking several steps to improve compliance and increase staffed, deployed ambulance hours.

There are many barriers to overcome when growing a workforce. One of the biggest barriers can be competitive wages. For the 2022 year we are adding \$1.5 million to payroll through higher wages. That is not contemplating new employees, that is based on the current workforce and could grow by hundreds of thousands of dollars. We have identified the toughest shifts to cover and will be paying a stipend to get those shifts covered. That package includes another \$300,000.

We have made a drastic change to our hiring practices which has resulted in more interviews for open positions. Previously we used a test that was a cross between an aptitude test and personality test. That test eliminates too many candidates, so we have set that aside for now. The change appears to be working as have a new EMT Academy starting in late January. That class is forecasted to have 16-20 students which is up from eight in the last class. This change also applies to EMTs and Paramedics. I have instructed our HR staff to make contact with applicants that did not score well and the test and invite them for interviews. Going back to previous applicants has resulted in 16 applications being reopened.

We have a new employee orientation scheduled to begin January 11, 2022. Our goal is to have at least ten new EMTs in that orientation. Once that orientation is closed, we will start work on another orientation.

Our HR staff have met with the Bakersfield College EMT class and will hosting an open house for those students soon as a recruitment tool.

We are leaving no stone unturned in the effort to recruit new employees.

We continue to evaluate our deployment plan and make alterations. We continue to discuss redeploying a 24 hour unit from Lost Hills into the Shafter area. We will be shifting three BLS shift hours to different hours of the day starting January 3rd to get more productivity from those units.

Managers have been assigned the task of visiting hospitals during peak utilization time to assist crews with clearing from the hospitals. Those same managers are also deployed on an ambulance almost daily to assist with call volume.

Training Department staff have been partially reassigned to deployed ambulances.

When Hall Critical Care Transport (CCT) is without a nurse that unit is deployed into the 911 system. When staffed with a nurse they are deployed as needed.

When Medevac 1 is out of service for weather or maintenance they are used as CCT back up and 911 system back up. We have on occasion placed them out of service to assist with CCT load or time sensitive local CCT transports when CCT was not available.

We have instructed Supervisors that once we have been delayed 20 minutes to offload to look for a bed and if they find an open bed, place a patient in the bed and leave.

But in the end, we are still being asked daily to staff the hospitals and that is time that is taken away from the 911 ambulance system.

At the end of the day call volume remains high and we must deploy more ambulances. To do that we have to hire and train more EMTs and Paramedics. Not an easy task, but we are getting as creative as possible to get it done. We are investing a lot of money into the hiring and retention of EMTs and Paramedics.

We are encouraged by the prospect of Tele911 and will assist in any way we can to expedite that process.

Again, Feel free to contact me with any questions or suggestions.

john

Johnathon R. Surface
Chief Operating Officer
surfacej@hallamb.com
661-322-8741

HALL AMBULANCE SERVICE, INC.
1001 21st Street
Bakersfield, CA 93301

www.hallamb.com



Carrying Forward Our Founder's Ideals of Care, Compassion & Community

Jeff Fariss

From: John Surface <surfacej@hallamb.com>
Sent: Tuesday, January 18, 2022 1:43 PM
To: Brynn Carrigan; Jeff Fariss; Imoxley; smithm@hallamb.com
Subject: Update

CAUTION: This email originated from outside of the organization. Do not click links, open attachments, or provide information unless you recognize the sender and know the content is safe.

Brynn,

Our situation has remained stagnant over the last two weeks. Our daily average for people not available due to illness is 28 per day. Today we are at 30. We have implemented a return to work policy consistent with the CDPH guidelines. Each day we have people moving back and forth from the list. We have some people that have been cleared to work and then the next day report symptoms and be back on the list again. For the first time since the pandemic started we are losing Supervisors and Managers to the COVID list. We continue to urge everyone on campus to wear N-95 masks and require it anytime on an ambulance.

Ambulance decontamination remains at a high level. Yesterday we had 28 units to decontaminate during a 24 hour period.

Call volume remains high. We have not fallen below 300 calls since January 8th with 352 calls yesterday. That number does include surged calls. Yesterday 15 calls were surged and in all 15 cases no ambulance was sent.

Offload delays have not improved at all. The APOD strike teams have deployed in part with Paramedics. As you are aware most of the nurses that came along have left as they were not prepared to work in the emergency room. We visited all three strike team hospitals this morning. We found KMC and Bakersfield Memorial ready to receive patients as planned. But Adventist seemed confused as to how the resources would be used. Once the team was in place at Memorial we moved our offload team to Bakersfield Heart which allowed us to recover two crews. Hopefully there will be better offload statistics available tomorrow.

The Ambulance Strike Teams (AST) and subcontractors have remained very busy. The BLS teams we subcontracted with from American Ambulance Visalia are performing as expected and handling non-emergency transfers between 1300 and 2100. This is a time when we are typically backed up on transfers. This deployment appears to be working as expected. The Orange County AST have been scheduled throughout the day and night to gain optimal performance from them. The out of state AST deployed yesterday. They arrived ill prepared from a logistics perspective to handle high call volume. We believe we have that worked out. We will be adjusting their deployed hours once we are sure we have all of the logistics issues worked through.

The EMTs from our EMT Academy are in field training. All six are expected to be available for scheduling in two weeks.

Another five EMTs start field training next week. They will be available for scheduling in 4 weeks.

Our HR team and scheduling team are working weekends to try and keep as many employees on the schedule as possible. We continue to recruit, but as chronicled in newspapers, magazines and blogs increasing the workforce across all fields is very difficult to accomplish right now.

We have started discussions with out of state temporary workforce staffing agencies. So far those discussions have not been fruitful.

We continue to pay premium rates of pay for extra shifts. But with increased work comes increased chances for infection and time away from work. Some of the staff that are used to working several extra shifts a week are now on the COVID list.

We are receiving calls from other companies in California asking if we have ambulance hours to sell them.

We will continue to recruit, hire, and spend as needed to try and keep as many ambulances on the road as possible. But COVID is wining right now.

Sincerely,

John

Johnathon R. Surface
Chief Operating Officer
surfacej@hallamb.com
661-322-8741

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1001 21st Street
Bakersfield, CA 93301

www.hallamb.com



Carrying Forward Our Founder's Ideals of Care, Compassion & Community

X. New Business

e. Tele911



EMS Division Staff Report for EMCAB

Incorporation of Tele911

The COVID-19 pandemic has significantly impacted the pre-hospital and hospital emergency medical system in Kern County; a problem that is not unique to Kern County and has been noted nationwide. Specifically, we have seen unprecedented 911 call volumes, longer ambulance patient offload times at local hospitals, staffing shortages due to burnout and COVID isolation and quarantine, and ambulance decontamination processes that remove ambulances out of the system that have transported patients who are suspected or known positive for COVID-19.

Knowing now that the pandemic is not a short-term problem and will likely be around for the foreseeable future, we have also been working towards long-term solutions to the emergency medical services system. On January 25, 2022, the Kern County Board of Supervisors approved a contract for the implementation of the Tele911 system. Tele911 is an internet-based company that essentially adds the ability for a 911 caller to be seen by a physician via tablet or smart phone via a telehealth visit to determine the appropriate path for care. In low-acuity scenarios, this telehealth visit could result in treatment on scene and prevent an unnecessary transport to our already impacted hospitals.

Studies have shown that many patients transported to the emergency department are treated and released without being admitted to the hospital. Additionally, many patients activating the 911 system can be safely treated at home or in an urgent care. Tele911 will bring the doctor to the patient and in many cases reduce the need for transport allowing our resources to respond to more serious calls and help relieve our impacted hospitals.

The onboarding process for Kern has begun. We are currently working to provide Tele911 the necessary information to implement the system.

As we move forward with or without the presence of COVID-19 it is imperative that we make intelligent lasting changes to our system to assure that we can continue to provide appropriate care to the people of Kern County.

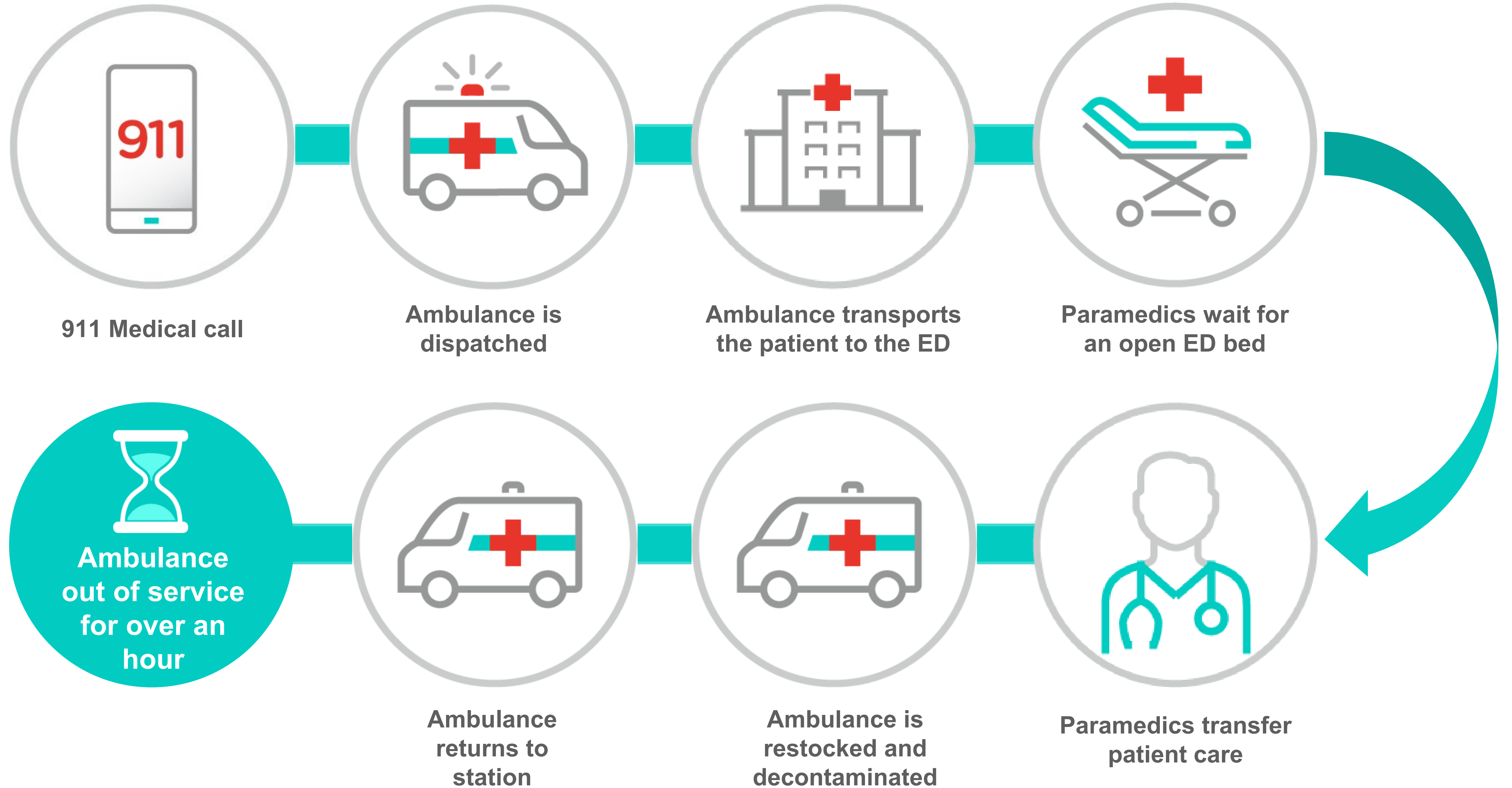
Therefore, IT IS RECOMMENDED that the Board receive and file notification of incorporation of Tele911.

Transforming Emergency Care

October 2021



Current EMS System



Challenges for EMS

The status quo is not sustainable



Communities are struggling to keep up with rising EMS demand

Majority of EMS calls are NOT time critical

Rising # of 911 calls are for chronic medical problems, mental health, or substance abuse



Most EMS patients do NOT require ambulance transport to an ED

No reimbursement for non-transport

Ambulance patient offload times are increasing

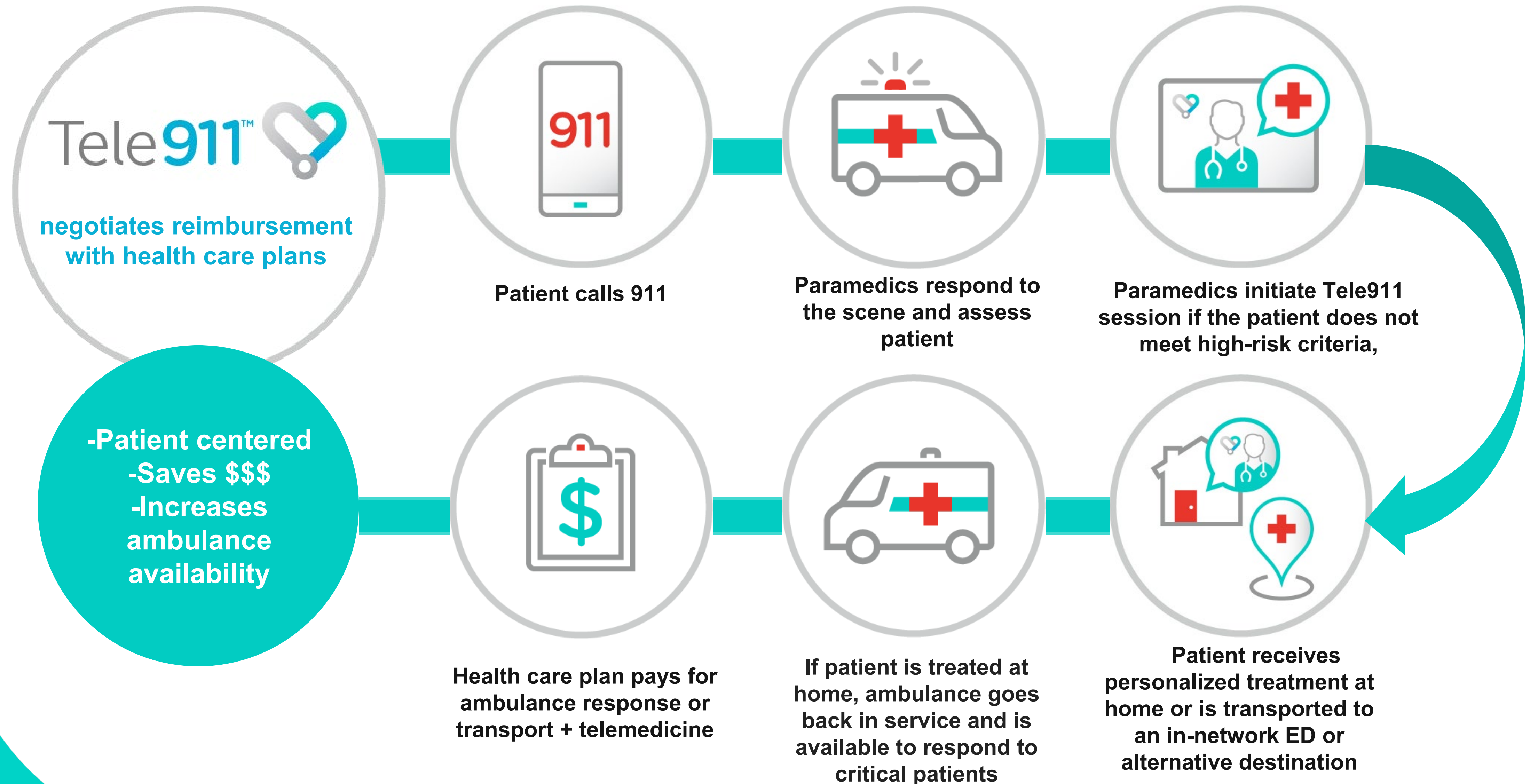
18 million avoidable ED visits per year



- 60% of patients transported to an ED by ambulance are treated and released without being admitted to the hospital
- **Up to 85% of EMS patients** can be safely treated at home or in an urgent care
- ET3 is only for *Medicare fee-for-service* patients



Our Solution





Treatment in Place



Tele911



Alternate Destination



Mental health



Social Services

Community Practice Paramedics

- **Health inequities**
- **Access to care**
- **Minority communities**
- **Rural communities**
- **Chronic disease management**
- **Mental health**
- **Substance abuse**
- **Patient navigation**



Community Paramedicine Nexus



Patient calls 911



Paramedics respond to the scene and assess patient



If the patient does not meet high-risk criteria, paramedics initiate Tele911 session



CPPs can perform scheduled follow-up visits in conjunction with Tele911



EMS System keeps resources available for time critical patients



CPPs respond and treat patient at home



Patient is treated in place and avoids ED transport. Tele911 notifies CPPs to respond if necessary

Tele911

- ***No cost to implement*** - telemedicine & in-network patient navigation
- Seamless integration into 911/EMS operations
- Wrap around services to match the needs of each patient
- New source of revenue – reimbursement for non-transports by participating health plans
- Avoids unnecessary ambulance transport to ED
- Increases ambulance availability to reduce response times and save lives
- Integration into Community Practice Paramedic programs
- Ideally suited to address health inequities, chronic disease management, and access to care



Tele 911TM
TRANSFORMING EMERGENCY CARE



X. New Business

f. FirstWatch

MADDY FUND REQUEST – FirstWatch

Background

Quality Improvement is one of the most important functions of EMS. Mandated by the state, Kern County is responsible for completing reviews of specific calls in our system on a continual basis. With every policy, procedure and protocol it is imperative that EMS reviews and confirms their proper use in the field. In the days before electronic patient care reports each member of the EMS team was assigned a specific policy, procedure or protocol with the job of comparing the patient care reports to our mandates. Even with the advent of electronic patient care records Quality Improvement is a time-consuming job.

Over the past 2 years, since the arrival of COVID-19, EMS Program staff simply do not have the time it takes for each member to review patient care reports. Because of this, there is currently one EMS Coordinator assigned to Quality Improvement. He reads patient care reports 8

hours per day in an attempt to assure that our field crews are providing the appropriate care to the people of Kern County.

Many years ago, Kern County EMS purchased a user license for FirstWatch, a fledgling company that was developing a system for monitoring patient care data. At that time electronic patient care reporting was relatively new to Kern and while the FirstWatch system seemed promising it was still in development and was not proven and therefore it was determined not to be of benefit to Kern County at that time. As a result, it was decided to let the license go which ended up being purchased by Hall Ambulance Service. Since that time FirstWatch has grown into the premier Online Compliance Utility (OCU) in the country. An OCU is a real-time web enabled tool designed to simplify and manage contractual compliance.

FirstWatch's OCU turns raw data into meaningful information for the improvement of situational awareness, operational performance and clinical patient outcomes. The system does this by securely capturing, translating and transmitting information about the 9-1-1

caller, patient and system using pre-established triggers all in real-time.

The addition of FirstWatch in Kern would provide the county;

- Real-time automated performance improvement using one tool to monitor protocol compliance, documentation, and improvement success.
- Measure Protocol Compliance – prioritize and monitor the protocols that are of the most concern for Kern County EMS
- Enhance Documentation Quality – real-time review of completion of required ePCR fields
- Provide Meaningful Feedback – provide medics with feedback before they end their shift
- Save Time & Resources – allows for the use of staff time to be focused on other important duties
- Monitor Medic Performance – Track individual performance to overall system objectives

In addition, FirstWatch will also provide integration with ReddiNet and create a Transport/Hospital Status

Dashboard and Transfer of Care Module that includes Bi-Directional ReddiNet Integration.

The FirstWatch Hospital Transport Status Dashboard lists each primary hospital in the area, showing how many units are currently enroute to, or at each facility.

Additionally, the dashboard will provide Kern County EMS:

- *A count of units transporting to and arrived at each hospital*
- *Average elapsed time and maximum time at hospital*
- *Visual warnings by hospital, pre-defined counts and time thresholds*
- *Summary and detailed view of each hospital*
- *Custom sorting by hospital - allowing each hospital to see transports and times.*

The Transfer of Care module is a web enabled system that records and tracks the transfer and acceptance of a patient to the Emergency Department. In addition to capturing the date and time stamp for the transfer of

care at each facility, the TOC tool can be configured to capture delay reasons over a user defined threshold.

And finally, the Interactive Data Visualization Tool(IDV) - Will allow EMS program staff to interact with the data that has been configured for a particular trigger. This will enable staff to view and filter the data based upon the desired data elements:

- *Ability to search through filter criteria or apply and save custom filters to the user's profile*
- *Volume and Response Compliance Interval breakdown by: selectable data ranges, demographically, day of week/hour of day, station, company, shift, battalion, or unit*
- *Ability to group multiple data elements and compare to previous day, month, or year*
- *Flexibility in visual display allows user to change the display that is right for them*
- *Ability to view data in grid that allows the end user to group by, hide or sort columns or modify the column order as well as applying custom filters*

and then export this information to Excel as needed

The integration of FirstWatch into the Kern County EMS system will provide staff with the tools necessary to properly monitor our system as we never have before. EMS will have the ability to monitor data in real time for the first time in Kern County EMS history.

I have attached the quotes for the systems described above and I am officially requesting EMCAB authorize the release of Maddy funds for the purchase of the following services:

Add-on license to Hall Ambulance

DS3 ImageTrend

FirstPass Add-on Agency

Hospital Status Dashboard

Transfer of Care Module

And

Bidirectional ReddiNet Integrartion to FirstWatch

Totaling \$97,582.3

Intent of Release of Maddy Funds

As approved by county council, “The intent for releasing the discretionary Maddy funds by the county is to heighten, increase and improve, from the normal and customary base operations, the delivery of prehospital care to the people of Kern County. This would include programs, services, training, equipment and/or learning materials that would have a high likely hood to improve the Kern County EMS System of care from its normal and customary base operations. The requested item, service or training must benefit all EMS stakeholders, especially the community at large, in such a way that it improves the quality and delivery of prehospital care.”

Recommendation

The request for the purchase of FirstWatch meets the intended use of the discretionary Maddy funds in that it will provide EMS the ability to monitor the system as

never before. This will benefit the community at large assuring that they receive the best possible care.

Therefore, IT IS RECOMMENDED, the Board approve this request for the release of discretionary Maddy Funds.



Kern County EMS Agency

Add-on FirstWatch to Hall Amb, DS3 ImageTrend and FirstPass Add-on Agency

FirstWatch Solutions, Inc.

1930 Palomar Point Way, Suite 101
 Carlsbad, California 92008 USA
 Phone: 760-943-9123 Fax: 760-268-0922
 Atten: Phil Davis, Regional Manager (Ph Ext 267)

System Enhancement Quote

Customer Information:

Name: **Jeff Fariss, EMS Program Manager**
 Organization: **Kern County EMS Agency**
 Address: **1800 Mount Vernon Ave**
 City, ST Zip: **Bakersfield, CA 93306**
 Phone: **(661) 868-5216**
 Email: **farissj@kerncounty.com**

Quote Information:

Date: 11/30/2021
 Expiration Date: 5/29/2022
 Call Volume: 7,500
 Population: 896,764

Qty	Description	Unit Price	Item Total
Data Source 3 (DS3) - ImageTrend ePCR			
1	(DS3) System License	\$26,915.00	\$26,915.00
1	(DS3) Annual Support & Maintenance	\$5,921.30	\$5,921.30
1	(DS3) Data Source Integration	\$7,500.00	\$7,500.00
1	Training / Trigger Consultation / Project Mgmt.	\$9,500.00	\$9,500.00
1	Installation / Configuration	\$2,500.00	\$2,500.00
		Sub-total	\$49,836.30
Triggers			
20	Standard FirstWatch Triggers	\$400.00	\$8,000.00
20	Standard FirstWatch Triggers Annual Support & Maintenance	\$200.00	\$4,000.00
		Sub-total	\$12,000.00
Interactive Data Visualization Module (IDV)			
1	IDV add-on (Requires a Trigger - either new or existing)	\$2,500.00	\$0.00
1	IDV Annual Support & Maintenance	\$550.00	\$0.00
		Sub-total	\$0.00
FirstPass Module (FP) - Add-on to Hall Ambulance			
1	FirstPass Module w/Protocol & Reporting Bundle (Requires ePCR data source)	\$30,000.00	\$0.00
1	FirstPass Annual Support & Maintenance	\$6,600.00	\$0.00
1	Additional FirstPass Add-on Agency	\$7,500.00	\$7,500.00
1	Additional FirstPass Add-on Agency Annual Support & Maintenance	\$1,650.00	\$1,650.00
0	Additional Custom Protocols (beyond the basic bundle)	\$1,500.00	\$0.00
0	Additional Custom Protocols Annual Support & Maintenance	\$330.00	\$0.00
		Sub-total	\$9,150.00
		Total of Items Above	\$70,986.30

Payment of All Year One Fees

System Enhancement (Payment of All Year One Fees) - Total:	\$70,986.30
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Estimated Annual Support & Maintenance beyond Year 1

Estimated Annual Support & Maintenance for Year 2 (based on a 3% annual increase):	\$11,918.44
Estimated Annual Support & Maintenance for Year 3 (based on a 3% annual increase):	\$12,275.99
Estimated Annual Support & Maintenance for Year 4 (based on a 3% annual increase):	\$12,644.27
Estimated Annual Support & Maintenance for Year 5 (based on a 3% annual increase):	\$13,023.60

Important Project Notes

NOTE 1: If Customer's data from CAD, ePCR, RMS (or other system(s)) is to be provided to FirstWatch via another Vendors Hosted Environment, fees payable to that Vendor (not reflected/included in this project quote) may be required. FirstWatch recommends that the Customer learn about options and costs associated with their Hosted Vendors approach & process - as fees will likely be required by Vendor to establish data feed/connection into FirstWatch. If customer plans to switch Vendor for CAD, ePCR or RMS (other data system) from existing data interface feeding into FirstWatch, in addition to the Data Source Interface fee of \$7,500, additional work & fees will be required to convert specialized system enhancement modules such as FirstPass, OCU as well as Complex Triggers & Customized Reports, all of which can be Price upon Request (in advance). Also, when Customer selects a new Vendor (for CAD, ePCR or RMS (other data system)), FirstWatch highly recommends a minimum of 90-day advanced notice so as to provide quote for work required, as well as to allow FirstWatch enough lead time to plan conversion work prior to new system cut-over. Additional Details about Proposed Project and Data Source Interfaces and Changes are outlined on Page 2. All Fees Quoted are in US Dollars (USD).

NOTE 2: This Kern County EMS Agency quote would be licensed as a FirstWatch Add-on Agency to the Hall Ambulance FirstWatch System using the following Cooperative Purchasing clause:

17. Cooperative Purchasing. If agreed to by Client and FirstWatch, another public body may utilize this contract. FirstWatch shall deal directly with any public body authorized to use the contract. Client, its officials and staff are not responsible for placement of orders, invoicing, payments, contractual disputes, or any other transactions between FirstWatch and any other public bodies, and in no event shall Client, its officials or staff be responsible for any costs, damages or injury resulting to any party from use of a Client Contract. Client assumes no responsibility for any notification of the availability of the contract for use by other public bodies, but FirstWatch may conduct such notification.

As a FirstPass Add-on Agency to the Hall Ambulance FirstPass license you would have the following protocols: ACF, Cardiac Arrest, CPAP, CVA, Refusals, and Universal. Kern County EMS could purchase additional FirstPass Protocols if desired.

Please see Page 2 for Additional Information

Thank you for the opportunity to present this quote.

To authorize FirstWatch to proceed with proposed enhancements, please send PO or signed copy (all pages) back to:
 Fax - Sales @ (760) 268-0922 or Email - pdavis@firstwatch.net

Accepted: _____
 Title: _____
 Date: _____

Kern County EMS Agency

'System Enhancement Quote' - 11/30/2021 - Additional Information

General Project Information

FirstWatch has worked diligently to keep pricing 'fair and reasonable,' as well as in developing a REMOTE approach to FirstWatch software sales, presentation, deployment, installation, data interface, system configuration and training; as such we have NOT included any fees for travel associated with this project. If travel is requested / required by customer, customer will be asked to pay for all travel-related expenses (e.g., transportation, accommodations, food) incurred by FirstWatch at the request of customer and approved by customer in advance, for Software-related services such as on-site installation, training, customization, integration, support and maintenance.

This quotation is valid for 180 days from creation as noted on the top of page 1. For additional information or questions please contact the FirstWatch Representative also noted on the top of page 1.

Payment Option - System Enhancement Standard Purchase

This payment option includes all Year 1 project fees, with a standard payment breakdown based upon the following project milestones: 50% of all Year 1 project fees payable at contract signing or receipt of a Purchase Order and the remaining 50% payable at project completion or Go Live.

FirstWatch - Data Source #3 (ImageTrend ePCR)

This Data Source has a minimum prerequisite of a base FirstWatch system that includes Data Source #1. Should additional Triggers or customized Reports be needed for this Data Source or you need additional information, please notify the FirstWatch representative shown at the top of page 1.

This quote does not include allowance for any potential costs / fees (directly) payable to ImageTrend in order for them to provide FirstWatch with a full and comprehensive data set which is required for FirstWatch to perform the quality monitoring expected from this ePCR Data Source. FirstWatch recommends that you discuss this project and any potential associated fees directly with ImageTrend to fully understand their potential cost of this Data Source interface and ongoing process.

FirstWatch - Standard Triggers

Standard FirstWatch triggers are defined as: existing (commercially available) FirstWatch trigger technology that does not require any custom programming. Regular triggers are based on existing functionality, related to existing data sources and data structures. Triggers requiring custom programming are considered non-standard or custom triggers and may have additional cost associated, which will be based on the estimated development efforts. Regular triggers are generally based on Syndromic Surveillance, Operational/Performance, or Situational Awareness monitoring. Details available upon request...or see Regular Trigger definition document for more details.

FirstPass- w/ Standard Protocol, Clinical Triggers and Reports Bundle

FirstWatch System Enhancement: ADDING FirstPass ('FP') enhancement module to existing FirstWatch Base System. Please NOTE: the FirstPass enhancement module requires a data source interface into ePCR data system. FirstPass is a smart queue based QA/QI tool which includes a Recommended Base Bundle of (6) Standardized FirstPass Protocols (included with enhancement module) for: STEMI, Stroke, Cardiac, Trauma, Airway and Universal. These protocols are designed to provide measures against predefined, evidence based quality metrics. While the initial 6 protocols included in the bundle are preconfigured, the customer agency will also have the ability to add or vary unique metrics specific to their locality. Report Development Hours for Standardized/Base FirstPass Reports are included in the Bundle pricing; and will be based upon the above Standardized/Base FirstPass Protocols. Future Reports may offer simple overviews on; Protocol Deviation within the context of overall system (or individual) performance, Benchmarking and Paramedic Scorecards – all developed against the Standardized Protocols in the Bundle. Additional FirstPass Protocols, Reports and Clinical Triggers can be added (at additional cost initially/annually) and will be priced upon request. Please see Regional Manager for additional information.

When customer has FirstWatch FirstPass enhancement module LIVE and switches to new ePCR system; a FirstPass Re-Configuration Fee of up to \$12,000 will be required to modify and validate FirstPass protocol tests and automated queue-based processes and FirstPass reports against customers new ePCR system data. This is in addition to a \$7,500 new Data Source Interface fee (for total of \$19,500).

Annual Support & Maintenance (ASM)

Annual Support recurs annually and includes: system enhancements, updates and patches, 24/7 urgent technical support, business hour support for routine issues and guidance with configuration of your FirstWatch System. Support fees increase annually. Annual Support fee increase is projected (for budget purposes) at 3% per year.



Kern County EMS Agency
Hospital Status Dashboard/Transfer of Care Module
and BiDirectional ReddiNet Integration to FirstWatch

FirstWatch Solutions, Inc.
 1930 Palomar Point Way, Suite 101
 Carlsbad, California 92008 USA
 Phone: 760-943-9123 Fax: 760-268-0922
 Atten: Phil Davis, Regional Manager (Ph Ext 267)

System Enhancement
Quote

Customer Information:

Name: **Jeff Fariss, EMS Program Manager**
 Organization: **Kern County EMS Agency**
 Address: **1800 Mount Vernon Ave**
 City, ST Zip: **Bakersfield, CA 93306**
 Phone: **(661) 868-5216**
 Email: **farissj@kerncounty.com**

Quote Information:

Date: 12/1/2021
 Expiration Date: 5/30/2022
 Call Volume: 7,500
 Population: 896,764

Qty	Description	Unit Price	Item Total
Report Development			
34	Customized FirstWatch Reports Development (hours) - Bi-Directional ReddiNet Integration	\$200.00	\$6,800.00
34	Customized FirstWatch Reports Annual Support & Maintenance	\$44.00	\$1,496.00
		Sub-total	\$8,296.00
EMS Transport / Hospital Status Dashboard (EMST/HS)- licensed by Hall Ambulance			
1	EMS Transport / Hospital Status Dashboard - licensed by Hall Ambulance	\$2,500.00	\$0.00
1	EMS Transport / Hosp Status Dashboard Annual Support & Maintenance	\$550.00	\$0.00
		Sub-total	\$0.00
Transfer of Care (TOC) Module			
1	Transfer of Care (TOC) Module	\$15,000.00	\$15,000.00
1	Transfer of Care (TOC) Module Annual Support & Maintenance	\$3,300.00	\$3,300.00
		Sub-total	\$18,300.00
		Total of Items Above	\$26,596.00

Payment of All Year One Fees	
System Enhancement (Payment of All Year One Fees) - Total:	\$26,596.00

Estimated Annual Support & Maintenance beyond Year 1	
Estimated Annual Support & Maintenance for Year 2 (based on a 3% annual increase):	\$4,939.88
Estimated Annual Support & Maintenance for Year 3 (based on a 3% annual increase):	\$5,088.08
Estimated Annual Support & Maintenance for Year 4 (based on a 3% annual increase):	\$5,240.72
Estimated Annual Support & Maintenance for Year 5 (based on a 3% annual increase):	\$5,397.94

Important Project Notes

NOTE 1: If Customer's data from CAD, ePCR, RMS (or other system(s)) is to be provided to FirstWatch via another Vendors Hosted Environment, fees payable to that Vendor (not reflected/included in this project quote) may be required. FirstWatch recommends that the Customer learn about options and costs associated with their Hosted Vendors approach & process - as fees will likely be required by Vendor to establish data feed/connection into FirstWatch. If customer plans to switch Vendor for CAD, ePCR or RMS (other data system) from existing data interface feeding into FirstWatch, in addition to the Data Source Interface fee of \$7,500, additional work & fees will be required to convert specialized system enhancement modules such as FirstPass, OCU as well as Complex Triggers & Customized Reports, all of which can be Price upon Request (in advance). Also, when Customer selects a new Vendor (for CAD, ePCR or RMS (other data system)), FirstWatch highly recommends a minimum of 90-day advanced notice so as to provide quote for work required, as well as to allow FirstWatch enough lead time to plan conversion work prior to new system cut-over. Additional Details about Proposed Project and Data Source Interfaces and Changes are outlined on Page 2. All Fees Quoted are in US Dollars (USD).

NOTE 2: This quote is based on a request by Kern County EMS Agency for a bi-directional interface to be developed between FirstWatch and ReddiNet to improve operational efficiencies, resource management, and situational awareness. This integration will be provided through the FirstWatch Hospital Status Dashboard (currently licensed by Hall Ambulance) and the Transfer of Care Module (TOC) which has been quoted here.

FirstWatch will interface with the following ReddiNet Modules:

- ReddiNet Status/Redirect Module Integration
- ReddiNet Assessment Module
- ReddiNet to FirstWatch TOC push

FirstWatch has proposed 34 hours of custom development for the development of the ReddiNet Bi-Directional interface with FirstWatch. This quote does not include any costs or expenses that ReddiNet may have.

Please see Page 2 for Additional Information

Thank you for the opportunity to present this quote.

To authorize FirstWatch to proceed with proposed enhancements, please send PO or signed copy (all pages) back to:
 Fax - Sales @ (760) 268-0922 or Email - pdavis@firstwatch.net

Accepted: _____

Title: _____

Date: _____

Kern County EMS Agency

'System Enhancement Quote' - 12/01/2021 - Additional Information

General Project Information

FirstWatch has worked diligently to keep pricing 'fair and reasonable,' as well as in developing a REMOTE approach to FirstWatch software sales, presentation, deployment, installation, data interface, system configuration and training; as such we have NOT included any fees for travel associated with this project. If travel is requested / required by customer, customer will be asked to pay for all travel-related expenses (e.g., transportation, accommodations, food) incurred by FirstWatch at the request of customer and approved by customer in advance, for Software-related services such as on-site installation, training, customization, integration, support and maintenance.

This quotation is valid for 180 days from creation as noted on the top of page 1. For additional information or questions please contact the FirstWatch Representative also noted on the top of page 1.

Payment Option - System Enhancement Standard Purchase

This payment option includes all Year 1 project fees, with a standard payment breakdown based upon the following project milestones: 50% of all Year 1 project fees payable at contract signing or receipt of a Purchase Order and the remaining 50% payable at project completion or Go Live.

FirstWatch - Report Development

FirstWatch has used its best effort in estimating the number of Report Development hours required for this project. Depending upon the complexity of actually developing & testing the aforementioned report, additional report development hours may be required (at additional cost) above & beyond estimated hours provided on this quote. If cancellation of Report occurs after customer's authorization to begin (by signing and returning this quote sheet or issuing a P.O. to FirstWatch), customer will be responsible for all costs associated with actual work completed prior to cancellation notification to FirstWatch. Again, please note that ALL Report Development hours quoted are actually always ESTIMATED based on best effort of FW team, along with customer input and accurate description of report needs/objectives (purpose).

When customer has FirstWatch Customized Reports and switches to new CAD, ePCR, RMS (or other data system); a quote will be provided for the required Report Re-Configuration. This is in addition to a \$7,500 fee for each new Data Source Interface required (one each for new CAD, ePCR, RMS, etc.). Report Re-Configuration and data mapping, testing & validation is needed to confirm that all FirstWatch Report generation processes are functioning correctly against all new data sources.

EMS Transport / Hospital Status Dashboard

EMS Transport / Hospital Status Dashboard ('EMSTHS') is a FirstWatch System Enhancement Module and therefore requires a standard FirstWatch System deployment be in place first. Each EMSTHS module offers real-time views of EMS Units enroute & arrived at up to 100 area hospitals.

Annual Support & Maintenance (ASM)

Annual Support recurs annually and includes: system enhancements, updates and patches, 24/7 urgent technical support, business hour support for routine issues and guidance with configuration of your FirstWatch System. Support fees increase annually. Annual Support fee increase is projected (for budget purposes) at 3% per year.