AGENDA

EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)

REGULAR MEETING

THURSDAY – May 12th, 2022

4:00 P.M.

Location:

- I. Call to Order
- II. Flag Salute
- III. Roll Call
- IV. 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.

- V. (CA) Approval of Minutes: EMCAB Meeting February 10th, 2022– approve
- VI. Subcommittee Reports:

APOT Task Force - Jeff Fariss

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.

VIII. Public Requests:

None

IX. Unfinished Business:

None

- X. New Business:
 - a) (CA) Maddy Fund Annual Report receive and file
 - b) (CA) Legislation Report receive and file
 - c) (CA) Annual Core Measure and APOT Report receive and file
 - d) (CA) EMCAB Agenda Summary for 2021 receive and file
 - e) (CA) Annual EOA Reports for 2021 Extension to August 11 approve

- f) (CA) Annual EMS System Report for 2021 receive and file
- g) (CA) Annual Response Compliance for 2021 receive and file
- h) (CA) EMCAB Member Update received and file
- i) (CA) Stroke System of Care Update approve
- XI. Manager's Report: Receive and File
- 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.])

XIV. Announcements:

- A. Next regularly scheduled meeting: Thursday, August 11th, 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, July 28th, 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.

EMERGENCY MEDICAL CARE ADVISORY BOARD Membership Roster

Name and Address	Representing	
Mike Maggard, Supervisor Third District 1115 Truxtun Avenue Bakersfield, CA 93301 (661) 868-3670	Board of Supervisors	
Alternate 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	
Alternate Vacant		
Zachary Wells, Deputy Chief Kern County Fire Department 5642 Victor Street Bakersfield, CA 93308 (661)	Fire Chief's Association	
Alternate 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	
Alternate Vacant		
Leslie Wilmer 1110 Bell Ave., Taft, CA 93268 (661) 304-1106	Rural Consumer	

Alternate Vacant Orchel Krier City Selection Committee Mayor Pro Tem, City of Taft 209 E. Kern Street Taft, CA 93268 661-763-1222 <u>Alterna</u>te Cathy Prout Councilmember, City of Shafter 435 Maple Street Shafter, CA 93263 (661) 746-6409 Scott Hurlbert Kern Mayors and City Managers Group City of Wasco 746 8th Street Wasco, CA 93280 (661) 758-7214 **Alternate** Anne Ambrose California City 21000 Hacienda Blvd California City, California 93505 (760) 338-8010 Earl Canson, M.D. Kern County Medical Society 1400 Easton Drive Ste. 139B Bakersfield, CA 93309 Alternate Nadeem Goraya, M.D. 1400 Easton Drive Ste. 139B Bakersfield, CA 93309 Tyler Whitezell, Chief Operating Officer Kern County Hospital Administrators Kern Medical 1700 Mt. Vernon Bakersfield, CA 93306 (661)<u>Alternate</u>

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, 2rd 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

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

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

County Counsel

County Administrative Office

V. Approval of Minutes



BRYNN CARRIGAN DIRECTOR

KRISTOPHER LYON, MD HEALTH OFFICER

1800 MT. VERNON AVENUE

BAKERSFIELD, CALIFORNIA 93306-3302

661-321-3000

WWW.KERNPUBLICHEALTH.COM

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-

 $\frac{join/19\%3 ameeting_NWIzNTNINGYtZWRiZC00MTk2LWFkY2QtOWNIMTEyMDExZGI5\%40thread.v2/0?context=\%7b\%22T}{id\%22\%3a\%22e0f2e4b5-0515-4028-99f2-2e7a43fe5379\%22\%2c\%220id\%22\%3a\%2269ff2d1f-5a50-42d5-bafd-40fe97d00922\%22\%7d}$

<u>+1 831-296-3421,,787864515#</u> United States, Salinas

Phone Conference ID: 787 864 515#

- I. Call to Order
- II. Flag Salute

III. Roll Call – Jeff Fariss

Attending	Roll Call
Chris Miller	У
Leslie Wilmer	У
Dr. Lyon	У
Tyler Whitezell	у
Chief Wells	У
Scott Hurlbert	У
Chairman Maggard	У
John Surface	У
Orchel Krier	у

IV. Resolution – As read by GK

Attending	Resolution
Chris Miller	S
Leslie Wilmer	Aye
Dr. Lyon	m
Tyler Whitezell	Aye
Chief Wells	Aye
Scott Hurlbert	Aye
Chairman Maggard	Aye
John Surface	Aye
Orchel Krier	Aye

V. Consent Agenda (CA): Consideration of the consent agenda.

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Attending	Consent Agenda
Chris Miller	Aye
Leslie Wilmer	Aye
Dr. Lyon	Aye
Tyler Whitezell	Aye
Chief Wells	S
Scott Hurlbert	m
Chairman Maggard	Aye
John Surface	Aye
Orchel Krier	Aye

VI. (CA) Approval of Minutes: EMCAB Meeting November 18th, 2021 – approve

VII. Subcommittee Reports:

APOT Task Force – Discuss reinstating APOT Task Force Meetings – **Board instructed staff to reimplement the APOT Task Force**

Attending	APOT Task Force
Chris Miller	Aye
Leslie Wilmer	m
Dr. Lyon	S
Tyler Whitezell	Aye
Chief Wells	Aye
Scott Hurlbert	Aye
Chairman Maggard	Aye
John Surface	Aye
Orchel Krier	Aye

VIII. Public Comments:

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IX. Public Requests: None

X. Manager's Report: - Receive and File

Attending	Managers Report
Chris Miller	S
Leslie Wilmer	Aye
Dr. Lyon	Aye
Tyler Whitezell	Aye
Chief Wells	Aye
Scott Hurlbert	Aye
Chairman Maggard	Aye
John Surface	m
Orchel Krier	Aye

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: None

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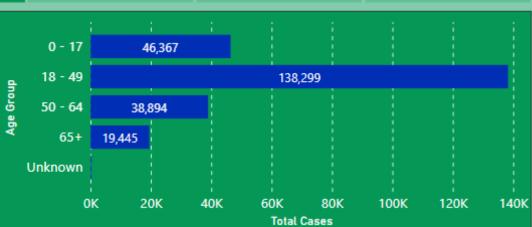
VI. APOT Task Force Report

APOT TASKFORCE

Thursday, April 26, 2022

COVID-19 Dashboard last updated 4/26/2022 3,500 3,000 2,500 2,000 1,500 1,000 500 0 Jul 2020 Jan 2021 Jul 2021 Jan 2022 Specimen Collection Date ■ Daily Case Count - Total Cases - Active Cases -* All Cases Recent Cases Recent Case Status Case Status Testing Totals 243,325 (139 New) 239,584 0 - 17 46,367 18 - 49 138,299 Age Group Recovered/Presumed Residents **Total Resident Cases** 50 - 64 38,894 **Death Demographics** 65+ 19,445 2,360 (4 New)

Cases by Vaccine Status Kern Resident Deaths



250K

200K

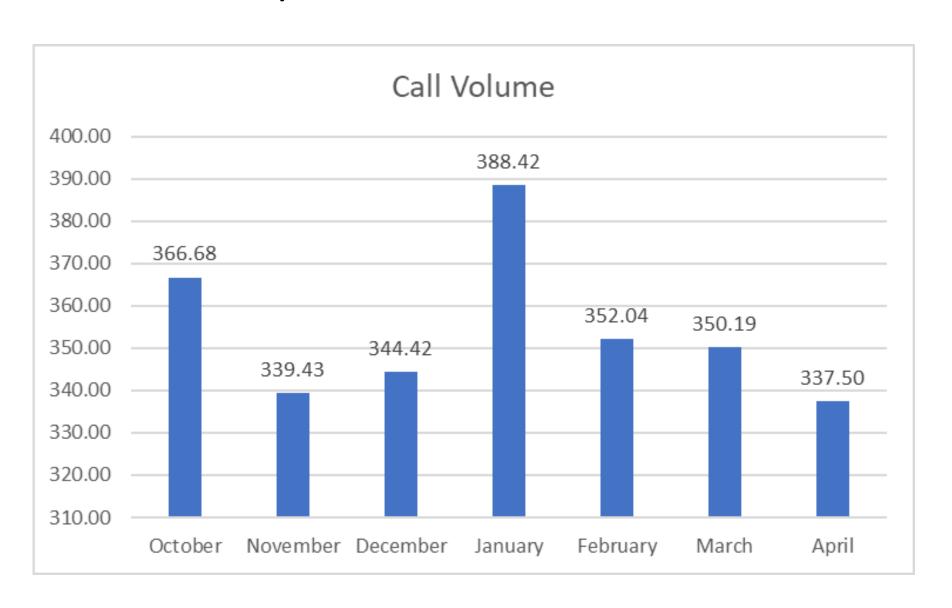
150K

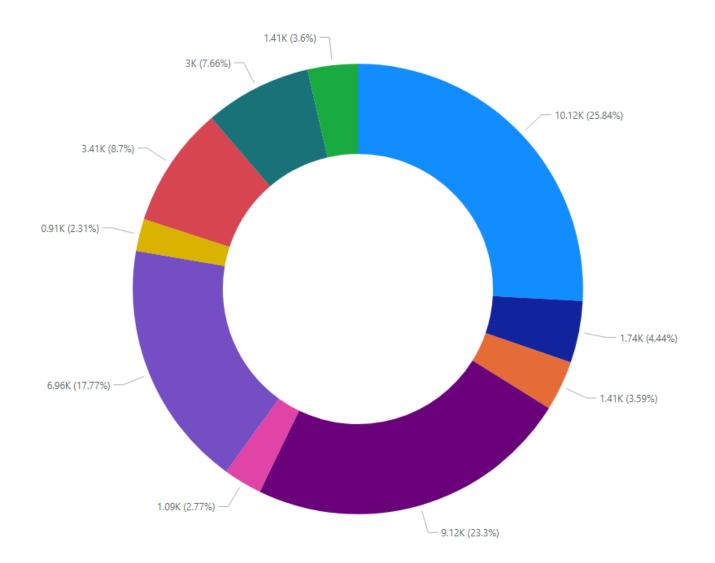
100K

50K

CALL VOLUMES

System Call Volume

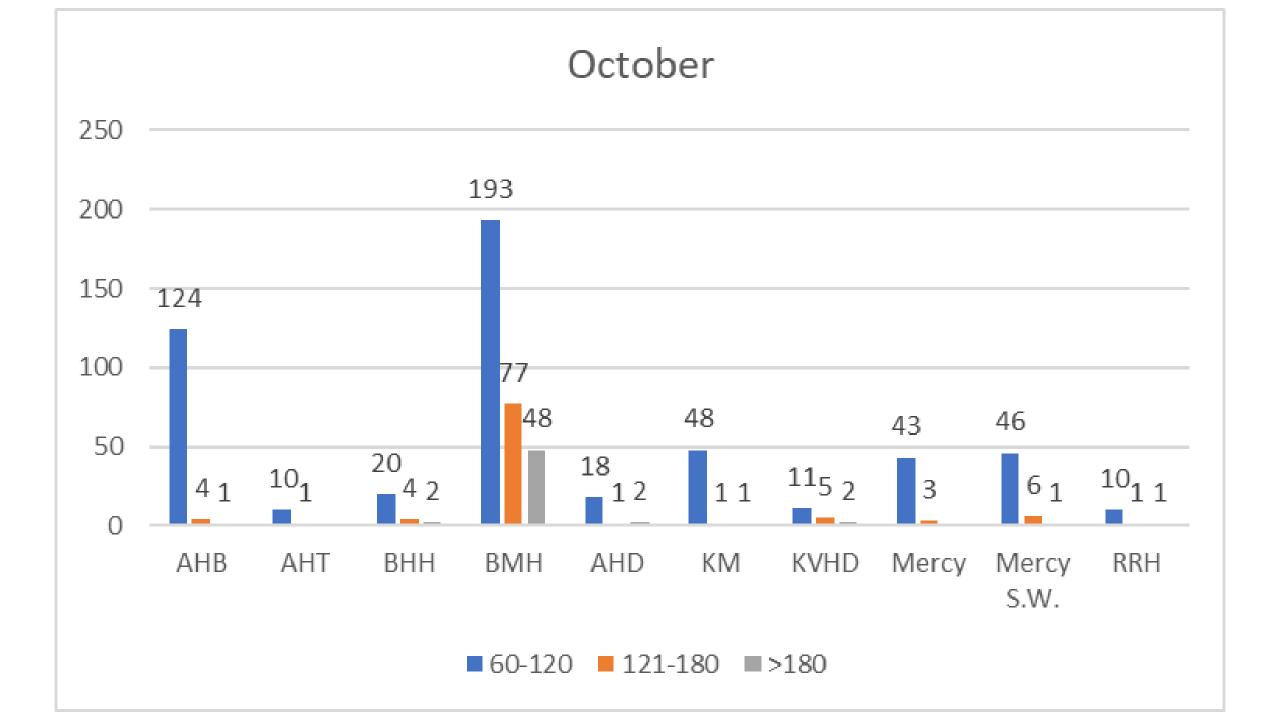


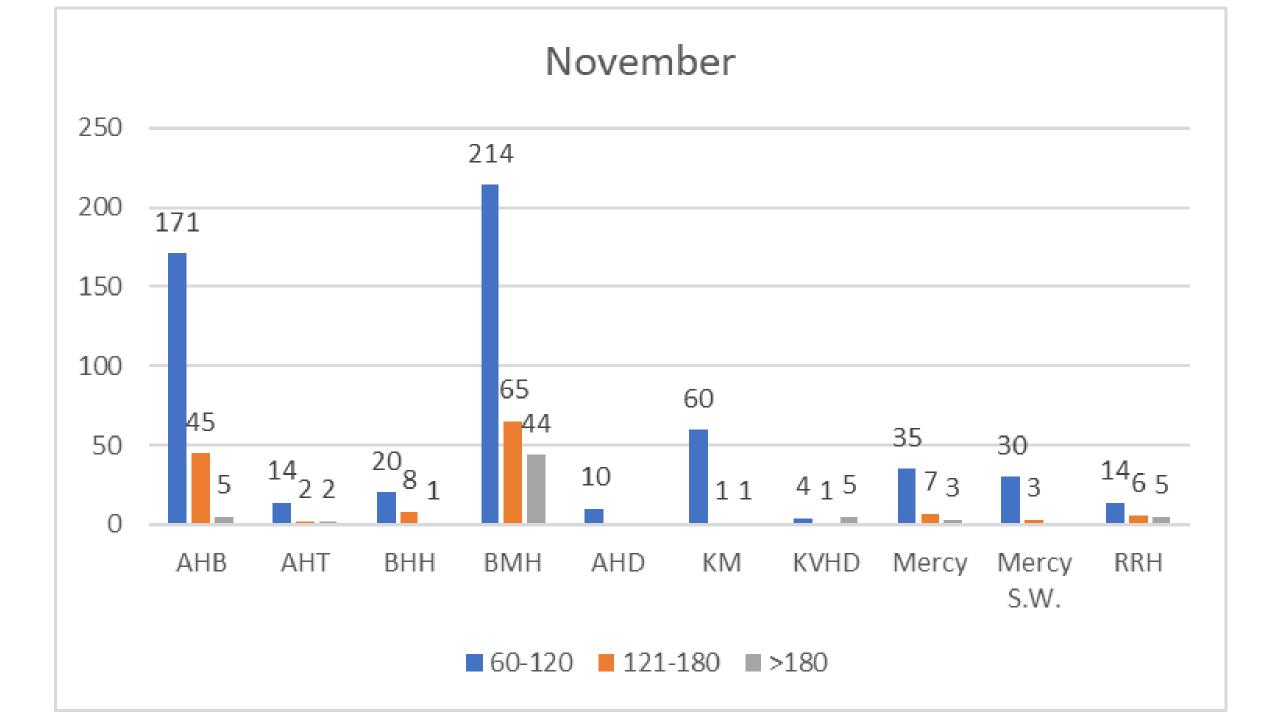


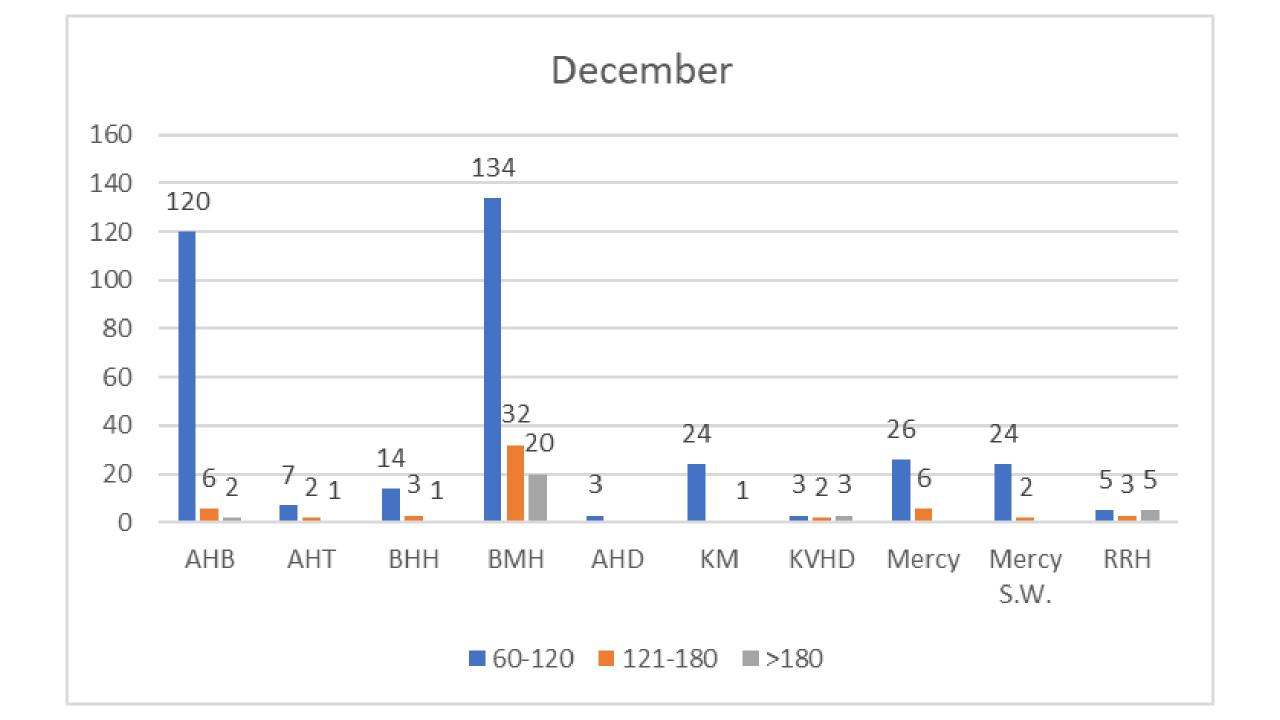
Disposition Destination Name Delivered Transferred To (eDisposition.0'

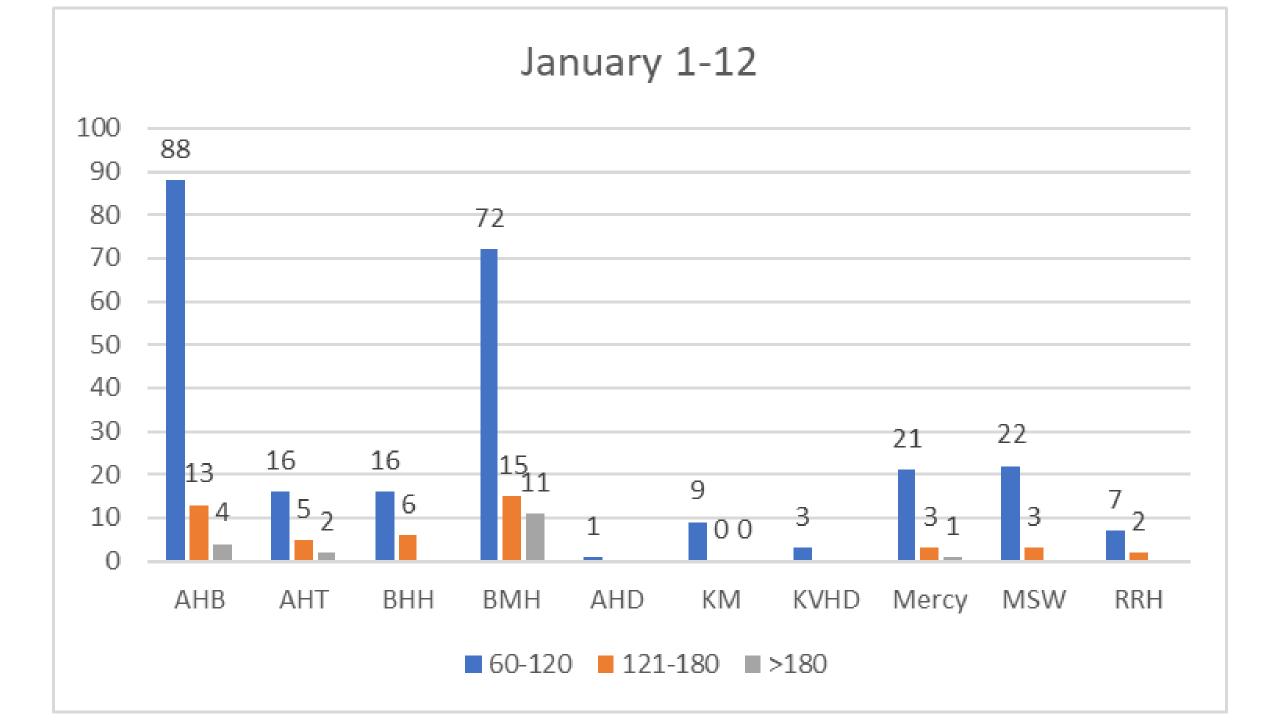
- Adventist Health Bakersfield
- Adventist Health Tehachapi Valley
- Bakersfield Heart Hospital
- Bakersfield Memorial Hospital
- Delano Regional Medical Center
- Kern Medical
- Kern Valley Healthcare District
- Mercy Hospital
- Mercy Hospital SW Bakersfield
- Ridgecrest Regional Hospital

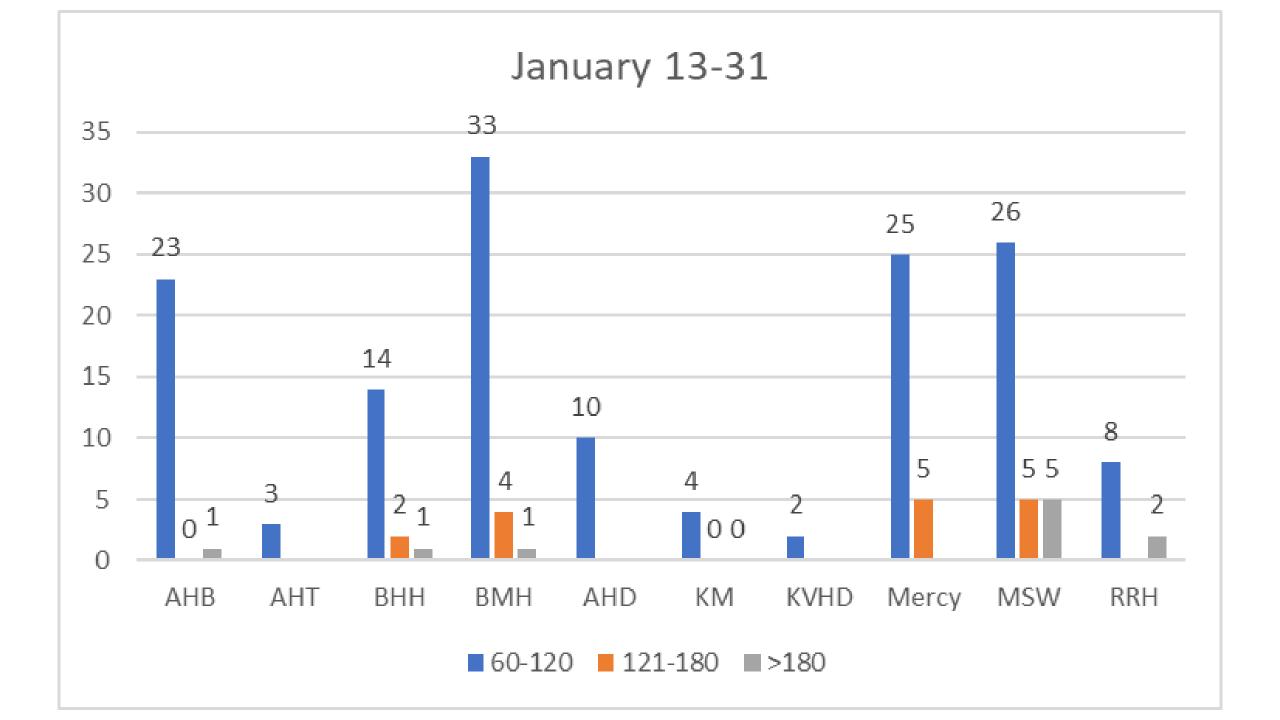
APOT NUMBERS





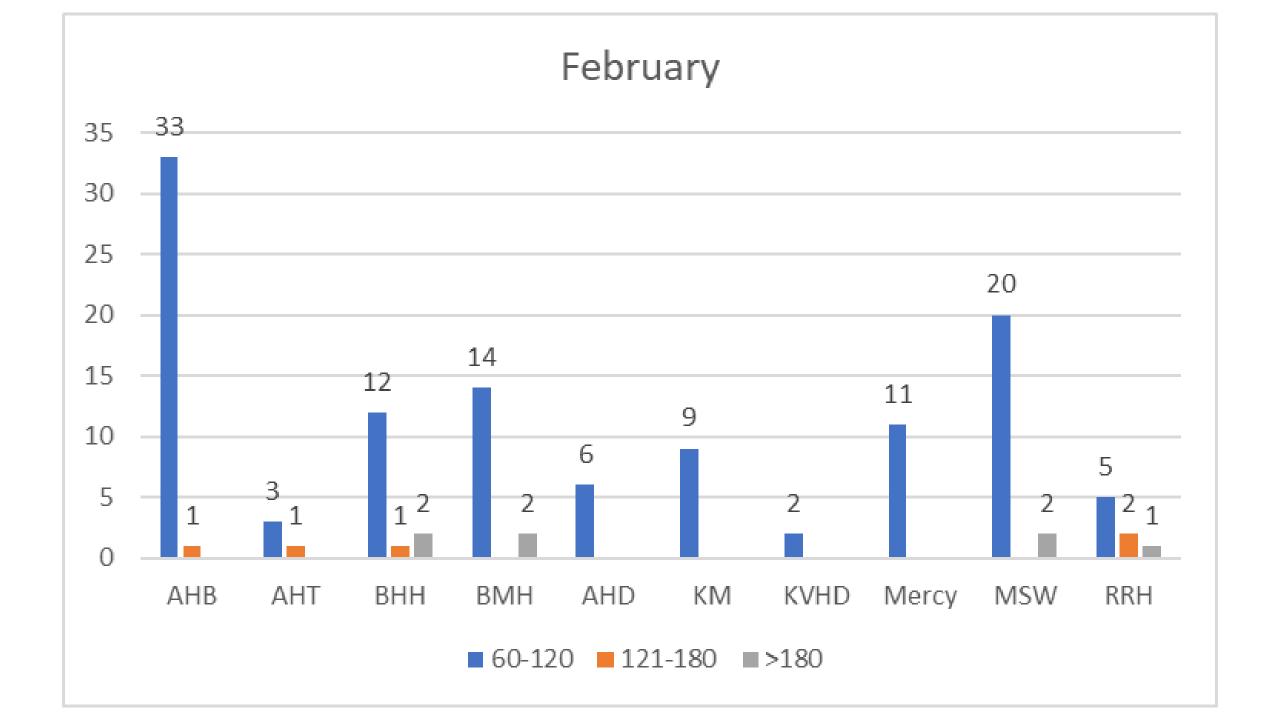






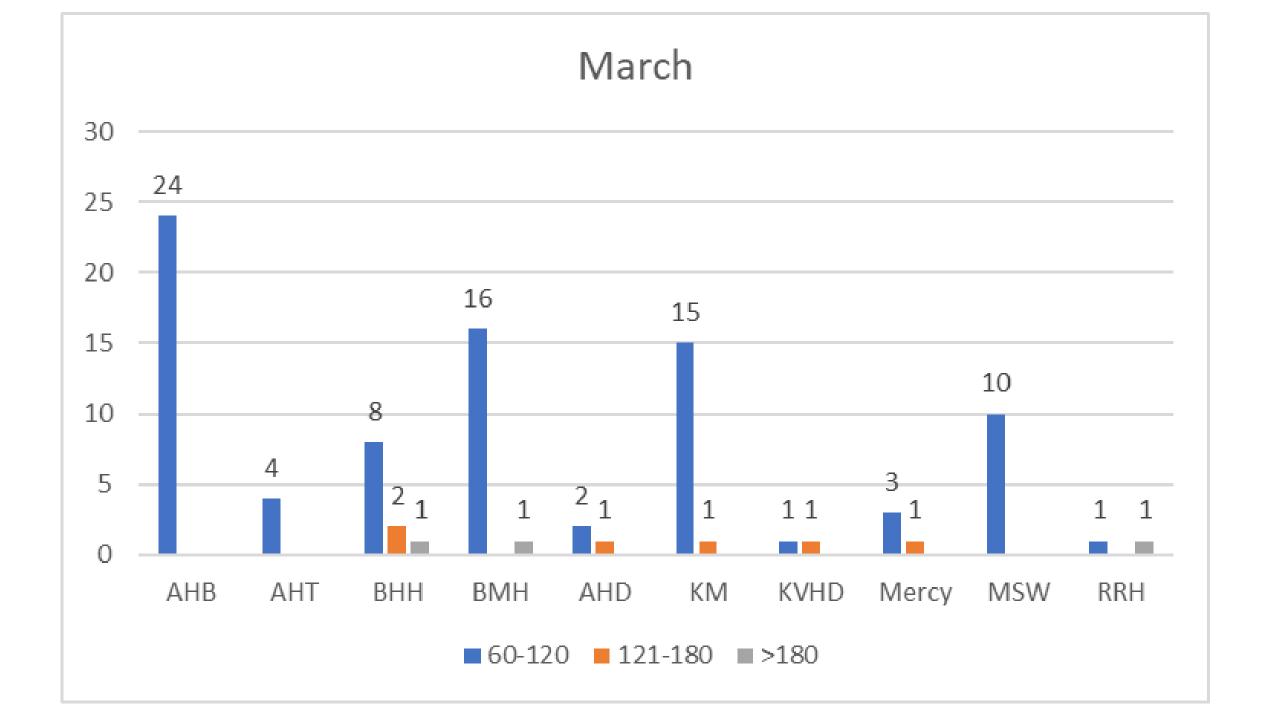
Percent Decrease Between First and Second Half of January

	AHB	вмн	KM
60-120	73.86%	54.17%	55.56%
121-180	100.00%	73.33%	0.00%
>180	75.00%	90.91%	0.00%



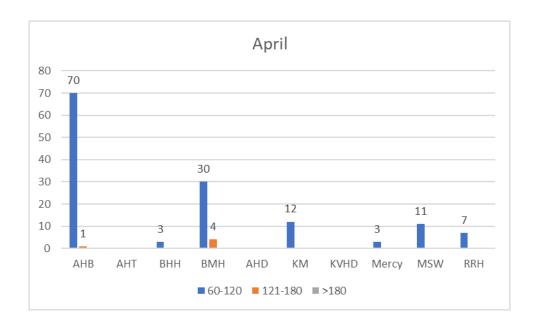
Continued Downward Trending Between January and February

22-Feb	AHB	BMH	KM
60-120	33	14	9
121-180	1	0	0
>180	0	2	0
60-120	70.27%	86.67%	30.77%
121-180	92.31%	100.00%	0.00%
>180	100.00%	83.33%	0.00%



And March

March	AHB	BMH	KM
60-120	24	16	15
121-180	0	0	1
>180	0	1	0
60-120	-27.27%	14.29%	66.67%
121-180	100.00%	0.00%	0.00%
>180	0.00%	50.00%	0.00%



March	AHB	AHT	ВНН	BMH	AHD	KM	KVHD	Mercy	MSW	RRH
60-120	24	4	8	16	2	15	1	3	10	1
121-180			2		1	1	1	1		
>180			1	1						1
April	AHB	AHT	ВНН	BMH	AHD	KM	KVHD	Mercy	MSW	RRH
60-120	70		3	30		12		3	11	7
121-180	1			4						
>180										
	191.67%	-100.00%	-62.50%	87.50%	-100.00%	-20.00%	-100.00%	0.00%	10.00%	600.00%

Hours Spent Waiting

 As of 4/27/2022, Ambulances have been spent 173 hours waiting for beds in our local hospitals. This is just the time spent waiting that is over 60 minutes.

 The State Supported Ambulance Patient Offload Strike Teams showed us that that model works to greatly diminish ambulance patient offload times.

Survey Findings

	What factors most		Additional staffing		
	contribute to		dedicated to		
	ambulance patient		ambulance offloading		
What time of day is	offload delays? (i.e.		would positively	What is a reasonable	
your department	Staffing, Throughput,	According to CDPH, even while still on an ambulance	impact delay in your	time to expect	Please provide suggestions for
most impacted by	Ambulance volume,	gurney, ambulance patients are automatically added	emergency	ambulance patients	decreasing Ambulance Patient
ambulance traffic?	etc.)	$lue{}$ to the emergency department nurse to patient ratid $lue{}$	department.	to be offloaded?	Offload Times in Kern County.
afternoon	census	False	False	20 minutes	access and defer
					Having a dedicated assignment of 4
					beds to offload ambulance patients
	Staffing and				until a regular assignment bed
11a-11p	throughput	True	True	30 minutes	becomes available.
					More available beds in the county
noon to 4:00 pm	throughput	True	False	20 minutes	for higher levels of care transfers
	Throughput and				
	ambulance volume				
	(often receive				
11am - 3pm and 5pm					
11pm	at one time).	True	True	20 minutes	
Afternoon	Staffing	True	True	20 minutes	
Afternoon	Space in the er	False	True	20 minutes	Off load patients to lobby if stable
Nights	Staffing Throughput	False	True	30 minutes	
					Not holding admitted patients in
	Staffing and				the ER for hours or days. Getting
Evening	throughput.	True	True	20 minutes	transfers out timely.
	Staffing, holding				Appreciate screening non-urgent
5pm	admits	False	True	20 minutes	patients to not come to ER
1800	staffing, no beds,	True	True	40 minutes	
1PM-11PM	Department volume	True	False	20 minutes	
	throughput, staffing				encourage inpatient units to take
	issues, inpatient				report asap when a bed is assigned.
between 11am and	holds taking up ER				inpatient units do not priorititize
7pm	beds	True	True	20 minutes	ED needs

What time of day is your department most impacted by ambulance traffic?	What factors most contribute to ambulance patient offload delays? (i.e. Staffing, Throughput, Ambulance volume, etc.)	According to CDPH, even while still on an ambulance gurney, ambulance patients are automatically added to the emergency department nurse to patient ratios.	Additional staffing dedicated to ambulance offloading would positively impact delay in your emergency department.	What is a reasonable time to expect ambulance patients to be offloaded?	Please provide suggestions for decreasing Ambulance Patient Offload Times in Kern County.
2p-5p, and around 9p-	- ·	Truco	Trus	20 minutes	
11pm.	ED Staffing, lack of IP beds, delayed	True	True	20 minutes	Triage pts who are candidates for the ED waiting
Nightshift	transfers	True	True	20 minutes	room if able.
1300-2100	1.Multiple simultaneous ambulance arrivals. 2. Holding admitting patients in the ED when there are unstaffed or available empty beds on the medical & ICU floors, 3. Staffing. 4. No CCT available resulting in sending ED staff on CCT transports and closing a section of the ED.	True	True	20 minutes	See above. Reduce the number of admitted patients holding in the ED. Expedite the transfer of the patients to assigned rooms by eliminating delays by the medical:ICU floors. Reduce simultaneous arrivals of multiple ambulances at one facility. Ensure CCT is available to eliminate impacting the ED staff. Adequately staff the ED.
1900	Bed availability	True		20 minutes	Adequatery start the ED.
Noon	Staffing	True		20 minutes	Taking non-emergencies to the lobby
I am unsure of dayshift impact but night shift tends to be impacted between 8-10pm.	Throughput and bed space issues impact our offload times more than anything. Some staffing issues occasionally impact us as well.	True	False	30 minutes	Perhaps having a transport crew to assist with the multiple transfers that occur in our facility would help with our throughput and allow us to offload quicker.

After looking at all of the Evidence



BRYNN CARRIGAN DIRECTOR

KRISTOPHER LYON, MD HEALTH OFFICER

1800 MT, VERNON AVENUE

BAKERSFIELD, CALIFORNIA 93306-3302

661-321-3000

WWW.KERNPUBLICHEALTH.COM

April 1, 2022

Kern County Hospitals,

As I'm sure you are aware, the timely offload of ambulance patients has been a longstanding issue in Kern County for quite some time and long before the COVID-19 pandemic. During the COVID-19 pandemic, counties and the healthcare industry were given leeway to be more innovative in implementing solutions to ease the strain on the healthcare system. As our COVID-19 cases and hospitalizations continue to decline and COVID-19 seems to be shifting from a pandemic to an endemic disease, we want to continue the excellent ambulance patient offload times (APOT) our system experienced during this most recent Omicron surge of the pandemic.

On January 12, 2022, APOT strike teams were deployed in three hospitals in Kern with the sole purpose of quickly offloading patients to continue care to patients while waiting for a hospital bed to open and to allow for the immediate release of ambulances back into the EMS system to respond to the next 911 call. The positive impact these teams had on our entire pre-hospital and hospital system was immediate and significant. Specifically, Kern County experienced a 42% decrease in one- to two-hour offload delays, a 66% decrease in two- to three-hour delays, and a 44% decrease in greater than three-hour delays in the first 18 days of deployment. Between January and March 2022, Kern County experienced over 90% decreases in ambulance patient offload times in each of the three above mentioned categories, proof that these teams successfully addressed APOT.

Our department has always strived to see the Kern County emergency medical services system meet the 20 minute or less ambulance patient offload time mandated by the state of California. As we move from pandemic to the endemic phase of the COVID-19 disease and begin to see our patient volumes normalize to some degree, it is imperative that we not become complacent and allow for the return to the extended offload times that we experienced prior to and during a majority of the pandemic. It is vital that our ambulance patients be offloaded quickly to allow the crews to return to the field to provide emergency response to those Kern County residents experiencing a true emergency.

As a result of the clear evidence seen with the deployment of the APOT strike teams, I am requesting that all Kern County hospitals consider designating a team of staff, along with a section of the emergency department, for the sole purpose of immediately receiving and offloading ambulance patients. I know resources are tight and staffing is expensive and that this is a big ask.

We appreciate all that your hospital has done for our community throughout this pandemic and are grateful for the ongoing collaborative relationship we have developed as we collectively navigated these challenging times. I'm happy to meet and discuss further.

Respectfully,

Round Table

Next Steps?

X. New Business a. Maddy Funds Annual Report

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 02-2022) Page 1 of 8



Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2020/21 (July 1, 2020 - June 30, 2021

I	Administering	Cou	nty / Department	itle)		
	Agency	Ke	rn County Public Health Services Department	Brynn Carrigan, Director		
		Add	ress (Number and Street)	Phone Number		
		18	00 Mt. Vernon Ave	(661) 321-3000		
		City	or Post Office, State, and ZIP Code	Email Address		
		Ba	kersfield, CA 93306	Brynn@kerncounty.com		
II	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?		
		b	Date fund established.		07/19/1998	
		c	Fund balance on July 1, 2020.		\$ 2,805,067.27	
		d	If the Maddy EMS Fund beginning balance on July 1, on June 30, 2020, state reason(s):	2020, differs from the previous	reported ending balance	
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	Yes No	
		b	Date fund established.	02/01/201		
		c	Fund balance on July 1, 2020.	\$ 587,926.7		
		d	If the Maddy EMS Fund beginning balance on July 1, balance on June 30, 2020, state reason(s):	, 2020 differs from the previous	reported ending	
III	Collections of	3	Fines populties and forfaitures collected under each			
	Penalty	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections	
	Assessments	a		Government Code § 76000	\$ 1,067,194.67	
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)	\$ 1,036,503.44	
		c		Vehicle Code § 42007		
		d		Total \$ 2,103,69		
		4	Responsibility for collection of fines, penalties, and for Entity Superior Court of CA, County of Kern, Metropo	Contact (Name and Title)		
			Phone Number (661) 868-4668	Email Address Gina.Fisher@kern.courts.ca.gov		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY

EMSA 801 (Rev. 02-2022) Page 2 of 8

Kern County Public Health Services Department



ĪV	Deposits into Maddy EMS	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute		Deposits
	Fund	a		Government Code (Based on GC §		\$ 1,067,194.67
		b		Vehicle Code § 420	07	
		c			Total	\$ 1,067,194.67
		d	If no deposits into Maddy EMS Fund, state reason(s):			
		6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)	Statute		Deposits
		a		Government Code	§ 76000.5	\$ 1,036,503.44
		b		Vehicle Code § 420	07	
		c			Total	\$ 1,036,503.44
		d	If no deposits into Maddy EMS Fund, state reason(s):			
		7	Responsibility for deposit of penalty assessments:			
			Entity	Contact (Name and	Title)	
			Superior Court of CA, County of Kern, Metropo Phone Number	Email Address		
			(661) 868-4668	Gina.Fisher@ker	n.courts.ca	ı.gov
V	Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)		1	
						Interest and Other Deposits
		a	Interest earned during the fiscal year.			\$ 26,478.73
		b	Other deposits during the fiscal year.			
		c	If other deposits were made, provide the type of depos refunds from Physicians/Surgeons or Hospitals on line			
		9	Total amount of funds distributed to the specified cate during the fiscal year.	gories Rese		Category Distributions
		a	Administration (Admin cost equal to the lesser of actu or 10%)	al cost		\$ 111,939.00
		b	Physicians/Surgeons (58%)			\$ 584,321.62

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY

EMSA 801 (Rev. 02-2022)

Page 3 of 8

Kern County Public Health Services Department

Rem County Public Hea	aith Se	ervices Department			
Maddy EMS Fund Category	С	Hospitals (25%)			\$ 251,862.79
Distributions	d	Other Discretionary EMS (17%)			\$ 171,266.68
(cont.)	e	A STOCK	Total	\$ 0.00	\$ 1,119,390.09
	10	Maddy EMS Fund (Supplemental Assessment) (If fun	d not esta	blished, leave blank and go t	v #12)
					Interest and Other Deposits
	a	Interest earned during fiscal year.			\$ 25,716.67
	b	Other deposits during fiscal year.			
	11	Total amount of funds distributed to the specified cateduring the fiscal year.		Reserve (Optional)	Category Distributions
	а	Administration (Admin cost equal to the lesser of actu	ıal		\$ 103,650.34
	b	Richie's Fund (15%)			\$ 155,475.52
	c	Physicians/Surgeons (58%)			\$ 450,878.98
	d	Hospitals (25%)			\$ 194,344.42
	e	Other Discretionary EMS (17%)			\$ 132,154.18
	f		Total	\$ 0.00	\$ 1,036,503.44
	12	Responsibility for category distributions:	Cantast	(Name and Title)	
		Kern County Public Health Svcs Dept	1	Carrigan, Director	
		Phone Number	Email A	Address	
		(661) 321-3000	Brynn@	kerncounty.com	
Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS	Fund (C	Priginal	Amount
termout sements	13	Assessment).	Tunu (C	rigiliai	\$ 111,939.00
	14	Total Administration expenditures from Maddy EMS	Fund (S	upplemental	Amount
		Assessment). (If fund not established, leave blank and go to			\$ 103,650.34
	15	Total Richie's Fund expenditures from Maddy EMS I	Fund (Su	pplemental	Amount

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 02-2022)

Page 4 of 8



Expenditures &			Allo	wable Claims		Paid (Claims
Reimbursements (cont.)	16a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
(**************************************		from Maddy EMS Fund (Original Assessment).	8,942	\$ 590,785.82	8,942	100%	\$ 295,419.46
	b	If allowable claims were not paid during fisc	al year, Jul	y 1, 2020-June 30,	2021, stat	te reason((s))
	c	Total reimbursements from Physicians/Surgpatient/third-party, county penalties, and set		collections from		Amou	nt Reimbursed
		t.	Allov	wable Claims		Paid (Claims
	17a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	8,942	\$ 455,866.95	8,942	100%	\$ 227,953.98
	b	If allowable claims were not paid during fisca	ai year, Jui	y 1, 2020-June 30,	2021, Stat	e reason	(s))
	c	Total reimbursements from Physicians/Surge			2021,8130		nt Reimbursed
		Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set Required documentation for submission. (The	eons due to tlements.	collections from		Amou	nt Reimbursed
	c	Total reimbursements from Physicians/Surgipatient/third-party, county penalties, and set Required documentation for submission. (The besubmitted concurrently)	eons due to tlements.	collections from	the Maddy	Amou	nt Reimbursed
	c	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and set Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures, see	eons due to tlements. The below docu	collections from mentation is part of t	he Maddy ies.	Amou	nt Reimbursed d report, and <u>mus</u> t
	c	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and set Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures, a fund(s). Name(s) of Physicians/Surgeons and Hose	eons due to tlements. The below docu s claims pay and regulat spitals adm	collections from mentation is part of the second second second taken to the second se	the Maddy ies. b implementation, or r	Amount EMS Fundament and a	nt Reimbursed d report, and must dminister the specific
	c	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and set Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures, a fund(s).	eons due to tlements. Se claims pay and regulat spitals adm sistrators co	collections from mentation is part of the yment methodolog fory action taken to inistrator organization taken to	the Maddy ies. o implementation, or reclaims pa	Amount EMS Fundament and a mames of ayment m	nt Reimbursed d report, and must dminister the specific nethodologies.
	c	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and set Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures, fund(s). Name(s) of Physicians/Surgeons and Hospital admin	eons due to tlements. See below docus Se claims pay and regulat Spitals adm spitals adm sistrators continued fro	collections from mentation is part of the yment methodolog ory action taken to inistrator organization tacted to review m Physicians/Sura	the Maddy ies. o implementation, or reclaims pa	Amount EMS Fundament and a mames of ayment m	nt Reimbursed d report, and must dminister the specific nethodologies.
	c	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and set Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures, fund(s). Name(s) of Physicians/Surgeons and Hospital admin A description of the process used to solic payment distribution methodology. An identification of the fee schedule used Responsibility for claims payments to Physicians	eons due to tlements. The below documents claims pay and regulate spitals administrators could input from the could by the could ans/Surgeo	collections from mentation is part of a yment methodolog fory action taken to inistrator organiza ontacted to review m Physicians/Surg inty.	the Maddy ies. o implementation, or reclaims pageons and	Amount EMS Fundament and a mames of ayment m	nt Reimbursed dreport, and must dminister the specific nethodologies.
	c 18	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and set Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures, fund(s). Name(s) of Physicians/Surgeons and Hospital admin A description of the process used to solic payment distribution methodology. An identification of the fee schedule used Responsibility for claims payments to Physicianty	eons due to tlements. The below documents claims pay and regulate spitals administrators could be the could by the could by the could be the could	collections from mentation is part of a yment methodolog ory action taken to inistrator organiza ontacted to review m Physicians/Surg inty.	the Maddy ies. o implementation, or relaims parageons and	Amount EMS Fundament and a mames of ayment m	nt Reimbursed dreport, and must dminister the specific acthodologies.
	c 18	Total reimbursements from Physicians/Surge patient/third-party, county penalties, and set Required documentation for submission. (The submitted concurrently) A description of the Physicians/Surgeons A statement of the policies, procedures, fund(s). Name(s) of Physicians/Surgeons and Hospital admin A description of the process used to solic payment distribution methodology. An identification of the fee schedule used Responsibility for claims payments to Physicians	eons due to tlements. See below docus Se claims pay and regulat spitals admistrators could by the could ans/Surgeous Cores.	collections from mentation is part of a yment methodolog fory action taken to inistrator organiza ontacted to review m Physicians/Surg inty.	the Maddy ies. o implementation, or relaims parageons and	Amount EMS Fundament and a mames of ayment m	nt Reimbursed dreport, and must dminister the specific acthodologies.

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 02-2022)

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Kern County Public Hea	alth Se	rvices Department					CALIFORNIA
/I Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a clain EMS Fund (Original Assessment).	or the Maddy	Yes No (If no, go to #20d)			
			Allo	wable Claims		Paid C	laims
			#	\$ Amount	#	%	\$ Amount
	h.					0%	
	b	Total Hospitals expenditures.		1		0 /0	
	c	If allowable claims were not paid during fisc	al year, J	uly 1, 2020-June 30	, 2021, sta	te reason((s):
		-					**************************************
	d	Direct disbursement to Hospitals. (N/A if hospitals.	oital claims	are paid on a claims l	basis.	-	Amount
		Leave blank and go to #21e)				1	6 267,220.52
	e	Total reimbursements from Hospitals due to	collection	ns from patient/thir	d-party,	Amoui	nt Reimbursed
		county penalties, and settlements.			1 77		
	21a	Indicate if Hospital claims are paid on a clain EMS Fund (Supplemental Assessment). (If f and go to #22)				(es (If no, go to	☑ No o #21d)
			Allo	wable Claims		Paid C	laims
			#	\$ Amount	#	%	\$ Amount
	b	Total Hospitals expenditures.				0%	
	c	If allowable claims were not paid during fisc	al year, Jı	ıly 1, 2020-June 30	, 2021 sta	te reason((s):
		Ψ.					Amount
	d	Direct disbursement to Hospitals. (N/A if hosp Leave blank and go to #22e)	oital claims	are paid on a claims l	pasis.		\$ 287,629.7
						,	
	e	Total reimbursements from Hospitals due to	callection	ıs from natient/thir	d-narty	Amour	nt Reimbursed
	-	county penalties, and settlements.			u purej,		\$ 16,245.3
*	22	Required documentation for submission. (The be submitted concurrently)	e below do	cumentation is part of	the Maddy	EMS Fund	l report, and <u>mus</u>
		A description of the hospitals payment n	nethodolo	gies.			
	23	Responsibility for claims payments to Hospit	als:				
		Entity		Contact (Name and			
		Kern County Public Health Svcs Dept		Brynn Carrigan,	Director		
		Phone Number (664) 224 2000		Email Address	nhi one		
		(661) 321-3000		Brynn@kerncou	ity.com		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev.02-2022) Page 6 of 8



Ke	rn County Public Hea	alth Sei	rvices Department	CALIFORNIA.
	Expenditures & Reimbursements	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original	Amount
	(cont.)	2111	Assessment).	\$ 171,266.68
		b	Description of other EMS services provided:	
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
		204	(Supplemental Assessment). (If fund not established, leave blank)	\$ 132,154.18
		b	Description of other EMS services provided:	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 02-2022)

Page 7 of 8

Kern County Public Health Services Department
VII Fund Summary





\$3,052,895.01

\$ 3,052,895.01

	(Original Ass			
	Available Funds f	or Distribution		Fund Total
Balance on July 1, 2020	\$ 2,80	05,067.27 (1c)		\$ 2,805,067.27
Deposits for July 1, 2020-June 30, 2021	\$ 1,06	57,194.67 (5c)		\$ 3,872,261.94
Interest for July 1, 2020-June 30, 2021	\$ 2	26,478.73 (8a)		\$ 3,898,740.67
Other Deposits for July 1, 2020-June 30, 2021		\$ 0.00 (8b)		\$ 3,898,740.67
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 111,939.00		\$ 111,939.00	\$ 111,939.00
Physicians/Surgeons (58%)	\$ 584,321.62	\$ 0.00	\$ 584,321.62	\$ 295,419.46
Hospitals (25%)	\$ 251,862.79	\$ 0.00	\$ 251,862.79	\$ 0.00 (206 Pd)
	(9c)	ψ 0.00 (9c)	Ψ 251,002.73	\$ 267,220.52 (20d)
Other Discretionary EMS (17%)	\$ 171,266.68	\$ 0.00 (9d)	\$ 171,266.68	\$ 171,266.68 (24u)
Total	\$ 1,119,390.09	\$ 0.00 (9e)	\$ 1,119,390.09	\$ 845,845.66
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 3,052,895.01
Reimbursements				
Physicians/Surgeons		\$ 0.00		\$ 3,052,895.01

Available

Signature of Maddy EMS Fund Administrator

Email Address

brynn@kerncounty.com

\$ 0.00

Director

Title

Brynn Carrigan

Funds as of June 30, 2021

Printed Name

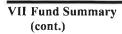
Hospitals

Ending Balance for Total Available

Date

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 02-2022) Page 8 of 8

Kern County Public Health Services Department





Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution	on	Fund Total
Balance on July 1, 2020	\$ 587,926.75	(2c)	\$ 587,926.75
Deposits for July 1, 2020-June 30, 2021	\$ 1,036,503.44	(6c)	\$ 1,624,430.19
Interest for July 1, 2020-June 30, 2021	\$ 25,716.67	(10a)	\$ 1,650,146.86
Other Deposits for July 1, 2020 - June 30, 2021	\$ 0.00	10h)	\$ 1,650,146.86

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 103,650.34		\$ 103,650.34	\$ 103,650.34
Richie's Fund (15%)	\$ 155,475.52 (11b)		\$ 155,475.52	\$ 155,475.52
Physicians/Surgeons (58%)	\$ 450,878.98 (11c)	\$ 0.00	\$ 450,878.98	\$ 227,953.98 (17a)
Hospitals (25%)	\$ 194,344.42	\$ 0.00	\$ 194,344.42	\$ 0.00 (216 Pat) \$ 287,629.70
1	(11d)	(11d)		(21d)
Other Discretionary EMS (17%)	\$ 132,154.18 (11e)	\$ 0.00 (11e)	\$ 132,154.18	\$ 132,154.18
Total	\$ 1,036,503.44	\$ 0.00	\$ 1,036,503.44	\$ 906,863.72
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 743,283.14

Reimbursements		
Physicians/Surgeons	\$ 0.00 (17c)	\$ 743,283.14
Hospitals	\$ 16,245.32 (21e)	\$ 759,528.46
Ending Balance for Total Available Funds as of June 30, 2021		\$ 759,528.46

Signature of Maddy EMS Fund Administrator

Brynn Carrigan

Printed Name

brynn@kerncounty.com

Email Address

Director

Title

Date

X. New Business

b. Legislative Reports



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.

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

Last Amended: 4/28/2021

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

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

	Desk Policy Fiscal Floor	Desk Policy	Fiscal F	loor	Conf.	Enrolled	Votood	Chaptered
Ī	1st House	2nd H	louse		Conc.	Enionea	veloeu	Chaptered

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 1721 (Rodriguez D) California Emergency Services Act: emergency preparedness: mutual aid: seismic retrofitting soft story multifamily housing.

Last Amended: 3/21/2022

Status: 4/5/2022-From committee: Do pass and re-refer to Com. on APPR. (Ayes

7. Noes 0.) (April 4). Re-referred to Com. on APPR.

Location: 4/4/2022-A. APPR.

Desk Policy Fiscal Floor	Desk Policy Fiscal Floor	Conf.	Enrolled	Votood	Chaptered
1st House	2nd House	Conc.	Enioned	veloeu	Chaptered

Summary:

Would establish the Emergency Medical Services Mutual Aid Program, to be administered by the Office of Emergency Services (OES), 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. The bill would, upon appropriation by the Legislature, require the Controller to transfer \$50,000,000 to the Director of Emergency Services to effectuate these provisions.

AB 1770 (Rodriguez D) Ambulance patient offload time.

Last Amended: 3/24/2022

Status: 4/26/2022-In committee: Set, first hearing. Hearing canceled at the

request of author.

Location: 4/4/2022-A. HEALTH

Desk Policy Fi	scal Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Votood	Chaptered
1st Hou	ıse		2nd H	louse		Conc.	Lillolled	veloeu	Chaptered

Summary:

Current law requires the Emergency Medical Services Authority to develop, using input from stakeholders and after approval by the Commission on Emergency Medical Services, and adopt a statewide standard methodology for the calculation and reporting by a local emergency medical services (EMS) agency of ambulance patient offload time (APOT). Current law defines APOT as the interval between the arrival of an ambulance patient at an emergency department and the time that the patient is transferred to an emergency department gurney, bed, chair, or other acceptable location and the emergency department assumes responsibility for care of the patient. Current law requires the authority to report twice per year to the commission the APOT by local EMS agency jurisdiction and by each facility in that jurisdiction. This bill would instead require the authority to report the APOT data to the commission every 6 months.

AB 2130 (Cunningham R) Emergency medical services: training.

Status: 4/26/2022-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 7. Noes 0.) (April 25). Re-referred to Com. on APPR.

Location: 4/25/2022-A. APPR.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Votood	Chaptered
	1st H	ouse			2nd F	louse		Conc.	Lillolled	Veloeu	Chaptered

Summary:

Under, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, the Emergency Medical Services Authority is responsible for establishing minimum standards and promulgating regulations for the training and scope of practice for an Emergency Medical Technician-Paramedic (EMT-P). This bill would require an EMT-P, upon initial licensure and upon licensure renewal, to complete at least 20 minutes of training on issues relating to human trafficking.

AB 2260 (Rodriguez D) Emergency response: trauma kits.

Last Amended: 4/7/2022

Status: 4/19/2022-From committee: Do pass and re-refer to Com. on APPR. (Ayes

8. Noes 0.) (April 19). Re-referred to Com. on APPR.

Location: 4/19/2022-A. APPR.

Desk Policy Fiscal Floor	Desk Policy F	Fiscal Floor	Conf.	Enrolled	Votood	Chaptered
1st House	2nd Ho	ouse	Conc.	Lillolled	veloeu	Chaptered

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 allow medical materials and equipment and any additional items that are approved by local law enforcement or first responders to be included as supplements in addition to the specified items that are required to be included in a trauma kit if they adequately treat a traumatic injury and can be stored in a readily available kit. 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 and maintenance of the trauma kit. The bill would apply the provisions governing civil liability described above to a lay rescuer or person who renders emergency care or treatment by the use of a trauma kit at the scene of an emergency.

AB 2288 (Choi R) Advance health care directives: mental health treatment.

Last Amended: 3/17/2022

Status: 4/28/2022-Read third time. Passed. Ordered to the Senate. (Ayes 71.

Noes 0.) In Senate. Read first time. To Com. on RLS. for assignment.

Location: 4/28/2022-S. RLS.

Desk Policy Fiscal Floor	Desk Policy	Fiscal Floor	Conf.	Enrolled	Votood	Chaptered
1st House	2nd H	louse	Conc.	Enioned	vetoeu	Chaptered

Summary:

Current law authorizes a written advance health care directive to include the individual's nomination of a conservator of the person or estate or both, or a guardian of the person or estate or both, for consideration if protective proceedings for the individual's person or estate are thereafter commenced. Current law also authorizes an adult having capacity to execute a power of attorney for health care to authorize an agent to make health care decisions for the principal, and authorizes the power of attorney to include individual health care instructions. Current law authorizes the principal in a power of attorney for health care to grant authority to make decisions relating to the personal care of the principal, including, but not limited to, determining where the principal will live, providing meals, or hiring household employees. Current law defines "health care decision" and "health care" for these purposes to mean any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a patient's physical or mental condition. This bill would clarify that health care decisions under those provisions include mental health mental health conditions. The bill would revise the statutory advance health care directive form to clarify that a person may include instructions relating to mental health conditions.

AB 2729 (Rodriguez D) Emergency medical services: workplace violence prevention.

Last Amended: 3/10/2022

Status: 4/21/2022-From committee: Do pass and re-refer to Com. on APPR. (Ayes

7. Noes 0.) (April 20). Re-referred to Com. on APPR.

Location: 4/21/2022-A. APPR.

Desk Policy Fiscal Floor	Desk Policy Fiscal Floor	Conf.	Enrolled	Vetoed	Chantered
1st House	2nd House	Conc.	Lillolled	veloeu	Chaptered

Calendar:

5/4/2022 9 a.m. - 1021 0 Street, Room 1100

ASSEMBLY APPROPRIATIONS, HOLDEN, Chair

Summary:

The California Occupational Safety and Health Act of 1973 imposes safety responsibilities on employers and employees, including maintaining an effective

injury prevention program. Current law also requires the Occupational Safety and Health Standards Board to adopt standards developed by the Division of Occupational Safety and Health that require specified types of hospitals to adopt a workplace violence prevention plan as part of the hospital's injury and illness prevention plan to protect health care workers and other facility personnel from aggressive and violent behavior. Current law also requires the division to annually post a report on its internet website containing specified information regarding violent incidents at hospitals. This bill would require the division, upon appropriation of funds, to develop educational materials about the regulation of workplace violence in health care in the context of emergency medical services and medical transport, to educate workers on their protections under the law, and to promote employer compliance. The bill would require the educational materials to be posted on the division's internet website.

Total Measures: 7

Total Tracking Forms: 7

AB 225 (Gray D) Department of Consumer Affairs: boards: veterans: military spouses: licenses.

Last Amended: 6/28/2021

Status: 7/14/2021-Failed Deadline pursuant to Rule 61(a)(11). (Last location was

B., P. & E.D. on 6/9/2021)(May be acted upon Jan 2022)

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

Des	k Policy	Fiscal	Floor	Desk	2 year	Fiscal	Floor	Conf.	Enrolled	Votood	Chaptered
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Summary:

Current law requires specified boards within the Department of Consumer Affairs to issue, after appropriate investigation, certain types of temporary licenses to an applicant if the applicant meets specified requirements, including that the applicant supplies evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders and the applicant holds a current, active, and unrestricted license that confers upon the applicant the authority to practice, in another state, district, or territory of the United States, the profession or vocation for which the applicant seeks a temporary license from the board. This bill would expand the eligibility for a temporary license to an applicant who meets the specified criteria and who supplies evidence satisfactory to the board that the applicant is a veteran of the Armed Forces of the United States within 60 months of separation from active duty under other than dishonorable conditions, a veteran of the Armed Forces of the United States within 120 months of separation from active duty under other than dishonorable conditions and a resident of California prior to entering into military service, or an active duty member of the Armed Forces of the United States with official orders for separation within 90 days underother than dishonorable conditions.

AB 240 (Rodriguez D) Local health department workforce assessment.

Last Amended: 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

Desk Policy Fiscal Floor	Desk Policy 2 year Floor	Conf.	Enrolled	Votood	Chaptered	
1st House	2nd House	Conc.	Lillolled	veloeu	Chaptered	

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 536 (Rodriguez D) Office of Emergency Services: mutual aid gap analysis.

Status: 8/27/2021-Failed Deadline pursuant to Rule 61(a)(12). (Last location was

APPR. SUSPENSE FILE on 7/15/2021)(May be acted upon Jan 2022)

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

Desk Policy Fiscal Fl	loor Desk	Policy 2 ye	e <mark>ar</mark> Floor	Conf.	Enrolled	Votood	Chaptered	
1st House		2nd Hous	е	Conc.	Lillolled	veloeu	Chaptered	

Summary:

Would require the Office of Emergency Services to prepare a gap analysis of the state's mutual aid systems on a biennial basis, beginning on January 1, 2022. The bill would require the gap analysis to be prepared as specified and would require the gap analysis to be provided to specified committees of the Legislature no later than February 1, 2022, and by February 1 thereafter on a biennial basis.

AB 1071 (Rodriguez D) Office of Emergency Services: tabletop exercises.

Last Amended: 6/28/2021

Status: 9/10/2021-Failed Deadline pursuant to Rule 61(a)(15). (Last location was

APPR. SUSPENSE FILE on 7/15/2021)(May be acted upon Jan 2022)

Location: 9/10/2021-S. 2 YEAR

Desk Policy Fiscal Floor	Desk Policy 2	2 year F	loor	Conf.	Enrolled	Votood	Chaptered
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Summary:

Current law establishes the Office of Emergency Services (OES) within the office of the Governor and sets forth its powers and duties relating to responsibility over the state's emergency and disaster response services for natural, technological, or manmade disasters and emergencies, including responsibility for activities necessary to prevent, respond to, recover from, and mitigate the effects of emergencies and disasters to people and property. This bill would require OES to biennially convene key personnel and agencies that have emergency management roles and responsibilities to participate in tabletop exercises in which the participant's emergency preparedness plans are discussed and evaluated under various simulated catastrophic disaster situations, as specified.

AB 1394 (Irwin D) General acute care hospitals: suicide screening.

Last Amended: 1/3/2022

Status: 1/27/2022-Read third time. Passed. Ordered to the Senate. (Ayes 61. Noes 0. Page 3410.) In Senate. Read first time. To Com. on RLS. for assignment.

Location: 1/27/2022-S. RLS.

Desk Policy Fiscal Floor	Desk Policy Fiscal Floor	Conf.	Enrolled	Votood	Chaptered
1st House	2nd House	Conc.	Enioned	veloed	Chaptered

Summary:

Existing law licenses and regulates general acute care hospitals as a type of health facility having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24-hour inpatient care that includes medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services. Existing law establishes the Office of Suicide Prevention upon appropriation of funds for those purposes. This bill would require, on or before January 1, 2025, a general acute care hospital to establish and adopt written policies and procedures to screen patients who are 8 years of age and older for purposes of detecting a risk for suicide. The bill would require the procedures to include, among other things, a designation of the licensed staff who are responsible for the implementation of the policies and procedures. The bill would further require a general acute care hospital to routinely screen patients who are 8 years of age and older for a risk of suicide in compliance with the policies and procedures.

AB 1441 (Cervantes D) Emergency services: emergency plans: critically ill newborn infants.

Last Amended: 5/24/2021

Status: 8/27/2021-Failed Deadline pursuant to Rule 61(a)(12). (Last location was

APPR. SUSPENSE FILE on 7/15/2021)(May be acted upon Jan 2022)

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

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Summary:

Current law requires a county, upon the next update to its emergency plan, to integrate access and functional needs into its emergency plan, as specified. Current law provides a county with specified powers and duties for the purpose of enrolling residents from the access and functional needs population in a local public emergency warning system, as specified. Current law provides that "access and functional needs population" for purposes of these provisions consists of individuals who have developmental or intellectual disabilities, physical disabilities, chronic conditions, injuries, limited English proficiency or who are non-English speaking, older adults, children, people living in institutionalized settings, or those who are low income, homeless, or transportation disadvantaged, including, but not limited to, those who are dependent on public transit or those who are pregnant. This bill, additionally, would include critically ill newborn infants in the "access and functional needs population" for those purposes.

AB 1568 (Committee on Emergency Management) California Emergency Services Act: Office of Emergency Services: donations system.

Last Amended: 2/8/2022

Status: 3/9/2022-Approved by the Governor. Chaptered by Secretary of State -

Chapter 8, Statutes of 2022.

Location: 3/9/2022-A. CHAPTERED

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Summary:

The California Emergency Services Act establishes the Office of Emergency Services, under the supervision of the Director of Emergency Services, and vests the office with responsibility for the state's emergency and disaster response services for natural, technological, or human-made disasters and emergencies, as provided. Current law finds and declares the necessity for collaboration between the public and private sectors, and authorizes the office to establish a statewide registry of private businesses and nonprofit organizations that are interested in donating services, goods, labor, equipment, resources, or facilities to assist in

disaster preparedness. This bill would instead require the office to establish a statewide donations system, as specified, for private businesses and nonprofit organizations that are interested in donating as provided above.

AB 1604 (Holden D) The Upward Mobility Act of 2022: boards and commissions: civil

service: examinations: classifications.

Last Amended: 3/7/2022

Status: 4/6/2022-In committee: Set, first hearing. Referred to suspense file.

Location: 4/6/2022-A. APPR. SUSPENSE FILE

Desk Policy Fiscal Floor	Desk Policy	Fiscal Floo	r Conf.	Enrolled	Votood	Chaptered
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Summary:

Current law provides that it is the policy of the State of California that the composition of state boards and commissions shall be broadly reflective of the general public, including ethnic minorities and women. This bill would, except as specified, require that, on or after January 1, 2023, all state boards and commissions consisting of one or more volunteer members have at least one board member or commissioner from an underrepresented community. The bill would define the term "board member or commissioner from an underrepresented community" as an individual who self-identifies as Black, African American, Hispanic, Latino, Asian, Pacific Islander, Native American, Native Hawaiian, or Alaska Native; who self-identifies as gay, lesbian, bisexual, or transgender; who is a veteran, as defined; or who has a disability, as defined.

AB 1618 (Aguiar-Curry D) Alzheimer's disease.

Last Amended: 3/8/2022

Status: 4/6/2022-In committee: Set, first hearing. Referred to suspense file.

Location: 4/6/2022-A. APPR. SUSPENSE FILE

Desk Policy Fiscal Floor	Desk Policy Fiscal Floor	Conf.	Enrolled	Votood	Chaptered
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Summary:

Current law authorizes any postsecondary higher educational institution with a medical center to establish diagnostic and treatment centers for Alzheimer's disease, and requires the State Department of Public Health to administer grants to the postsecondary higher educational institutions that establish a center pursuant to these provisions. This bill would require the department to establish the Office of the Healthy Brain Initiative to conduct all department activities

relating to Alzheimer's disease and to implement the action agenda items in the Healthy Brain Initiative, as defined.

AB 1687 (Seyarto R) California Emergency Services Act: Governor's powers: suspension of statutes and regulations.

Status: 4/27/2022-Read second time. Ordered to third reading.

Location: 4/27/2022-A. THIRD READING

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Calendar:

5/2/2022 #88 ASSEMBLY THIRD READING FILE - ASSEMBLY BILLS

Summary:

The California Emergency Services Act (CESA), among other things, authorizes the Governor to proclaim a state of emergency under certain circumstances and provides that a state of war emergency exists, with or without proclamation by the Governor, when specified conditions exist. During a state of war emergency or a state of emergency, the CESA authorizes the Governor to suspend any regulatory statute, or statute prescribing the procedure for the conduct of state business, or the orders, rules, or regulations of any state agency where the Governor determines and declares that strict compliance with any statute, order, rule, or regulation would in any way prevent, hinder, or delay the mitigation of the effects of the emergency. This bill would provide that the Governor may only suspend a statute or regulation during a state of emergency or state of war emergency, as described above, in connection with the specific conditions of emergency proclaimed by the Governor or state of war emergency, as applicable.

AB 1733 (Quirk D) State bodies: open meetings.

Status: 4/20/2022-In committee: Hearing postponed by committee.

Location: 2/18/2022-A. G.O.

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Summary:

The Bagley-Keene Open Meeting Act, requires, with specified exceptions, that all meetings of a state body be open and public and all persons be permitted to attend any meeting of a state body. Current law requires a state body to provide notice of its meeting to any person who requests that notice in writing and to provide notice of the meeting of its internet website at least 10 days in advance of

the meeting, as prescribed. Current law exempts from the 10-day notice requirement, special meetings and emergency meetings in accordance with specified provisions. Current law authorizes a state body to adjourn any regular, adjourned regular, special, or adjourned special meeting to a time and place specified in the order of adjournment, and authorizes a state body to similarly continue or recontinue any hearing being held, or noticed, or ordered to be held by a state body at any meeting. This bill would specify that a "meeting" under the act, includes a meeting held entirely by teleconference.

AB 1751 (Daly D) Workers' compensation: COVID-19: critical workers.

Status: 4/27/2022-In committee: Set, first hearing. Referred to suspense file.

Location: 4/27/2022-A. APPR. SUSPENSE FILE

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Summary:

Current law defines "injury" for an employee to include illness or death resulting from the 2019 novel coronavirus disease (COVID-19) under specified circumstances, until January 1, 2023. Existing law create a disputable presumption, as specified, that the injury arose out of and in the course of the employment and is compensable, for specified dates of injury. Current law requires an employee to exhaust their paid sick leave benefits and meet specified certification requirements before receiving any temporary disability benefits or, for police officers, firefighters, and other specified employees, a leave of absence. Existing law also make a claim relating to a COVID-19 illness presumptively compensable, as described above, after 30 days or 45 days, rather than 90 days. Current law, until January 1, 2023, allows for a presumption of injury for all employees whose fellow employees at their place of employment experience specified levels of positive testing, and whose employer has 5 or more employees. This bill would extend the above-described provisions relating to COVID-19 until January 1, 2025.

AB 1756 (Smith R) Department of Consumer Affairs.

Status: 2/3/2022-From printer. May be heard in committee March 5.

Location: 2/2/2022-A. PRINT

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Summary:

Current law provides for the licensure and regulation of various professions and vocations by boards, as defined, within the Department of Consumer Affairs. Current law requires the department to receive specified complaints from consumers and to transmit any valid complaint to the local, state, or federal agency whose authority provides the most effective means to secure relief. Current law requires the Attorney General to submit a report to the department, the Governor, and the appropriate policy committees of the Legislature, on or before January 1, 2018, and on or before January 1 of each subsequent year, that includes specified information regarding the actions taken by the Attorney General pertaining to accusation matters relating to consumer complaints against a person whose profession or vocation is licensed by an agency within the department. This bill would make a nonsubstantive change to that provision.

AB 1779 (Mathis R) State Athletic Commission Act: regulation of contests: licensed physicians.

Status: 4/26/2022-In committee: Set, first hearing. Hearing canceled at the request of author.

Location: 4/19/2022-A. B.&P.

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Summary:

The State Athletic Commission Act, a violation of which is punishable as a misdemeanor, requires a promoter, as defined, to have, at its own expense, in attendance at every contest a licensed physician who is approved by the State Athletic Commission and whom the act requires to perform the physical examination of the contestants and observe the physical condition of the contestants during the contest or match. This bill would require a promoter to comply with additional safety requirements, including by requiring the promoter to ensure that there is an ambulance or medical personnel with appropriate resuscitation equipment continuously present on site. The bill would require the licensed physician to certify before the contest whether the boxer is physically fit to safely compete and to provide a copy of that certification to the commission.

AB 1888 (Flora R) School safety: City of Fresno and the Fresno Unified School District: active shooter and mass emergency coordinated response program.

Last Amended: 3/23/2022

Status: 3/31/2022-In committee: Hearing postponed by committee.

Location: 3/28/2022-A. ED.

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Summary:

Would require the City of Fresno and the Fresno Unified School District, in collaboration with the California College and University Police Chiefs Association, to establish a pilot real-time active shooter and mass emergency coordinated response program for specified educational entities within the City of Fresno to provide a real-time cross-agency communication solution environment that, among other things, allows for the deploying of a secure, multimedia data communications system that enables a user base to communicate with one another, as specified, and allows for identifying system users' identity, location, and operational status during an incident. The bill would require the City of Fresno and the Fresno Unified School District, in collaboration with the California College and University Police Chiefs Association, to administer funds to enable local educational agencies, community colleges, and the California State University and their cognizant public safety, fire, and emergency response agencies to acquire, install, and maintain the solutions upon application made to the City of Fresno and the Fresno Unified School District. The bill would require the City of Fresno and the Fresno Unified School District, in collaboration with the California College and University Police Chiefs Association to make an effort to ensure the systems are deployed as soon as practicable, but not later than August 1, 2023.

AB 1914 (Davies R) Resource family approval: training.

Status: 3/31/2022-Read third time. Passed. Ordered to the Senate. (Ayes 68.

Noes 0.) In Senate. Read first time. To Com. on RLS. for assignment.

Location: 3/31/2022-S. RLS.

Desk Policy Fiscal Floor	Desk Policy Fiscal Floo	r Conf.	Enrolled	Votood	Chaptered
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Summary:

Current law requires counties, as part of the resource family approval process, to ensure that resource family applicants complete a minimum of 12 hours of preapproval caregiver training and that resource families complete 8 hours of annual caregiver training. Current regulations also require counties to ensure that resource families complete cardiopulmonary resuscitation (CPR) and first aid training within 90 days of approval as a resource family and that resource families maintain a current CPR and first aid training certificate thereafter. This bill would

exempt a resource family member that has an active and unrestricted license issued by the Medical Board of California, the Osteopathic Medical Board of California, the Podiatric Medical Board of California, the Physician Assistant Board, the Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric Technicians of the State of California, the Respiratory Care Board of California, or the Emergency Medical Services Authority from any requirement to complete, or show proof of completing, CPR or first aid training

AB 1942 (Muratsuchi D) Community colleges: funding: instructional service agreements with public safety agencies.

Status: 4/27/2022-In committee: Set, first hearing. Referred to suspense file.

Location: 4/27/2022-A. APPR. SUSPENSE FILE

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Summary:

Current law provides for a formula for the calculation of general purpose apportionments of state funds to community colleges. Current law provides a separate formula for the allocation of apportionments of state funds to community colleges, which uses the numbers of full-time equivalent students as its basis, for use for apportionments for noncredit instruction and instruction in career development and college preparation. This bill would require instruction provided by community college districts under instructional service agreements with public safety agencies, as defined, to be funded under the apportionment formula used for instruction in career development and college preparation.

AB 1944 (Lee D) Local government: open and public meetings.

Last Amended: 4/18/2022

Status: 4/26/2022-In committee: Set, first hearing. Hearing canceled at the

request of author.

Location: 2/18/2022-A. L. GOV.

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Calendar:

5/4/2022 9:30 a.m. - State Capitol, Room 126 ASSEMBLY LOCAL GOVERNMENT, AGUIAR-CURRY, Chair

Summary:

The Ralph M. Brown Act contains specified provisions regarding the timelines for

posting an agenda and providing for the ability of the public to observe and provide comment. The act allows for meetings to occur via teleconferencing subject to certain requirements, particularly that the legislative body notice each teleconference location of each member that will be participating in the public meeting, that each teleconference location be accessible to the public, that members of the public be allowed to address the legislative body at each teleconference location, that the legislative body post an agenda at each teleconference location, and that at least a quorum of the legislative body participate from locations within the boundaries of the local agency's jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. This bill would require the agenda to identify any member of the legislative body that will participate in the meeting remotely. The bill would also require an updated agenda reflecting all of the members participating in the meeting remotely to be posted, if a member of the legislative body elects to participate in the meeting remotely after the agenda is posted.

AB 1993 (Wicks D) Employment: COVID-19 vaccination requirements.

Status: 4/18/2022-Coauthors revised.

Location: 2/10/2022-A. L. & E.

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Summary:

Would require an employer to require each person who is an employee or independent contractor, and who is eligible to receive the COVID-19 vaccine, to show proof to the employer, or an authorized agent thereof, that the person has been vaccinated against COVID-19. This bill would establish an exception from this vaccination requirement for a person who is ineligible to receive a COVID-19 vaccine due to a medical condition or disability or because of a sincerely held religious belief, as specified, and would require compliance with various other state and federal laws. The bill would require proof-of-vaccination status to be obtained in a manner that complies with federal and state privacy laws and not be retained by the employer, unless the person authorizes the employer to retain proof.

AB 2042 (Villapudua D) Child daycare facilities: anaphylactic policy.

Last Amended: 3/28/2022

Status: 4/27/2022-VOTE: Do pass as amended and be re-referred to the

Committee on [Appropriations] (PASS)

Location: 4/27/2022-A. APPR.

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Summary:

Would require the State Department of Social Services, on or before July 1, 2023, to establish an anaphylactic policy that sets forth guidelines and procedures to be followed by child daycare personnel to prevent a child from suffering from anaphylaxis and to be used during a medical emergency resulting from anaphylaxis. The bill would require the policy to be developed in consultation with specified individuals, including pediatric physicians and other health care providers with expertise in treating children with anaphylaxis. The bill would require the policy to include specified components, including a procedure and treatment plan for child daycare personnel responding to a child suffering from anaphylaxis and a training course for child daycare personnel for preventing and responding to anaphylaxis. The bill would exempt child daycare personnel who provide, administer, or assist in the administration of epinephrine, or who prescribe epinephrine, from liability for civil damages for ordinary negligence in acts or omissions resulting from the administration of epinephrine consistent with the anaphylactic policy.

AB 2092 (Weber, Akilah D) Acute hospital care at home.

Last Amended: 3/17/2022

Status: 4/26/2022-In committee: Set, first hearing. Hearing canceled at the

request of author.

Location: 3/17/2022-A. HEALTH

Desk Policy Fiscal Floor	Desk Policy Fiscal Floor	Conf.	Enrolled	Votood	Chaptered
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Summary:

The federal Centers for Medicare and Medicaid Services (CMS) provides for a waiver program authorizing a hospital to establish an Acute Hospital Care at Home (AHCaH) program, as specified, if the hospital meets certain conditions, including receiving approval from CMS after submitting a waiver request. This bill would authorize a general acute care hospital to provide AHCaH services if the hospital (1) meets the requirements established by CMS for AHCaH services, as specified, (2) has received approval from CMS to operate an AHCaH program, and (3) has notified the department of the establishment of an AHCaH program,

including certain information about the program. The bill would define AHCaH services as services provided by a general acute care hospital to qualified patients in their homes by using methods that include telehealth, remote monitoring, and regular in-person visits by nurses and other medical staff.

AB 2093 (Mathis R) First responders: loan forgiveness program.

Last Amended: 4/21/2022

Status: 4/25/2022-Re-referred to Com. on APPR.

Location: 4/20/2022-A. APPR.

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Summary:

Would require the commission to, upon appropriation by the Legislature, establish an educational loan repayment program for first responders serving in disadvantaged communities, as specified. The bill would require applicants for the program to be active first responders within the state who have served for a minimum of 5 years within a disadvantaged community. The bill would require an applicant to provide proof of full-time employment and for the applicant's supervisor, manager, or business owner to attest, under penalty of perjury, that the applicant is in good standing with the respective agency for which they serve. By expanding the crime of perjury, this bill would create a state-mandated local program. The bill would create the Disadvantaged Communities Account for First Responders Fund, and authorize the commission to accept donations for the purposes of the program and deposit them in the fund.

AB 2105 (Smith R) Contractors: initial license fee reduction: veterans.

Status: 4/28/2022-Read second time. Ordered to Consent Calendar.

Location: 4/27/2022-A. CONSENT CALENDAR

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Calendar:

5/2/2022 #155 ASSEMBLY CONSENT CALENDAR 1ST DAY-ASSEMBLY BILLS Summary:

Current law requires a board within the Department of Consumer Affairs to expedite, and authorizes a board to assist in, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and

was honorably discharged. Current law, the Contractors State License Law, provides for the licensing and regulation of contractors by the Contractors State License Board, which is within the department. Current law authorizes the board to set fees by regulation, according to a prescribed schedule. This bill would require the board to grant a 50% fee reduction for an initial license to an applicant who provides satisfactory evidence that the applicant is a veteran who has served as an active duty member of the United States Armed Forces or the California National Guard and was honorably discharged.

AB 2117 (Gipson D) Mobile stroke units.

Last Amended: 4/20/2022

Status: 4/28/2022-Read second time. Ordered to Consent Calendar.

Location: 4/26/2022-A. CONSENT CALENDAR

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Calendar:

5/2/2022 #136 ASSEMBLY CONSENT CALENDAR 1ST DAY-ASSEMBLY BILLS Summary:

Current law provides for the licensure and regulation of health facilities by the State Department of Public Health, and defines various types of health facilities for those purposes. This bill would define "mobile stroke unit" to mean a multijurisdictional mobile facility that serves as an emergency response critical care ambulance under the direction and approval of a local emergency medical services (EMS) agency, and as a diagnostic, evaluation, and treatment unit, providing radiographic imaging, laboratory testing, and medical treatment under the supervision of a physician in person or by telehealth, for patients with symptoms of a stroke, to the extent consistent with any federal definition of a mobile stroke unit, as specified.

AB 2144 (Ramos D) Mental health: information sharing.

Status: 4/6/2022-In committee: Set, first hearing. Referred to suspense file.

Location: 4/6/2022-A. APPR. SUSPENSE FILE

Desk Policy Fiscal Floor	Desk Policy Fiscal Floor	Conf.	Enrolled	Votood	Chaptered
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Summary:

The Children's Civil Commitment and Mental Health Treatment Act of 1988 authorizes a minor, if they are a danger to self or others, or they are gravely

disabled, as a result of a mental health disorder, and authorization for voluntary treatment is not available, upon probable cause, to be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services as a facility for 72-hour treatment and evaluation of minors. This bill would require the Department of Justice to provide to the State Department of Health Care Services, in a secure format, a copy of reports submitted pursuant to those provisions.

AB 2175 (Rubio, Blanca D) California Wandering Prevention Task Force.

Status: 4/20/2022-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 7. Noes 0.) (April 19). Re-referred to Com. on APPR.

Location: 4/19/2022-A. APPR.

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Summary:

Would establish the California Wandering Prevention Task Force, under the jurisdiction of the Department of Justice, to address, on a statewide basis, the issue of wandering by individuals with cognitive impairment. The task force would consist of 20 members, to be appointed by the Attorney General or their designee. The task force membership would include, among others, the Director of the California Department of Aging or their designee, and representatives of law enforcement, counties, service providers, hospital systems, and regional centers. The bill would require the task force to meet 4 to 6 times per year, and to report to the Legislature its recommendations for wandering prevention by June 30, 2024, as specified.

AB 2212 (Gallagher R) California Emergency Services Act: state of emergency: Governor's powers.

Status: 3/3/2022-Referred to Com. on E.M.

Location: 3/3/2022-A. EMERGENCY MANAGEMENT

Desk Policy Fiscal Floor	Desk Policy Fiscal Floor	Conf.	Enrolled	Votood	Chaptered
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Summary:

The California Emergency Services Act (CESA) among other things, authorizes the Governor to proclaim a state of emergency in an area affected or likely to be affected thereby if specified conditions exist and either specified local officials

request the Governor to so declare, or the Governor determines that local authority is inadequate to cope with, the emergency. During a state of emergency, current law confers on the Governor, to the extent the Governor deems necessary, complete authority over all agencies of the state government and the right to exercise within the area designated all police power vested in the state by the Constitution and laws of the state to effectuate the purposes of the CESA. This bill would, instead, authorize the Governor to exercise within the area designated all executive power vested in the state by the Constitution and laws of the state to effectuate the purposes of the CESA.

AB 2267 (Mathis R) Emergency vehicle registration.

Status: 3/3/2022-Referred to Com. on TRANS.

Location: 3/3/2022-A. TRANS.

Desk Policy Fiscal Floor	Desk Policy Fiscal Floor	Conf.	Enrolled	Votood	Chaptered
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Summary:

Current law exempts from vehicle registration those privately owned vehicles designed or capable of being used for firefighting purposes when operated upon a highway only in responding to, and returning from, emergency fire calls. This bill would expand that registration exemption to include non-fire emergency calls and private ambulances.

AB 2270 (Seyarto R) Authorized emergency vehicles.

Status: 4/21/2022-Read third time. Passed. Ordered to the Senate. (Ayes 68.

Noes 0.) In Senate. Read first time. To Com. on RLS. for assignment.

Location: 4/21/2022-S. RLS.

Desk Policy Fiscal Floor	Desk Policy	Fiscal Floor	Conf.	Enrolled	Votood	Chaptered
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Summary:

Current law provides for the exemption of authorized emergency vehicles, as defined, from the payment of a toll or charge on a vehicular crossing, toll highway, or high-occupancy toll (HOT) lane and any related fines, when the authorized emergency vehicle is being driven under specified conditions, including that the vehicle displays public agency identification and is being driven while responding to, or returning from, an urgent or emergency call. Under current law, an authorized emergency vehicle returning from being driven under those specified conditions is not exempt from a requirement to pay a toll or other charge imposed while

traveling on a HOT lane. This bill would require the owner or operator of a toll facility, upon the request of the local emergency service provider, to enter into an agreement for the use of a toll facility.

AB 2385 (Kiley R) California Emergency Services Act: contracts: automatic renewal.

Status: 3/3/2022-Referred to Com. on E.M.

Location: 3/3/2022-A. EMERGENCY MANAGEMENT

Desk Policy Fiscal Floor	Desk Policy Fiscal Floor	Conf.	Enrolled	Votood	Chantered
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Summary:

The California Emergency Services Act provides for the mitigation of the effects of emergencies in the state by, among other things, authorizing the Governor to proclaim a state of emergency when specified conditions of disaster or extreme peril to the safety of persons and property exist and by creating the Office of Emergency Services within the office of the Governor. The act makes a violation of its provisions punishable as a misdemeanor. This bill would prohibit a contract entered into pursuant to the act from containing an automatic renewal clause except if, by the terms of that contract, the clause is operative only upon the Legislature's approval, by concurrent resolution or statute, of the renewal of the contract.

AB 2410 (Chen R) Local educational agencies: home-to-school transportation.

Last Amended: 3/21/2022

Status: 4/8/2022-In committee: Set, first hearing. Hearing canceled at the request

of author.

Location: 3/3/2022-A. ED.

Desk Policy Fiscal Floor	Desk Policy Fiscal Floor	Conf.	Enrolled	Votood	Chaptered
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Summary:

Would prohibit a school district, county office of education, or charter school from contracting with a provider of home-to-school transportation, as defined, or making payments to a contractor for home-to-school transportation services, unless the contractor, and any subcontractors, are properly insured and licensed to provide home-to-school transportation services and the contractor certifies that each driver who will perform home-to-school transportation meets certain requirements, as provided. The bill would also impose requirements for those vehicles used by contractors for home-to-school transportation, as provided. The

bill would apply these provisions only to contracts entered into or renewed after January 1, 2023. The bill would grant the State Department of Education sole regulatory authority to enforce those provisions and would require the department to conduct an investigation every 2 years of both home-to-school transportation contractors and local educational agencies, as provided.

AB 2539 (Choi R) Public health: COVID-19 vaccination: proof of status.

Status: 2/18/2022-From printer. May be heard in committee March 20.

Location: 2/17/2022-A. PRINT

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Summary:

Would require a public or private entity that requires a member of the public to provide documentation regarding the individual's vaccination status for any COVID-19 vaccine as a condition of receipt of any service or entrance to any place to accept a written medical record or government-issued digital medical record in satisfaction of the condition, as specified.

AB 2542 (Rubio, Blanca D) Tolls: exemption for privately owned emergency ambulances.

Status: 3/10/2022-Referred to Com. on TRANS.

Location: 3/10/2022-A. TRANS.

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Summary:

Current law prohibits a person from operating a privately owned emergency ambulance unless licensed by the Department of the California Highway Patrol. This bill would generally modify the exemption to apply to the use of a toll facility, as defined, and would expand the exemption, dispute resolution procedures, and agreement provisions to include a privately owned emergency ambulance licensed by the Department of the California Highway Patrol. The bill would also make technical changes to these provisions.

AB 2569 (Nguyen R) Department of Homelessness Prevention, Outreach, and Support.

Status: 4/27/2022-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 7. Noes 0.) (April 26). Re-referred to Com. on APPR.

Location: 4/26/2022-A. APPR.

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Summary:

Would require the California Health and Human Services Agency to convene a working group that includes representatives from all departments and agencies that currently receive funding relating to services for homeless individuals. The bill would require the working group to determine the best approach to creating a Department of Homelessness Prevention, Outreach, and Support and to submit its findings and recommendations to the Legislature no later than January 1, 2024. The bill would repeal these provisions on January 1, 2024.

AB 2602 (Salas D) Child health and safety: "Have a Heart, Be a Star, Help Our Kids" license plate program.

Last Amended: 4/18/2022

Status: 4/18/2022-From committee chair, with author's amendments: Amend, and re-refer to Com. on TRANS. Read second time and amended. Re-referred to Com. on TRANS. Re-referred to Com. on HUM. S. pursuant to Assembly Rule 96.

Location: 4/18/2022-A. HUM. S.

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Summary:

Current law requires that 50% of the funds derived from the "Have a Heart, Be a Star, Help Our Kids" license plates be available, upon appropriation, to the State Department of Social Services for administering various provisions related to childcare licensing, as specified. Current law requires that, upon appropriation by the Legislature, the balance be available, as described, for programs that address other categories of potential childhood injury, as specified. Current law requires counties to create local childcare and development planning councils to identify and address childcare needs, among others. Current law also creates the California Children and Families Commission to promote, support, and improve early childhood development. Current law provides for funding to county commissions that develop, adopt, promote, and implement local early childhood development programs consistent with specified goals and objectives. This bill would continuously appropriate 50% of the fees collected on or after January 1, 2023, to local childcare and development planning councils, as described, for specified purposes, including recruitment and training of new childcare providers.

The bill would require a portion of the funds to be allocated to the agency having oversight of new and continuing childcare provider health and safety education and training program curriculum for specified purposes.

AB 2626 (Calderon D) Medical Board of California: licensee discipline: abortion.

Last Amended: 4/18/2022

Status: 4/27/2022-Coauthors revised. From committee: Do pass and re-refer to

Com. on APPR. (Ayes 11. Noes 3.) (April 26). Re-referred to Com. on APPR.

Location: 4/26/2022-A. APPR.

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Summary:

Would prohibit the Medical Board of California and the Osteopathic Medical Board of California from suspending or revoking the certificate of a physician and surgeon solely for performing an abortion so long as they performed the abortion in accordance with the provisions of the Medical Practice Act and the Reproductive Privacy Act. The bill would also prohibit the Board of Registered Nursing and the Physician Assistant Board from suspending or revoking the certification or license of a nurse practitioner, nurse-midwife, or a physician assistant for performing an abortion so long as they performed the abortion in accordance with the provisions of the Nursing Practice Act or the Physician Assistant Practice Act, as applicable, and the Reproductive Privacy Act.

AB 2681 (Bloom D) The California Concert and Festival Crowd Safety Act.

Last Amended: 3/28/2022

Status: 4/19/2022-From committee: Do pass and re-refer to Com. on APPR. (Ayes

7. Noes 0.) (April 19). Re-referred to Com. on APPR.

Location: 4/19/2022-A. APPR.

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Calendar:

5/4/2022 9 a.m. - 1021 O Street, Room 1100 ASSEMBLY APPROPRIATIONS, HOLDEN, Chair

Summary:

Would establish minimum crowd safety standards for large outdoor events, would require a local authority, as defined, to adopt those standards, and would require a promoter to develop an event operations plan before receiving a permit to host a

large outdoor event. The bill would authorize a local authority to charge a promoter a reasonable fee for the cost of the review and approval of the plan. The bill would require a local authority to issue a permit for a large outdoor event, as defined, upon a promoter's satisfactory completion of the plan. By imposing these requirements on local government, this bill would impose a state-mandated local program.

AB 2709 (Boerner Horvath D) Emergency ground medical transportation.

Status: 4/26/2022-In committee: Set, first hearing. Hearing canceled at the

request of author.

Location: 3/10/2022-A. HEALTH

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Summary:

Would require a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2023, to require an enrollee or insured who receives covered services from a noncontracting ground ambulance provider to pay no more than the same cost-sharing amount that the enrollee or insured would pay for the same covered services received from a contracting ground ambulance provider, and would prohibit the noncontracting ground ambulance provider from billing or sending to collections a higher amount. The bill would require the plan or insurer to reimburse a noncontracting ground ambulance provider the greater of the average contracted rate or 125% of the Medicare reimbursement rate for those services, as specified. Because a willful violation of the bill's requirements relative to a health care service plan would be a crime, the bill would impose a state-mandated local program.

AB 2902 (Kiley R) State of emergency: termination after 30 days: extension by the Legislature.

Status: 3/17/2022-Referred to Com. on E.M.

Location: 3/17/2022-A. EMERGENCY MANAGEMENT

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Summary:

Would require a state of emergency to terminate 30 days after the Governor's proclamation of the state of emergency unless the Legislature extends it by a concurrent resolution, as specified. The bill would prohibit a concurrent resolution

from extending a state of emergency by more than 30 days, as specified.

SB 57 (Wiener D) Controlled substances: overdose prevention program.

Last Amended: 1/18/2022

Status: 1/18/2022-Read second time and amended. Re-referred to Com. on PUB.

S.

Location: 1/11/2022-A. PUB. S.

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Summary:

Would, until January 1, 2028, authorize the City and County of San Francisco, the County of Los Angeles, the City of Los Angeles, and the City of Oakland to approve entities to operate overdose prevention programs for persons that satisfy specified requirements, including, among other things, providing a hygienic space supervised by trained staff where people who use drugs can consume preobtained drugs, providing sterile consumption supplies, providing access or referrals to substance use disorder treatment, and that program staff be authorized and trained to provide emergency administration of an opioid antagonist, as defined by existing law. The bill would require the City and County of San Francisco, the County of Los Angeles, the City of Los Angeles, and the City of Oakland, prior to authorizing an overdose prevention program in its jurisdiction, to provide local law enforcement officials, local public health officials, and the public with an opportunity to comment in a public meeting. The bill would require an entity operating a program to provide an annual report to the city or the city and county, as specified.

SB 213 (Cortese D) Workers' compensation: hospital employees.

Last Amended: 1/25/2022

Status: 2/1/2022-In Assembly. Read first time. Held at Desk.

Location: 1/31/2022-A. DESK

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Summary:

Current law establishes a workers' compensation system, administered by the Administrative Director of the Division of Workers' Compensation, to compensate an employee for injuries sustained in the course of employment. Current law creates a rebuttable presumption that specified injuries sustained in the course of

employment of a specified member of law enforcement or a specified first responder arose out of and in the course of employment. Current law, until January 1, 2023, creates a rebuttable presumption of injury for various employees, including an employee who works at a health facility, as defined, to include an illness or death resulting from COVID-19, if specified circumstances apply. This bill would define "injury," for a hospital employee who provides direct patient care in an acute care hospital, to include infectious diseases, cancer, musculoskeletal injuries, post-traumatic stress disorder, and respiratory diseases. The bill would include the novel coronavirus 2019 (COVID-19), among other conditions, in the definitions of infectious and respiratory diseases.

SB 371 (Caballero D) Health information technology.

Last Amended: 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

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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 558 (Caballero D) Farmworker Disaster Relief Planning Task Force.

Last Amended: 5/20/2021

Status: 1/24/2022-Read third time. Passed. (Ayes 36. Noes 0.) Ordered to the

Assembly. In Assembly. Read first time. Held at Desk.

Location: 1/24/2022-A. DESK

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Summary:

The California Emergency Services Act, establishes, within the office of the Governor, the Office of Emergency Services (OES) under the supervision of the Director of Emergency Services. Current law makes OES responsible for addressing natural, technological, or manmade disasters and emergencies, including activities necessary to prevent, respond to, recover from, and mitigate the effects of emergencies and disasters to people and property. This bill, until January 1, 2024, would establish in OES the Farmworker Disaster Relief Planning Task Force, to be composed as specified, in order to examine the needs of farmworkers, their families, and communities for immediate, intermediate, and long-term sustainable and equitable access to health care, safety net services, protections, and other social and economic relief during pandemics and disasters.

SB 979 (Dodd D) Health emergencies.

Last Amended: 4/19/2022

Status: 4/28/2022-From committee: Do pass as amended and re-refer to Com. on

APPR. (Ayes 10. Noes 0.) (April 27).

Location: 4/28/2022-S. APPR.

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Calendar:

5/2/2022 #11 SENATE SENATE BILLS - SECOND READING FILE

Summary:

Would authorize the State Department of Public Health to waive specified licensing requirements for health facilities during a state of emergency declared by the Governor or a health emergency declared by the State Public Health Officer.

SB 1022 (Archuleta D) Emergency medical services: certifying examination.

Status: 2/23/2022-Referred to Com. on HEALTH.

Location: 2/23/2022-S. HEALTH

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Summary:

The Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act (act), establishes the Emergency Medical Services Authority to

coordinate and integrate all state activities concerning emergency medical services, including, among other duties, establishing training standards for specified emergency services personnel. Current law defines the terms "certifying examination" and "examination for certification" for the purposes of these provisions to mean an examination designated by the authority for a specific level of prehospital emergency medical care personnel that must be satisfactorily passed prior to certification or recertification at the specific level and authorizes a "certifying examination" or "examination for certification" to include any examination or examinations designated by the authority. This bill would instead authorize a "certifying examination" or "examination for certification" to include any examination designated by the authority.

SB 1237 (Newman D) Licenses: military service.

Last Amended: 3/30/2022

Status: 4/29/2022-Set for hearing May 9.

Location: 4/26/2022-S. APPR.

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Calendar:

5/9/2022 10 a.m. - 1021 O Street, Room 2200 SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary:

Current law provides for the regulation of various professions and vocations by boards within the Department of Consumer Affairs and for the licensure or registration of individuals in that regard. Current law authorizes any licensee or registrant whose license expired while the licensee or registrant was on active duty as a member of the California National Guard or the United States Armed Forces to reinstate the licensee's or registrant's license without examination or penalty if certain requirements are met. Current law requires the boards described above, with certain exceptions, to waive the renewal fees, continuing education requirements, and other renewal requirements as determined by the board, if any are applicable, of any licensee or registrant who is called to active duty as a member of the United States Armed Forces or the California National Guard if certain requirements are met. Current law, except as specified, prohibits a licensee or registrant from engaging in any activities requiring a license while a waiver is in effect. This bill would define the phrase "called to active duty" to include active duty in the United States Armed Forces and on duty in the California

National Guard, as specified.

SB 1368 (Dahle R) State of emergency: termination after 45 days: extension by the Legislature.

Status: 4/26/2022-April 26 set for first hearing. Failed passage in committee.

(Ayes 3. Noes 7.) Reconsideration granted.

Location: 3/9/2022-S. G.O.

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Summary:

Would require a state of emergency to terminate 45 days after the Governor's proclamation of the state of emergency unless the Legislature extends it by a concurrent resolution.

Total Measures: 47

Total Tracking Forms: 47

X. New Business

c. Annual Core Measures and APOT Report



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Emergency Medical Services Annual Core Measures and APOT Report

Core Measures 2021:

Each local EMS authority is responsible for collecting, analyzing, and reporting a set of standardized performance measures to the State EMS Authority. According to the California Emergency Medical Services Authority:

"The preliminary Core Measures are derived largely from a set of quality indicators developed through a project by the National Quality Forum. These core measures will begin to benchmark the performance of EMS systems, perform recommended treatments determined to the get the best results for patients with certain medical conditions, transport patients to the most appropriate hospital....The measures are based on scientific evidence about processes and treatments that are known to get the best result for a condition or illness. Core Measures help emergency medical services systems improve the quality of patient care by focusing on the actual results of care."

The following is the list of Core Measures, the total population measured, a description of each, and the 2021 reporting value for Kern County EMS.

Measure ID#	(Subpopulation)	Denominator Value (Population)	Reported Value (%)	Measure Discription	Notes and Comments
TRA-2	462	1132	41%	Transport of Trauma Patients to a Trauma Center	
HYP-1	921	1504	61%	Treatment Administered for Hypoglycemia	
STR-1	162	176	92%	Prehospital Screening for Suspected Stroke Patients	
PED-3	404	435	93%	Respiratory Assessment for Pediatric Patients	
RST-4	192172	203128	95%	911 Requests for Services That Included a Lights and/or Sirens Response	
					Hall Ambulance replaced "Lights and Sirens" with
RST-5	7439	71905	10%	911 Requests for Services That Included a Lights and/or Sirens Transport	"Intersection Navigation-With Automated Light Changing
K31-3	7439	/ 1905	10%	requests for services that included a lights and/or sirens transport	Technology". This would increase our numerator number to
					13,026 which would increase the reported value to 18.12%.

Ambulance Patient Offload Times (APOT) 2021:

Ambulance patient offload time (APOT) is the elapsed time between the moment an ambulance arrives at a hospital and when patient care is transferred to hospital staff. The expectation is that 90 percent of the time patient care is transferred to hospital staff within 20 minutes.

In 2016, California Emergency Medical Services Authority approved legislation that required each local EMS agency to calculate and report APOT for each designated base hospital in their jurisdiction with the hopes that quality improvement could decrease these times.

The standard methodology created to measure APOT 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 (3.3)

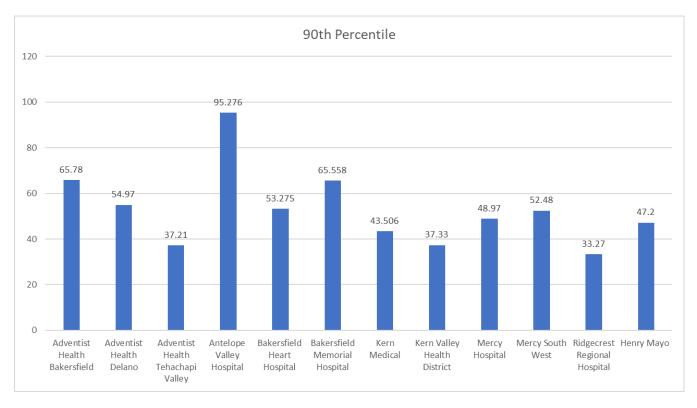
One hundred and twenty-one to one hundred and eighty minutes (2.4)

and

Greater than one hundred and eighty minutes (2.5)

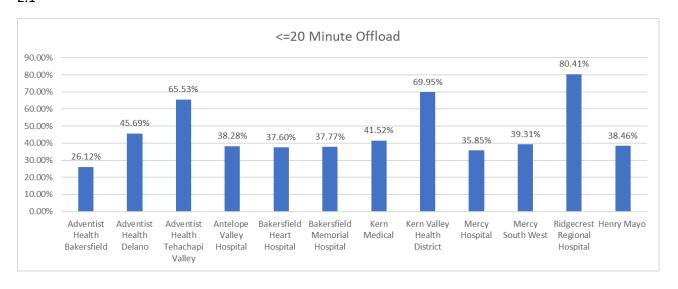
The following is a summary of each Kern County designated base hospital and their APOT in 2021.

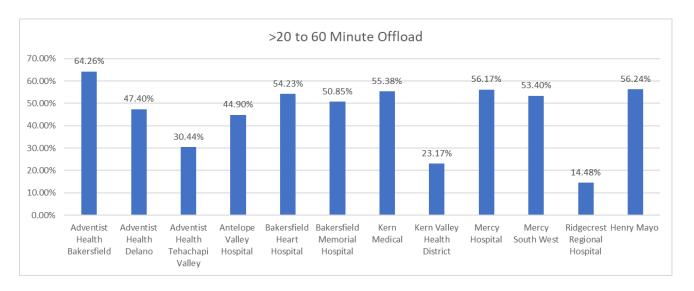
APOT 1:



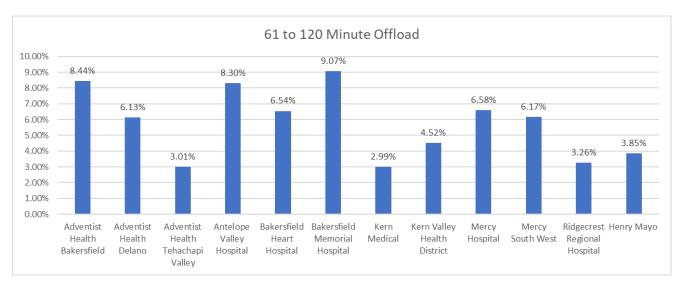
APOT 2:

2.1

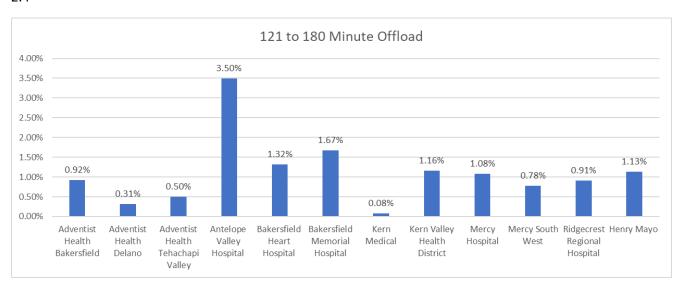


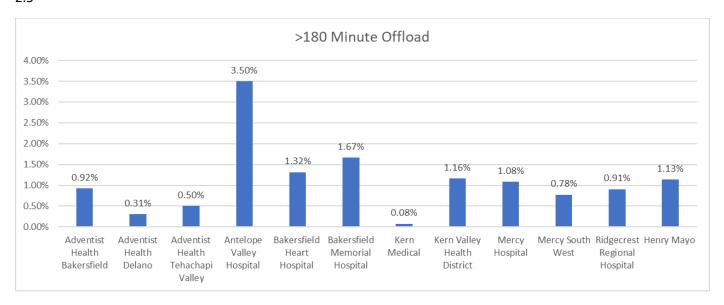


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Therefore, it is recommended that your board receive and file this report.

X. New Business d. EMCAB Agenda Summary - 2021



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Emergency Medical Care Advisory Board Summary 2021

The Emergency Medical Care Advisory Board (EMCAB) was established pursuant to section 1797.270 et seq. of the California Health and Safety Code. EMCAB is advisory to the Kern County Board of Supervisors. EMCAB is made up of eleven primary members and alternates for each position representing various multi-disciplinary community organizations and consumers. EMCAB meets quarterly. Details regarding the topics below can be found on the Division's website at https://kernpublichealth.com/ems-meeting-schedule/

The following offers a summary of EMCAB actions for the calendar year 2020:

February 11, 2021				
Issue	Suggested Action	EMCAB Action		
Approval of Minutes	Approve	Approved		
APOT Task Force Report	Receive and File	Received		
Maddy Fund Quarterly Report	Receive and File	Received		
Legislation Report	Receive and File	Received		
Quarterly APOT	Receive and File	Received		
Board Member Changes	Receive and File	Received		
Managers' Report	Receive and File	Received		
May 13, 2021				
Approval of Minutes	Approve	Approved		
APOT Task Force Report	Receive and File	Received		
Maddy Fund Annual Report	Receive and File	Received		
Legislation Report	Receive and File	Received		
Annual Core Measure and APOT Report	Receive and File	Received		
EMCAB Agenda Summary for 2020	Receive and File	Received		
Annual OA Reports for 2020	Receive and File	Received		
Annual EMS System Report for 2020	Receive and File	Received		
Accreditation Policy Update	Approve	Approved		
EMCAB Member Update	Receive and File	Received		
Managers' Report	Receive and File	Received		
August 12, 2021				
Approval of Consent Agenda	Approve	Approved		
Approval of Minutes	Approve	Approved		
Apot Task Force Report-Requested Suspension	Approve	Approved		
Maddy Fund Quarterly Report	Receive and File	Received		
Legislation Report	Receive and File	Received		
Quarterly APOT Report	Receive and File	Received		
Narcan Leave Behind Policy	Approve	Approved		
Managers' Report	Receive and File	Received		

November 18, 2021									
Consent Agenda	Approve	Approved							
Approval of Minutes	Approve	Approved							
Maddy Fund Quarterly Report	Received and File	Received							
Legislation Report	Receive and File	Received							
Quarterly APOT	Received and File	Received							
Narcan Use by Law Enforcement Policy	Approve	Approved							
2022 EMCAB Meeting Dates	Approve	Approved							
Managers' Report	Receive and File	Received							

X. New Business

e. Annual EOA Reports for 2021



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Annual EOA Reports for 2021

Do to unexpected mechanical issues involving the Kern County Ambulance Computer Aided Dispatch System, EMS is requesting an extension for the submission of the 2021 Annual EOA Reports until the August 11, EMCAB meeting.

X. New Business

f. Annual EMS System Report for 2021



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Annual EMS System Report 2021

Background

Title 22, Chapter 12, Article 4, effective January 1, 2006, mandated the Local EMS Authority (LEMSA) develop a system wide implementation of a Quality Improvement Program for the delivery of EMS care to the public. This includes mechanisms to track quality indicators for personnel, equipment and supplies, documentation, clinical care and patient outcome, skills maintenance/competency, transportation/facilities, public education and prevention, and risk management.

The Division has developed a report that accurately summarizes the effectiveness of the Kern County EMS system and the activities of EMCAB. The report meets all requirements set forth in Health & Safety Code, Title 22, and follows the guidelines established by the Emergency Medical Services Authority (EMSA). The Division is proud to include this report in your Board member packets and a copy will be submitted to EMSA and the Kern County Board of Supervisors.

Therefore, IT IS RECOMMENDED, the Board receive and file the Annual EMS System Report - 2021.

EMS System Annual Report 2021



Kern County Emergency Medical Services Program



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Bakersfield, CA 93306

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Website: https://www.kernpublichealth.com

Email: publichealth@kerncounty.com

2021 HIGHLIGHTS

- 3. A Message From Our EMS Manager
- 4. Implementation of Handtevy
- 5. New Policies Implemented in 2021
- 6. COVID 19 Response 2021
- 7. Fairground
- 8. Strike Teams
- 9. Hospital Bed Expansions
- 10. New Additions to EMS
- 11. Moving Forward
- 12. Thank You to our Providers

A MESSAGE FROM OUR EMS MANAGER

"2020 was a year that tested our courage, empathy, resilience, patience and our resolve."

That's how I opened my message last year. If that was the affect 2020 had on us, how did 2021 affect us?

I believe 2021 forced us to come together as one and think outside the box. To consider ideas and implement changes that had never been and would never be considered if not for the pandemic. For example, Kern County was the only county in the state that received State Sponsored APOT Task Force Strike Teams and we were the only county to successfully secure ambulance strike teams along with additional paramedic staffing from other states. Additionally, Kern was second only to Sacramento in



the number of State funded expansion beds brought into our county. At one point we added 72 total beds to our system allowing for the increased COVID-19 surge.

I believe that 2021 brought us to the brink and together, as one, we rose to the occasion, stared the pandemic in the face and came out the other side stronger.

To the men and women who showed up for work, day in and day out, during the second year of this seemingly never-ending virus, I applaud you. Each Emergency Medical Technician, Paramedic, Emergency Medical Dispatcher, Nurse, and Physician that worked through the stress, exhaustion, and the fear brought about by the pandemic, are simply put, Hero's.

I hope that each of you know that you are responsible for saving hundreds of lives by your courage, dedication, and your commitment to the people of Kern County. Thank you.

As we move forward in a post pandemic world EMS is focusing on the issues that need to change in order to assure that we remain successful in providing the appropriate level of care to the residence and visitors of Kern County.

I am very excited about what the future holds for us and I am looking forward to working with all of you to implement changes that will improve our system as we move forward.

Sincerely,

Jeff Fariss EMS Program Manager

Implementation of Handtevy



Handtevy is a customized app that rapidly calculates medication dosages and equipment sizes for pediatric and adults. Handtevy also records and timestamps the date and time the medication was delivered. This information can be transferred to the ePCR for documentation as well. Handtevy is a pediatric resuscitation system that is proven to save lives and reduce errors.

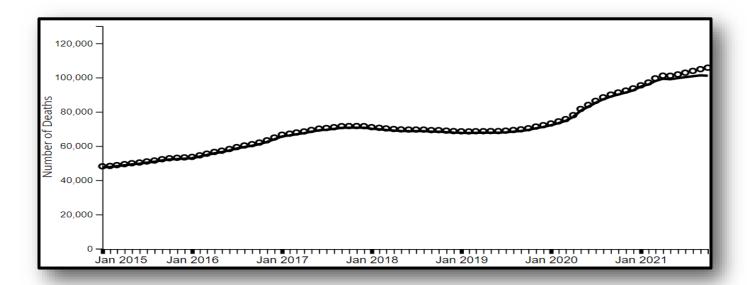
Mobile Features

- Rapid Dosing in Volume
- Consistent Mixing Instructions
- Equipment size for pediatrics and adults
- Documentation in Real Time
- Integrates into the ePCR all critical treatment provided
- CPR assist feature which provides audio/ visual cues



New Policies Implemented in 2021

The National Center for Health Statistics have reported overdose deaths in the United States which surpassed 100,000 in 2021. Opioid deaths in the United States have increased from 56,064 in 2020 to 75,673 in 2021.



To help combat this issue, Kern County EMS has developed 2 new policies for both the patient as well as law enforcement.

Narcan Leave Behind

This policy provides guidelines for EMS personnel to provide an intra-nasal naloxone delivery device to patients who are at high risk for fatal opioid overdose.

Naloxone use by Law Enforcement

This policy describes the criteria for law enforcement officer administration of intranasal (IN) Naloxone Hydrochloride (Naloxone) in cases of suspected acute opioid overdose.

COVID 19 Response in 2021

In the beginning of 2021, EMS assisted with the vaccination of public health staff as well as the general public in Kern County.

EMS played a part in transporting both the Moderna and Pfizer vaccine to clinics, pharmacies, and other various vaccination sites to better assist organizations in administering the vaccine.

At various times EMS would volunteer traveling to those that would want the vaccine however did not have a way of transportation to a vaccination site. EMS would administer, observe, and fill out proper documentation to better assist the public.





EMS took on the responsibility of observing those who were administered the vaccination at the Kern County Fairground. This operation would see a total of 117,120 Kern County residents between those at the Kern County Fairgrounds as well as the pop up clinics that were held through the county.

Fairgrounds



During 2021, Kern County Public Health was able to administer 117,120 vaccine doses with a large amount of vaccinations taking place at the Kern County Fairgrounds. EMS played a major roll in this operation by helping to set up the site, administration of the vaccine, and observing those vaccinated for any adverse reactions. Kern County EMS worked along side with various organizations in completing this task.



Strike Teams

Kern County EMS Program requested mutual aid Ambulance Strike Teams that were brought from surrounding counties to assist the 911 system. The strike teams responded within a short time frame to handle the counties immediate needs for ambulances. Kern County EMS program was able to secure various Paramedic personnel from out of state to be placed in the 911 system.

Ambulance strike teams consist of 5
 ALS or BLS ambulances with 1 Ambulance strike team leader.

 7 Ambulance strike teams were sent to Kern County to assist with the increase in the amount of patients





- 2 ambulance strike teams were sent to Adventist Health Bakersfield, Mercy Truxton, and Mercy Southwest.
- 5 Ambulance strike teams were integrated into the 911 system.
- CALMAT staff was used for assisting Mercy Truxton ER
- State contracted staff were sent to assist in ambulance patient offload times.

Hospital Bed Expansion

In January, Kern County EMS in collaboration with CDPH began working with the state to bring additional aid and assist in the growing number of patients. Together we began to bring in additional staff, equipment, and beds into Kern County to assist Kern Medical, Ad-

ventist Health Bakersfield, Adventist Health Delano, and Good Samaritan Hospital.

- Kern Medical received expansion staff to increase their capabilities
- Adventist Health Bakersfield received 15 ICU beds
- Adventist Health Delano received 15 med surg beds





Good Samaritan Hospital received:

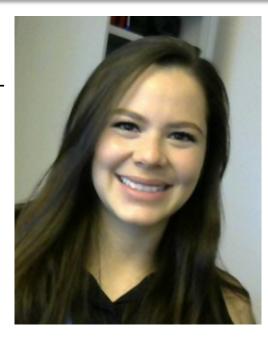
- 1) 18 med surge beds
- 2) 14 ICU beds
- 3) Vents, IV pumps, and PPE were given to the facility for support
- 4) Staff to manage Good Samaritan Hospitals current beds as well as additional staff for the additional ICU and Med Surg beds. The staff included RNs, LVNs, Respiratory Therapists, and Phlebotomy techs

The staff and equipment combined provided the much needed support for these facilities to care for patients in Kern County.

New Additions to EMS

Through out 2021, Kern County EMS expanded its program by adding 2 additional EMS Coordinators and to help assist in the workload and responsibilities that EMS is in charge of.

Edlin Blankenship was hired on March 8th, 2021. Edlin was given the responsibility to handle Accreditation/Reaccreditation, Pediatrics, Trauma, and EMD. Edlin has gone above and beyond assisting with the COVID-19 Response.





Anthony Dominguez was hired on August 28th 2021. Anthony was given the responsibility to handle, Quality Improvement, Stroke, Compliance, and Pre-hospital Continuing Education Providers. Anthony has also assisted in the vaccination sites through out Kern County.

Moving Forward

Kern County EMS is actively working on new ways to analyze and responding to calls in the 911 system.



First watch will be connecting with Image Trend to produce real time data allowing EMS to review data much more rapidly.

Reddinet will interface via a bi-directional communication link with FirstWatch allowing EMS to have real time status updates and im-



proved communication with hospitals.



Tele911 integrates with EMS Agencies to allow for physician assessment and treatment at the scene or alternate destination transport.

EMS is currently conducting an exhaustive review of all EMD response codes. It is our goal to develop a re-



sponse plan that is based on data findings.

Thank You to Our Providers

Adventist Health Bakersfield

Adventist Health Delano

Adventist Health Tehachapi

Bakersfield Heart Hospital

Bakersfield Memorial Hospital

Kern Medical

Kern Valley Healthcare District

Mercy Hospital

Mercy Southwest Hospital

Ridgecrest Regional Hospital

Pro Safety

Trinity Safety Group

Bakersfield City Fire Department

California City Fire

China Lake Naval Weapons Station

Delano Ambulance Service

Edwards Air Force Base

Hall Ambulance Services, Inc.

Kern County Fire Department

Kern County Sheriff Office

Liberty Ambulance Service

Mercy Air Service

Rio Tinto

Kern County Emergency Medical Services Program



1800 Mount Vernon Ave Bakersfield, CA 93306

Tel: 661-321-3000

Website: https://www.kernpublichealth.com

Email: publichealth@kerncounty.com

X. New Business g. Annual Response Compliance





1800 MT. VERNON AVENUE

BAKERSFIELD, CALIFORNIA, 93306-3302

661-321-3000

WWW.KERNPUBLICHEALTH.COM

EMS Division Staff Report for EMCAB

Annual Compliance

Response time compliance is complex; there are 25 categories of response time compliance that must be met each month. 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.

Since the onset of the COVID-19 pandemic Kern County Public Health has been a witness to many changes to our emergency medical system. With the continuance of COVID-19 in 2021 we saw the 911 call volume for our first responders increase along with longer offload times at local hospitals as well as first responder staffing shortages. As a result, we suspended all response compliance penalties for all of the ambulance providers under contract with Kern County Public Health. As the daily number of COVID-19 patients declined in April of 2021 we expected to see the 911 call volumes and extended ambulance offload times decline as well, however they did not. 911 call volumes remained elevated and so did extended offload times. As we entered the 4 quarter of 2021, in the midst of the 3rd surge of the pandemic, Kern County Public Health initiated ongoing meetings with Hall Ambulance service due to the issues they were experiencing as a result of COVID-19. In these meetings Hall was instructed to provide Public Health with an action plan to address the current issues as well as a plan moving forward post pandemic. Additionally, Public Health requested regular reports from Hall to keep us updated on their staffing issues, as well as their ability to provide coverage in their EOA's. In October and November of 2021, we saw some of the highest incidents of non-compliance we have ever seen. As a direct result of these compliance issues, as we entered the month of December, 2021, in a concerted effort to improve responses to the people of Kern, Public Health activated the MHOAC system and sent out a regional and state request for ambulance strike teams. Public Health was able to secure 2 ambulance strike teams totaling 11 ambulances from multiple counties within the state. These ambulances responded within a matter of hours and provided much needed resources to our system. The effect of these teams can be seen in the non-compliance response numbers for December, they were cut in half. As the latest surge has reached numbers never before seen. Kern County Public Health has continued on a mission to locate and secure assistance for our hospitals and first responders to assure that the people of Kern receive the best possible care.

resources within our region and state became unavailable, Public Health added an additional 5 ambulance strike team from Montana as well as 10 additional paramedics that partnered with existing Hall ambulance staff to increase the number of available ambulances in our system by 10. We are also in the process of onboarding Tele911, an internet-based company that will add the ability for our first responders to have patients seen by a physician via tablet or smart phone from the scene and negate the need for an unnecessary transport to our already impacted hospitals. Additionally, Kern County Public Health was been able to secure, state funded Ambulance Patient Offload teams for 3 of our local hospitals. The sole purpose of these teams was to receive patients from ambulances as they arrive at emergency department thus decreasing offload times and allowing ambulance crews to clear hospitals and return to the field. It should be noted that Kern County is the only county in the state to secure these state sponsored resources.

And finally, Kern County Public Health, in cooperation with all Kern County stake holders, initiated a campaign to educate the public on the proper use of the 911 system. This campaign provided information on the appropriate times to see your primary care physician or visit an urgent care, transport yourself to an emergency department and when to call 911.

The following pages will show the response time non-compliance for 2021.

IT IS RECOMMENDED, the Board receive and file the 2021 compliance report.

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		25	Priority 8:		ASPS
MI		26	Metro	PROVIDER CALL DATA	ASPS
MI		27	Urban	PROVIDER CALL DATA	ASPS
MI		28	Suburban Rural	PROVIDER CALL DATA PROVIDER CALL DATA	ASPS ASPS
MI		30	Wilderness	PROVIDER CALL DATA	ASPS ASPS
		31	Appropriate BLS Use		ASPS
M	ΕT	32	Priority 1	PROVIDER CALL DATA	ASPS
M		33	Priority 2	PROVIDER CALL DATA	ASPS
MI	ΕT	34	Priority 3	PROVIDER CALL DATA	ASPS
		#	Standard	Basis for Determination/Notes	Source
NA - 4	Not Mot				
Met	Met		Raw Call Data with All Report Fields Submitted		
х		35	Completely and On Time	OBSERVATION	ASPS
		<u> </u>	Turned Call report Submitted Completely and On	ODGERVATION	7.01.0
X		36	Time	OBSERVATION	ASPS
<u> </u>			EMD Activity/QI Report Submitted Completely and		1.0.0
Х		37	On Time	OBSERVATION	ASPS
			Continuing Education Report Submitted		1
X		38	Completely and On Time	OBSERVATION	ASPS
			Community Service/Education Report Submitted	-	
X		39	Completely and On Time	OBSERVATION	ASPS
			Customer Service Tracking Database Report		
X		40	Submitted Completely and On Time	OBSERVATION	ASPS
					4

			Department er Monthly Performance	June - 2021 DELANO	
	liance F	Repor		Operational Area 3	
		#	Standard	Basis for Determination/Notes	Source
		1	Priority 1:	Ambulance Service Performan	
	ET ET	3	Metro Urban	PROVIDER CALL DATA PROVIDER CALL DATA	ASPS ASPS
	ET ET	4	Suburban	PROVIDER CALL DATA	ASPS
	ET	5	Rural	PROVIDER CALL DATA	ASPS
M	ET	6	Wilderness	PROVIDER CALL DATA	ASPS
		7	Priority 2:		ASPS
	ET	8 9	Metro	PROVIDER CALL DATA	ASPS ASPS
	ET ET	10	Urban Suburban	PROVIDER CALL DATA PROVIDER CALL DATA	ASPS
	ET	11	Rural	PROVIDER CALL DATA	ASPS
	ET	12	Wilderness	PROVIDER CALL DATA	ASPS
		13	Priority 3:		ASPS
	ET	14	Metro	PROVIDER CALL DATA	ASPS
	ET	15	Urban	PROVIDER CALL DATA	ASPS
	ET ET	16 17	Suburban Rural	PROVIDER CALL DATA PROVIDER CALL DATA	ASPS ASPS
	ET	18	Wilderness	PROVIDER CALL DATA	ASPS
1011		13	Priority 4:	THOUBER ONEE BATTA	ASPS
M	ET	14	Metro	PROVIDER CALL DATA	ASPS
	ET	15	Urban	PROVIDER CALL DATA	ASPS
	ET	16	Suburban	PROVIDER CALL DATA	ASPS
	ET	17	Rural	PROVIDER CALL DATA	ASPS
MI	ET	18 19	Wilderness Priority 5:	PROVIDER CALL DATA	ASPS ASPS
М	ET	20	Metro	PROVIDER CALL DATA	ASPS
	ET ET	21	Urban	PROVIDER CALL DATA	ASPS
	ET	22	Suburban	PROVIDER CALL DATA	ASPS
M	ET	23	Rural	PROVIDER CALL DATA	ASPS
M	ET	24	Wilderness	PROVIDER CALL DATA	ASPS
		25	Priority 6:	DROVIDED CALL DATA	ASPS
	ET ET	26 27	Metro Urban	PROVIDER CALL DATA PROVIDER CALL DATA	ASPS ASPS
	ET	28	Suburban	PROVIDER CALL DATA PROVIDER CALL DATA	ASPS
	ET ET	29	Rural	PROVIDER CALL DATA	ASPS
	ET	30	Wilderness	PROVIDER CALL DATA	ASPS
		25	Priority 7:		ASPS
	ET	26	Metro	PROVIDER CALL DATA	ASPS
	ET	27	Urban	PROVIDER CALL DATA	ASPS
	ET ET	28 29	Suburban Rural	PROVIDER CALL DATA PROVIDER CALL DATA	ASPS ASPS
	ET	30	Wilderness	PROVIDER CALL DATA	ASPS
1011		25	Priority 8:	THOUBER ONEE BATTA	ASPS
M	ET	26	Metro	PROVIDER CALL DATA	ASPS
M	ET	27	Urban	PROVIDER CALL DATA	ASPS
	ET		Suburban	PROVIDER CALL DATA	ASPS
	ET	29	Rural Wildernoop	PROVIDER CALL DATA	ASPS
M		30 31	Wilderness Appropriate BLS Use	PROVIDER CALL DATA	ASPS ASPS
M	ET	32	Priority 1	PROVIDER CALL DATA	ASPS
	ET	33	Priority 2	PROVIDER CALL DATA	ASPS
M	ET	34	Priority 3	PROVIDER CALL DATA	ASPS
		#	Standard	Basis for Determination/Notes	Source
	Not				
Met	Met		Down Call Data with All Danast Fields Culturated		
		35	Raw Call Data with All Report Fields Submitted Completely and On Time	ODOEDVATION.	4000
	Х	J	• •	OBSERVATION	ASPS
	.,	26	Turned Call report Submitted Completely and On	ODEED VATION	ACDC
1	Х	36	Time EMD Activity/QI Report Submitted Completely and	OBSERVATION	ASPS
I	х	37	On Time	OBSERVATION	ASPS
	^	-	Continuing Education Report Submitted		
<u></u>	х	38	Completely and On Time	OBSERVATION	ASPS
			Community Service/Education Report Submitted		
<u> </u>	х	39	Completely and On Time	OBSERVATION	ASPS
I		40	Customer Service Tracking Database Report Submitted Completely and On Time	ODCEDVATION.	ACDC
	Х	40	oubmitted Completely and On Time	OBSERVATION	ASPS

			Department	July - 2021	
			er Monthly Performance	DELANO	
Compl	iance F			Operational Area 3 Basis for Determination/Notes	
		#	Standard		Source
MI	ET	1	Priority 1: Metro	Ambulance Service Performa PROVIDER CALL DATA	ASPS
MI		3	Urban	PROVIDER CALL DATA	ASPS
	ET	4	Suburban	PROVIDER CALL DATA	ASPS
MI	ET	5	Rural	PROVIDER CALL DATA	ASPS
MI	ET	6	Wilderness	PROVIDER CALL DATA	ASPS
		7	Priority 2:		ASPS
MI		8	Metro	PROVIDER CALL DATA	ASPS
MI MI		9 10	Urban Suburban	PROVIDER CALL DATA PROVIDER CALL DATA	ASPS ASPS
	ET	11	Rural	PROVIDER CALL DATA	ASPS
MI		12	Wilderness	PROVIDER CALL DATA	ASPS
		13	Priority 3:		ASPS
MI	ΕT	14	Metro	PROVIDER CALL DATA	ASPS
	ET	15	Urban	PROVIDER CALL DATA	ASPS
MI		16	Suburban	PROVIDER CALL DATA	ASPS
MI		17	Rural	PROVIDER CALL DATA	ASPS
MI	El	18 13	Wilderness Priority 4:	PROVIDER CALL DATA	ASPS ASPS
MI	FT	14	Metro	PROVIDER CALL DATA	ASPS
MI		15	Urban	PROVIDER CALL DATA	ASPS
MI		16	Suburban	PROVIDER CALL DATA	ASPS
M	ET	17	Rural	PROVIDER CALL DATA	ASPS
MI	ET	18	Wilderness	PROVIDER CALL DATA	ASPS
		19	Priority 5:		ASPS
MI		20	Metro	PROVIDER CALL DATA	ASPS
MI		21	Urban Suburban	PROVIDER CALL DATA PROVIDER CALL DATA	ASPS
MI		23	Suburban Rural	PROVIDER CALL DATA	ASPS ASPS
	ET	24	Wilderness	PROVIDER CALL DATA	ASPS
	- '	25	Priority 6:	THO VIBER OF LEE BYTTY	ASPS
MI	ET	26	Metro	PROVIDER CALL DATA	ASPS
MI	ET	27	Urban	PROVIDER CALL DATA	ASPS
MI		28	Suburban	PROVIDER CALL DATA	ASPS
MI		29	Rural	PROVIDER CALL DATA	ASPS
MI	ET	30 25	Wilderness Priority 7:	PROVIDER CALL DATA	ASPS ASPS
М	ΕT	26	Metro	PROVIDER CALL DATA	ASPS
M		27	Urban	PROVIDER CALL DATA	ASPS
MI		28	Suburban	PROVIDER CALL DATA	ASPS
MI	ET	29	Rural	PROVIDER CALL DATA	ASPS
MI	ET	30	Wilderness	PROVIDER CALL DATA	ASPS
		25	Priority 8:		ASPS
	ET	26	Metro	PROVIDER CALL DATA	ASPS
MI	ET	27	Urban Suburban	PROVIDER CALL DATA PROVIDER CALL DATA	ASPS ASPS
MI		28	Suburban Rural	PROVIDER CALL DATA	ASPS ASPS
MI		30	Wilderness	PROVIDER CALL DATA	ASPS
		31	Appropriate BLS Use		ASPS
MI	ΕT	32	Priority 1	PROVIDER CALL DATA	ASPS
MI		33	Priority 2	PROVIDER CALL DATA	ASPS
MI	ET	34	Priority 3	PROVIDER CALL DATA	ASPS
	N-	#	Standard	Basis for Determination/Notes	Source
N* 4	Not Met				
Met	Met		Raw Call Data with All Report Fields Submitted		
Х		35	Completely and On Time	OBSERVATION	ASPS
<u> </u>		H	Turned Call report Submitted Completely and On	ODGER VALIDITY	, (5) 0
Х		36	Time	OBSERVATION	ASPS
			EMD Activity/QI Report Submitted Completely and	OBSERVATION	7.01 0
Х		37	On Time	OBSERVATION	ASPS
- ^			Continuing Education Report Submitted		
X		38	Completely and On Time	OBSERVATION	ASPS
			Community Service/Education Report Submitted		
X		39	Completely and On Time	OBSERVATION	ASPS
			Customer Service Tracking Database Report		
X		40	Submitted Completely and On Time	OBSERVATION	ASPS
				-	

			Department ler Monthly Performance	August - 2021	
	iance P liance l			DELANO Operational Area 3	
<u> </u>	lanco	#	Standard	Basis for Determination/Notes	Source
		1	Priority 1:	Ambulance Service Performa	
NOT	MET	2	Metro \$1000	PROVIDER CALL DATA	ASPS
	ET	3	Urban	PROVIDER CALL DATA	ASPS
	ET	4	Suburban	PROVIDER CALL DATA	ASPS
	ET ET	5 6	Rural Wilderness	PROVIDER CALL DATA PROVIDER CALL DATA	ASPS ASPS
IVI		7	Priority 2:	PROVIDER CALL DATA	ASPS
M	ET	8	Metro	PROVIDER CALL DATA	ASPS
	ET	9	Urban	PROVIDER CALL DATA	ASPS
	ET	10	Suburban	PROVIDER CALL DATA	ASPS
	ET	11	Rural	PROVIDER CALL DATA	ASPS
M	ET	12	Wilderness	PROVIDER CALL DATA	ASPS
М	ET	13 14	Priority 3: Metro	PROVIDER CALL DATA	ASPS ASPS
	ET	15	Urban	PROVIDER CALL DATA	ASPS
	ET	16	Suburban	PROVIDER CALL DATA	ASPS
M	ET	17	Rural	PROVIDER CALL DATA	ASPS
MI	ET	18	Wilderness	PROVIDER CALL DATA	ASPS
		13	Priority 4:		ASPS
	MET	14	Metro	PROVIDER CALL DATA	ASPS
	ET ET	15 16	Urban Suburban	PROVIDER CALL DATA PROVIDER CALL DATA	ASPS ASPS
	ET	17	Rural	PROVIDER CALL DATA	ASPS
	ET	18	Wilderness	PROVIDER CALL DATA	ASPS
		19	Priority 5:		ASPS
	ET	20	Metro	PROVIDER CALL DATA	ASPS
	ET	21	Urban	PROVIDER CALL DATA	ASPS
	ET	22	Suburban	PROVIDER CALL DATA	ASPS
	ET ET	23 24	Rural Wilderness	PROVIDER CALL DATA PROVIDER CALL DATA	ASPS ASPS
IVI		25	Priority 6:	PROVIDER CALL DATA	ASPS
M	ET	26	Metro	PROVIDER CALL DATA	ASPS
	ET	27	Urban	PROVIDER CALL DATA	ASPS
M	ET	28	Suburban	PROVIDER CALL DATA	ASPS
	ET	29	Rural	PROVIDER CALL DATA	ASPS
М	ET	30 25	Wilderness	PROVIDER CALL DATA	ASPS
М	ET	26	Priority 7: Metro	PROVIDER CALL DATA	ASPS ASPS
	ET	27	Urban	PROVIDER CALL DATA	ASPS
	ET	28	Suburban	PROVIDER CALL DATA	ASPS
MI	ET	29	Rural	PROVIDER CALL DATA	ASPS
M	ET	30	Wilderness	PROVIDER CALL DATA	ASPS
		25	Priority 8:	DROVIDED CALL DATA	ASPS
	ET	26	Metro	PROVIDER CALL DATA	ASPS ASPS
	ET ET	27 28	Urban Suburban	PROVIDER CALL DATA PROVIDER CALL DATA	ASPS ASPS
	ET	29	Rural	PROVIDER CALL DATA	ASPS
	ET	30	Wilderness	PROVIDER CALL DATA	ASPS
		31	Appropriate BLS Use		ASPS
	ET	32	Priority 1	PROVIDER CALL DATA	ASPS
	ET	33	Priority 2	PROVIDER CALL DATA	ASPS
MI	ET	34	Priority 3	PROVIDER CALL DATA Basis for Determination/Notes	ASPS
	Not	#	Standard	Dasis for Determination/Notes	Source
Met	Met				
Wict			Raw Call Data with All Report Fields Submitted		
	х	35	Completely and On Time	OBSERVATION	ASPS
			Turned Call report Submitted Completely and On		
	Х	36	Time	OBSERVATION	ASPS
			EMD Activity/QI Report Submitted Completely and	-	-
<u></u>	Х	37	On Time	OBSERVATION	ASPS
			Continuing Education Report Submitted		
<u> </u>	Х	38	Completely and On Time	OBSERVATION	ASPS
I	,,		Community Service/Education Report Submitted	ODOED VATION	4000
-	Х	39	Completely and On Time Customer Service Tracking Database Report	OBSERVATION	ASPS
1	х	40	Submitted Completely and On Time	OBSERVATION	ASPS
	_ ^		and the completely and on this	OBOLINATION	, .01 0

			Department	September - 2021	
			er Monthly Performance	HALL	
Compi	iance F	₹epoi #	Standard	Operational Area 3 Basis for Determination/Notes	Source
		1	Priority 1:	Ambulance Service Performa	
MI	ΕT	2	Metro	PROVIDER CALL DATA	ASPS
MI	ET	3	Urban	PROVIDER CALL DATA	ASPS
MI		4	Suburban	PROVIDER CALL DATA	ASPS
	ET	5	Rural	PROVIDER CALL DATA	ASPS
IVI	ET	7	Wilderness Priority 2:	PROVIDER CALL DATA	ASPS ASPS
MI	ET	8	Metro	PROVIDER CALL DATA	ASPS
М		9	Urban	PROVIDER CALL DATA	ASPS
MI		10	Suburban	PROVIDER CALL DATA	ASPS
	ET	11	Rural	PROVIDER CALL DATA	ASPS
MI	ET	12 13	Wilderness Priority 3:	PROVIDER CALL DATA	ASPS ASPS
MI	FT	14	Metro	PROVIDER CALL DATA	ASPS
MI		15	Urban	PROVIDER CALL DATA	ASPS
MI		16	Suburban	PROVIDER CALL DATA	ASPS
MI		17	Rural	PROVIDER CALL DATA	ASPS
MI	ET	18	Wilderness	PROVIDER CALL DATA	ASPS
MI	FT	13 14	Priority 4: Metro	PROVIDER CALL DATA	ASPS ASPS
MI		15	Metro Urban	PROVIDER CALL DATA	ASPS ASPS
MI		16	Suburban	PROVIDER CALL DATA	ASPS
MI	ΕT	17	Rural	PROVIDER CALL DATA	ASPS
MI	ET	18	Wilderness	PROVIDER CALL DATA	ASPS
3.0		19	Priority 5:	DDOV/DED CALL DATA	ASPS
MI MI		20 21	Metro Urban	PROVIDER CALL DATA PROVIDER CALL DATA	ASPS ASPS
MI		22	Suburban	PROVIDER CALL DATA	ASPS
MI		23	Rural	PROVIDER CALL DATA	ASPS
MI	ET	24	Wilderness	PROVIDER CALL DATA	ASPS
		25	Priority 6:		ASPS
NOT NOT		26 27	Metro Urban	PROVIDER CALL DATA PROVIDER CALL DATA	ASPS ASPS
	ET .	28	Suburban	PROVIDER CALL DATA	ASPS
MI		29	Rural	PROVIDER CALL DATA	ASPS
MI	ET	30	Wilderness	PROVIDER CALL DATA	ASPS
		25	Priority 7:		ASPS
NOT		26	Metro	PROVIDER CALL DATA	ASPS
MI		27 28	Urban Suburban	PROVIDER CALL DATA PROVIDER CALL DATA	ASPS ASPS
M		29	Rural	PROVIDER CALL DATA	ASPS
MI		30	Wilderness	PROVIDER CALL DATA	ASPS
		25	Priority 8:		ASPS
NOT		26	Metro	PROVIDER CALL DATA	ASPS
NOT MI		27	Urban	PROVIDER CALL DATA PROVIDER CALL DATA	ASPS ASPS
M		29	Suburban Rural	PROVIDER CALL DATA	ASPS
MI		30	Wilderness	PROVIDER CALL DATA	ASPS
		31	Appropriate BLS Use		ASPS
MI		32	Priority 1	PROVIDER CALL DATA	ASPS
M	ET ET	33 34	Priority 2 Priority 3	PROVIDER CALL DATA PROVIDER CALL DATA	ASPS ASPS
IVI		#	Standard	Basis for Determination/Notes	Source
	Not	π	Stalldald	Dasis for Determination/Notes	Source
Met	Met				
			Raw Call Data with All Report Fields Submitted		
X		35	Completely and On Time	OBSERVATION	ASPS
V			Turned Call report Submitted Completely and On		
X		36	Time	OBSERVATION	ASPS
V		~-	EMD Activity/QI Report Submitted Completely and		
X		37	On Time	OBSERVATION	ASPS
X		38	Continuing Education Report Submitted Completely and On Time	ODCED//ATION	ACDC
^		30	Completely and On Time Community Service/Education Report Submitted	OBSERVATION	ASPS
Х		39	Community Service/Education Report Submitted Completely and On Time	ORSEDVATION	A S D S
		-33	Customer Service Tracking Database Report	OBSERVATION	ASPS
Χ		40	Submitted Completely and On Time	OBSERVATION	ASPS
			* *	OBOLITYATION	, .5. 6



								Compliance Reporting	ng 2021/01/01 - 2021	/01/31					BLS o	n ALS	Compliance Period Re	porting for Repetitive Non-
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment	Consecutive Periods Out	Out of Compliance Count for 12 Periods Including Current Period
	1	42	3	45	0	45	3	0	0	1	45	2	95.56%	\$0	0	\$0	0	
	3	65 36	5	70 37	1 10	69 27	5	0	0	0	68 27	1	94.12% 96.30%	\$0	0	\$0 \$0	0	
EOA 1 Metro	4	0	0	0	0	0	0	0	0	0	0	0			0	\$0		
LOA I Medo	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0	
	2	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0	
	4	0	0	0	0	0	0	0	0	0	0	0	100.00%		0	\$0 \$0		
EOA 1 Rural	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	15	0	15	0	15	0	0	0	0	15	0	100.00%	\$0	0	\$0 \$0	0	
	2	8	1	9	0	9	1	0	0	0	9	1	88.89%	\$1,000	0	\$1,000	1	
	3	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	\$0		
EOA 1 Suburban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	4	0	0	0	0	0	0	0	0	0	3	0		61 000	0	\$0	1	
	2	12	1	13	0	13	1	1	0	0	13	1	66.67% 92.31%	\$1,000 \$0	0	\$1,000 \$0	0	
	3	7	1	8	0	8	1	1	1	0	7	0	100.00%		0	\$0		
EOA 1 Urban	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	5	0 4	0 4	8	0	0 8	0 4	0	0	0	0 8	0 4	50.00%		0	\$0 \$0		
	7	2	1	3	0	3	1	0	0	0	3	1	66.67%		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0 \$0	0	
	4	0	0	0	0	0	0	0	0	0	0	0	_		0	\$0		
EOA 1 Wilderness	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	1	48	4	52	0	52	4	2	2	0	50	2	96.00%	\$0	0	\$0	0	
	2	83	4	87	0	87	4	1	1	0	86	3	96.51%	\$0	0	\$0	0	
	4	38 0	0	38	7	31 0	0	0	0	0	31 0	0	100.00%		0	\$0 \$0		
EOA 2 Metro	5	0	0	0	0	0	0	0	0	0	0	0	_		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	2	0	0 2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0 \$0	0	
	2	3	0	3	0	3	0	0	0	0	3	0	100.00%	\$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 2 Rural	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	_		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	2	11 12	2	11	0	11	2	0	0	0	11	0 2	100.00% 85.71%	\$0 \$1,000	0	\$0 \$1,000	0	
	3	2	1	3	0	3	1	0	0	1	3	0	100.00%	\$1,000	0	\$1,000		
EOA 2 Suburban	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8	5	0	5	0	5	0	0	0	0	5	0	100.00%		0	\$0		
	1	17	1	18	0	18	1	0	0	1	18	0	100.00%	\$0	0	\$0	0	
	3	20	1	21	0	21	1	0	0	1	21 11	0	100.00% 90.91%	\$0	0	\$0 \$0	0	
	4	10 0	0	11	0	0	0	0	0	0	0	0	90.91%		0	\$0 \$0		
EOA 2 Urban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		



Period: Jan 01 2021 to Jan 31 2021 \$0 \$0 86.82% \$5,000 \$5,000 90.81% \$0 93.00% \$0 85.00% \$0 EOA 4 Metro 100.00% \$0 72.05% \$0 75.94% \$0 100.00% \$0 \$0 0.00% \$1,000 \$1,000 50.00% \$0 \$0 EOA 4 Rural \$0 \$0 \$0 \$0 100.00% \$0 \$0 91.67% \$0 \$0 100.00% \$0 \$0 EOA 4 Suburban \$0 \$0 \$0 89.58% \$1,000 \$1,000 93.02% \$0 75.00% \$0 \$0 EOA 4 Urban \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 EOA 4 Wilderness \$0 \$0 \$0 Λ \$0 81.62% \$1,000 \$1,000 84.97% \$1,000 \$1,000 88.89% \$0 100.00% \$0 EOA 8 Metro 100.00% \$0 66.67% \$0 91.07% \$0 \$0 75.00% \$1,000 \$1,000 100.00% \$0 \$0 80.00% \$0 EOA 8 Rural \$0 \$0 \$0 \$0 98.00% \$0 96.39% \$0 100.00% \$0 \$0 EOA 8 Suburban \$0 \$0 \$0 Λ Ω Λ \$0 93.33% \$0 \$0 89.47% \$1,000 \$1,000 95.45% \$0 \$0 EOA 8 Urban \$0 \$0 \$0 \$0 \$0



AMBULANCE Period: Jan 01 2021 to Jan 31 2021 100.00% \$0 \$0 \$0 EOA 8 Wilderness \$0 \$0 \$0 \$0 92.16% \$0 96.84% \$0 95.92% \$0 \$0 EOA 9 Metro \$0 \$0 \$0 \$0 \$0 \$0 \$0 100.00% \$0 \$0 EOA 9 Rural \$0 \$0 \$0 \$0 92.31% \$0 \$0 83.33% \$1,000 \$1,000 100.00% \$0 \$0 EOA 9 Suburban \$0 \$0 \$0 \$0 100.00% \$0 \$0 100.00% \$0 100.00% \$0 \$0 EOA 9 Urban \$0 \$0 \$0 \$0 100.00% \$0 \$0 \$0 \$0 \$0 \$0 EOA 9 Wilderness \$0 \$0 \$0 \$0 92.03% \$0 \$0 96.77% \$0 \$0 98.04% \$0 \$0 EOA 11 Metro \$0 100.00% \$0 \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 EOA 11 Rural \$0 \$0 \$0 \$0 100.00% \$0 \$0 100.00% \$0 Λ 100.00% \$0 \$0 EOA 11 Suburban \$0 \$0 \$0 100.00% \$0 100.00% \$0 \$0 100.00% \$0 \$0 \$0 \$0 FΩΔ 11 Urban

AMBU	LANCE	Period: Ja	an 01 202	1 to Jan 3	31 2021	Report S	Status: FINAL												
LOA II OIDBII	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	2		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	3		1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
EOA 11 Wilderness	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA II Wilderliess	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1											250		0.40%		1	\$0	0	0
EOA 1	2											310		0.00%		0	\$0	0	0
	3											155		0.00%		0	\$0	0	0
	1											81		0.00%		0	\$0	0	0
EOA 2	2											124		0.00%		0	\$0	0	0
	3											45		0.00%		0	\$0	0	0
	1											0		-		0	\$0	0	
EOA 3	2											0		-		0	\$0	0	
	3													-		0	\$0		
	1											1921		8.90%		171	\$0	2	6
EOA 4	2											2788		7.64%		213	\$0	2	8
	3											1502		1.13%		17	\$0	0	0
	1											235		2.13%		5	\$0	0	0
EOA 8	2											320		0.94%		3	\$0	0	0
	3											154		0.00%		0	\$0	0	0
	1											70		0.00%		0	\$0	0	0
EOA 9	2											109		0.00%		0	\$0	0	0
	3											58		0.00%		0	\$0	0	0
	1											0				0	\$0	0	0
EOA 11	2											0		-		0	\$0	0	0
	3											0				0	\$0	0	0
	2		0	0	0	0	0	0	0	0	0	0	0	-	\$0 \$0	0	\$0	0	
	2		0	0	0	0	0		0	0	0	0	0	-	\$0	0	\$0	0	
	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
OUT OF SERVICE AREA	-		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
A	6		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		0	0	0	0		0	0	0	0	0	0	-		0	\$0		
	1		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	2		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	3		0	0	0	0	0	0	0	0	0	0	0	-	φu	0	\$0	U	
	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
MUTUAL AID GIVEN	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
				0	0	0	0	0	0	0	0	0	0			0			
	•		0	U	U	U	U	U	U	U	U	U	U	-		U	\$0		

\$15,000



								Compliance Reporting	ng 2021/02/01 - 2021	/02/28					BLS o	n ALS	Compliance Period Rep	orung for Repetitive Non-
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment	Consecutive Periods Out of Compliance Including Current Period	Out of Compliance Count for 12 Periods Including Current Period
	1	39	4	43	0	43	4	1	1	0	42	3	92.86%	\$0	0	\$0	0	
	2	48	2	50	0	50	2	0	0	0	50	2	96.00%	\$0	0	\$0	0	
	4	29	0	30	0	26	0	0	0	0	26 0	0	96.15%		0	\$0 \$0		
EOA 1 Metro	5	0	0	0	0	0	0	0	0	0	0	0	_		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	3	0	4	0	4	0	0	0	0	3	0	100.00%	\$0 \$0	0	\$0	0	
	3	1	0	3	0	3	0	0	0	0	1	0	100.00%	\$0	0	\$0 \$0	0	
	4	0	0	0	0	0	0	0	0	0	0	0			0	\$0		
EOA 1 Rural	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	83.33%		0	\$0		
	2	5 13	0	6	0	6	0	0	0	0	6 13	0	100.00%	\$1,000 \$0	0	\$1,000 \$0	1 0	
	3	8	0	8	0	8	0	0	0	0	8	0	100.00%	40	0	\$0	,	
E0446	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 1 Suburban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	9	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	2	0	3	1	2	0	0	0	0	1	0	100.00%	\$0	0	\$0 \$0	0	
	2	23	2	25	0	25	2	2	2	0	23	0	100.00%	\$0	0	\$0	0	
	3	4	0	4	0	4	0	0	0	0	4	0	100.00%		0	\$0		
EOA 1 Urban	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EGA I GIBAII	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	66.67%		0	\$0 \$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 1 Wilderness	-	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	38	3	41	0	41	3	0	0	1	41	2	95.12%	\$0	0	\$0	0	
	2	49	2	51	0	51	2	1	1	0	50	1	98.00%	\$0	0	\$0	0	
	4	28 0	0	30	0	27 0	0	0	0	0	27 0	0	92.59%		0	\$0 \$0		
EOA 2 Metro	5	0	0	0	0	0	0	0	0	0	0	0	_		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	2	1	0	1	0	1	0	0	0	0	0	0	100.00%	\$0 \$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0 \$0	0	
	4	0	0	0	0	0	0	0	0	0	0	0	_		0	\$0		
EOA 2 Rural	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	9	0	0	0	10	0	0	0	0	10	0	90.00%	\$0	0	\$0	0	
	2	11	0	10	0	10	0	0	0	0	11	0	100.00%	\$0	0	\$0 \$0	0	
	3	7	2	9	2	7	1	0	0	0	7	1	85.71%		0	\$0	, , , , , , , , , , , , , , , , , , ,	
EOA 2 Suburban	4	0	0	0	0	0	0	0	0	0	0	0			0	\$0		
LOA 2 GUDUIDAII	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0 11	0	12	0	0	0	0	0	0	0 12	0	100.00%		0	\$0 \$0		
	1	5	0	5	0	12 5	0	0	0	0	5	0	100.00%	\$0	0	\$0	0	
	2	13	1	14	0	14	1	1	1	0	13	0	100.00%	\$0	0	\$0	0	
	3	7	0	7	5	2	0	0	0	0	2	0	100.00%		0	\$0		
EOA 2 Urban	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
I	•	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		



Period: Feb 01 2021 to Feb 28 2021 \$0 \$0 88.88% \$5,000 \$5,000 92.62% \$0 93.52% \$0 95.00% \$0 EOA 4 Metro 100.00% \$0 80.82% \$0 83.74% \$0 100.00% \$0 100.00% \$0 66.67% \$1,000 \$1,000 \$0 \$0 EOA 4 Rural \$0 \$0 \$0 \$0 100.00% \$0 \$0 89.47% \$1,000 \$1,000 80.00% \$0 \$0 EOA 4 Suburban \$0 \$0 \$0 \$0 100.00% \$0 \$0 95.83% \$0 \$0 100.00% \$0 \$0 EOA 4 Urban \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 EOA 4 Wilderness \$0 \$0 \$0 \$0 85.09% \$1,000 \$1,000 88.46% \$1,000 \$1,000 93.75% \$0 100.00% \$0 EOA 8 Metro 100.00% \$0 83.33% \$0 93.42% \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 100.00% \$0 EOA 8 Rural \$0 \$0 \$0 \$0 95.00% \$0 95.38% \$0 100.00% \$0 \$0 EOA 8 Suburban \$0 0.00% \$0 \$0 Ω Λ \$0 95.65% \$0 \$0 93.55% \$0 \$0 100.00% \$0 \$0 EOA 8 Urban \$0 \$0 \$0 \$0 \$0



Period: Feb 01 2021 to Feb 28 2021 100.00% \$0 \$0 \$0 EOA 8 Wilderness \$0 \$0 \$0 \$0 91.67% \$0 98.61% \$0 100.00% \$0 \$0 EOA 9 Metro \$0 87.50% \$0 \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 \$0 \$0 EOA 9 Rural \$0 \$0 \$0 \$0 100.00% \$0 \$0 85.71% \$1,000 \$1,000 100.00% \$0 \$0 EOA 9 Suburban \$0 \$0 \$0 \$0 100.00% \$0 \$0 94.12% \$0 100.00% \$0 \$0 EOA 9 Urban \$0 \$0 \$0 100.00% \$0 \$0 \$0 \$0 \$0 \$0 EOA 9 Wilderness \$0 \$0 \$0 \$0 94.12% \$0 \$0 97.62% \$0 \$0 95.74% \$0 \$0 EOA 11 Metro \$0 0.00% \$0 --\$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 EOA 11 Rural \$0 \$0 \$0 100.00% \$0 100.00% \$0 \$0 95.24% \$0 Λ 100.00% \$0 \$0 EOA 11 Suburban \$0 \$0 \$0 100.00% \$0 100.00% \$0 100.00% \$0 \$0 100.00% \$0 \$0 FΩΔ 11 Urban

AMBU	LANCE P	Period: Fel	b 01 202	1 to Feb 2	28 2021	Report S	tatus: FINAL												
LOA II OIDAII	5		0	0	0	0	0	0	0	0	0	0	0	_		0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	2		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	3		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 11 Wilderness	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 1	1											199		1.01%		2	\$0	0	
EUA1	2	_										253 152		0.40%		0	\$0	0	
	1											152 57		0.00%			\$0	0	
EOA 2	2											74		0.00%		0	\$0 \$0	0	
EOA2	2											36		0.00%		0	\$0	0	
	1											0		0.00%		0	\$0	0	
EOA 3	2											0		-		0	\$0	0	
Long	3											0				0	\$0	U	
	1											1649		10.98%		181	\$0	2	
EOA 4	2											2535		10.26%		260	\$0	2	
	3											1393		2.44%		34	\$0	0	
	1											182		2.20%		4	\$0	0	
EOA 8	2											262		2.29%		6	\$0	0	
	3											102		0.98%		1	\$0	0	
	1											52		0.00%		0	\$0	0	
EOA 9	2											98		0.00%		0	\$0	0	0
	3											50		0.00%		0	\$0	0	0
	1											0		-		0	\$0	0	0
EOA 11	2											0				0	\$0	0	0
	3											0		-		0	\$0	0	0
	1		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	2		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	3		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
OUT OF SERVICE	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
AREA	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	2		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	3		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
MUTUAL AID GIVEN	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	-		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	,		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	•		0	0	0	0	0	0	0	0	0	0	0			0	\$0 \$11,000		
																	\$11,000		



								Compliance Reporti	ng 2021/03/01 - 2021	1/03/31					BLS o	n ALS	Compliance Period Rep	porting for Repetitive Non-
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment		Out of Compliance Count for 12 Periods Including Current Period
	1	42	1	43	0	43	1	1	1	0	42	0	100.00%	\$0	0	\$0	0	
	3	64 33	1	64 34	0	64 34	0	0	0	0	64 34	1	100.00% 97.06%	\$0	0	\$0 \$0	0	
EOA 1 Metro	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EGA I MOUG	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	6	0	6	0	5	0	0	0	0	5	0	100.00%	\$0 \$0	0	\$0 \$0	0	
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0	
EOA 1 Rural	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	2	10 12	0	10 12	0	10	0	0	0	0	10 12	0	100.00%	\$0 \$0	0	\$0 \$0	0	
	3	12	0	12	0	12	0	0	0	0	12	0	100.00%		0	\$0	, and the second	
EOA 1 Suburban	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	\$0		
	2	3 16	2	3 18	0	3 18	2	1	0	0	3 18	3	100.00% 83.33%	\$0 \$1,000	0	\$0 \$1,000	0	
	3	6	0	6	0	6	0	0	0	0	6	0	100.00%	V .,	0	\$0		
EOA 1 Urban	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	2	0	0	0	0	0	0	0	0	0	0	0	-	\$0 \$0	0	\$0 \$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 1 Wilderness	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	0 46	1	0 47	0	0 47	0	0	0	0	47	1	97.87%	\$0	0	\$0 \$0	0	
	2	68	2	70	0	70	2	1	0	0	70	2	97.14%	\$0	0	\$0	0	
	3	29	1	30	0	30	1	0	0	0	30	1	96.67%		0	\$0		
EOA 2 Metro	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
	7	0	0	0	0	1	0	0	0	0	0	0	100.00%		0	\$0		
	1	3	0	3	0	0	0	0	0	0	3	0	100.00%	\$0	0	\$0 \$0	0	
	2	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0	
	4	0	0	0	0	0	0	0	0	0	0	0	100.00%		0	\$0 \$0		
EOA 2 Rural	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	1	12	1	13	0	13	1	0	0	0	13	1	92.31%	\$0	0	\$0	0	
	2	19	0	19	0	19	0	0	0	0	19	0	100.00%	\$0	0	\$0	0	
	4	15 0	0	15	0	15	0	0	0	0	15 0	0	100.00%		0	\$0 \$0		
EOA 2 Suburban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0 23	2	0 25	0	0 25	2	0	0	1	0 25	1	96.00%		0	\$0 \$0		
	1	17	1	18	1	17	1	0	0	0	17	1	94.12%	\$0	0	\$0	0	
	2	14	5	19	0	19	5	2	2	0	17	3	82.35%	\$1,000	0	\$1,000	1	
	4	9	0	9	0	9	0	0	0	0	9	0	100.00%		0	\$0 \$0		
EOA 2 Urban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		



Period: Mar 01 2021 to Mar 31 2021 \$0 \$0 84.05% \$5,000 \$5,000 88.23% \$1,000 89.09% \$0 88.00% \$0 EOA 4 Metro 100.00% \$0 75.86% \$0 80.24% \$0 96.67% \$0 83.33% \$1,000 \$1,000 100.00% \$0 \$0 100.00% \$0 \$0 EOA 4 Rural \$0 \$0 \$0 \$0 90.00% \$0 \$0 96.00% \$0 \$0 80.00% \$0 \$0 EOA 4 Suburban \$0 \$0 \$0 100.00% 85.71% \$1,000 \$1,000 87.76% \$1,000 \$1,000 96.55% \$0 \$0 EOA 4 Urban \$0 \$0 \$0 75.00% \$0 \$0 \$0 \$0 \$0 \$0 EOA 4 Wilderness \$0 \$0 \$0 \$0 74.04% \$5,000 \$5,000 84.00% \$5,000 \$5,000 85.88% \$0 100.00% \$0 EOA 8 Metro \$0 81.82% \$0 94.52% \$0 100.00% \$0 75.00% \$1,000 \$1,000 100.00% \$0 \$0 100.00% \$0 EOA 8 Rural \$0 \$0 \$0 \$0 95.65% \$0 96.77% \$0 97.22% \$0 \$0 EOA 8 Suburban \$0 100 00% \$0 100.00% \$0 Ω Λ \$0 90.91% \$0 \$0 91.67% \$0 \$0 92.31% \$0 \$0 EOA 8 Urban \$0 \$0 \$0 \$0 \$0



Period: Mar 01 2021 to Mar 31 2021 \$0 100.00% \$0 \$0 EOA 8 Wilderness \$0 \$0 \$0 \$0 95.65% \$0 100.00% \$0 90.24% \$0 \$0 EOA 9 Metro \$0 \$0 \$0 100.00% \$0 100.00% \$0 \$0 \$0 \$0 100.00% \$0 \$0 EOA 9 Rural \$0 \$0 \$0 \$0 100.00% \$0 \$0 100.00% \$0 100.00% \$0 \$0 EOA 9 Suburban \$0 \$0 \$0 \$0 100.00% \$0 \$0 100.00% \$0 100.00% \$0 \$0 EOA 9 Urban \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 EOA 9 Wilderness \$0 \$0 \$0 \$0 95.24% \$0 \$0 95.06% \$0 \$0 98.08% \$0 \$0 EOA 11 Metro \$0 50.00% \$0 \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 EOA 11 Rural \$0 \$0 \$0 \$0 93.75% \$0 \$0 100.00% \$0 Λ 100.00% \$0 \$0 EOA 11 Suburban \$0 \$0 \$0 100.00% \$0 100.00% \$0 95.00% \$0 \$0 100.00% \$0 \$0 FΩΔ 11 Urban

AMBU	LANCE	Period: M	lar 01 202	1 to Mar	31 2021	Report S	tatus: FINAL												
LOA II OIDAII	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1		2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0	
	2		0	0	0	0	0	0	0	0	0	0	0		\$0	0	\$0	0	
	3		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
EOA 11 Wilderness	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
20A TT Wilderings	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1											200		0.00%		0	\$0	0	0
EOA 1	2											311		0.96%		3	\$0	0	0
	3											177		0.00%		0	\$0	0	0
	1											80		0.00%		0	\$0	0	0
EOA 2	2											107		0.00%		0	\$0	0	0
	3											55		0.00%		0	\$0	0	0
EOA 3	1											0		-		0	\$0	0	
EUA3	2											0		-		0	\$0	0	
												1762		3.41%		60	\$0		
EOA 4	1																\$0	2	8
EUA 4	2											2829 1768		5.34% 1.36%		151 24	\$0	2	10
												187		2.14%		4	\$0	0	0
EOA 8	2											253		0.40%		1	\$0 \$0	0	0
LOAG	3											152		0.66%		1	\$0	0	0
	1											65		0.00%		0	\$0	0	0
EOA 9	2											78		0.00%		0	\$0	0	0
Long	3											51		0.00%		0	\$0	0	0
	1											0		-		0	\$0	0	0
EOA 11	2											0				0	\$0	0	0
	3											0		-		0	\$0	0	0
	1		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	2		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	3		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
OUT OF SERVICE	4		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
AREA	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	2		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	3		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
MUTUAL AID GIVEN	4		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
mo I UAL AID GIVEN	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		

\$22,000



								Compliance Reporti	ng 2021/04/01 - 202	1/04/30					BLS	on ALS	Compliance Period Rep	orung for Repetitive Non-
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment		Out of Compliance Count for 12 Periods Including Current Period
	1	30	7	37	2	35	7	0	0	2	35	5	85.71%	\$1,000	0	\$1,000	1	
	3	63 41	0	66	0	66	0	0	0	0	66 40	0	95.45% 100.00%	\$0	0	\$0 \$0	0	
EOA 1 Metro	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0 6	0	6	0	5	0	0	0	0	5	0	100.00%		0	\$0 \$0		
	2	3	0	3	0	3	0	0	0	0	3	0	100.00%	\$0 \$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 1 Rural	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	5	0	6	0	6	0	0	0	0	6	1	83.33%	\$1,000	0	\$0 \$1,000	1	
	2	15	2	17	1	16	2	1	1	0	15	1	93.33%	\$0	0	\$0	0	
	3	7	0	7	0	7 0	0	0	0	0	7	0	100.00%		0	\$0		
EOA 1 Suburban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0 \$0	0	
	2	22	0	22	0	22	0	0	0	0	22	0	100.00%	\$0	0	\$0	0	
	3	7	0	7	0	7	0	0	0	0	7	0	100.00%		0	\$0		
EOA 1 Urban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	1	0	0	0	0	0	0	0	0	0	0	0	_	\$0	0	\$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
EOA 1 Wilderness	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	1	18	3	21	0	21	3	0	0	1	21	2	90.48%	\$0	0	\$0	0	
	3	48 25	1 4	49 29	0	49 28	4	0	0	0	49 28	4	97.96% 85.71%	\$0	0	\$0 \$0	0	
50404	4	0	0	0	0	0	0	0	0	0	0	0			0	\$0		
EOA 2 Metro	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6 7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8	0	0	0	0	0	0	0	0	0	0	0	_		0	\$0		
	1	0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0 \$0	0	
EOA 2 Rural	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EUR Z INUIGI	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	10	0	10	0	10	0	0	0	0	10 17	0	100.00% 94.12%	\$0 \$0	0	\$0	0	
	3	16 9	0	17	0	9	0	0	0	0	9	0	100.00%	\$0	0	\$0 \$0	0	
EOA 2 Suburban	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	21	0	21	0	21	0	0	0	0	21	0	100.00%		0	\$0		
	2	12 13	1	14	0	14	1	0	0	0	14 14	1	85.71% 92.86%	\$1,000 \$0	0	\$1,000 \$0	0	
	3	8	0	8	0	8	0	0	0	0	8	0	100.00%		0	\$0	Ů	
EOA 2 Urban	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
I		,				,	,	, , , , , , , , , , , , , , , , , , ,			,				•	90		



AMBULANCE Period: Apr 01 2021 to Apr 30 2021 \$0 \$0 81.21% \$5,000 \$5,000 84.76% \$1,000 86.53% \$0 90.48% \$0 EOA 4 Metro 100.00% \$0 74.64% \$0 76.86% \$0 100.00% \$0 100.00% \$0 75.00% \$1,000 \$1,000 0.00% \$0 \$0 EOA 4 Rural \$0 \$0 \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 EOA 4 Suburban \$0 \$0 \$0 100.00% \$0 92.86% \$0 \$0 90.91% \$0 \$0 91.67% \$0 \$0 EOA 4 Urban \$0 \$0 \$0 100.00% \$0 \$0 \$0 \$0 \$0 \$0 EOA 4 Wilderness \$0 \$0 \$0 Λ \$0 77.97% \$5,000 \$5,000 85.06% \$5,000 \$5,000 88.29% \$0 100.00% \$0 EOA 8 Metro 100.00% \$0 63.64% \$0 98.96% \$0 100.00% \$0 100.00% \$0 \$0 100.00% \$0 \$0 100.00% \$0 EOA 8 Rural \$0 \$0 \$0 \$0 97.92% \$0 \$0 96.77% \$0 \$0 EOA 8 Suburban \$0 \$0 \$0 Ω Λ \$0 92.00% \$0 \$0 88.00% \$1,000 \$1,000 81.48% \$0 \$0 EOA 8 Urban \$0 \$0 \$0 \$0 100.00% \$0 \$0



AMBULANCE Period: Apr 01 2021 to Apr 30 2021 100 00% \$0 100.00% \$0 \$0 EOA 8 Wilderness \$0 \$0 \$0 \$0 91.11% \$0 93.33% \$0 86.67% \$0 \$0 EOA 9 Metro \$0 \$0 \$0 \$0 \$0 100.00% \$0 \$0 \$0 \$0 EOA 9 Rural \$0 \$0 \$0 \$0 100.00% \$0 \$0 100.00% \$0 100.00% \$0 \$0 EOA 9 Suburban \$0 \$0 \$0 \$0 94,44% \$0 \$0 100.00% \$0 100.00% \$0 \$0 EOA 9 Urban \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 EOA 9 Wilderness \$0 \$0 \$0 \$0 94.12% \$0 \$0 94.71% \$0 \$0 94.55% \$0 \$0 EOA 11 Metro \$0 100.00% \$0 100.00% \$0 83.33% \$0 100.00% \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 EOA 11 Rural \$0 \$0 \$0 100.00% \$0 100.00% \$0 \$0 100.00% \$0 Λ 94.44% \$0 \$0 EOA 11 Suburban \$0 \$0 \$0 100.00% \$0 100.00% \$0 92.86% \$0 \$0 100.00% \$0 \$0 FΩΔ 11 Urban

A LILL					esponse C	omphance a	nu Fenany											
AMBULANCI	Period:	Apr 01 202	1 to Apr 3	0 2021	Report S	status: FINAL												
5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
6		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
1		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
2		2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0	
3		1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
11 Wilderness		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
7		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
8		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
1											216		0.00%		0	\$0	0	0
EOA 1 2											326		0.00%		0	\$0	0	0
3											189		0.00%		0	\$0	0	0
1											45		0.00%		0	\$0	0	0
EOA 2											80		0.00%		0	\$0	0	0
3											45		0.00%		0	\$0	0	0
1											0		-		0	\$0	0	
EOA 3 2											0		-		0	\$0	0	
3											0				0	\$0		
1											1679		4.76%		80	\$0	2	9
EOA 4											2680		5.71%		153	\$0	2	11
3											1971		0.76%		15	\$0	0	
1											220		1.36%		3	\$0	0	
EOA 8 2											291		2.06%		6	\$0	0	
3											175		0.57%		1	\$0	0	
1											69		0.00%		0	\$0	0	
EOA9 2											82		1.22%		1	\$0	0	
3											55		1.82%		1	\$0	0	
1											0				0	\$0	0	
EOA 11 2											0		-		0	\$0	0	
3											0				0	\$0	0	0
1		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
2		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
3		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
OF SERVICE 4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
ANLA 5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
-		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
		0	0	0	0	0	0	0	0	0	0	0	-	-	0	\$0		
2		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
2		0	0	0		0	0	0	0	0	0	0	-	\$0	0	\$0	0	
4		0	0	0	0		0	0	0	0	-		-			\$0		
ITUAL AID GIVEN		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
5		0	0	0	0	U	0	0	0	U	0	0	-		0	\$0		

\$0 \$0 \$0 \$21,000



								Compliance Reporti	ng 2021/05/01 - 2021	/05/31					BLS	on ALS	Compliance Period Rep	orting for Repetitive Non-
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment	Consecutive Periods Out	Out of Compliance Count for 12 Periods Including Current Period
	1	31	7	38	0	38	7	1	1	1	37	5	86.49%	\$1,000	0	\$1,000	2	
	3	67 46	1	69 47	0	68	1	0	0	0	66 47	1	100.00% 97.87%	\$0	0	\$0 \$0	0	
EOA 1 Metro	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
LOA! MOU	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	3	0	3	0	3	0	0	0	0	3	0	100.00%	\$0 \$0	0	\$0 \$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0		ąu	0	\$0	0	
EOA 1 Rural	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	2	13	3	16	0	16	3	0	0	0	4 16	3	100.00% 81.25%	\$0 \$1,000	0	\$0 \$1,000	0	
	3	5	1	6	0	6	1	0	0	0	6	1	83.33%	\$1,000	0	\$1,000		
EOA 1 Suburban	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	5 6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	4	1	5	0	5	1	0	0	1	5	0	100.00%		0	\$0		
	2	10	3	13	0	13	3	1	1	0	12	2	100.00% 83.33%	\$0 \$1,000	0	\$0 \$1,000	0	
	3	7	2	9	0	9	2	0	0	0	9	2	77.78%	\$1,000	0	\$1,000	·	
EOA 1 Urban	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	2	3	0	3	0	3	0	0	0	0	3	0	100.00%	\$0 \$0	0	\$0 \$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	-	V U	0	\$0	, and the second	
EOA 1 Wilderness	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-	**	0	\$0		
	2	30 46	4	34 50	0	34 50	4	1	1	0	32 49	3	93.75% 93.88%	\$0 \$0	0	\$0 \$0	0	
	3	29	3	32	0	32	3	0	0	0	32	3	90.63%		0	\$0		
EOA 2 Metro	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	0	0	0	0	0	0	0	0	0	0	0	100.00%	60	0	\$0		
	2	3	0	3	0	3	0	0	0	0	3	0	100.00%	\$0 \$0	0	\$0 \$0	0	
	3	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	\$0		
EOA 2 Rural	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	9	0 2	0 11	0	0 11	2	0	0	0	10	0	90.00%	\$ 0	0	\$0 \$0	0	
	2	25	1	26	1	25	1	0	0	0	25	1	96.00%	\$0	0	\$0	0	
	3	11	1	12	0	12	1	0	0	0	12	1	91.67%		0	\$0		
EOA 2 Suburban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	8	21	1	22	0	22	1	0	0	0	22 15	0	100.00% 93.33%	60	0	\$0		
	2	14 17	0	15 17	0	15	0	0	0	0	15	0	100.00%	\$0 \$0	0	\$0 \$0	0	
	3	6	0	6	0	6	0	0	0	0	6	0	100.00%		0	\$0		
EOA 2 Urban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		



Period: May 01 2021 to May 31 2021 \$0 100.00% \$0 80.98% \$5,000 \$5,000 84.76% \$1,000 86.50% \$0 88.24% \$0 EOA 4 Metro 100.00% \$0 68.16% \$0 69.62% \$0 100.00% \$0 100.00% \$0 100.00% \$0 66.67% \$0 \$0 EOA 4 Rural \$0 \$0 \$0 \$0 92.31% \$0 \$0 95.00% \$0 \$0 100.00% \$0 \$0 EOA 4 Suburban \$0 \$0 \$0 \$0 96.30% \$0 89.06% \$1,000 \$1,000 85.00% \$0 \$0 EOA 4 Urban \$0 \$0 \$0 100.00% \$0 \$0 \$0 \$0 \$0 \$0 EOA 4 Wilderness \$0 \$0 \$0 \$0 71.19% \$5,000 \$5,000 77.08% \$5,000 \$5,000 88.89% \$0 100.00% \$0 EOA 8 Metro \$0 92.31% \$0 97.44% \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 \$0 EOA 8 Rural \$0 \$0 \$0 \$0 97.56% \$0 97.10% \$0 91.30% \$0 \$0 EOA 8 Suburban \$0 \$0 \$0 Ω Λ \$n 89.80% \$1,000 \$1,000 80.95% \$1,000 \$1,000 95.00% \$0 \$0 EOA 8 Urban \$0 \$0 \$0 \$0 100.00% \$0 \$0



Period: May 01 2021 to May 31 2021 100 00% \$0 100.00% \$0 \$0 EOA 8 Wilderness \$0 \$0 \$0 \$0 85.71% \$1,000 \$1,000 90.00% \$0 90.00% \$0 \$0 EOA 9 Metro \$0 \$0 \$0 100.00% \$0 \$0 \$0 100.00% \$0 \$0 \$0 \$0 EOA 9 Rural \$0 \$0 \$0 \$0 93.75% \$0 \$0 62.50% \$1,000 \$1,000 100.00% \$0 \$0 EOA 9 Suburban \$0 \$0 \$0 \$0 100.00% \$0 \$0 60.00% \$1,000 \$1,000 100.00% \$0 \$0 EOA 9 Urban \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 EOA 9 Wilderness \$0 \$0 \$0 \$0 94.62% \$0 \$0 94.30% \$0 \$0 97.84% \$0 \$0 EOA 11 Metro \$0 100.00% \$0 \$0 \$0 100.00% \$0 100.00% \$0 \$0 100.00% \$0 \$0 EOA 11 Rural \$0 \$0 \$0 \$0 96.43% \$0 \$0 100.00% \$0 Λ 80.00% \$0 \$0 EOA 11 Suburban \$0 \$0 \$0 100.00% \$0 94.74% \$0 100.00% \$0 \$0 100.00% \$0 \$0 FΩΔ 11 Urban

AMBU	LANCE	Period: N	May 01 202	21 to May	31 2021	Report S	tatus: FINAL												
LOA II OIDBII	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0	_		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	2		2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0	
	3		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 11 Wilderness	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
LOA 11 Wilderliess	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1											228		1.75%		4	\$0	0	0
EOA 1	2											321		0.31%		1	\$0	0	0
	3											219		0.00%		0	\$0	0	0
	1											58		0.00%		0	\$0	0	0
EOA 2	2											94		0.00%		0	\$0	0	0
	3											53		0.00%		0	\$0	0	0
	1											2		0.00%		0	\$0	0	
EOA 3	2											2		0.00%		0	\$0	0	
	3											2		0.00%		0	\$0		
	1											1864		4.88%		91	\$0	2	10
EOA 4	2											2771		6.21%		172	\$0	2	12
	3											2152		1.21%		26	\$0	0	
	1											216		0.93%		2	\$0	0	0
EOA 8	2											311		1.93%		6	\$0	0	
	3											145		0.00%		0	\$0	0	
	1											62		0.00%		0	\$0	0	
EOA 9	2											105		0.00%		0	\$0	0	
	3											53		0.00%		0	\$0	0	
	1											0		-		0	\$0	0	
EOA 11	2											0		-		0	\$0	0	
	3											0				0	\$0	0	0
	1		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	2		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
			0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
OUT OF SERVICE AREA	•		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
AREA	5		0	0	0	0	0	0	0	0	0		0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-			\$0		
	•		0	0	0	0	0	0	0	0	0		0	-		0	\$0		
	4		0	0	0	0	0	0	0	0	0	0	0	-	***	0	\$0		
	2		0	0	0	0	0	0	0	0	0	0	0		\$0	0	\$0	0	
	2		0	0	0		0	0	0	0	0		0	-	\$0	0	\$0	0	
	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
MUTUAL AID GIVEN	-		0	0	0		0	0	0	0	0	0	0			0	\$0		
			0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	,		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	0		0	0	0	0	0	0	0	0	0	U	0			0	\$0		
																	\$25,000		



								Compliance Reporti	ng 2021/06/01 - 202	1/06/30					BLS	on ALS	Compliance Period Rep Com	porting for Repetitive Non- pliance
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment	Consecutive Periods Out of Compliance Including Current Period	Out of Compliance Count for 12 Periods Including Current Period
	1	32	0	32	0	32	0	0	0	0	32	0	100.00%	\$0	0	\$0	0	
	3	57 36	9	66 39	0	66	9	7	7	0	59 39	3	96.61% 92.31%	\$0	0	\$0 \$0	0	
EOA 1 Metro	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 1 Metro	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0	
	2	4	0	4	0	4	0	0	0	0	4	0	100.00%	\$0	0	\$0	0	
	4	0	0	0	0	0	0	0	0	0	0	0	100.00%		0	\$0 \$0		
EOA 1 Rural	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7 o	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	1	8	0	0 8	0	0 8	0	0	0	0	8	0	100.00%	\$0	0	\$0 \$0	0	
	2	18	0	18	0	18	0	0	0	0	18	0	100.00%	\$0	0	\$0	0	
	3	8	1	9	0	9	1	0	0	0	9	1	88.89%		0	\$0		
EOA 1 Suburban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	2	0	2	0	2	0	0	0	0	3	0	100.00%		0	\$0		
	2	4 15	1	16	0	3 16	0	0	0	0	16	0	100.00% 93.75%	\$0 \$0	0	\$0 \$0	0	
	3	11	0	11	0	11	0	0	0	0	11	0	100.00%		0	\$0		
EOA 1 Urban	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0 \$0	0	
EOA 1 Wilderness	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA I Wilderness	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8	0	0	0	0	0	0	0	0	0	0	0	_		0	\$0		
	1	27	3	30	0	30	3	0	0	0	30	3	90.00%	\$0	0	\$0	0	
	2	47	5	52	0	52	5 2	0	0	0	50 31	2	94.00% 93.55%	\$0	0	\$0	0	
	4	29 0	0	31	0	31 0	0	0	0	0	0	0	93.55%		0	\$0 \$0		
EOA 2 Metro	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	1	0 2	0	0	0	0	0	0	1	0	100.00%		0	\$0 \$0		
	1	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0	
	2	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0	
	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 2 Rural	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	11	0	11	0	10	0	0	0	0	10	0	100.00%	\$0	0	\$0 \$0	0	
	2	23	1	24	0	24	1	0	0	0	24	1	95.83%	\$0	0	\$0	0	
	3	10	1	11	0	11	1	0	0	1	11	0	100.00%		0	\$0		
EOA 2 Suburban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	14	2	16	0	16	2	0	0	2	16	0	100.00%		0	\$0		
	2	9	1	13	0	13	4	0	0	1	13	3	76.92% 100.00%	\$1,000 \$0	0	\$1,000 \$0	1 0	
	3	7	1	8	0	8	1	0	0	0	8	1	87.50%	ŲU.	0	\$0	U	
EOA 2 Urban	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		



Period: Jun 01 2021 to Jun 30 2021 \$0 \$0 \$0 81.76% \$5,000 \$5,000 85.75% \$5,000 \$5,000 85.36% \$0 86.67% \$0 EOA 4 Metro 100.00% \$0 66.23% \$0 79.66% \$0 100.00% \$0 66.67% \$1,000 \$1,000 100.00% \$0 \$0 \$0 \$0 EOA 4 Rural \$0 \$0 \$0 50.00% \$0 93.33% \$0 \$0 90.00% \$0 \$0 80.00% \$0 \$0 EOA 4 Suburban \$0 \$0 \$0 100.00% \$0 94.12% \$0 85.07% \$1,000 \$1,000 89.74% \$0 \$0 EOA 4 Urban \$0 \$0 \$0 100.00% \$0 \$0 \$0 \$0 \$0 \$0 \$0 EOA 4 Wilderness \$0 \$0 \$0 \$0 76.47% \$5,000 \$5,000 71.43% \$5,000 \$5,000 85.44% \$0 100.00% \$0 EOA 8 Metro 90.91% \$0 96.15% \$0 100.00% \$0 100.00% \$0 \$0 100.00% 100.00% \$0 \$0 EOA 8 Rural \$0 \$0 \$0 \$0 96.72% \$0 \$0 98.77% \$0 \$0 94.59% \$0 \$0 EOA 8 Suburban \$0 100.00% \$0 Λ Ω Λ \$0 \$0 90.91% \$0 \$0 91.11% \$0 91.18% \$0 \$0 EOA 8 Urban \$0 \$0 \$0 100.00% \$0



AMBULANCE Period: Jun 01 2021 to Jun 30 2021 100 00% 100.00% \$0 \$0 \$0 EOA 8 Wilderness \$0 \$0 \$0 \$0 91.07% \$0 \$0 95.35% \$0 \$0 94.83% \$0 \$0 EOA 9 Metro \$0 \$0 \$0 50.00% \$0 100.00% \$0 \$0 \$0 100.00% \$0 \$0 EOA 9 Rural \$0 \$0 \$0 \$0 100.00% \$0 100.00% \$0 100.00% \$0 \$0 EOA 9 Suburban \$0 \$0 \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 EOA 9 Urban \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 100.00% \$0 \$0 EOA 9 Wilderness \$0 \$0 \$0 \$0 90.40% \$0 \$0 95.26% \$0 94.78% \$0 \$0 EOA 11 Metro \$0 66.67% \$0 \$0 100.00% \$0 100.00% \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 EOA 11 Rural \$0 \$0 \$0 \$0 100.00% \$0 \$0 100.00% Λ \$0 94.12% \$0 \$0 EOA 11 Suburban \$0 \$0 \$0 100.00% \$0 100.00% \$0 \$0 100.00% \$0 \$0

100.00%

\$0

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38 E	AMBULANCE

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AMBULAI	NCE P	eriod: Ju	n 01 2021	1 to Jun 3	30 2021	Report S	status: FINAL												
4			0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
A 11 Urban 5			0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
6			0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
7			0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
8			0	0	0	0	0	0	0	0	0	0	0			0	\$0		
1			0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
2			3	0	3	0	3	0	0	0	0	3	0	100.00%	\$0	0	\$0	0	
3			1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
1 Wilderness			0	0	0	0	0	0	0	0	0	0	0			0	\$0 \$0		
6			0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
7			0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
8			0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
1									, ,	, ,		209		0.48%		1	\$0	0	0
EOA1 2												347		0.00%		0	\$0	0	
3												208		0.00%		0	\$0	0	
1												54		0.00%		0	\$0	0	
EOA 2												88		0.00%		0	\$0	0	0
3												50		0.00%		0	\$0	0	0
1												0				0	\$0	0	
EOA 3 2												1		0.00%		0	\$0	0	
3												0				0	\$0		
1												1839		4.68%		86	\$0	2	11
EOA 4 2												2816		5.97%		168	\$0	2	
3												2059		0.97%		20	\$0	0	
TOA 9												234		2.14%		5	\$0	0	
EOA8 2												302 177		2.32% 0.00%		7	\$0 \$0	0	
1												79		0.00%		0	\$0	0	
EOA9 2												109		0.00%		0	\$0	0	
3		_										67		0.00%		0	\$0	0	
1												0		-		0	\$0	0	
EOA 11 2												0		-		0	\$0	0	
3												0		-		0	\$0	0	
1			0	0	0	0	0	0	0	0	0	0	0		\$0	0	\$0	0	
2			0	0	0	0	0	0	0	0	0	0	0		\$0	0	\$0	0	
3			0	0	0	0	0	0	0	0	0	0	0			0	\$0		
F SERVICE 4			0	0	0	0	0	0	0	0	0	0	0			0	\$0		
AREA 5			0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
6			0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
7			0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
8			0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
1			0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
2			0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
3			0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
AL AID GIVEN			0	0	0	0	0	0	0	0	0	0	0			0	\$0		
5			0	0	0	0	0	0	0	0	0	0	0			0	\$0		
7			0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
,			0	0	0	0	0	0	0	0	0	0	0			0	\$0		
•			0	0	0	U	0	0	0	0	0	U	0	-		0	\$0 \$23,000		



								Compliance Reporti	na 2021/07/01 - 2021	1/07/31					BLS o	n ALS	Compliance Period Re	porung for Repetitive Non-
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment		Out of Compliance Count for 12 Periods Including Current Period
	1	50	15	65	2	63	15	3	3	0	60	12	80.00%	\$1,000	0	\$1,000	1	
	3	53 46	13	66 51	2	64 49	13 5	0	0	0	60 49	5	85.00% 89.80%	\$1,000	0	\$1,000 \$0	1	
EOA 1 Metro	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA I Metro	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6 7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8	0	1	1	0	1	1	0	0	0	1	1	0.00%		0	\$0		
	1	9	0	9	1	8	0	0	0	0	8	0	100.00%	\$0	0	\$0	0	
	3	3	0	3	0	3	0	0	0	0	3	0	100.00%	\$0	0	\$0 \$0	0	
EOA 1 Rural	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	10 23	1	11 24	0	11 23	1 1	0	0	0	10	0	100.00% 95.65%	\$0 \$0	0	\$0 \$0	0	
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%	Ų.	0	\$0	U	
EOA 1 Suburban	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	2	5 19	0 2	5 21	0	5 21	2	0	0	0	5 20	0	100.00% 95.00%	\$0 \$0	0	\$0 \$0	0	
	3	6	4	10	0	10	4	0	0	0	10	4	60.00%	30	0	\$0	0	
EOA 1 Urban	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	2	0	0	0	0	0	0	0	0	0	0	0	100.00%	\$0 \$0	0	\$0 \$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 1 Wilderness	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	0 39	9	0 48	0	0 48	9	0	0 4	0	0 44	5	88.64%	\$1,000	0	\$0 \$1,000	1	
	2	62	17	79	0	79	17	5	5	0	74	12	83.78%	\$1,000	1	\$1,000	1	
	3	39	5	44	0	44	5	0	0	0	44	5	88.64%		0	\$0		
EOA 2 Metro	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	2	0	2	0	0 2	0	0	0	0	2	0	100.00%	\$0	0	\$0 \$0	0	
	2	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 2 Rural	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	1	13	0	13	0	13	0	0	0	0	13	0	100.00%	\$0	0	\$0	0	
	2	14	0	14	0	14	0	0	0	0	14	0	100.00%	\$0	0	\$0	0	
	4	8 0	0	9	0	9	0	0	0	0	9	0	88.89%		0	\$0 \$0		
EOA 2 Suburban	5	0	0	0	0	0	0	0	0	0	0	0	_		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0 5	0	5	0	5	0	0	0	0	5	0	100.00%		0	\$0 \$0		
	1	14	3	17	0	17	3	1	1	0	16	2	87.50%	\$1,000	0	\$1,000	2	
	2	17	2	19	0	19	2	0	0	0	19 9	2	89.47% 88.89%	\$1,000	1	\$1,000	1	
	4	8 0	0	9	0	9	0	0	0	0	0	0	88.89%		0	\$0 \$0		
EOA 2 Urban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		



AMBULANCE Period: Jul 01 2021 to Jul 31 2021 \$0 \$0 79.53% \$5.000 \$5,000 84.15% \$5,000 82.62% \$0 81.82% \$0 EOA 4 Metro 100.00% \$0 65.27% \$0 68.39% \$0 100.00% \$0 100.00% \$0 33.33% \$1,000 \$1,000 0.00% \$0 \$0 EOA 4 Rural \$0 \$0 \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 EOA 4 Suburban \$0 \$0 \$0 100.00% \$0 92.68% \$0 73.02% \$1,000 \$1,000 88.24% \$0 \$0 EOA 4 Urban \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 EOA 4 Wilderness \$0 \$0 \$0 \$0 71.43% \$5,000 \$5,000 74.10% \$5,000 \$5,000 77.48% \$0 100.00% \$0 EOA 8 Metro \$0 71.43% \$0 82.50% \$0 100.00% \$0 100.00% \$0 \$0 100.00% \$0 \$0 100.00% \$0 EOA 8 Rural \$0 \$0 \$0 \$0 98.11% \$0 96.97% \$0 95.65% \$0 \$0 EOA 8 Suburban \$0 100.00% \$0 \$0 Λ Λ Ω Ω Λ \$n 88.64% \$1,000 \$1,000 86.44% \$1,000 \$1,000 84.00% \$0 \$0 EOA 8 Urban \$0 \$0 \$0 \$0 \$0



AMBULANCE Period: Jul 01 2021 to Jul 31 2021 100 00% \$0 100.00% \$0 \$0 EOA 8 Wilderness \$0 \$0 \$0 \$0 96.08% \$0 91.46% \$0 78.05% \$0 \$0 EOA 9 Metro \$0 \$0 \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 EOA 9 Rural \$0 \$0 \$0 \$0 100.00% \$0 \$0 100.00% \$0 100.00% \$0 \$0 EOA 9 Suburban \$0 \$0 \$0 \$0 71.43% \$1,000 \$1,000 93.33% \$0 87.50% \$0 \$0 EOA 9 Urban \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 EOA 9 Wilderness \$0 \$0 \$0 \$0 94.00% \$0 \$0 90.82% \$0 \$0 95.39% \$0 \$0 EOA 11 Metro \$0 50.00% \$0 \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 EOA 11 Rural \$0 100.00% \$0 \$0 100.00% \$0 100.00% \$0 \$0 100.00% \$0 Λ 100.00% \$0 \$0 EOA 11 Suburban \$0 \$0 \$0 100.00% \$0 94.12% \$0 92.86% \$0 \$0 100.00% \$0 \$0 FΩΔ 11 Urban

AMBU	LANCE	Period: Ju	ıl 01 2021	to Jul 31	2021	Report S	tatus: FINAL												
LOA II OIDAII	5		0	0	0	0	0	0	0	0	0	0	0	_		0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1		2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0	
	2		0	0	0	0	0	0	0	0	0	0	0		\$0	0	\$0	0	
	3		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 11 Wilderness	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA I I Wilderliess	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	1											277		0.00%		0	\$0	0	0
EOA1	2											365		0.55%		2	\$0	0	0
	3											252		0.00%		0	\$0	0	0
	1											75		0.00%		0	\$0	0	0
EOA 2	2											108		1.85%		2	\$0	0	0
	3											62 2		0.00%		0	\$0	0	0
EOA 3	1											2		0.00%		0	\$0	0	
EUA3	2											0		0.00%		0	\$0	0	
	3											1932				0	\$0		
EOA 4	1											1932 2901		6.06%		117	\$0	2	12
EUA 4	2											2901		8.69% 1.08%		252 24	\$0	2	13
	1											220		0.91%		24	\$0	0	0
EOA 8	2											328		1.52%		5	\$0 \$0	0	0
LOAG	3											184		0.00%		0	\$0	0	0
	1											68		0.00%		0	\$0	0	0
EOA 9	2											101		0.99%		1	\$0	0	0
Long	3											59		0.00%		0	\$0	0	0
	1											0		-		0	\$0	0	0
EOA 11	2											0				0	\$0	0	0
	3											0				0	\$0	0	0
	1		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	2		0	0	0	0	0	0	0	0	0	0	0		\$0	0	\$0	0	
	3		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
OUT OF SERVICE	4		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
AREA	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1		0	0	0	0	0	0	0	0	0	0	0		\$0	0	\$0	0	
	2		0	0	0	0	0	0	0	0	0	0	0		\$0	0	\$0	0	
	3		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
MUTUAL AID GIVEN	4		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
CAL AID GIVEN	5		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
																	\$31,000		



								Compliance Reporti	ng 2021/08/01 - 202 ⁻	1/08/31					BLS	on ALS	Compliance Period Rej	oorting for Kepetitive Non-
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment		Out of Compliance Count for 12 Periods Including Current Period
	1	54	12	66	0	66	12	3	3	0	63	10	84.13%	\$1,000	0	\$1,000	2	
	3	56 42	12 6	68	3	66 45	12 6	6	6	2	60 45	6	90.00%	\$0	0	\$0 \$0	0	
EOA 1 Metro	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0 7	1	7	0	6	0	0	0	0	6	0	100.00%	\$0	0	\$0 \$0		
	2	3	0	3	0	3	0	0	0	0	3	0	100.00%	\$0	0	\$0	0	
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
EOA 1 Rural	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	8	0	9	0	9	0	0	0	0	9	0	88.89%	\$1,000	0	\$0 \$1,000	1	
	2	11	2	13	0	13	2	1	1	0	12	1	91.67%	\$0	0	\$0	0	
	3	2	2	4	0	4	2	0	0	0	0	2	50.00%		0	\$0		
EOA 1 Suburban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	0 5	0	6	0	6	0 1	0	0	0	6	1	83.33%	\$1,000	0	\$0 \$1,000	1	
	2	8	3	11	1	10	2	1	1	0	9	1	88.89%	\$1,000	0	\$1,000	1	
	3	7	0	9	0	9	0	0	0	0	9	0	88.89%		0	\$0 \$0		
EOA 1 Urban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7 8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	1	0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	3 4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
EOA 1 Wilderness	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	51	19	70	3	67	17	3	3	0	64	15	76.56%	\$1,000	1	\$1,000	2	
	2	69 44	15 6	84 50	0	83 50	15 6	0	0	0	81 50	15	81.48% 88.00%	\$1,000	0	\$1,000 \$0	2	
EOA 2 Metro	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 2 Metro	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	1	0	1 2	0	2	0	0	0	0	2	0	100.00%	\$0 \$0	0	\$0 \$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	100.00%	ąU	0	\$0	U	
EOA 2 Rural	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	2	23 16	2	25 18	0	23	2 2	0	0	0	23 18	2	91.30% 88.89%	\$0 \$1,000	0	\$0 \$1,000	0	
	3	7	1	8	0	8	1	0	0	1	8	0	100.00%		0	\$0		
EOA 2 Suburban	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	8	1 3	9	0	9	3	0	0	0	9 24	3	100.00% 87.50%	\$1,000	0	\$0 \$1,000	3	
	2	22 25	6	25 31	5	24 26	6	1	1	0	25	5	87.50%	\$1,000	0	\$1,000	2	
	3	5	0	5	0	5	0	0	0	0	5	0	100.00%		0	\$0		
EOA 2 Urban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		



Period: Aug 01 2021 to Aug 31 2021 \$0 \$0 76.12% \$5.000 \$5,000 81.08% \$5,000 80.75% \$0 76.74% \$0 EOA 4 Metro 100.00% \$0 52.78% \$0 64.93% \$0 96.67% \$0 50.00% \$1,000 100.00% \$0 \$0 100.00% \$0 \$0 EOA 4 Rural \$0 \$0 \$0 \$0 90.91% \$0 \$0 94.12% \$0 \$0 100.00% \$0 \$0 EOA 4 Suburban \$0 \$0 \$0 86.67% \$1,000 \$1,000 76.09% \$5,000 \$5,000 86.21% \$0 \$0 EOA 4 Urban \$0 \$0 \$0 100.00% \$0 \$0 \$0 \$0 \$0 \$0 EOA 4 Wilderness \$0 \$0 \$0 \$0 63.29% \$5,000 \$5,000 68.45% \$5,000 \$5,000 71.05% \$0 100.00% \$0 EOA 8 Metro 100.00% \$0 68.75% \$0 75.38% \$0 100.00% \$0 100.00% \$0 \$0 100.00% \$0 \$0 75.00% \$0 EOA 8 Rural \$0 \$0 \$0 \$0 96.72% \$0 89.36% \$1,000 89.66% \$0 \$0 EOA 8 Suburban \$0 \$0 \$0 Λ Λ Ω Ω Λ \$0 90.70% \$0 \$0 77.61% \$1,000 \$1,000 80.00% \$0 \$0 EOA 8 Urban \$0 \$0 \$0 \$0 100.00% \$0 \$0



AMBULANCE Period: Aug 01 2021 to Aug 31 2021 100.00% \$0 \$0 \$0 EOA 8 Wilderness \$0 \$0 \$0 \$0 76.19% \$1,000 \$1,000 82.76% \$1,000 \$1,000 73.68% \$0 \$0 EOA 9 Metro \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 EOA 9 Rural \$0 \$0 \$0 \$0 75.00% \$1,000 \$1,000 100.00% \$0 100.00% \$0 \$0 EOA 9 Suburban \$0 \$0 \$0 \$0 75.00% \$1,000 \$1,000 81.25% \$1,000 \$1,000 100.00% \$0 \$0 EOA 9 Urban \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 EOA 9 Wilderness \$0 \$0 \$0 \$0 85.42% \$1,000 \$1,000 91.55% \$0 \$0 94.21% \$0 \$0 EOA 11 Metro \$0 0.00% \$0 100.00% \$0 \$0 100.00% \$0 100.00% \$0 \$0 100.00% \$0 \$0 EOA 11 Rural \$0 \$0 \$0 \$0 94.12% \$0 \$0 90.00% \$0 Λ 94.12% \$0 \$0 EOA 11 Suburban \$0 \$0 \$0 100.00% \$0 100.00% \$0 100.00% \$0 \$0 100.00% \$0 \$0 FΩΔ 11 Urban

0

	Ken	n County -	Hall Amb	ulance R	esponse C	Compliance ar	nd Penalty											
AMBULA	NCE Peri	od: Aug 01 2	021 to Aug	31 2021	Report S	Status: FINAL												
EOA II OIDAII		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
1		1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0	
2		2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0	
3		1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
OA 11 Wilderness		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
,		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
		U	U	U	U	U	U	U	U	U	0 269	0	0.37%		1	\$0	0	0
EOA1 2											351		0.37%		1	\$0	0	
3		_									205		0.00%		0	\$0	0	
1		_									112		1.79%		2	\$0	0	
EOA 2 2											126		0.00%		0	\$0	0	
3											63		0.00%		0	\$0	0	
1											0		-		0	\$0	0	
EOA 3 2											7		0.00%		0	\$0	0	
3											7		0.00%		0	\$0		
1											2267		11.29%		256	\$0	2	13
EOA 4 2											2982		12.88%		384	\$0	2	13
3											1769		1.19%		21	\$0	0	0
1											273		4.03%		11	\$0	0	1
EOA8 2											354		1.69%		6	\$0	0	0
3											172		0.58%		1	\$0	0	
1											83		1.20%		1	\$0	0	
EOA9 2											111		0.00%		0	\$0	0	
3		_									68		0.00%		0	\$0	0	
EOA 11 2											0		-		0	\$0	0	
EUA 11 2		_									0		-		0	\$0	0	
3		0	0	0	0	0	0	0	0	0	0	0		\$0	0	\$0 \$0	0	0
2		0	0	0	0	0	0	0	0	0	0	0		\$0	0	\$0	0	
3		0	0	0	0	0	0	0	0	0	0	0	-	40	0	\$0	Ü	
OUT OF SERVICE 4		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
AREA 5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
1		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
2		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
3		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
NUTUAL AID GIVEN		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
MUTUAL AID GIVEN		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		

\$0

\$0 \$0 \$0 \$45,000



								Compliance Reporting	ng 2021/09/01 - 2021	/09/30					BLS o	n ALS	Compliance Period Rep	porting for Repetitive Non-
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment	Consecutive Periods Out of Compliance Including Current Period	Out of Compliance Count for 12 Periods Including Current Period
	1	43	15	58	2	56	14	2	1	0	55	13	76.36%	\$1,000	1	\$1,000	3	
	2	77	14	91	1	90	14	5	4	0	86	10	88.37%	\$1,000	1	\$1,000	1	
	4	44 0	7	51	0	43 0	7	0	0	0	42 0	0	90.48%		0	\$0 \$0		
EOA 1 Metro	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	2	1	3	0	3	1	0	0	0	3	1	66.67% 100.00%		0	\$0		
	2	5 8	0	5 8	0	7	0	0	0	0	5 7	0	100.00%	\$0 \$0	0	\$0 \$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	-	40	0	\$0	, and the second	
EOA 1 Rural	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
Lon I Ruidi	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	1	12	1	13	0	13	1	1	1	0	12	0	100.00%	\$0	0	\$0	0	
	2	6	0	6	0	6	0	0	0	0	6	0	100.00%	\$0	0	\$0	0	
	3	2	1	3	0	3	1	0	0	1	3	0	100.00%		0	\$0		
EOA 1 Suburban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	16	1	17	2	15	1	0	0	0	15	1	93.33%	\$0	0	\$0	0	
	3	13 9	10	23 9	0	20 9	8	0	0	0	18 9	6	66.67% 100.00%	\$1,000	0	\$1,000 \$0	2	
	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 1 Urban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0 \$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 1 Wilderness	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	5 e	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	41	14	55	4	51	11	3	3	0	48	8	83.33%	\$1,000	2	\$1,000	3	
	2	49	19	68	0	68	19	5	5	0	63	14	77.78%	\$1,000	1	\$1,000	3	
	4	29 0	6	35 0	9	26 0	6	0	0	0	26 0	5	80.77%		0	\$0 \$0		
EOA 2 Metro	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	0	0	0	0	0 4	0	0	0	0	0	0	100.00%	60	0	\$0 \$0	0	
	2	5	0	5	0	0	0	0	0	0	0	0	100.00%	\$0 \$0	0	\$0 \$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0	, i	
EOA 2 Rural	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
2002 Kulai	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0			0	\$0 \$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	7	1	8	0	8	1	0	0	0	8	1	87.50%	\$1,000	0	\$1,000	1	
	2	21	1	22	0	22	1	1	1	0	21	0	100.00%	\$0	1	\$0	0	
	3	3	1	4	1	3	1	0	0	0	3	1	66.67%		0	\$0		
EOA 2 Suburban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	11	4	15	1	14	3	0	0	2	14	1	92.86%		0	\$0		
	1	22	5	27	3	24	5	2	2	0	22	4	81.82%	\$5,000	1	\$5,000	4	
	3	22 6	7	29	0 2	29 6	7 2	0	0	0	28 6	6	78.57% 83.33%	\$1,000	0	\$1,000 \$0	3	
	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 2 Urban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		



Period: Sep 01 2021 to Sep 30 2021 \$0 \$0 77.56% \$5,000 \$5,000 79.73% \$5,000 82.30% \$0 78.57% \$0 EOA 4 Metro 100.00% \$0 46.95% \$0 54.01% \$0 94.34% \$0 \$0 100.00% \$0 \$0 \$0 EOA 4 Rural \$0 \$0 \$0 \$0 91.67% \$0 \$0 93.33% \$0 \$0 60.00% \$0 \$0 EOA 4 Suburban \$0 \$0 \$0 75.00% \$0 94.74% \$0 76.00% \$5,000 \$5,000 72.22% \$0 \$0 EOA 4 Urban \$0 \$0 0.00% \$0 100.00% \$0 \$0 \$0 \$0 \$0 \$0 EOA 4 Wilderness \$0 \$0 \$0 \$0 63.69% \$5,000 \$5,000 63.77% \$5,000 \$5,000 82.72% \$0 100.00% \$0 EOA 8 Metro 100.00% \$0 55.56% \$0 53.85% \$0 100.00% \$0 100.00% \$0 87.50% \$1,000 \$1,000 100.00% \$0 \$0 EOA 8 Rural \$0 \$0 \$0 \$0 91.11% \$0 \$0 93.75% \$0 \$0 EOA 8 Suburban \$0 \$0 \$0 Ω Λ \$0 95.45% \$0 \$0 69.81% \$1,000 \$1,000 100.00% \$0 \$0 EOA 8 Urban \$0 \$0 \$0 \$0 \$0



Period: Sep 01 2021 to Sep 30 2021 \$0 \$0 \$0 EOA 8 Wilderness \$0 \$0 \$0 \$0 81.54% \$1,000 \$1,000 79.55% \$1,000 \$1,000 100.00% \$0 \$0 EOA 9 Metro \$0 100.00% \$0 \$0 50.00% \$0 100.00% \$0 \$0 \$0 \$0 \$0 \$0 EOA 9 Rural \$0 \$0 \$0 \$0 100.00% \$0 \$0 83.33% \$1,000 \$1,000 \$0 \$0 EOA 9 Suburban \$0 \$0 \$0 \$0 77.78% \$1,000 \$1,000 77.78% \$1,000 \$1,000 100.00% \$0 \$0 EOA 9 Urban \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 EOA 9 Wilderness \$0 \$0 \$0 \$0 88.52% \$1,000 \$1,000 86.76% \$1,000 \$1,000 97.50% \$0 \$0 EOA 11 Metro \$0 100.00% \$0 \$0 100.00% \$0 100.00% \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 EOA 11 Rural \$0 \$0 \$0 \$0 100.00% \$0 \$0 95.24% \$0 100.00% Λ \$0 \$0 EOA 11 Suburban \$0 \$0 \$0 100.00% \$0 91.67% \$0 86.67% \$1,000 \$1,000 100.00% \$0 \$0 FΩΔ 11 Urban

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AMBU			,			,		,											
AMBU	LANCE	Period: Sep	01 202	1 to Sep 3	0 2021	Report S	tatus: FINAL												
LOA II OIDAII	6		0	0	0	0	0	0	0	0	0	0	0	_		0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1		1	0	1	0	1	0	0	0	0	1	1	0.00%	\$1,000	0	\$1,000	1	
	2		3	0	3	0	3	0	0	0	0	3	0	100.00%	\$0	0	\$0	0	
	3		1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 11 Wilderness	5		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	1											251		1.20%		3	\$0	0	0
EOA 1	2											367		1.36%		5	\$0	0	0
	3											157		0.00%		0	\$0	0	0
	1											82		3.66%		3	\$0	0	1
EOA 2	2											112		1.79%		2	\$0	0	0
	3											35		0.00%		0	\$0	0	0
	1											2		0.00%		0	\$0	0	
EOA 3	2											2		0.00%		0	\$0	0	
	3											1		0.00%		0	\$0		
	1											2113		18.27%		386	\$0	2	13
EOA 4	2											2836		15.41%		437	\$0	2	13
	3											1356		1.47%		20	\$0	0	0
	1											248		7.26%		18	\$0	2	2
EOA 8	2											346		6.94%		24	\$0	0	1
	3											129		0.78%		1	\$0	0	
	1											79		3.80%		3	\$0	0	
EOA 9	2											112		7.14%		8	\$0	1	
	3											39		0.00%		0	\$0	0	
	1											0				0	\$0	0	
EOA 11	2											0				0	\$0	0	
	3	_														0	\$0	0	0
	•		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	2		2	0	2	0	0	0	0	0	0	0	0	-	\$0	0	\$0 \$0	0	
	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
OUT OF SERVICE AREA						0	0	0		0	0	0	0	-		0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	2		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	3		0	0	0	0	0	0	0	0	0	0	0		ΦU	0	\$0	U	
	4		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
MUTUAL AID GIVEN	5		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	_		0	\$0		

\$0 \$48,000



								Compliance Reporting	ng 2021/10/01 - 2021	1/10/31					BLS o	n ALS	Compliance Period Rep	porting for Repetitive Non-
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment	Consecutive Periods Out of Compliance Including Current Period	Out of Compliance Count for 12 Periods Including Current Period
	1	48	12	60	5	55	12	2	2	0	53	10	81.13%	\$5,000	2	\$5,000	4	
	2	63	19	82	3	79	19	5	4	0	75	16	78.67% 93.55%	\$1,000	3	\$1,000	2	
	4	42 0	0	0	13	31 0	0	0	0	0	0	0	93.55%		0	\$0 \$0		
EOA 1 Metro	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	9	0	9	2	7	0	0	0	0	7	0	100.00%	\$0	0	\$0 \$0	0	
	2	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0			0	\$0		
EOA 1 Rural	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	11	2	13	0	13	2	0	0	0	13	2	84.62%	\$1,000	1	\$1,000	1	
	2	13	3	16	1	15	3	1	1	0	14	2	85.71% 100.00%	\$1,000	0	\$1,000	1	
	4	0	0	0	0	0	0	0	0	0	0	0	100.00%		0	\$0 \$0		
EOA 1 Suburban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	1 1	2	3 12	0	3	2	0	0	2	3	0	100.00%	***	0	\$0 \$0		
	2	11	6	17	3	9	6	0	0	0	9 16	6	62.50%	\$0 \$1,000	1	\$1,000	0 3	
	3	6	1	7	0	7	1	0	0	0	7	1	85.71%	\$1,000	0	\$0	, and the second	
EOA 1 Urban	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
20A T GIBAII	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8	0	0	0	0	0	0	0	0	0	0	0	_		0	\$0		
	1	0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
EOA 1 Wilderness	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0 22	0	0 31	0	31	0	0	0	0	30	8	73.33%	\$5,000	0	\$0 \$5,000	4	
	2	46	9	62	0	61	9	5	5	0	56	11	73.33%	\$5,000	1	\$5,000	4	
	3	28	2	30	7	23	2	0	0	0	23	2	91.30%	\$0,000	0	\$0	-	
EOA 2 Metro	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0	
	2	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0	
	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
EOA 2 Rural	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0		04.000	0	\$0		
	2	11 19	0	13 19	0	13 19	0	0	0	0	13 19	0	84.62% 100.00%	\$1,000 \$0	0	\$1,000 \$0	0	
	3	10	2	12	2	10	2	0	0	0	10	2	80.00%	40	0	\$0	, ,	
EOA 2 Suburban	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EGA E GUDUIDAN	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8	21	2	23	0	23	2	0	0	2	23	0	100.00%		0	\$0 \$0		
	1	17	2	19	2	17	2	1	1	0	16	1	93.75%	\$0	0	\$0	0	
	2	15	5	20	3	17	5	2	2	0	15	3	80.00%	\$5,000	1	\$5,000	4	
	3	4	0	4	0	4	0	0	0	0	0	0	100.00%		0	\$0		
EOA 2 Urban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		



AMBULANCE Period: Oct 01 2021 to Oct 31 2021 \$0 \$0 89.66% \$1,000 \$1,000 83.84% \$1,000 95.65% \$0 87.50% \$0 EOA 3 Metro 100.00% \$0 45.45% \$0 69.70% \$0 83.33% \$0 \$0 \$0 \$0 \$0 EOA 3 Rural \$0 \$0 \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 \$0 \$0 EOA 3 Suburban \$0 \$0 \$0 \$0 92.31% \$0 87.23% \$1,000 \$1,000 82.35% \$0 \$0 EOA 3 Urban \$0 100.00% \$0 \$0 100.00% \$0 \$0 \$0 \$0 \$0 \$0 EOA 3 Wilderness \$0 \$0 \$0 Λ Λ \$0 76.32% \$5,000 \$5,000 78.09% \$5,000 \$5,000 80.52% \$0 74.19% \$0 EOA 4 Metro 75.00% \$0 43.78% \$0 46.59% \$0 96.39% \$0 60.00% \$1,000 \$1,000 100.00% \$0 \$0 \$0 EOA 4 Rural \$0 \$0 \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 EOA 4 Suburban \$0 \$0 \$0 100.00% Λ \$0 93.10% \$0 79.03% \$5,000 \$5,000 80.00% \$0 \$0 EOA 4 Urban \$0 \$0 0.00% \$0 100.00% \$0 \$0 \$0



Period: Oct 01 2021 to Oct 31 2021 \$0 \$0 \$0 EOA 4 Wilderness \$0 \$0 \$0 \$0 65.08% \$5,000 \$5,000 67.00% \$5,000 \$5,000 81.82% \$0 100.00% \$0 EOA 8 Metro 66.67% \$0 72.73% \$0 62.20% \$0 0.00% \$0 100.00% \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 EOA 8 Rural \$0 \$0 \$0 \$0 93.18% \$0 \$0 93.94% \$0 100.00% \$0 \$0 EOA 8 Suburban \$0 \$0 100.00% \$0 100.00% \$0 89.19% \$1,000 \$1,000 77.78% \$5,000 \$5,000 87.50% \$0 \$0 EOA 8 Urban \$0 \$0 \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 \$0 \$0 EOA 8 Wilderness \$0 \$0 \$0 \$0 81.08% \$1,000 \$1,000 78.05% \$1,000 \$1,000 87.18% \$0 \$0 EOA 9 Metro \$0 \$0 \$0 50.00% \$0 \$0 \$0 100.00% \$0 \$0 \$0 \$0 EOA 9 Rural \$0 \$0 \$0 \$0 100.00% \$0 50.00% \$1,000 \$1,000 Λ 75.00% \$0 \$0 EOA 9 Suburban \$0 \$0 \$0 100.00% \$0 78.57% \$5,000 \$5,000 90.00% \$0 \$0 75.00% \$0 \$0 EOA 9 Urban

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AMBU	LANCE	Period: (Oct 01 202	1 to Oct	31 2021	Report S	tatus: FINAL												
LOA 9 OIDBII	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
J	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	2		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
EOA 9 Wilderness	5		0	0	0	0	0	0	0	0	0	0	0	_		0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	_		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1		134	37	171	1	170	36	8	6	0	164	30	81.71%	\$1,000	2	\$1,000	3	
	2		175	42	217	8	209	42	11	10	0	199	32	83.92%	\$1,000	3	\$1,000	2	
	3		98	9	107	15	92	9	0	0	4	92	5	94.57%		0	\$0		
EOA 11 Metro	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOATTMetro	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6		3	0	3	0	3	0	0	0	0	3	0	100.00%		0	\$0		
	7		1	1	2	0	2	1	0	0	0	2	1	50.00%		0	\$0		
	8		1	5	6	4	2	1	0	0	0	2	1	50.00%		0	\$0		
	1		8	0	8	0	8	0	0	0	0	8	0	100.00%	\$0	0	\$0	0	
	2		10	0	10	0	10	0	0	0	0	10	0	100.00%	\$0	1	\$0	0	
	3		3	0	3	0	3	0	0	0	0	3	0	100.00%		0	\$0		
EOA 11 Rural	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	e		0		0	0				0		0	0	-		0	\$0 \$0		
	7		0	0	0	0	0	0	0	0	0	0	0	_		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	_		0	\$0		
	1		27	0	27	2	25	0	0	0	0	25	0	100.00%	\$0	0	\$0	0	
	2		39	2	41	1	40	2	0	0	0	40	2	95.00%	\$0	2	\$0	0	
	3		8	1	9	2	7	1	0	0	0	7	1	85.71%		0	\$0		
	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 11 Suburban	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
J	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		9	1	10	0	10	1	0	0	0	10	1	90.00%		0	\$0		
	1		16	0	16	0	16	0	0	0	0	16	0	100.00%	\$0	1	\$0	0	
	2		18	0	18	0	18	0	0	0	0	18	0	100.00%	\$0	0	\$0	0	
	3		6	0	6	0	6	0	0	0	0	6	0	100.00%		0	\$0		
EOA 11 Urban	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	9		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	1		3	0	3	0	3	0	0	0	0	3	0	100.00%	\$0	0	\$0	0	
	2		4	0	4	0	4	0	0	0	0	4	0	100.00%	\$0	0	\$0	0	
	3		0	0	0	0	0	0	0	0	0	0	0	-	40	0	\$0		
	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 11 Wilderness	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
i	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1											298		2.01%		6	\$0	0	0
EOA 1	2											378		2.65%		10	\$0	0	0
	3											150		0.00%		0	\$0	0	
	1											60		0.00%		0	\$0	0	1
EOA 2	2											91		2.20%		2	\$0	0	
	3											37		0.00%		0	\$0	0	
	1											85		1.18%		1	\$0	0	
EOA 3	2											151		0.66%		1	\$0	0	
	3											63 1925		0.00%		0	\$0		
501.4	1											1925		13.82%		266	\$0	2	
EOA 4	3											2788 1259		13.16%		367	\$0 \$0	2	
	1											215		1.51% 5.12%		19 11		0	
EOA 8	2											318		2.83%		9	\$0 \$0	0	
	3											116		0.00%		0	\$0	0	
	1											95		4.21%		4	\$0	2	
EOA 9	2											96		3.13%		3	\$0	2	
	3											47		0.00%		0	\$0	0	
	1											0		-		0	\$0	0	
EOA 11	2											0		-		0	\$0	0	
	3											0		-		0	\$0	0	
	1		2	0	2	2	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	2		2	0	2	2	0	0	0	0	0	0	0	-	\$0	0	\$0	0	



MBULA	INCE	Period: Oc	t 01 202	1 to Oct 3	1 2021	Report S	tatus: FINAL												
3			2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0		
OUT OF SERVICE 4			0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
AREA 5			0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
6			0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
7			0	0	0	0	0	0	0	0	0	0	0			0	\$0		
8			0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
1			0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
2			0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
3			0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
JTUAL AID GIVEN			0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
5			0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
6			0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
7			0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
8			0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
																	\$70,000		

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								Compliance Reporti	ng 2021/11/01 - 2021	/11/30					BLS o	n ALS	Compliance Period Kej	porting for Repetitive Non-
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment		Out of Compliance Count for 12 Periods Including Current Period
	1	46	25	71	4	67	23	15	14	0	53	10	81.13%	\$5,000	2	\$5,000	4	
	3	37 36	17	54 40	9	54 31	17 4	0	0	2	43 31	5	88.37% 93.55%	\$1,000	0	\$1,000 \$0	3	
EOA 1 Metro	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	5 e	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	5 2	0	5	0	2	0	0	0	0	2	0	100.00%	\$0 \$0	0	\$0 \$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	-	\$ 0	0	\$0	Ü	
EOA 1 Rural	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	2	10 11	1	11	0	11	1	0	0	0	10 12	1	100.00% 91.67%	\$0 \$0	0	\$0 \$0	0	
	3	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	\$0	Ů	
EOA 1 Suburban	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	2	7	7	14	0	14	7	2	0 2	1	12	4	50.00% 66.67%	\$1,000 \$5,000	1	\$1,000 \$5,000	1 4	
	3	7	5	12	0	12	5	0	0	0	12	5	58.33%	\$0,000	0	\$0		
EOA 1 Urban	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	2	0	0	0	0	0	0	0	0	0	0	0	100.00%	\$0 \$0	0	\$0 \$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 1 Wilderness	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0 8	7	0	0	9		0000	0	\$0		
	2	23 31	16	39 45	0	39 44	16 13	3	3	0	32 41	10	71.88% 75.61%	\$5,000 \$5,000	1	\$5,000 \$5,000	4	
	3	20	4	24	4	20	4	0	0	0	20	4	80.00%		0	\$0		
EOA 2 Metro	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	1	0	0	0	1	0	0	0	0	0	0	100.00%	\$0	0	\$0 \$0	0	
	2	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 2 Rural	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	_		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	0 13	2	0 15	0	14	2	1	0	0	0 13	0	92.31%	\$0	2	\$0 \$0	0	
	2	15	5	20	0	20	5	1	1	1	19	3	84.21%	\$1,000	1	\$1,000	1	
	3	8	3	11	1	10	3	0	0	2	10	1	90.00%		0	\$0		
EOA 2 Suburban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	1	11 15	5	14	0	14 19	5	2	0	0	14 18	5	100.00% 72.22%	\$1,000	0	\$0 \$1,000	1	
	2	21	4	25	2	23	4	0	0	0	23	4	82.61%	\$5,000	1	\$5,000	4	
	3	3	2	5	1	4	2	0	0	0	4	2	50.00%		0	\$0		
EOA 2 Urban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		



Period: Nov 01 2021 to Nov 30 2021 \$0 100.00% \$0 90.91% \$0 \$0 90.59% \$0 86.00% \$0 88.89% \$0 EOA 3 Metro 100.00% \$0 46.15% \$0 55.00% \$0 100.00% \$0 \$0 \$0 \$0 \$0 EOA 3 Rural \$0 \$0 \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 EOA 3 Suburban \$0 \$0 \$0 100.00% 89.19% \$1,000 \$1,000 85.96% \$1,000 \$1,000 91.67% \$0 \$0 EOA 3 Urban \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 EOA 3 Wilderness \$0 \$0 \$0 Λ \$0 76.57% \$5,000 \$5,000 77.37% \$5,000 \$5,000 77.60% \$0 71.43% \$0 EOA 4 Metro 90.00% \$0 38.76% \$0 38.95% \$0 100.00% \$0 50.00% \$1,000 \$1,000 80.00% \$1,000 \$1,000 100.00% \$0 \$0 EOA 4 Rural \$0 \$0 \$0 \$0 100.00% \$0 85.71% \$1,000 66.67% \$0 \$0 EOA 4 Suburban \$0 \$0 \$0 100.00% Λ Ω Λ \$n 83.33% \$1,000 \$1,000 82.35% \$5,000 \$5,000 68.00% \$0 \$0 EOA 4 Urban \$0 \$0 \$0 100.00% \$0 \$0 \$0



AMBULANCE Period: Nov 01 2021 to Nov 30 2021 \$0 \$0 \$0 EOA 4 Wilderness \$0 \$0 \$0 \$0 44.19% \$5,000 \$5,000 67.63% \$5,000 \$5,000 81.25% \$0 100.00% \$0 EOA 8 Metro 100.00% \$0 38.46% \$0 60.44% \$0 100.00% \$0 100.00% \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 EOA 8 Rural \$0 \$0 \$0 \$0 94.12% \$0 \$0 94.59% \$0 87.88% \$0 \$0 EOA 8 Suburban \$0 \$0 \$0 \$0 83.87% \$1,000 \$1,000 82.22% \$5,000 \$5,000 80.00% \$0 \$0 EOA 8 Urban \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 EOA 8 Wilderness \$0 \$0 \$0 \$0 81.82% \$5,000 \$5,000 90.41% \$0 \$0 80.00% \$0 \$0 EOA 9 Metro \$0 0.00% \$0 \$0 100.00% \$0 \$0 \$0 \$0 \$0 \$0 \$0 EOA 9 Rural \$0 \$0 \$0 \$0 80.00% \$1,000 \$1,000 100.00% \$0 Λ 100.00% \$0 \$0 EOA 9 Suburban \$0 \$0 \$0 \$0 87.50% \$5,000 \$5,000 76.92% \$1,000 \$1,000 80.00% \$0 \$0 FOA 9 Hrhan

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AMBU	LANCE	Period: N	lov 01 202	21 to Nov	30 2021	Report S	tatus: FINAL												
LOA 9 OIDSII	5		0	0	0	0	0	0	0	0	0	0	0	_		0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	1		0	0	0	0	0	0	0	0	0	0	0		\$0	0	\$0	0	
	2		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	3		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 9 Wilderness	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	1		135	29	164	2	162	28	9	9	1	153	18	88.24%	\$5,000	8	\$5,000	4	
	2		157	31	188	5	183	31	10	10	0	173	21	87.86%	\$1,000	3	\$1,000	3	
	3		95	4	99	11	88	4	0	0	0	88	4	95.45%		0	\$0		
EOA 11 Metro	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6		1	1	2	0	2	1	0	0	0	2	1	50.00%		0	\$0 \$0		
	7		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	8		0	4	4	4	0	0	0	0	0	0	0	-		0	\$0		
	1		12	0	12	1	11	0	0	0	0	11	0	100.00%	\$0	0	\$0	0	
	2		8	0	8	0	8	0	0	0	0	8	0	100.00%	\$0	0	\$0	0	
	3		2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0		
EOA 11 Rural	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8		4	1	5	0	5	1	0	0	0	5	1	80.00%		0	\$0		
	1		26	3	29	1	28	3	2	2	0	26	1	96.15%	\$0	0	\$0	0	
	2		35	4	39	2	37	4	2	2	0	35	2	94.29%	\$0	1	\$0	0	
	3		12	2	14	4	10	2	0	0	0	10	2	80.00%		0	\$0		
EOA 11 Suburban	4		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		11	2	13	0	13	2	0	0	2	13	0	100.00%		0	\$0 \$0		
	1		16	2	18	0	18	2	1	0	0	18	2	88.89%	\$1,000	2	\$1,000	1	
	2		13	1	14	0	14	1	1	1	0	13	0	100.00%	\$0	0	\$0	0	
	3		5	0	5	2	3	0	0	0	0	3	0	100.00%		0	\$0		
EOA 11 Urban	4		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	1		2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0	
	2		1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0	
	3		1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
EOA 11 Wilderness	4		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	1		- i	Ü	-		,	J		,		279	,	4.30%		12	\$0	0	1
EOA 1	2											299		2.01%		6	\$0	0	0
	3											150		0.00%		0	\$0	0	0
	1											64		7.81%		5	\$0	1	2
EOA 2	2											84		3.57%		3	\$0	0	1
	3											34		0.00%		0	\$0	0	0
EOA 3	2											93		13.98%		13 10	\$0 \$0	0	
2000	3											90		1.11%		1	\$0	<u> </u>	
	1											1782		16.44%		293	\$0	2	13
EOA 4	2											2598		14.93%		388	\$0	2	13
	3											1280		0.08%		1	\$0	0	0
	1											172		7.56%		13	\$0	2	4
EOA 8	2											262		7.25%		19	\$0	0	2
	3											132 54		0.00%		0	\$0	0	0
FOAO	2											54 94		1.85%		1	\$0	0	2
EOA 9	3											36		4.26% 0.00%		0	\$0 \$0	0	3 0
	1											0				0	\$0	0	0
EOA 11	2											0				0	\$0	0	0
	3											0				0	\$0	0	0
	1		0	0	0	0	0	0	0	0	0	0	0		\$0	0	\$0	0	
	2		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	



AMBU	LANCE	Period: N	lov 01 202	21 to Nov	30 2021	Report S	status: FINAL											
	3		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0	
OUT OF SERVICE	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0	
AREA	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0	
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0	
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0	
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0	
	1		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0
	2		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0
	3		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0	
MUTUAL AID GIVEN	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0	
	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0	
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0	
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0	
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0	
																	605 000	

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								Compliance Reporting	ng 2021/12/01 - 2021	1/12/31					BLS or	n ALS	Compliance Period Rep	porting for Repetitive Non-
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment	Consecutive Periods Out of Compliance Including Current Period	Out of Compliance Count for 12 Periods Including Current Period
	1	42	10	52	1	51	10	7	7	0	44	3	93.18%	\$0	2	\$0	0	
	2	51	8	59	9	59	8	0	4	0	55	4	92.73% 95.65%	\$0	3	\$0	0	
	4	53 0	0	55 0	0	46 0	0	0	0	0	46 0	0	95.65%		0	\$0 \$0		
EOA 1 Metro	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	0 2	2	0 4	0	3	1	0	0	0	2	0	100.00%	\$0	0	\$0 \$0	0	
	2	4	0	4	0	4	0	0	0	0	4	0	100.00%	\$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 1 Rural	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	11	0	11	3	8	0	0	0	0	8	0	100.00%	\$0	0	\$0	0	
	2	12	1	13	1	12	1	1	1	0	11	0	100.00%	\$0	0	\$0	0	
	4	3	0	3	0	3	0	0	0	0	0	0	100.00%		0	\$0 \$0		
EOA 1 Suburban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	_		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	9	3	12	0	12	3	1	1	0	11 17	2	81.82% 100.00%	\$1,000 \$0	1	\$1,000	0	
	3	16 4	2	18	0	18	2 2	0	0	0	6	0 2	66.67%	\$0	0	\$0 \$0	0	
	4	0	0	0	0	0	0	0	0	0	0	0			0	\$0		
EOA 1 Urban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	1	0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 1 Wilderness	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	5 6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	_		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	1	39	6	45	1	44	5	3	3	0	41	2	95.12%	\$0	1	\$0	0	
	2	61	11	72	5	72	11	5	5	0	67	6	91.04%	\$0	5	\$0	0	
	4	40 0	6	46 0	0	41 0	6	0	0	0	41 0	0	85.37%		0	\$0 \$0		
EOA 2 Metro	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	0	0	0	0	0	0	0	0	0	0	0	0.00%	\$0	0	\$0 \$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 2 Rural	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	5 e	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	18	2	20	2	18	2	2	2	0	16	0	100.00%	\$0	0	\$0	0	
	2	14	0	14	0	14	0	0	0	0	14	1	92.86%	\$0	0	\$0	0	
	4	0	0	0	0	0	0	0	0	0	0	0	100.00%		0	\$0		
EOA 2 Suburban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	8	2	1	3	0	3	1	0	0	1	3	0	100.00%		0	\$0		
	2	13	5 9	18	2	16	4	1 4	1 4	0	15	5	80.00%	\$1,000 \$5,000	1	\$1,000	2	
	3	15 8	1	9	1	22 8	9	0	0	0	18 8	1	72.22% 87.50%	φυ, 000	1	\$5,000 \$0	4	
EQA SULT	4	0	0	0	0	0	0	0	0	0	0	0			0	\$0		
EOA 2 Urban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		



Period: Dec 01 2021 to Dec 31 2021 \$0 \$0 96.15% \$0 \$0 97.92% \$0 85.71% \$0 50.00% \$0 EOA 3 Metro 100.00% \$0 77.78% \$0 75.00% \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 EOA 3 Rural \$0 \$0 \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 EOA 3 Suburban \$0 \$0 \$0 \$0 96.67% \$0 \$0 94.12% \$0 \$0 93.33% \$0 \$0 EOA 3 Urban \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 EOA 3 Wilderness \$0 \$0 \$0 Λ \$0 79.45% \$5,000 \$5,000 84.29% \$5,000 \$5,000 84.96% \$0 66.67% \$0 EOA 4 Metro 100.00% \$0 52.63% \$0 64.92% \$0 100.00% \$0 75.00% \$1,000 \$1,000 100.00% \$0 \$0 \$0 EOA 4 Rural \$0 \$0 \$0 \$0 90.00% \$0 93.75% \$0 100.00% \$0 \$0 EOA 4 Suburban \$0 \$0 \$0 100.00% Λ \$0 90.32% \$0 92.11% \$0 \$0 76.19% \$0 \$0 EOA 4 Urban \$0 \$0 \$0 \$0 \$0



Period: Dec 01 2021 to Dec 31 2021 \$0 \$0 \$0 EOA 4 Wilderness \$0 \$0 \$0 \$0 76.32% \$5,000 \$5,000 83.33% \$5,000 \$5,000 84.81% \$0 57.14% \$0 EOA 8 Metro 100.00% \$0 60.00% \$0 65.31% \$0 \$0 100.00% \$0 \$0 90.91% \$0 \$0 100.00% \$0 \$0 EOA 8 Rural \$0 \$0 \$0 \$0 86.36% \$1,000 \$1,000 92.11% \$0 78.38% \$0 \$0 EOA 8 Suburban \$0 \$0 \$0 \$0 85.71% \$1,000 \$1,000 76.32% \$5,000 \$5,000 82.61% \$0 \$0 EOA 8 Urban \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 EOA 8 Wilderness \$0 \$0 \$0 \$0 91.49% \$0 \$0 91.18% \$0 \$0 96.97% \$0 \$0 EOA 9 Metro \$0 \$0 0.00% \$0 \$0 \$0 \$0 100.00% \$0 \$0 \$0 \$0 EOA 9 Rural \$0 \$0 \$0 \$0 75.00% \$1,000 \$1,000 83.33% \$1,000 \$1,000 100.00% Λ \$0 \$0 EOA 9 Suburban \$0 \$0 \$0 \$0 91.67% \$0 \$0 100.00% \$0 \$0 100.00% \$0 \$0 FOA 9 Hrhan

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AMBU	JLANCE	Period: D	ec 01 202	1 to Dec 3	31 2021	Report S	atus: FINAL												
LOA 9 OIDAII	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	2		0	0	0	0	0	0	0	0	0	0	0	-	\$0 \$0	0	\$0 \$0	0	
	3		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
EOA 9 Wilderness	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 9 Wilderness	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	4		132	18	150	2	148	0	3	3	1	145	14	90.34%	\$0	6	\$0 \$0	0	
	2		149	25	174	0	174	25	3	3	0	171	22	87.13%	\$5,000	6	\$5,000	4	
	3		105	3	108	7	101	3	0	0	0	101	3	97.03%		0	\$0		
EOA 11 Metro	4		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
LOA II MOUG	5		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	6		0	1	1	0	1	1	0	0	0	1	1	0.00%		0	\$0		
	8		0	1	0	0	0	0	0	0	0	1	1	0.00%		0	\$0 \$0		
	1		5	0	5	0	5	0	0	0	0	5	0	100.00%	\$0	0	\$0	0	
	2		6	0	6	0	6	0	0	0	0	6	0	100.00%	\$0	0	\$0	0	
	3		2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0		
EOA 11 Rural	4		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1		20	1	21	1	20	1	1	1	0	19	0	100.00%	\$0	0	\$0	0	
	2		20	1	21	0	21	1	0	0	0	21	1	95.24%	\$0	0	\$0	0	
	3		14	1	15	0	15	1	0	0	0	15	1	93.33%		0	\$0		
EOA 11 Suburban	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0		
	1		15	1	16	1	15	1	0	0	0	15	1	93.33%	\$0	1	\$0	0	
	2		12	0	12	0	12	0	0	0	0	12	0	100.00%	\$0	1	\$0	0	
	4		6	0	6	0	6	0	0	0	0	6	0	100.00%		0	\$0		
EOA 11 Urban	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	3		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0 \$0	0	
	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 11 Wilderness	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1		0	0	0	0	0	0	0	0	0	0 249	0	4.02%		0 10	\$0 \$0	2	2
EOA 1	2											297		3.70%		11	\$0	0	1
	3											179		0.00%		0	\$0	0	0
	1											72		1.39%		1	\$0	0	2
EOA 2	2											99		6.06%		6	\$0	2	2
	3											51 84		1.96% 5.95%		1	\$0 \$0	0	0
EOA 3	2											149		3.36%		5	\$0	0	
	3											88		0.00%		0	\$0		
	1											1529		14.32%		219	\$0	2	13
EOA 4	2											2156		12.89%		278	\$0	2	13
	3											1254		2.55%		32	\$0	0	0
EOA 8	2											208 251		4.33% 2.39%		9	\$0	2	5
EUA	3											141		0.00%		0	\$0 \$0	0 0	0
	1											63		0.00%		0	\$0	0	2
EOA 9	2											89		1.12%		1	\$0	0	3
	3											42		0.00%		0	\$0	0	0
_	1											0				0	\$0	0	0
EOA 11	2											0		-		0	\$0	0	0
	1		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0 \$0	0	0
	2		8	0	8	2	6	0	0	0	0	6	0	100.00%	\$0	0	\$0	0	



MBU AMBU	LANCE	Period: De	c 01 202	21 to Dec	31 2021	Report S	tatus: FINAL											
	3		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0	
OUT OF SERVICE	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0	
AREA	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0	
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0	
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0	
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0	
	1		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	
	2		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	
	3		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0	
MUTUAL AID GIVEN	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0	
mo roze zab orren	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0	
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0	
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0	
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0	
																	642 000	ľ

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Period: Jan 01 2021 to Jan 31 2021

Report Status: In Progress with 24 calls in Working Status

								Compliance Reporting	ng 2021/01/01 - 2021	/01/31					BLS o	n ALS	Compliance Period Ke	porting for Repetitive Non-
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment	Consecutive Periods Out of Compliance Including Current Period	Out of Compliance Count for 12 Periods Including Curren Period
	1	23	1	24	0	24	1	0	0	0	24	1	95.83%	\$0	0	\$0	0	
	3	43 18	1	19	0	44 19	1	0	0	1	44 19	0	100.00%	\$0	0	\$0 \$0	0	
504 6 M-t	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 6 Metro	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0			0	\$0 \$0		
	1	8	1	9	0	9	1	0	0	0	9	1	88.89%	\$1,000	0	\$1,000	1	
	2	4	0	4	0	4	0	0	0	0	4	0	100.00%	\$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	100.00%		0	\$0		
EOA 6 Rural	5	0	0	0	0	0	0	0	0	0	0	0	_		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	4	0 14	0	15	0	0 15	1	0	0	0	0 15	0	93.33%	\$0	3	\$0 \$0	0	
	2	21	0	21	0	21	0	0	0	0	21	0	100.00%	\$0	0	\$0	0	
	3	7	0	7	0	7	0	0	0	0	7	0	100.00%		0	\$0		
EOA 6 Suburban	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0			0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	17	0	17	0	17	0	0	0	0	17	0	100.00%	\$0	1	\$0	0	
	3	31 16	0	31 16	0	31 16	0	0	0	0	31 16	0	100.00%	\$0	0	\$0 \$0	0	
	4	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0		
EOA 6 Urban	5	18	2	20	0	20	2	0	0	2	20	0	100.00%		0	\$0		
	6	25	1	26	0	26	1	0	0	0	26	1	96.15%		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	50.00%		0	\$0 \$0		
	1	0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	2	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0	
	3	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	\$0		
EOA 6 Wilderness	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	74	7	0 81	0	0 81	7	0	0	2	0 81	5	93.83%	\$0	0	\$0 \$0	0	
	2	107	5	112	1	111	4	0	0	2	111	2	98.20%	\$0	3	\$0	0	
	3	51	0	51	0	51	0	0	0	0	51	0	100.00%		0	\$0		
EOA 7 Metro	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	7 17	4	8 21	0	8 21	4	0	0	2	8 21	1 2	87.50% 90.48%		0	\$0 \$0		
	7	16	1	17	0	17	1	0	0	0	17	1	94.12%		0	\$0		
	8	1	3	4	0	4	3	0	0	1	4	2	50.00%		0	\$0		
	1	14	0	14	0	14	0	0	0	0	14	0	100.00%	\$0	0	\$0	0	
	3	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0 \$0	0	
EOA 7.51	4	0	0	0	0	0	0	0	0	0	0	0			0	\$0		
EOA 7 Rural	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	1	3	0	3	0	3	0	0	0	0	3	0	100.00%	\$0	0	\$0	0	
	2	0	1	1	0	1	1	0	0	1	1	0	100.00%	\$0	0	\$0	0	
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
EOA 7 Suburban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0 4	0	400.000/		0	\$0		
	2	8	0	8	0	8	0	0	0	0	8	0	100.00%	\$0 \$0	0	\$0 \$0	0	
	3	6	0	6	0	6	0	0	0	0	6	0	100.00%		0	\$0		
EOA 7 Urban	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	_	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		



AMBULANCE A Service of Ridge-creat Regional Respiral		Period: Ja	n 01 202	1 to Jan 3	31 2021	Report S	Status: In Progre	ess with 24 calls	s in Working Statu	s									
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	2		0	0	0	0	0	0	0	0	0	0	0		\$0	0	\$0	0	
	3		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
EOA 7 Wilderness	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
LOAT WILDON	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1											65		6.15%		4	\$0	1	1
EOA 6	2											102		0.00%		0	\$0	0	0
	3											47		2.13%		1	\$0	0	0
	1											102		0.00%		0	\$0	0	0
EOA 7	2											122		2.46%		3	\$0	0	0
	3											60		0.00%		0	\$0	0	0
																	\$1,000		



Period: Feb 01 2021 to Feb 28 2021

Report Status: In Progress with 20 calls in Working Status

								Compliance Reporting	ng 2021/02/01 - 2021	/02/28					BLS o	n ALS	Compilance Period Rej	porting for Repetitive Non-
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment	Consecutive Periods Out of Compliance Including Current Period	Out of Compliance Count fo 12 Periods Including Curren Period
	1	35	2	37	0	37	2	0	0	0	37 35	2	94.59% 97.14%	\$0 \$0	0	\$0	0	
	3	34 19	0	35 19	0	35 19	0	0	0	0	19	0	100.00%	\$0	0	\$0 \$0	0	
EOA 6 Metro	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 6 Metro	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8	1	1	2	0	2	1	0	0	0	2	1	50.00%		0	\$0		
	1	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0	
	2	7	0	7	0	7	0	0	0	0	7	0	100.00%	\$0	0	\$0	0	
	4	0	0	0	0	0	0	0	0	0	0	0	100.00%		0	\$0 \$0		
EOA 6 Rural	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	10	0	10	0	10	0	0	0	0	10	0	100.00%	\$0	1	\$0 \$0	0	
	2	20	0	20	0	20	0	0	0	0	20	0	100.00%	\$0	3	\$0	0	
	3	4	0	4	0	4	0	0	0	0	4	0	100.00%		0	\$0		
EOA 6 Suburban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	25	1	26	0	26	1	0	0	0	26 29	1	96.15% 96.55%	\$0	0	\$0	0	
	3	28 14	0	29 14	0	29 14	0	0	0	0	14	0	100.00%	\$0	0	\$0 \$0	0	
EOA 6 Urban	4	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	\$0		
LOA U UIDAII	5	28	1	29	0	29	1	0	0	0	29	1	96.55%		0	\$0		
	7	26 7	1	26 8	0	26 8	0	0	0	0	26 8	0	100.00% 87.50%		0	\$0 \$0		
	8	0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	1	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0	
	2	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0	
	4	0	0	0	0	0	0	0	0	0	0	0	100.00%		0	\$0 \$0		
EOA 6 Wilderness	5	0	0	0	0	0	0	0	0	0	0	0	_		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	0 49	3	0 52	0	52	3	0	0	0	52	3	94.23%	\$0	1	\$0 \$0	0	
	2	80	1	81	0	81	1	0	0	0	81	1	98.77%	\$0	1	\$0	0	
	3	34	0	34	0	34	0	0	0	0	34	0	100.00%		0	\$0		
EOA 7 Metro	5	0 11	1	12	0	0	0	0	0	0	12	0			0	\$0		
	6	20	1	21	0	12	1	0	0	0	21	1	91.67% 95.24%		0	\$0 \$0		
	7	15	0	15	0	15	0	0	0	0	15	0	100.00%		0	\$0		
	8	2	2	4	0	4	2	0	0	1	4	1	75.00%		0	\$0		
	2	5	0	5	0	5	0	0	0	0	5	0	100.00%	\$0 \$0	0	\$0 \$0	0	
	3	3	0	3	0	3	0	0	0	0	3	0	100.00%	30	0	\$0	U	
EOA 7 Rural	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
LOA / Ruidi	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	3	0	3	0	3	0	0	0	0	3	0	100.00%	\$0	0	\$0	0	
	2	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0	
	4	2	0	0	0	0	0	0	0	0	0	0	100.00%		0	\$0 \$0		
EOA 7 Suburban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0 \$0	0	
	2	5	0	5	0	5	0	0	0	0	5	0	100.00%	\$0	0	\$0	0	
	3	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	\$0		
EOA 7 Urban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
		-																



AMBULANCE A Service of Ridgecrean Regional Respiral	Perio	d: Feb 01	2021	to Feb 2	8 2021	Report S	tatus: In Progre	ss with 20 calls	in Working Statu	5									
	7	2		0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0		
	8	0		0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	0		0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	2	0		0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	3	0		0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 7 Wilderness	4	0		0	0	0	0	0	0	0	0	0	0	-		0	\$0		
ZOAT WILLIAMS	5	0		0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0		0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0		0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0		0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1											75		1.33%		1	\$0	0	1
EOA 6	2											93		3.23%		3	\$0	1	1
	3											42		0.00%		0	\$0	0	0
	1											59		1.69%		1	\$0	0	0
EOA 7	2											92		1.09%		1	\$0	0	0
	3											42		0.00%		0	\$0	0	0
																	en.		



Period: Mar 01 2021 to Mar 31 2021

Report Status: In Progress with 29 calls in Working Status

1									Compliance Reporting	ng 2021/03/01 - 2021	1/03/31					BLS	n ALS	Compliance Period Rep	oorung tor Kepetitive Non
14 1	Zone	Priority	On Time	Late			Adjusted Total Incidents	Adjusted Late				Calculated	Calculated			BLS on ALS		of Compliance Including	Out of Compliance Coun 12 Periods Including Cur Period
1		1																	
**************************************		2													\$0			0	
		4																	
1	OA 6 Metro	5																	
1		6	0		0		0		0			0							
1		7																	
1		8																	
1		1																	
Manual		3			_										\$0			0	
	A C Dural	4	0		0		0		0			0	0						
	A 6 Ruidi	5	0		0														
1		6																	
11		7				_													
14		1													\$0			0	
Mark		2																	
Martine		3		0		0			0	0	0		0			0			
	Suburban	4																	
		5									-								
		7																	
		8																	
1		1		0	19	0		0	0		0	19		100.00%	\$0	1		0	
1		2		1										96.77%	\$0			0	
Numaria		3																	
1	A 6 Urban	5			_														
		6																	
		7																	
Mile		8	0			0	0		0	0	0	0	0			0			
Mile		1																	
Mindame		2										0			\$0			0	
No.		4										0							
1	Wilderness	5																	
1		6				0						0		-		0			
77 Metro 1		7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
Name		8				_													
1		1																	
A7 Mario 1		3													\$0			U	
Second S		4									-								
T	7 Metro	5	20	1	21	0	21	1	0	0	0	21	1	95.24%		0	\$0		
		6						-											
1		7			_														
Variable		1													\$0			0	
17 18 18 18 18 18 18 18		2				_		-											
TRUM		3										1							
1	7 Rural	4																	
1		5																	
		7																	
Suburban		8																	
No. 1		1													\$0			0	
Suburba		2		0		0			0	0	0		0		\$0	0	\$0		
Suburban Suburban		3	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0		
1	Suburban	4									-								
7 Urban 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		6																	
1		7																	
1		8																	
7 Urba		1															\$0		
4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		2													\$0			0	
7 Urban 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		4																	
	7 Urban	5																	
		6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		



AMBULANCE A Service of Ridgecreat Regional Respiral	Pe	eriod: Ma	r 01 202	1 to Mar 3	1 2021	Report S	tatus: In Progre	ss with 29 calls	in Working Statu	5									
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	2		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	3		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 7 Wilderness	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
20A T Wilderness	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1											66		4.55%		3	\$0	0	2
EOA 6	2											105		1.90%		2	\$0	0	1
	3											62		0.00%		0	\$0	0	0
	1											68		1.47%		1	\$0	0	0
EOA 7	2											113		1.77%		2	\$0	0	0
	3											61		0.00%		0	\$0	0	0
																	\$0		



Period: Apr 01 2021 to Apr 30 2021

Report Status: In Progress with 81 calls in Working Status

								Compliance Reporti	ng 2021/04/01 - 2021	/04/30	•				BLS or	n ALS		porting for Repetitive Non-
				Total	Do Not	Adjusted Total		Exemptions	Exemptions	Time Corrections	Compliance	Compliance	Response Time	Response Time		Total Fine	Consecutive Periods Out	Out of Compliance Count for
Zone	Priority	On Time	Late	Incidents	Count	Incidents	Adjusted Late	Requested	Approved	Approved	Calculated Incidents	Calculated Late	Compliance	Penalty	BLS on ALS	Assessment	Current Period	12 Periods Including Currer Period
	1	32 41	3	35 44	0	35 44	3	0	0	0	35 44	3	91.43% 93.18%	\$0 \$0	0	\$0 \$0	0	
	3	31	1	32	0	32	1	0	0	0	32	1	96.88%	3 0	0	\$0		
EOA 6 Metro	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
	1	6	0	6	0	6	0	0	0	0	6	0	100.00%	\$0	0	\$0	0	
	3	13 6	0	13	0	13	0	0	0	0	13 6	0	100.00%	\$0	0	\$0 \$0	0	
EOA 6 Rural	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 6 Ruiai	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6 7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8	0	0	0	0	0	0	0	0	0	0	0	_		0	\$0		
	1	12	1	13	0	13	1	0	0	0	13	1	92.31%	\$0	0	\$0	0	
	2	18	0	18	0	18	0	0	0	0	18	0	100.00%	\$0	0	\$0	0	
	4	12 0	0	12	0	12	0	0	0	0	0	0	100.00%		0	\$0 \$0		
EOA 6 Suburban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	1	16	1	17	0	17	1	0	0	0	17	1	94.12%	\$0	0	\$0	0	
	2	22	1	23	0	23	1	0	0	0	23	1	95.65%	\$0	0	\$0	0	
	3	15	0	15	0	15	0	0	0	0	15	0	100.00%		0	\$0		
EOA 6 Urban	5	2 27	7	34	0	34	7	0	0	2	34	5	85.29%		0	\$0 \$0		
	6	12	1	13	0	13	1	0	0	0	13	1	92.31%		0	\$0		
	7	9	1	10	0	10	1	0	0	0	10	1	90.00%		0	\$0		
	1	3	0	3	0	3	0	0	0	0	3	0	100.00%	\$0	0	\$0 \$0	0	
	2	4	0	4	0	4	0	0	0	0	4	0	100.00%	\$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 6 Wilderness	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0 50	0	50	0	50	0	0	0	0	50	0	100.00%	\$0	0	\$0 \$0	0	
	2	74	3	77	0	77	3	0	0	0	77	3	96.10%	\$0	4	\$0	0	
	3	50	0	50	0	50	0	0	0	0	50	0	100.00%		0	\$0		
EOA 7 Metro	4	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0		
	6	32 12	5	37 12	0	37 12	5	0	0	0	37 12	5	86.49% 100.00%		0	\$0 \$0		
	7	15	1	16	0	16	1	0	0	0	16	1	93.75%		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	2	4 5	0	5	0	5	0	0	0	0	5	0	100.00%	\$0 \$0	0	\$0 \$0	0	
	3	6	1	7	0	7	1	1	1	0	6	0	100.00%	J 0	0	\$0	Ů	
EOA 7 Rural	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	5	0	5	0	5	0	0	0	0	5	0	100.00%	\$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	100.00%	\$0	0	\$0 \$0	0	
EOA 7 Suburban	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
LOA / OUDUIDAN	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	1	5	0	5	0	5	0	0	0	0	5	0	100.00%	\$0	0	\$0	0	
	2	4	1	5	0	5	1	0	0	0	5	1	80.00%	\$1,000	0	\$1,000	1	
	4	9	0	9	0	9	0	0	0	0	9	0	100.00%		0	\$0 \$0		
EOA 7 Urban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		



AMBULANCE A Service of Ridgecrest Regional Respital	P	eriod: Ap	r 01 202	1 to Apr 3	0 2021	Report S	tatus: In Progre	ss with 81 calls	in Working Statu	S									
	7		0	1	1	0	1	1	0	0	0	1	1	0.00%		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	1		0	0	0	0	0	0	0	0	0	0	0		\$0	0	\$0	0	
	2		0	0	0	0	0	0	0	0	0	0	0		\$0	0	\$0	0	
	3		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 7 Wilderness	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
LOA7 Wilderliess	5		0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1											74		0.00%		0	\$0	0	2
EOA 6	2											102		0.00%		0	\$0	0	1
	3											65		0.00%		0	\$0	0	0
	1											64		0.00%		0	\$0	0	0
EOA 7	2											89		4.49%		4	\$0	0	1
	3											65		0.00%		0	\$0	0	0
																	\$1.000		



Period: May 01 2021 to May 31 2021

Report Status: In Progress with 56 calls in Working Status

								Compliance Reporting	ng 2021/05/01 - 2021	/05/31					BLS o	n ALS	Compilance Period Rej	porung for Repetitive Non-
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment	Consecutive Periods Out of Compliance Including Current Period	Out of Compliance Count for 12 Periods Including Current Period
	1	33	4	37	0	37	4	0	0	1	37	3	91.89%	\$0	0	\$0	0	
	3	46 28	0	47 28	0	47 28	0	0	0	0	47 28	0	97.87% 100.00%	\$0	0	\$0 \$0	0	
504 6 M-t	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 6 Metro	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	1	2	0	1	0	0	0	0	1	0	100.00%		0	\$0 \$0		
	1	6	0	6	0	6	0	0	0	0	6	0	100.00%	\$0	0	\$0	0	
	2	6	0	6	0	6	0	0	0	0	6	0	100.00%	\$0	0	\$0	0	
	4	0	0	0	0	0	0	0	0	0	0	0	100.00%		0	\$0 \$0		
EOA 6 Rural	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7 a	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	1	19	0	19	0	19	0	0	0	0	19	0	100.00%	\$0	0	\$0	0	
	2	15	0	15	0	15	0	0	0	0	15	0	100.00%	\$0	0	\$0	0	
	3	5	0	5	0	5	0	0	0	0	5	0	100.00%		0	\$0		
EOA 6 Suburban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	4	0 20	0	20	0	20	0	0	0	0	0 20	0	100.00%	60	0	\$0 \$0	0	
	2	32	0	32	0	32	0	0	0	0	32	0	100.00%	\$0 \$0	0	\$0	0	
	3	20	0	20	0	20	0	0	0	0	20	0	100.00%		0	\$0		
EOA 6 Urban	4	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	\$0		
	5 e	35 14	3	39 17	0	39 17	3	0	0	1	39 17	2	89.74% 88.24%		0	\$0 \$0		
	7	7	0	7	0	7	0	0	0	0	7	0	100.00%		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	100.00%	\$0	0	\$0 \$0	0	
EOA 6 Wilderness	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 6 Wilderness	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	69	3	72	0	72	3	0	0	0	72	3	95.83%	\$0	1	\$0	0	
	2	126 67	2	126	0	126 69	2	0	0	0	126 69	0 2	100.00%	\$0	0	\$0 \$0	0	
	4	0	0	69	0	0	0	0	0	0	0	0	97.10%		0	\$0		
EOA 7 Metro	5	23	9	32	0	32	9	0	0	0	32	9	71.88%		0	\$0		
	6	19	2	21	0	21	2	0	0	0	21	2	90.48%		0	\$0		
	8	17	0	18	0	18	0	0	0	0	18 0	0	94.44%		0	\$0 \$0		
	1	7	0	7	0	7	0	0	0	0	7	0	100.00%	\$0	0	\$0	0	
	2	6	0	6	0	6	0	0	0	0	6	0	100.00%	\$0	0	\$0	0	
	3	3	0	3 0	0	0	0	0	0	0	0	0	100.00%		0	\$0 \$0		
EOA 7 Rural	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	7	0	7	0	7	0	0	0	0	7	0	100.00%	\$0	0	\$0 \$0	0	
	2	5	0	5	0	5	0	0	0	0	5	0	100.00%	\$0	0	\$0	0	
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
EOA 7 Suburban	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	2	5 4	0	5 4	0	5 4	0	0	0	0	5	0	100.00%	\$0 \$0	0	\$0 \$0	0	
	3	5	0	5	0	5	0	0	0	0	5	0	100.00%	ψU	0	\$0	U	
EOA 7 Urban	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
LOA / UIDAII	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		



AMBULANCE A Service of Respectest Regional Respiral	ı	Period: M	ay 01 20	21 to May	31 2021	Report S	tatus: In Progre	ess with 56 calls	in Working Statu	5									
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	2		0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	3		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 7 Wilderness	4		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
LOA / Wildeliness	5		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8		0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1											84		0.00%		0	\$0	0	2
EOA 6	2											102		0.00%		0	\$0	0	1
	3											55		0.00%		0	\$0	0	0
	1											91		1.10%		1	\$0	0	0
EOA 7	2											141		2.13%		3	\$0	0	1
	3											78		0.00%		0	\$0	0	0
																	\$0		



Period: Jun 01 2021 to Jun 30 2021

Report Status: In Progress with 68 calls in Working Status

								Compliance Reporting	ng 2021/06/01 - 2021	1/06/30					BLS	n ALS	Compliance Period Rep	oorung tor Kepetitive Non
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment	Consecutive Periods Out of Compliance Including Current Period	Out of Compliance Coun 12 Periods Including Cur Period
	1	41	1	42	0	42	1	0	0	0	42	1	97.62%	\$0	1	\$0	0	
	2	50	2	52	0	52	2	0	0	0	52	2	96.15%	\$0	0	\$0	0	
	4	23 0	0	23	0	23	0	0	0	0	0	0	100.00%		0	\$0 \$0		
EOA 6 Metro	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	1	1	2	0	2	1	0	0	0	2	1	50.00%		0	\$0		
	1	7 12	0	8	0	12	1	0	0	0	8 12	0	87.50% 100.00%	\$1,000 \$0	0	\$1,000 \$0	0	
	3	5	0	12 5	0	5	0	0	0	0	5	0	100.00%	\$0	0	\$0	0	
OA 6 Rural	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
OA 6 Kurai	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7 •	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	1	13	0	13	0	13	0	0	0	0	13	0	100.00%	\$0	0	\$0	0	
	2	16	0	16	0	16	0	0	0	0	16	0	100.00%	\$0	0	\$0	0	
	3	8	0	8	0	8	0	0	0	0	8	0	100.00%		0	\$0		
6 Suburban	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	17	1	18	0	18	1	0	0	0	18	1	94.44%	\$0	0	\$0	0	
	2	31	3	34	0	34	3	0	0	0	34	3	91.18%	\$0	0	\$0	0	
	3	18	0	18	0	18	0	0	0	0	18	0	100.00%		0	\$0		
OA 6 Urban	4	1	0	1 10	0	1	0	0	0	0	1 19	0	100.00% 94.74%		0	\$0		
	6	18 28	4	19 32	0	19 32	4	0	0	0	32	4	87.50%		0	\$0 \$0		
	7	5	2	7	0	7	2	0	0	0	7	2	71.43%		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	0	0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	2	8	0	8	0	8	0	0	0	0	0	0	100.00%	\$0	0	\$0	0	
	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
6 Wilderness	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	2	80 110	3	83 113	0	83 113	3	0	0	0	83 113	3	96.39% 97.35%	\$0 \$0	3	\$0 \$0	0	
	3	56	0	56	0	56	0	0	0	0	56	0	100.00%	3 0	0	\$0	· ·	
DA 7 Metro	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
M / Metro	5	12	2	14	0	14	2	0	0	0	14	2	85.71%		0	\$0		
	6	18	0	18	0	18	0	0	0	0	18	0	100.00%		0	\$0		
	8	15 0	2	17	0	17	2	0	0	0	17	2	88.24%		0	\$0		
	1	11	0	11	0	11	0	0	0	0	11	0	0.00%	\$0	0	\$0 \$0	0	
	2	10	0	10	0	10	0	0	0	0	10	0	100.00%	\$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0			0	\$0		
A 7 Rural	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	6	0	6	0	6	0	0	0	0	6	0	100.00%	\$0	0	\$0	0	
	2	5	0	5	0	5	0	0	0	0	5	0	100.00%	\$0	0	\$0	0	
	3	5	0	5	0	5	0	0	0	0	5	0	100.00%		0	\$0		
Suburban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	1	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0	
	2	5	0	5	0	5	0	0	0	0	5	0	100.00%	\$0	0	\$0	0	
	4	5 0	0	5	0	5	0	0	0	0	5	0	100.00%		0	\$0 \$0		
A 7 Urban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		



AMBULANCE A Service of Riegecreat Regional Resignal	Period	d: Jun 01 2	2021 to	Jun 30	2021	Report S	tatus: In Progre	ss with 68 calls	in Working Status	;									
	7	1		0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
	8	0		0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	0		0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	2	0		0	0	0	0	0	0	0	0	0	0	-	\$0	0	\$0	0	
	3	0		0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 7 Wilderness	4	0		0	0	0	0	0	0	0	0	0	0	-		0	\$0		
LOX / Wildeliness	5	0		0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0		0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0		0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0		0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1											81		2.47%		2	\$0	0	2
EOA 6	2											122		0.00%		0	\$0	0	1
	3											54		0.00%		0	\$0	0	0
	1											102		2.94%		3	\$0	0	0
EOA 7	2											133		2.26%		3	\$0	0	1
	3											66		0.00%		0	\$0	0	0
																	\$1,000		

LIBERTY

Period: Jul 01 2021 to Jul 31 2021

Conort Statue: Final

		Compliance Reporting 2021/07/01 - 2021/07/31										BLS on ALS Compliance Period Reporting for Repetitive Non-						
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment		Out of Compliance Count for 12 Periods Including Current Period
	1	40	3	43	0	43	3	0	0	0	43	3	93.02%	\$0	0	\$0	0	
EOA 6 Metro	3	67 47	0	71 47	0	71 47	0	0	0	0	71 47	0	94.37%	\$0	0	\$0 \$0	0	
	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
LOA 0 IMEGO	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
	1	7	0	7	0	7	0	0	0	0	7	0	100.00%	\$0	0	\$0	0	
	3	14 11	0	14	0	14	0	0	0	0	14	0	100.00%	\$0	0	\$0 \$0	0	
EOA 6 Rural	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 6 Ruiai	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6 7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	10	0	10	0	10	0	0	0	0	10	0	100.00%	\$0	0	\$0	0	
	2	23	0	23	0	23	0	0	0	0	23 11	0	100.00%	\$0	0	\$0	0	
	4	11 0	0	11	0	11 0	0	0	0	0	0	0	100.00%		0	\$0 \$0		
EOA 6 Suburban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	1	29	1	30	0	30	1	0	0	0	30	1	96.67%	\$0	0	\$0	0	
	2	36	1	37	0	37	1	0	0	0	37	1	97.30%	\$0	0	\$0	0	
	3	28 3	0	28	0	28	0	0	0	0	28 4	0	100.00% 75.00%		0	\$0 \$0		
EOA 6 Urban	5	12	1	13	0	13	1	0	0	0	13	1	92.31%		0	\$0		
	6	38	10	48	0	48	10	0	0	0	48	10	79.17%		0	\$0		
	7	12	1	13	0	13	1	0	0	0	13	1	92.31%		0	\$0		
	1	3	0	3	0	3	0	0	0	0	3	0	100.00%	\$0	0	\$0 \$0	0	
	2	5	0	5	0	5	0	0	0	0	5	0	100.00%	\$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 6 Wilderness	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0 65	0 4	69	0	69	0 4	0	0	0	69	0 4	94.20%	\$0	0	\$0 \$0	0	
	2	94	3	97	0	97	3	0	0	0	97	3	96.91%	\$0	3	\$0	0	
	3	58	1	59	0	59	1	0	0	0	59	1	98.31%		1	\$0		
EOA 7 Metro	4	0	0	0	0	0	0	0	0	0	0	0			0	\$0		
	6	10 38	1	11 39	0	11 39	1	0	0	0	11 39	1 1	90.91%		0	\$0 \$0		
	7	17	0	17	0	17	0	0	0	0	17	0	100.00%		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	2	4	0	4	0	4	0	0	0	0	4	0	100.00%	\$0 \$0	0	\$0 \$0	0	
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	, i	
EOA 7 Rural	4	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	5	0	5	0	5	0	0	0	0	5	0	100.00%	\$0	0	\$0	0	
	3	1	0	2	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0 \$0	0	
EOA 7 Suburban	4	0	0	0	0	0	0	0	0	0	0	0			0	\$0		
LOA / JUDUIDAN	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0 \$0		
	8	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	5	0	5	0	5	0	0	0	0	5	0	100.00%	\$0	0	\$0	0	
	2	9	1	10	0	10	1	0	0	0	10 3	1	90.00%	\$0	1	\$0	0	
	4	0	0	0	0	0	0	0	0	0	0	0	100.00%		0	\$0 \$0		
EOA 7 Urban	5	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	-		0	\$0		



AMBULANCE	Pe	Period: Jul 01 2021 to Jul 31 2021				Report Status: Final													
	7	0		0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0		0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1	1		0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0	
	2	0		0	0	0	0	0	0	0	0	0	0		\$0	0	\$0	0	
	3	0		0	0	0	0	0	0	0	0	0	0	-		0	\$0		
EOA 7 Wilderness	4	0		0	0	0	0	0	0	0	0	0	0	-		0	\$0		
LOA / Wilderliess	5	0		0	0	0	0	0	0	0	0	0	0			0	\$0		
	6	0		0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	7	0		0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	8	0		0	0	0	0	0	0	0	0	0	0	-		0	\$0		
	1											93		0.00%		0	\$0	0	2
EOA 6	2											150		0.67%		1	\$0	0	1
	3											97		0.00%		0	\$0	0	0
EOA 7	1											84		0.00%		0	\$0	0	0
	2											113		3.54%		4	\$0	0	2
	3											64		1.56%		1	\$0	0	0
																	en.		

Liberty Ambulance Service Compliance Reporting 2021/08/01 - 2021/08/31

Zone	Priority	On Time	Late	Total Incidents	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Consecutive Periods Out of Compliance Including Current Period
	1	38	3	41	41	3	92.68%	\$0	0	0
	2	70	9	79	79	7	91.14%	\$0	0	0
	3	30	2	32	32	2	93.75%		0	
EOA 6 Metro	4	0	0	0	0	0			0	
LOA 0 Metro	5	2	0	2	2	0	100.00%		0	
	6	0	1	1	1	1	0.00%		0	
	7	1	0	1	1	0	100.00%		0	
	8	0	0	0	0	0			0	
	1	13	2	15	13	0	100.00%	\$0	0	0
	2	14	0	14	14	0	100.00%	\$0	0	0
	3	5	0	5	5	0	100.00%		0	
EOA 6 Rural	4	0	0	0	0	0			0	
LOA O Ruiai	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	20	0	20	20	0	100.00%	\$0	0	0
	2	24	1	25	25	1	96.00%	\$0	0	0
	3	6	0	6	6	0	100.00%		0	
EOA 6 Suburban	4	0	0	0	0	0			0	
_0,100,000,000	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	28	1	29	29	1	96.55%	\$0	0	0
	2	38	8	46	40	2	95.00%	\$0	0	0
	3	18	1	19	19	1	94.74%		0	
EOA 6 Urban	4	4	0	4	4	0	100.00%		0	
	5	4	0	4	4	0	100.00%		0	
	6	32	5	37	37	5	86.49%		0	
	7	11	1	12	12	1	91.67%		0	
	8	0	0	0	0	0			0	
	1	4	1	5	5	0	100.00%	\$0	0	0
	2	3	0	3	3	0	100.00%	\$0	0	0
	3	4	0	4	4	0	100.00%		0	
EOA 6 Wilderness	4	0	0	0	0	0			0	
	5	0	0	0	0	0			0	

1					I	ı	1			
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	61	4	65	65	4	93.85%	\$0	2	0
	2	84	3	87	87	3	96.55%	\$0	1	0
	3	39	1	40	40	1	97.50%		0	
EOA 7 Metro	4	0	0	0	0	0			0	
2071 mono	5	5	0	5	5	0	100.00%		0	
	6	29	3	32	32	3	90.63%		0	
	7	27	0	27	27	0	100.00%		0	
	8	0	0	0	0	0			0	
	1	14	0	14	14	0	100.00%	\$0	0	0
	2	11	0	11	11	0	100.00%	\$0	0	0
	3	1	0	1	1	0	100.00%		0	
EOA 7 Burel	4	0	0	0	0	0			0	
EOA 7 Rural	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	4	0	4	4	0	100.00%	\$0	0	0
	2	3	0	3	3	0	100.00%	\$0	0	0
	3	1	0	1	1	0	100.00%		0	
	4	0	0	0	0	0			0	
EOA 7 Suburban	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	7	0	7	7	0	100.00%	\$0	0	0
	2	5	0	5	5	0	100.00%	\$0	1	0
	3	6	0	6	6	0	100.00%		0	
	4	0	0	0	0	0			0	
EOA 7 Urban	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	1	1	2	2	1	50.00%		0	
	8	0	0	0	0	0			0	
	1	0	0	0	0	0		\$0	0	0
	2	0	0	0	0	0		\$0	0	0
	3	0	0	0	0	0			0	
	4	0	0	0	0	0			0	
EOA 7 Wilderness	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	•	l o	U	U		U			U	

0 0 0 0 -- 0

Liberty Ambulance Service Compliance Reporting 2021/09/01 - 2021/09/30

Zone	Priority	On Time	Late	Total Incidents	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Consecutive Periods Out of Compliance Including Current Period
	1	36	3	39	39	3	92.31%	\$0	0	0
	2	57	5	62	62	5	91.94%	\$0	0	0
	3	17	1	18	18	1	94.44%		0	
EOA 6 Metro	4	0	0	0	0	0			0	
LOA 0 Metro	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	14	0	14	14	0	100.00%	\$0	0	0
	2	9	0	9	9	0	100.00%	\$0	0	0
	3	5	0	5	5	0	100.00%		0	
EOA 6 Rural	4	0	0	0	0	0			0	
EOA 6 Ruiai	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	15	0	15	15	0	100.00%	\$0	0	0
	2	11	0	11	11	0	100.00%	\$0	0	0
	3	10	0	10	10	0	100.00%		0	
EOA 6 Suburban	4	0	0	0	0	0			0	
LOA 0 Suburban	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	22	4	26	26	2	92.31%	\$0	0	0
	2	35	2	37	37	2	94.59%	\$0	0	0
	3	14	0	14	14	0	100.00%		0	
EOA 6 Urban	4	3	0	3	3	0	100.00%		0	
LOA 0 Olbali	5	6	0	6	6	0	100.00%		0	
	6	23	12	35	35	12	65.71%		0	
	7	6	1	7	7	1	85.71%		0	
	8	0	0	0	0	0			0	
	1	3	0	3	3	0	100.00%	\$0	0	0
	2	1	0	1	1	0	100.00%	\$0	0	0
	3	1	0	1	1	0	100.00%		0	
EOA 6 Wilderness	4	0	0	0	0	0			0	
LOA 0 Wilderliess	5	0	0	0	0	0			0	

I		1	ı							
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0	-		0	
	1	74	7	81	81	7	91.36%	\$0	2	0
	2	81	7	88	88	7	92.05%	\$0	3	0
	3	38	0	38	38	0	100.00%		0	
EOA 7 Metro	4	0	0	0	0	0			0	
EOA / Wello	5	1	1	2	2	1	50.00%		0	
	6	26	8	34	34	8	76.47%		0	
	7	14	0	14	14	0	100.00%		0	
	8	0	0	0	0	0			0	
	1	6	0	6	6	0	100.00%	\$0	1	0
	2	6	0	6	6	0	100.00%	\$0	0	0
	3	3	0	3	3	0	100.00%		0	
FOA 7.7	4	0	0	0	0	0			0	
EOA 7 Rural	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	6	0	6	6	0	100.00%	\$0	0	0
	2	2	0	2	2	0	100.00%	\$0	1	0
	3	3	0	3	3	0	100.00%		0	
	4	0	0	0	0	0			0	
EOA 7 Suburban	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	14	0	14	14	0	100.00%	\$0	0	0
	2	7	1	8	8	1	87.50%	\$1,000	0	1
	3	6	1	7	7	1	85.71%		0	
	4	0	0	0	0	0			0	
EOA 7 Urban	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	0	0	0	0	0		\$0	0	0
	2	0	0	0	0	0		\$0	0	0
	3	0	0	0	0	0			0	
	4	0	0	0	0	0			0	
EOA 7 Wilderness	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
I			J	J					· ·	

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\$1,000

Liberty Ambulance Service Compliance Reporting 2021/10/01 - 2021/10/31

Zone	Priority	On Time	Late	Total Incidents	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Consecutive Periods Out of Compliance Including Current Period
	1	34	12	46	46	11	76.09%	\$1,000	0	1
	2	48	4	52	52	4	92.31%	\$0	0	0
	3	21	1	22	22	1	95.45%		0	
EOA 6 Matra	4	0	0	0	0	0			0	
EOA 6 Metro	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	3	2	5	5	2	60.00%		0	
	1	9	0	9	9	0	100.00%	\$0	0	0
	2	10	0	10	10	0	100.00%	\$0	0	0
	3	4	0	4	4	0	100.00%		0	
EOA 6 Rural	4	0	0	0	0	0			0	
LOA 6 Kulai	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	14	0	14	14	0	100.00%	\$0	0	0
	2	30	2	32	32	2	93.75%	\$0	0	0
	3	10	1	11	11	0	100.00%		0	
EOA 6 Suburban	4	0	0	0	0	0			0	
EOA 6 Suburban	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	24	2	26	26	2	92.31%	\$0	0	0
	2	31	6	37	37	5	86.49%	\$1,000	0	1
	3	18	0	18	18	0	100.00%		0	
EOA 6 Urban	4	2	0	2	2	0	100.00%		0	
LOA 0 Olbali	5	1	0	1	1	0	100.00%		0	
	6	33	12	45	45	12	73.33%		0	
	7	16	7	23	23	7	69.57%		0	
	8	0	0	0	0	0			0	
	1	5	0	5	5	0	100.00%	\$0	0	0
	2	6	0	6	6	0	100.00%	\$0	0	0
	3	2	0	2	2	0	100.00%		0	
EOA 6 Wilderness	4	0	0	0	0	0			0	
LOA 6 Wilderness	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	

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	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	59	6	65	65	6	90.77%	\$0	2	0
	2	85	4	89	89	4	95.51%	\$0	0	0
	3	38	0	38	38	0	100.00%		0	
EOA 7 Metro	4	0	0	0	0	0			0	
LOA / Metro	5	3	0	3	3	0	100.00%		0	
	6	19	7	26	26	7	73.08%		0	
	7	14	2	16	16	2	87.50%		0	
	8	0	3	3	3	3	0.00%		0	
	1	5	0	5	5	0	100.00%	\$0	0	0
	2	10	0	10	10	0	100.00%	\$0	0	0
	3	2	0	2	2	0	100.00%		0	
EOA 7 D	4	0	0	0	0	0			0	
EOA 7 Rural	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	7	0	7	7	0	100.00%	\$0	1	0
	2	6	0	6	6	0	100.00%	\$0	0	0
	3	1	0	1	1	0	100.00%		0	
	4	0	0	0	0	0			0	
EOA 7 Suburban	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	18	0	18	18	0	100.00%	\$0	0	0
	2	5	1	6	6	0	100.00%	\$0	0	0
	3	4	0	4	4	0	100.00%		0	
	4	0	0	0	0	0			0	
EOA 7 Urban	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	0	0	0	0	0		\$0	0	0
	2	0	0	0	0	0		\$0	0	0
	3	0	0	0	0	0			0	
	4	0	0	0	0	0			0	
EOA 7 Wilderness	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	

Liberty Ambulance Service Compliance Reporting 2021/11/01 - 2021/11/30

Zone	Priority	On Time	Late	Total Incidents	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Consecutive Periods Out of Compliance Including Current Period
	1	40	7	47	47	7	85.11%	\$1,000	0	2
	2	51	10	61	61	10	83.61%	\$1,000	0	1
	3	21	1	22	22	1	95.45%		0	
EOA 6 Metro	4	0	0	0	0	0			0	
20/10/11/01/0	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	1	1	2	2	1	50.00%		0	
	1	10	0	10	10	0	100.00%	\$0	0	0
	2	9	0	9	9	0	100.00%	\$0	0	0
	3	3	0	3	3	0	100.00%		0	
EOA 6 Rural	4	0	0	0	0	0			0	
LOA O Karar	5	0	0	0	0	0	-		0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	12	1	13	13	1	92.31%	\$0	0	0
	2	15	0	15	15	0	100.00%	\$0	0	0
	3	8	0	8	8	0	100.00%		0	
EOA 6 Suburban	4	0	0	0	0	0			0	
LOA 6 Suburban	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	30	5	35	35	5	85.71%	\$1,000	0	1
	2	24	0	24	24	0	100.00%	\$0	0	0
	3	12	1	13	13	1	92.31%		0	
EOA 6 Urban	4	1	0	1	1	0	100.00%		0	
EOA O OIDAII	5	5	0	5	5	0	100.00%		0	
	6	30	17	47	47	17	63.83%		0	
	7	4	3	7	7	3	57.14%		0	
	8	0	0	0	0	0			0	
	1	4	0	4	4	0	100.00%	\$0	0	0
	2	7	1	8	8	1	87.50%	\$1,000	0	1
	3	1	0	1	1	0	100.00%		0	
FOA 6 Wilderness	4	0	0	0	0	0			0	

LOA V WIIGEIIIESS	-		_							
	5	0	0	0	0	0	-		0	
	6	0	0	0	0	0	-		0	
	7	0	0	0	0	0	-		0	
	8	0	0	0	0	0			0	
	1	77	12	89	89	12	86.52%	\$1,000	2	1
	2	84	4	88	88	4	95.45%	\$0	0	0
	3	44	0	44	44	0	100.00%		0	
EOA 7 Metro	4	1	2	3	3	2	33.33%		0	
	5	3	0	3	3	0	100.00%		0	
	6	31	14	45	45	14	68.89%		0	
	7	17	3	20	20	3	85.00%		0	
	8	0	0	0	0	0			0	
	1	12	0	12	12	0	100.00%	\$0	0	0
	2	10	0	10	10	0	100.00%	\$0	0	0
	3	1	0	1	1	0	100.00%		0	
EOA 7 Rural	4	0	0	0	0	0			0	
EOA / Ruiai	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	6	1	7	7	1	85.71%	\$1,000	0	1
	2	7	0	7	7	0	100.00%	\$0	0	0
	3	3	0	3	3	0	100.00%		0	
	4	0	0	0	0	0			0	
EOA 7 Suburban	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	21	0	21	21	0	100.00%	\$0	2	0
	2	7	0	7	7	0	100.00%	\$0	0	0
	3	3	1	4	4	1	75.00%		0	
	4	0	0	0	0	0			0	
EOA 7 Urban	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	0	0	0	0	0		\$0	0	0
	2	0	0	0	0	0		\$0	0	0
	3	0	0	0	0	0		7.5	0	
	4	0	0	0	0	0			0	
EOA 7 Wilderness	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	•	U	U	U		U			U	

7	0	0	0	0	0		0
8	0	0	0	0	0		0

\$6,000

Liberty Ambulance Service Compliance Reporting 2021/12/01 - 2021/12/31

Zone	Priority	On Time	Late	Total Incidents	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Consecutive Periods Out of Compliance Including Current Period
	1	34	9	43	43	9	79.07%	\$1,000	0	3
	2	43	4	47	47	4	91.49%	\$0	0	0
	3	11	1	12	12	1	91.67%		0	
EOA 6 Metro	4	0	0	0	0	0			0	
EOA 6 Metro	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	11	0	11	11	0	100.00%	\$0	0	0
	2	8	0	8	8	0	100.00%	\$0	0	0
	3	6	0	6	6	0	100.00%		0	
EOA 6 Rural	4	0	0	0	0	0			0	
EOA 6 Ruiai	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	11	0	11	11	0	100.00%	\$0	0	0
	2	21	0	21	21	0	100.00%	\$0	0	0
	3	8	0	8	8	0	100.00%		0	
EOA 6 Suburban	4	0	0	0	0	0			0	
LOA 6 Suburban	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	33	3	36	36	3	91.67%	\$0	0	0
	2	35	2	37	37	2	94.59%	\$0	0	0
	3	6	0	6	6	0	100.00%		0	
EOA 6 Urban	4	1	0	1	1	0	100.00%		0	
LOA 0 Olbali	5	16	1	17	17	1	94.12%		0	
	6	23	8	31	31	8	74.19%		0	
	7	5	5	10	10	5	50.00%		0	
	8	0	0	0	0	0			0	
	1	3	0	3	3	0	100.00%	\$0	0	0
	2	4	0	4	4	0	100.00%	\$0	0	0
	3	3	0	3	3	0	100.00%		0	
EOA 6 Wilderness	4	0	0	0	0	0			0	
EUA & WIIGERNESS	5	0	0	0	0	0			0	

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						1				
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	86	9	95	95	9	90.53%	\$0	6	0
	2	91	6	97	97	6	93.81%	\$0	2	0
	3	46	1	47	47	1	97.87%		0	
EOA 7 Metro	4	2	0	2	2	0	100.00%		0	
EOA / Metro	5	8	1	9	9	1	88.89%		0	
	6	30	13	43	43	13	69.77%		0	
	7	11	5	16	16	5	68.75%		0	
	8	1	0	1	1	0	100.00%		0	
	1	5	0	5	5	0	100.00%	\$0	0	0
	2	9	0	9	9	0	100.00%	\$0	0	0
	3	0	0	0	0	0			0	
EOA 7 D	4	0	0	0	0	0			0	
EOA 7 Rural	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	7	0	7	7	0	100.00%	\$0	0	0
	2	4	0	4	4	0	100.00%	\$0	0	0
	3	0	0	0	0	0			0	
504 7 0 thank an	4	0	0	0	0	0			0	
EOA 7 Suburban	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	13	1	14	14	1	92.86%	\$0	0	0
	2	11	0	11	11	0	100.00%	\$0	0	0
	3	3	0	3	3	0	100.00%		0	
F04 7 11 4	4	0	0	0	0	0			0	
EOA 7 Urban	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
	8	0	0	0	0	0			0	
	1	0	0	0	0	0		\$0	0	0
	2	0	0	0	0	0		\$0	0	0
	3	0	0	0	0	0			0	
	4	0	0	0	0	0			0	
EOA 7 Wilderness	5	0	0	0	0	0			0	
	6	0	0	0	0	0			0	
	7	0	0	0	0	0			0	
I										

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\$1,000

X. New Business h. EMCAB Member Update



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

EMCAB Member Update

Currently we have the following vacancies on EMCAB:

Alternate - Police Chief's Association

Alternate - Rural Consumer

Alternate - Urban Consumer

Alternate - Kern County Hospital Administrators

Alternate - Kern County Ambulance Association

Please direct anyone you may know that is interested in filling one of these open positions to either Kathleen Krause, Clerk of the Board, at krausek@kerncounty.com or Jeff Fariss, EMS Program Manager, at farissj@kerncounty.com.

IT IS RECOMMENDED, the Board Receive and file the report.

X. New Business

i. Stroke System of Care Update



BRYNN CARRIGAN DIRECTOR

KRISTOPHER LYON, MD HEALTH OFFICER

1800 MT. VERNON AVENUE

BAKERSFIELD, CALIFORNIA 93306-3302

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EMS Division Staff Report for EMCAB

Stroke System of Care Update

Stroke is the sixth leading cause of death in California and a leading cause of long-term disability. Advances in stroke care, including the introduction of time-sensitive therapies, have emphasized the critical need for optimal stroke treatment pathways. In order to treat patients timely, it is vital that the patient be transported to the hospital that can best care for that patient. One of the most important factors in determining the destination for a patient suffering from a neurological emergency is the capability for the hospital to complete rapid imaging. Imaging can be accomplished using Computed Tomography (CT) which uses X-ray technology to produce images of the inside of the body. Additionally, imaging can be accomplished using Magnetic Resonance Imaging (MRI) which uses strong magnetic fields along with radio waves to create a detailed image of the organs and tissues within the body.

While there are numerous minor updates to the Stroke System of Care Policy, the most important change deals directly with a hospitals ability to conduct rapid imaging for a patient suffering a neurological emergency. If approved by this board, the Stroke System of Care Policy will temporarily suspend a hospitals Stroke Designation if that hospital cannot perform rapid imaging for any reason. The designation will be immediately restored when the hospital has restored their ability to conduct imaging.

It is vital that we assure that a patient suffering a possible neurological emergency be transported to a hospital that can obtain rapid imaging thus allowing for rapid treatment.

Therefore, it is recommended that your board approve the Stroke System of Care Update.



Emergency Medical Services Division Program Policies – Procedures – Protocols

Stroke System of Care (4002.00)

I. PURPOSE

The purpose of the Stroke System of Care Policies (policies) is to define the following:

- A. Requirements for Stroke Center application, designation, and redesignation by the Kern County EMS Program (Program);
- Requirement for training pre-hospital personnel in recognition of Stroke victims, understanding benefit of a Stroke Center, and making appropriate destination decisions;
- Requirements for on-going quality improvement review; and
- D. Requirements for data management and mandatory elements.

The objective of having a Stroke Center designation is to provide rapid evaluation and appropriate treatment for all eligible stroke cases in the shortest time possible. In addition, a Stroke Center must have a component that addresses comprehensive post treatment management/rehabilitation, and involvement in pre-hospital personnel training. The EMS system objective is to transport qualifying stroke patients to a designated Stroke Center.

II. AUTHORITY

This policy is developed under the authority of Health and Safety Code, Division 2.5, California Evidence Code 1157.7, and California Code of Regulations (CCR) Title 22, Division 9, Chapter 7.2.

III. DEFINITIONS

- A. <u>American Board of Radiology (ABR)</u>: oversees the certification and ongoing professional development of specialists in <u>Diagnostic Radiology</u>, <u>Radiation Oncology</u> and <u>Medical Physics</u>. The ABR certifies through a comprehensive process involving educational requirements, professional peer evaluation, and examination.
- B. <u>American Osteopathic Board of Radiology:</u> an organization that provides board certification to qualified Doctors of Osteopathic Medicine (D.O.) who specialize in the use of imaging in the diagnosis and treatment of disease.
- C. <u>American Osteopathic Board of Neurology and Psychiatry:</u> an organization that provides board certification to qualified Doctors of Osteopathic Medicine (D.O.) who specialize in disorders of the nervous

Stroke System of Care (4002.00)

Effective Date: 12/01/2015

Revision Date: 02/02/2022 11/14/2019

Kristopher Lyon, M.D. (Signature on File)

- system (neurologists) and to qualified Doctors of Osteopathic Medicine who specialize in the diagnosis and treatment of mental disorders.
- D. <u>American Board of Psychiatry and Neurology:</u> Responsible for certifying physicians who have completed residency training in neurology and/or psychiatry in programs accredited by the American Osteopathic Association
- E. <u>Board-certified</u>: Means that a physician has fulfilled all requirements, has satisfactorily completed the written and oral examinations, and has been awarded a board diploma in a specialty field.
- F. <u>Board-eligible</u>: Means that a physician has applied to a specialty board and received a ruling that he or she has fulfilled the requirements to take the examination. Board certification must be obtained within five (5) years of the first appointment.
- G. <u>Certificate of Added Qualification (CAQ)</u>: A CAQ enables a physician to add to his or her skill set and qualifications, without completing an additional full fellowship training program. A CAQ consists of additional coursework, clinical education, and testing of a sub-specialized technique, procedure or area of medicine within the physician's medical specialty
- H. <u>Comprehensive Stroke Centers (CSC):</u> These facilities are equipped with diagnostic and treatment facilities for stroke that are not found in other hospitals and are able to deliver time-sensitive treatment within an extended therapeutic time window. They also have advanced neurological and interventional neuroradiology capabilities. Neurosurgeons and interventional neuroradiologists play important roles for treating intracerebral hemorrhage and subarachnoid hemorrhage. In addition, brain tumors and subdural hematomas are common stroke mimics.
- Computed Tomography (CT): CT radiography in which a threedimensional image of a body structure is constructed by computer from a series of plane cross-sectional images made along an axis
- J. <u>Continuing Medical Education (CME)</u>: Education required for the maintenance of a license and refers to the highest level of continuing education approved or recognized by the national and/or state professional organization.
- K. <u>ELVO Alert:</u> A pre-arrival notification by pre-hospital personnel to the base hospital that a patient is suffering a possible Emergent Large Vessel Occlusion (ELVO) ischemic stroke, Stroke Alert Activation:
 Sudden onset numbness or weakness of the face, arm, leg (especially on one side of your body) sudden confusion, trouble speaking (slurred) or understanding speech within 3 hours. Make base contact if Last Well Known Time is unknown for Consultation.

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Stroke System of Care (4002.00)
Effective Date: 12/01/2015

Revision Date: 02/03/202211/14/2019

Kristopher Lyon, M.D. (Signature on File)

- Emergency Medical Services Authority (Authority or EMSA): The department within the Health and Welfare Agency of the State of California that is responsible for the coordination and integration of all state activities concerning EMS.
- Immediately Available: Unencumbered by conflicting duties or responsibilities.
- Interventional Neuroradiologists: Board certified, medical subspecialty of radiology utilizing minimally-invasive image-guided procedures to diagnose and treat diseases and must meet national accrediting body minimum requirements.
- O. Kern County Emergency Medical Services Program (Program): A Program of the Kern County Public Health Services Department. The local emergency medical services agency responsible for the regulation and oversight of the emergency medical services system in Kern County.
- P. Local Emergency Medical Services Agency (Local EMS Agency, or **LEMSA)**: A county health department, an agency established and operated by the county, an entity with which the county contracts for the purposes of local emergency medical services administration, or a joint powers agreement between counties or cities and which is designed pursuant to chapter 4 of the California Health and Safety Code, Division 2.5, Section 1797.200. The Program is the LEMSA for Kern County.
- Q. Magnetic Resonance Imaging (MRI): MRI a noninvasive diagnostic technique that produces computerized images of internal body tissues and is based on nuclear magnetic resonance of atoms within the body induced by the application of radio waves
- R. Primary Stroke Center (PSC): stabilizes and treats acute stroke patients, providing initial acute care. PSCs are able to appropriately use an approved thrombolysis agent and other acute therapies such as stabilization of vital functions, provision of neuroimaging procedures, and management of intracranial and blood pressures. Based on patient needs and the hospital's capabilities, they either admit patients or transfer them to a comprehensive stroke center.
- **Protocol:** A predetermined, written medical care guideline, which may include standing orders.
- Satellite Stroke Centers/Acute Stroke Ready (SSC/ASR): These facilities are able required to provide the minimum desirable level of care for stroke patients in the ED, particularly when paired with another hospital, but are not documented to provide the minimum level of care for admitted inpatients. These facilities should be regarded as stroke

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partners or "spokes" and should be aligned by formal agreement with a hospital that can provide the missing service (hub). The most common "missing service" is neurological expertise in the ED and inpatient Stroke Unit care for patients treated with recanalization therapies. In these hospitals, the necessary ED neurological expertise may be provided through telemedicine.

- Stroke: A condition of impaired blood flow to a patient's brain resulting in brain dysfunction.
- V. <u>Stroke Call Roster</u>: A schedule of licensed health professionals available twenty-four (24) hours a day, seven (7) days a week for the care of the stroke patient as required by the level of designation criteria.
- W. <u>Stroke Care</u>: Emergency transport, triage, and acute intervention and other acute care service for stroke that potentially requires immediate medical or surgical intervention or treatment, and may include education, primary prevention, acute intervention, acute and subacute management, prevention of complications, secondary stroke prevention, and rehabilitative services.
- X. <u>Stroke Medical Director</u>: A physician designated by the hospital who is responsible for the stroke service and performance improvement and patient safety programs related to stroke care.
- Y. <u>Stroke Program Manager/Coordinator</u>: A registered nurse or qualified individual designated by the hospital with the responsibility for monitoring and evaluating the care of stroke patients and the coordination of performance improvement and patient safety programs for the stroke center in conjunction with the stroke medical director.
- Z. <u>Stroke Program</u>: An organizational component of the hospital specializing in the care of stroke patients.
- AA. <u>Clinical Stroke Team</u>: A team of healthcare professionals involved in the care of the stroke patient and may include, but not be limited to: neurologists, neurointerventionalist, neurosurgeons, anesthesiologists, emergency medicine and other stroke center clinical staff.
- BB. <u>Telemedicine</u>: The use of medical information exchanged from one site to another via electronic communications to improve patients' health status. A neurology specialist will assist the physician in the center rendering a diagnosis. This may involve a patient "seeing" a specialist over a live, remote consult or the transmission of diagnostic images and/or video along with patient data to the specialist.
- CC. <u>Thrombectomy Capable Stroke Center: (TSC):</u> "Thrombectomy-capable stroke center" means a primary stroke center with the ability to

perform mechanical thrombectomy for the ischemic stroke patient when clinically warranted.

IV. DESIGNATION

- A. Hospitals seeking formal designation as a Stroke Center shall meet the following requirements:
 - 1. Possess current California licensure as an acute care hospital providing basic or standby emergency medical services.
 - Must hold current designation and valid contract with the county as a paramedic base hospital; standby ER's excluded for Satellite Stroke Center designation.
 - 3. Obtain and maintain continuous accreditation as a Primary Stroke Center (PSC), Thrombectomy Capable Stroke Center (TSC) and Comprehensive Stroke Center (CSC) from The Joint Commission or other CMS approved accrediting body. Satellite Stroke Centers (SSC) must obtain and maintain continuous designation with the County by completing the application documentation requirements every two (2) years as well as meet all provisions set forth in this policy.
 - 4. Comply with California Emergency Medical Services Authority Stroke regulations
 - 5. All Primary Stroke Centers (PSC), Comprehensive Stroke Centers (CSC) and Thrombectomy Capable Stroke Centers (TSC) shall contract with the American Heart Association to submit data to "Get with the Guidelines-Stroke" (GWTG) registry. All PSC, TSC, and CSC shall submit quarterly reports to the Program. All SSCs shall complete a data sheet to submit to the PSC or CSC upon transfer of patient.
 - 6. The PSC, TSC, and CSC shall maintain a designated telephone number (Hotline) to facilitate rapid inter-facility transfer and access to the PSC, TSC, & CSC physician for consultation with SSC physicians and other providers regarding care and transfer of stroke patients.

- Execute an agreement between the Stroke Center and the County of Kern to formally designate the hospital as a Primary, Thrombectomy Capable, Comprehensive, or Satellite Stroke Center.
- 8. All Stroke Center's must be an approved Continuing Education provider with the County.
- Neurological staff including neurosurgeons and interventionalists shall only be "On-Call" for <u>only</u> one local SSC, PSC, TSC, or CSC at any given time.
- 10. All Stroke Center's shall provide for the triage and treatment of simultaneously presenting stroke patients so long as the Stroke Center's Emergency Department is on "open" status.
- 11. All Stroke Center's shall provide stroke center services to any stroke patient that comes to the emergency department, regardless of the stroke patient's ability to pay physician fees and/or hospital costs. The phrase "comes to the emergency department" shall have the same meaning as set forth in the Emergency Medical Treatment and Active Labor Act (42 U.S.C § 1395dd) and the regulations promulgated thereunder (EMTALA).
- 12. All Stroke Center's shall notify the Program within twenty-four (24) hours of any failure to meet the provisions set forth in the designation criteria. The Hospital will identify its action to correct the deficiency and submit within the next 7 days after the failure.
- 13. All Stroke Center's shall actively and cooperatively participate in the "Stroke QI Committee," and other related committees that may, from time to time, be named and organized by the Program related to the Stroke System of Care. Active Cooperation shall include attendance at ALL Stroke QI meetings by the Stroke Coordinator and the hospital stroke program medical director, or their hospital designee.
- 14. Primary Stroke Centers, Thrombectomy Capable Stroke Centers, and Comprehensive Stroke Centers shall accept all Stroke patients from all facilities within the County, upon notification of "Stroke Alert" and request by the transferring physician.

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- 15. All Stroke Centers shall pay the established fee. The Program will charge for regulatory costs incurred as a result of Stroke Center application review, designation, and re-designation. The specific fees are based upon Program costs. Fee amounts shall be specified in the County Fee Ordinance Chapter 8.13, if applicable.
- B. COMPREHENSIVE STROKE CENTERS SERVICE STANDARDS (CSC)

CSC a receiving hospital that has met the standards of an EMS Agency approved certifying body as a Comprehensive Stroke Center and has been approved as a Comprehensive Stroke Center by the Kern County EMS Program.

C. THROMBECTOMY CAPABLE STROKE CENTER SERVICE STANDARDS (TSC)

TSC a receiving hospital that has met the standards of an EMS Agency approved certifying body as a Thrombectomy Capable Stroke Center and has been approved as a Thrombectomy Capable Stroke Center by the Kern County EMS Program.

D. PRIMARY STROKE CENTERS SERVICE STANDARDS (PSC)

PSC a receiving hospital that has met the standards of an EMS Agency approved certifying body as a Primary Stroke Center and has been approved as a Primary Stroke Center by the Kern County EMS Program.

E. SATELLITE STROKE CENTERS/ACUTE STROKE READY SERVICE STANDARDS (SSC/ASR)

In Addition to the requirements listed in Section IV: A; 1-15, for all Stroke Centers, Satellite Stroke Centers must meet the following service standards as outlined in California Code of Regulations (CCR) Title 22, Division 9, Chapter 7.2.

- 1. The necessary emergency department neurological expertise may be provided in person or through telemedicine.
- Evaluation of the SSC will include an assessment of the following components:
 - An acute Stroke Team available to see in person or via telemedicine a patient identified as a potential acute stroke patient within twenty (20) minutes following the patient's

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- arrival at the hospital's emergency department or within twenty (20) minutes following a diagnosis of a patient's potential acute stroke.
- ii. Written policies and procedures for emergency department stroke services that are reviewed a least every three (3) years, revised more frequently as needed, and implemented. Emergency department policies and procedures shall include written protocols and standardized orders for emergency care of stroke patients.
- Evidence based, continuous quality improvement including collection and monitoring of standardized performance measures.
- iv. Neuro-imaging services capability that is available twentyfour (24) hours a day, seven (7) days a week, such that
 imaging shall be performed within forty-five sixty sixty (45)
 minutes following code entry. Such studies shall be
 reviewed by a physician with appropriate expertise, such as
 a board-certified radiologist, board-certified neurologist, a
 board certified neurosurgeon, or residents who interpret
 such studies as part of their training in an Accreditation
 Council of Graduate Medical Education-approved radiology,
 neurology, or neurosurgery training program, within forty-five
 sixtysixty (45) minutes of patient arrival at the emergency
 department.
- Neuro-imaging services shall, at a minimum, include CT scanning or MRI, as well as interpretation of the imaging.
- In the event that tele-radiology is used in image interpretation, all staffing and staff qualification requirements shall remain in effect and shall be documented by the hospital.
 - a) A qualified radiologist shall be board-certified by the American Board of Radiology or the American Osteopathic Board of Radiology.
 - b) A qualified neurologist shall be board-certified by the American Board of Psychiatry and Neurology or the

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- American Osteopathic Board of Neurology and Psychiatry.
- c) A qualified neurosurgeon shall be board-certified by the American Board of Neurological Surgery.
- vii. Laboratory services capability twenty-four (24) hours a day, seven (7) days a week, such that services shall be performed within sixty (60) minutes following order entry. Laboratory services shall, at a minimum, include blood testing. Electrocardiography and x-ray services must also meet these time and availability standards.
- viii. Neurosurgical services that are available or under agreement with transfer, including operating room availability, either directly or under agreement with a PSC or CSC, within three (3) hours following admission of acute stroke patients to the SSC.
- ix. Transfer arrangements with one (1) or more PSC or CSC that facilitate transfer of patients with strokes to the Stroke Center(s) or care when clinically warranted.
- x. There shall be a director of the SSC, who may serve also as a member of the Stroke Team, who is a physician who maintains at least six (6) hours per year of educational time in cerebrovascular disease.
- xi. At a minimum, an acute care Stroke Team shall consist of a nurse and a physician with six (6) hours per year of educational time in cerebrovascular disease.

V. APPLICATION PROCESS FOR STROKE CENTER DESIGNATION AND RE-DESIGNATION

- A. The following milestones outline the application process for a hospital to become designated as a Stroke Center.
 - Review list of requirements and checklist of documents, found in Appendix A- Stroke Center Designation Criteria Application and Evaluation Tool, which must be completed and submitted with the application.

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- 2. Submit letter of application to the Program. The letter shall contain:
 - i. Intent to obtain Stroke Center designation;
 - ii. Identify the names and contact information, including email addresses for the key stroke personnel whose roles and responsibilities are defined in section III of this document: The Stroke Medical Director, RN Program Manager, and Administrative contact; and
 - iii. Identify the anticipated target date for Stroke Center designation from an EMS agency certifying body.
- Complete and submit to the EMS Program all information and documents requested in *Appendix A*, Column 2, "objective measurement" of the *Stroke Center Designation Criteria Application* and Evaluation Tool.
- 4. All application materials will be reviewed for completeness. Additional information may be requested, if needed. Upon determination that the application is complete, the applicant and the Program will work towards execution of the designation agreement.
- 5. Stroke Center Designation agreement will be presented to the Board of Supervisors for approval and formal designation.
- 6. Stroke Centers shall be eligible for re-designation every two (2) years. In order to be eligible for re-designation, the Stroke Center shall meet all of the provisions of this policy. Re-designation of a stroke center will require the documentation from sections #1, #2b and #3 above to be resubmitted to the Program by February 28th before the end of the term. Hospitals who hold accreditation by a nationally recognized accrediting body may submit proof to the Program in lieu of the above-mentioned documentation to maintain current destination status.

VI. REVOCATION OF STROKE CENTER DESIGNATION

Any designated Stroke Center which is unable to meet the following requirements shall be subject to removal of designation as a Stroke Center:

A. A Stroke Center must comply with any policy, procedure, or regulation mandated by the Local, State, or Federal Government.

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- B. If the Program finds a Stroke Center to be deficient in meeting the above criteria, the Program will give the Stroke Center written notice, return receipt requested, setting forth with reasonable specificity the nature of the apparent deficiency. Within ten (10) calendar days of receipt of such notice, the Stroke Center must deliver to the Program, in writing, a plan to cure the deficiency, or a statement of reasons why it disagrees with the Program's notice. The Stroke Center shall cure the deficiency within thirty (30) calendar days of receipt of notice of violation. If the Hospital fails to cure the deficiency within the allowed period or disputes the validity of the alleged deficiency, the issue will be brought to the Emergency Medical Care Advisory Board (EMCAB) for adjudication. EMCAB may make a recommendation to the Program for resolving the issue.
- C. Any Stoke Center that loses the ability to provide imaging via CT and for MRI, for any reason will immediately lose their Stroke Designation until they can provide that imaging has been restored.
- D. At least every two (2) years, the Stroke Center shall submit documentation to the Program showing the facility has obtained recertification as a Primary Stroke Center, Thrombectomy Capable Stroke Center (TSC) Comprehensive Stroke Center (PSC or CSC) by a nationally recognized accrediting body to maintain the current destination status.

VII. QUALITY IMPROVEMENT

Stroke Center designated hospitals shall participate in performance improvement program for EMS patients including:

- A. All Stroke Centers shall provide the following representatives to participate in the countywide EMS Program Stroke QI Committee:
 - The Stroke Program Medical Director or medical staff representative
 - 2. The Stroke Program Manager/Coordinator
- B. The countywide Stroke QI Committee will hold regular multidisciplinary meetings that include representatives from each Primary Stroke Center, Thrombectomy Capable Stroke Center, Comprehensive Stroke Center, Satellite Stroke Center, prehospital provider, and representatives from the Program as listed in Appendix E.

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- C. A Stroke Center shall implement a written internal QI plan/program with an internal review process that includes, but is not limited to:
 - 1. Last known well to door times?
 - 2. Last known well to IV approved thrombolysis agent times?
 - 3. Door to CT times?
 - 4. Door to IV approved thrombolysis agent times?
 - 5. Time to Thrombectomy (1st pass, % LVO)?
 - 6. Total Stroke Cases?
 - 7. Percent of total cases arrived by EMS?
 - 8. Of those that arrived by EMS what percent were activated as Stroke Alerts prior to arrival?
 - 9. What percent of total cases are Hemorrhagic Stroke?
 - 10. What percent of total cases are Ischemic Stroke?
 - 11. What percent of total cases are Transient Ischemic Attack?
 - 12. Disposition on discharge (i.e. deceased, hospice care, nursing facility, rehab, home)?
 - 13. Transfers door in \rightarrow door out?
- D. A Stroke Center shall participate in prehospital stroke-related educational activities as determined by the Program.

VIII. DATA COLLECTION, SUBMISSION, AND ANALYSIS

Stroke Center designated hospitals shall be in continuous compliance with the following data collection, submission, and analysis standards:

- A. Data element, submission, and analysis requirements are subject to change at Program's discretion.
- B. Data shall be used for quality improvement purposes by the Stroke QI Committee, and data submitted by Stroke Centers are considered to be confidential under the provisions of Evidence Code Section 1157.7.
- C. The Program may publicly report data about the stroke system which is derived from any of the individual data elements.

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- D. Each designated Stroke Center shall submit quarterly data reports to the Program. Data reports shall consist of all relevant information to document achievement measures established by the American Heart Association's Get With The Guidelines: Stroke (GWTG) at an 85% compliance rate for the Silver and Gold Plus recognition.
- F. In addition to performance standards established by TJC and GWTG the quarterly report shall include the following symptom timeline performance measures, breakdown of arrival status—and type of stroke treated:
 - 1. Last known well to door times
 - 2. Last known well to IV approved thrombolysis agent times
 - 3. Door to CT times
 - 4. Door to IV approved thrombolysis agent times
 - 5. Door to CTA times
 - 6. Door to Groin Puncture
 - 7. Total patients treated with an approved thrombolysis agent
 - 8. Total Stroke Cases
 - 9. Percent of total cases arrived by EMS
 - 10. Of those that arrived by EMS what percent were activated as Stroke Alerts prior to arrival
 - 11. Stroke patients arrived by POV
 - 12. What percent of total cases are Subarachnoid Hemorrhage Stroke
 - 13. What percent of total cases are Intracerebral Hemorrhage
 - 14. What percent of total cases are Ischemic Stroke
 - 15. What percent of total cases are Transient Ischemic Attack
 - 16. Disposition on discharge by diagnosis: ICH cases, SAH cases, Ischemic cases, and TIA cases (i.e. deceased, hospice care, nursing facility, rehab, home)

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- 17. Overall data trends (Excluding TIA) (i.e. deceased, hospice care, nursing facility, rehab, home)
- 18. Outcome disposition at 90 days (i.e. deceased, hospice care, nursing facility, rehab, home)
- 19. Demographics: age, gender, ethnicity, race.
- G. Data reports shall be submitted to the Program within 60 days of the end of the preceding quarter. All strokes received or encountered by the designated Stroke Center shall be included in the data report. This includes all stroke cases received by ambulance (prehospital and interfacility transfer), private vehicle, or walk in, including acute strokes occurring at the designated Stroke Center.
- H. Falling below the 85% compliance requires a written action plan for improvement to be submitted with the quarterly reports.
- I. Quarterly data reports will include a listing of the continuing education classes provided, including date, location, and topic made available to prehospital personnel during the quarter reported. Trainings will be provided by one Stroke Center each quarter and be rotated until all Stroke Centers have participated. If no trainings were offered a clear explanation of the circumstances surrounding the failure to provide education shall be documented.
 - EMS personnel initial and continuing education training will be provided by Stroke Center staff
 - 2. The curriculum shall be submitted to the Program for approval before the training is conducted
 - 3. Initial curriculum shall include competency in recognizing stroke patients, understanding the importance of the Stroke Center, and demonstrate competency in Stroke Center activation criteria and hospital destination decision criteria. Continuing education topics should address system deficiencies as discovered through the Quality Improvement process.
 - Stroke Centers shall provide EMS personnel appropriate continuing education credits. The Program may require changes in the continuing education training content for EMS personnel.

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- J. The Stroke Center will provide an annual report summary of final stroke case outcomes during the period of July 1st through June 30th of the previous year. The annual report is due 60 days after the end of the fiscal year (August 31).
- K. The Stroke Center shall continuously examine on-going case data and summary data reports and will advise the Program of any trends, positive and/or negative, that are shown by the data. Improvement strategies and operational changes made as a result of data analysis will be included in the quarterly and annual reports. The Program may participate in the Stroke Center quality improvement process.
- L. The Stroke Center shall promptly (within 3 business days) provide any data requested by the EMS Program related to stroke patients treated at The Stroke Center.
- M. In addition to the above listed data elements, the EMS Program shall compile the following data points for review during quarterly QI meetings:
 - 1. Time from receipt of 911 call to dispatch of EMS resource(s)?;
 - Time of dispatch of EMS resource(s) to time of EMS resource(s) arrival?;
 - 3. Patient contact time to depart scene time?
 - 4. Inter-facility transport time, if applicable?
 - 5. Transport time from scene to ED arrival?;
 - 6. Time from patient contact to ED arrival?;
 - 7. Total EMS contact time?;
 - 8. Stroke patient routed to designated stroke center or other hospital?;
 - 9. Use of validated stroke screening tool by EMS responders?;
 - 10. Results of validated stroke screening tool?;
 - 11. Pre-arrival notification of receiving hospital performed?

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12. Demographics: age, gender.

IX. CONCEPT OF OPERATIONS OF THE STROKE SYSTEM OF CARE

- A. Pre-Hospital: Ambulance/Paramedic Responsibilities
 - <u>Recognize Signs and Symptoms of CVA</u>: Upon an assessment finding of possible neurological distress with hypoglycemia and narcosis ruled out, paramedic shall conduct the Cincinnati Prehospital Stroke Scale (CPSS).
 - Facial droop, arm drift, abnormal speech: Paramedic will use any abnormal finding to determine if the patient has an abnormal CPSS.
 - 3. Stroke Alert Early Notification: Upon receiving an abnormal CPSS and determining the onset was observed by a valid historian within the last four (4) hours, or the patient has questionable time of onset, paramedic shall immediately contact the destination hospital and issue a "Stroke Alert".
 - 4. Destination: parameters for stroke patient
 - Abnormal CPSS goes to closest, most appropriate Stroke Center
 - ii. If the Stroke Center is more than 30 minutes away and the patient meets Thrombolytic inclusion criteria located in Appendix D; the patient may be transported to the closest ED regardless of designation
 - iii. Paramedic shall follow appropriate treatment protocol during transport
- B. Hospital Relationships and Coordination
 - 1. Transfer Agreements/Requirements
 - Rapid Transfer Stroke Center Automatic Acceptance of Stroke Patient from Transferring Hospital
 - ii. Each Stroke Center agrees to immediately accept all "Stroke Alert" patients from any E. D. located within Kern County, so long as the Stroke Center's E.D. is on "Open" status.
 - Specific Language to initiate immediate rapid transfer. The term, "Stroke Alert" will be used by paramedics as well as Satellite Stroke Centers and non-Stroke Hospital staff in order to notify the Stroke Center of an incoming Stroke patient. "Stroke Alert" shall be understood by all hospital staff as well as ambulance dispatchers to

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mean an emergent neurologic event is in progress with rapid treatment and transport necessary.

- Non-Stroke hospitals shall have written transfer agreements with PSC, TSC and CSC.
- The agreement shall include a one-call policy transfer/transport protocol to a designated PSC, TSC and CSC.

C. Community Education

- It is imperative that each Stroke Center recognize the need for community awareness as we work together to improve health in Kern County.
- Each Stroke Center must be active participants and work together to promote public awareness activities, i.e. public service announcements, print ads, community events, task forces and classes. Education should focus on;
 - i. Stroke disease factors
 - ii. The signs and symptoms of Stroke
 - iii. The need to call 911
- 3. Other community education themes might include:
 - Stroke is preventable. People can reduce their chance of having a Stroke by controlling risk factors such as obesity, high blood pressure, and high cholesterol.
 - ii. Time-sensitive window for EMS/treatment response
- 4. Public Reporting of Performance Data A large part of public awareness begins with data reporting. Pertinent stroke system data showing the performance of the Stroke System of Care may be posted publicly. The following performance measurements may be publicly released, and additional reports may be published upon recommendation of the Stroke QI Committee.
 - i. Symptom onset time to EMS Call Time
 - ii. EMS First contact to E.D. arrival time
 - iii. E.D. arrival time to CT time
 - iv. CT time to IV an approved thrombolysis agent

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APPENDIX A - Stroke Center Designation Criteria Application and Evaluation Tool

Stroke Designation	Objective	Me		Comments
Standard	Measurement	Sta	ındard	
PRIMARY STROKE				
CENTER				
HOSPITAL SERVICES	0 (11)			
Current License to	Copy of License	Υ	N	
provide Basic				
Emergency Services in				
Kern County	0 ()			
Current Designation to	Copy of contract	Υ	N	
operate as a Paramedic				
Base Station in Kern				
County	O		N.	
Current Copy of Joint	Copy of Certification	Υ	N	
Commission				
Certification.	0		N.	1
An acute Stroke team	On-call schedules for	Υ	N	In person or
available within 15	3 months. On-call			telemedicine
minutes	policy and procedure	Υ	N	Individe protection and
Written policies and	Copy of policies,	ľ	IN	Include protocols and standardized orders
procedures for Stroke services	procedures			standardized orders
Data-reporting	Copy of agreement	Υ	N	AHA Get with the
mechanism	with AHA	ī	IN	Guidelines-Stroke
Neuro-imaging	Policies/protocols	Υ	N	CT or MRI
capability 24/7/365	supporting	ı	IN	CT OF WIKT
capability 24/1/303	operations			
One of the following:	Copy of appropriate	Υ	N	If using telemedicine,
Qualified Radiologist,	board certification	'	IN	hospital must
Qualified Neurologist,	board certification			document this
Or Qualified	On-call schedules for			standard
Neurosurgeon	3 months			Staridard
Laboratory services 24/7	Copy of	Υ	N	Blood testing, EKG,
Edboratory convicce 2 1/1	policies/procedures/	'		and x-ray services
	protocols for lab			and x ray services
	services			
Immediate, telemetry or	Immediate:	Υ	N	
critical care beds	Telemetry:	-		
	Critical Care:			
Neurosurgical services	Number of operating	Υ	N	May be under
including operating room	rooms on			agreement with
	license			another PSC or CSC
		l		

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	_	Т.		
If no neurosurgical services available: Plan	Supporting policies and procedures	Y	N	Required if no Neurosurgery
to transfer within 2 hours	D. P. Control			
In-patient acute care rehabilitation	Policies/procedures for in-patient rehabilitation	Y	N	
Designated Telephone	Actual Number on	Υ	N	
Number	File			
Written transfer guidelines for higher level of service	Transfer policies/procedures Copy of agreement	Y	N	
Copy of Designation Agreement Between Hospital and County	Copy of Contract	Y	N	
Continuing Education Provider	Copy of Approval Letter with CE provider Number	Υ	N	
Stroke contingency plans 1. Personnel 2. Imaging equipment	Pertinent policy and procedures to minimize disruption	Y	N	Expectation of NO DIVERSION
STAFFING				
Acute Stroke Care				
Team:				
One of the following: Neurologist Neurosurgeon Interventional- neuroradiologist Emergency physician	Copy of appropriate board certification On-call schedule for 3 months Copy of job description	Y	N	Board certified or Board eligible in neurology, neurosurgery, endovascular neurosurgical radiology, with experience and expertise in dealing with cerebral vascular disease
One of the following: Registered nurse Physician assistant Nurse practitioner	Copy of license Copy of job description	Y	N	Demonstrated competency in caring for acute Stroke patients
COMPREHENSIVE				All of the above
				PLUS
Written policies and procedures for comprehensive Stroke services	Copies of policies/ procedures/ protocols for activation of Stroke care	Y	N	Reviewed every two years and revised as needed

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Data driven CQI Including collection and monitoring of	Copies of data collection procedures	Υ	N	
standardized Comprehensive Stroke Center performance measures	Copies of internal CQI process			
Transfer agreements with primary Stroke Centers to accept transfer of patients with complex Strokes	Copies of transfer agreements Policies/ procedures/ protocols in place to	Y	N	
Provide guidance and continuing education to hospitals designated as Primary Stroke Centers with which they have agreements	accept patients Copies of policies/ procedures/ guidelines to provide CME Copies of agreements	Y	N	
Thrombectomy				All of PSC
Capable Stroke Center				requirements plus
Neurointerventionlist on call 24/7 and available on-site at TSC within 45 minutes of notification of an ELVO alert.	Copies of policies/ procedures/ guidelines	Y	N	
Neurosurgeon on call 24/7 and available to provide care as indicated.	Copies of policies/ procedures/ guidelines	Y	N	
Neurologist, with hospital privileges to provide ICU level of care for acute stroke patients, on call 24/7 and available to provide care as indicated.	Copies of policies/ procedures/ guidelines	Υ	N	
An individual Neurointerventionalist or Neurosurgeon may not be simultaneously on call for a separate		Y	N	

Appropriate endovascular catheterization laboratory personnel available on-site within 30 minutes of notification of an ELVO alert Will create policies and	Copies of policies/ procedures/ guidelines	Y	N	
procedures detailing how the TSC will notify the appropriate personnel of an ELVO alert.	procedures/ guidelines			
Will accept all ELVO alert patients, regardless of ICU or ED saturation status, except in the event of internal disaster or no catheterization laboratory availability.	Copies of policies/ procedures/ guidelines	Y	N	
Will create policies and procedures detailing how the TSC will manage the presentation of concurrent ELVO alerts.	Copies of policies/ procedures/ guidelines	Y	N	
Will create policies and procedures that allow the automatic acceptance of any ELVO patient upon notification by the transferring physician.	Copies of policies/ procedures/ guidelines	Y	N	
Ability to perform endovascular procedures as indicated for emergent large vessel occlusions.	Copies of policies/ procedures/ guidelines	Y	N	
Have CT or MRI perfusion capabilities.	Copies of policies/ procedures/ guidelines	Y	N	
Maintain appropriate staff and facility availability to address complications of	Copies of policies/ procedures/ guidelines	Y	N	

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		1		
emergent endovascular				
procedures.	OFWEED O			
SATELLITE STROKE	CENTERS		N.1	
Current License to provide Basic Emergency Services in Kern County or Standby Services	Copy of License	Υ	N	
Current Designation to operate as a Paramedic Base Station in Kern County	Copy of contract	Υ	N	Standby ER's Excluded
Acute Stroke care team	Copies of policies/ procedures/ protocols On call schedule	Y	N	May be via telemedicine
Emergency Department policies and procedures	Copies of ED policies/ procedures/ protocols/ standard orders for Stroke care	Υ	N	
Data driven CQI Collection and monitoring of performance measures	CQI polices/ procedures/ guidelines/ standards	Y	N	
Neuro-imaging capability 24/7/365	Policies/protocols supporting operations	Υ	N	CT or MRI, as well as interpretation
Physician with appropriate expertise: Radiologist Neurologist Neurosurgeon Residents	Copy of Board certificates	Υ	N	Telemedicine may be used for interpretation All staff qualification requirements shall be documented by the hospital
Laboratory Services 24/7/365	Policies/protocols supporting operations	Υ	N	Minimum include blood testing, ECG, and x-ray services
Neurosurgical services, including OR availability, within 3 hours of admission	Supporting policies and procedures Number of operating rooms on license	Υ	N	OR may be under agreement with PSC or CSC

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Transfer arrangements with PSC or CSC	Copies of agreements	Υ	N	
Director: Physician or Advanced Practice Nurse	Copy of license Documentation of training Copy of job description	Υ	N	Maintains 6 hours per year education in cerebrovascular disease
Acute Stroke Care Team: At a minimum- Registered Nurse and Physician	Copy of Licenses Documentation of Training	Υ	N	Some training and expertise in acute Stroke care

APPENDIX B - STROKE CENTER ACTIVATION PROTOCOL

SIGNS/SYMPTOMS OF CEREBRAL VASCULAR
ACCIDENT

CHECK GLUCOSE TO RULE OUT HYPOGLYCEMIA.
RULE OUT NARCOSIS AS APPROPRIATE

ASSESS ONSET OF SIGNS OR SYMPTOMS

ASSESS PATIENT IN ACCORDANCE WITH CINCINNATI PREHOSPITAL STROKE SCALE (CPSS)

<u>FACIAL DROOP</u> (Have the Patient Show Teeth or Smile)

- Normal: Both Sides of Face Move Equally

- Abnormal: One Side of Face does not Move as Well as the Other Side

ARM DRIFT (Patient Closes Eyes and Extends Both Arms Straight Out, with Palms Up, for 10 Seconds)

- Normal: Both Arms Move the Same or Do Not Move at All
- Abnormal: One Arm does Not Move or One Arm Drifts Down Compared to the Other

ABNORMAL SPEECH (Have the Patient Say "You can't teach an old dog new tricks")

- Normal: Patient Uses Correct Words with No Slurring of Words
- Abnormal: Patient Slurs Words, Uses Wrong Words, or is Unable to Speak

IF ONE OR MORE ABNORMAL CPSS ARE PRESENT

AND
ONSET OBSERVED WITHIN 4 HOURS BY VALID HISTORIAN; OR QUESTIONABLE ONSET TIME
- EXPEDITE CONTACT WITH DESIGNATED STROKE CENTER BASE HOSPITAL

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PRE-HOSPITAL ASSESSMENT, STROKE CENTER ALERT AND TRANSPORT DESTINATION

- A. The patient shall be immediately assessed and managed in accordance with the Stroke Center Activation Protocol.
- B. If the patient meets Stroke Center Activation Protocol indications for transport to a Stroke Center, prehospital personnel shall provide immediate notice to the Stroke Center emergency department. The notice shall include a description of the patient problem, treatment provided, current location of the ambulance, and estimated time of arrival.
- C. The Stroke Center emergency department shall immediately alert and request response of the Stroke Center Stroke Team, neurologist, and/or neurosurgeon as indicated by the patient problem.
- D. In Exclusive Ambulance Operational Areas (EOA) 1, 2, 4, 5, 9, or 8 (excluding the Tehachapi area) where transport to a Bakersfield area hospital is the closest destination, Stroke patients that meet the Stroke Center Activation Protocol indications shall be transported to a Stroke Center. This is applicable to both ALS and BLS level ambulance transports.
- E. In EOA 3, 6, or Tehachapi area of 8:
 - ALS Ambulance: A stroke patient that meets Stroke Center Activation Protocol indications shall be transported to a stroke center. A stroke patient from these areas may be transported to the closest hospital emergency department if the patient meets thrombolytic inclusion criteria; airway cannot be managed appropriately; or if the patient condition is deteriorating rapidly.
 - BLS Ambulance: A stroke patient that meets Stroke Center Activation Protocol indications shall be transported to the closest hospital emergency department.

F. In EOA 7 or 11:

- ALS Ambulance: A stroke patient that meets Stroke Center Activation Protocol and thrombolytic inclusion criteria shall be transported to the closest hospital emergency department. For patients who fall out of thrombolytic therapy, contact with a stroke center shall be made to request bypass of closest facility and shall be transported to a Stroke Center. Air transport is indicated in compliance with EMS Aircraft Dispatch-Response-Utilization Policies and Procedures.
- BLS Ambulance: A stroke patient that meets Stroke Center Activation Protocol indications shall be transported to the closest hospital emergency department unless air transport is indicated in compliance with EMS Aircraft Dispatch-Response-Utilization Policies and Procedures.
- G. The Program may authorize certain exceptions to transport destinations or mode of transport defined above for documented hospital-based arrangements and protocols that are clearly in the best interest of Stroke patient management. The Program will coordinate any exemptions with appropriate hospitals, ambulance providers and air ambulance providers.
- H. Air transport shall be used if an air ambulance is available and the overall time savings will be 10 minutes or more in comparison with ground transport in compliance with EMS Aircraft Dispatch-Response-Utilization Policies and Procedures. Generally, 10 minutes time-savings cannot be attained with ground transport times of 30 minutes or less, if patient is ready for transport and air ambulance has not yet launched.
- The designated Stroke Center emergency department shall be notified by prehospital
 personnel as early as possible. This enables the designated Stroke Center to begin
 mobilizing resources.

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APPENDIX C- PRE-HOSPITAL THROMBOLYTIC SCREEN (CVA)

Patient Name:	(Last Name)		(First Name)		
Patient Information:	D. O	1 4 1	Last known well		
A. Age C. Past medical History:	B. Sex			weii	
D. Current medications:					
E. Drug allergies:					
F. Initial B/P:	(Right Arm)	(Military Tin	ne) (Left Arm)	(Military Time)	
. Age less than or = 18 years		{ }	{ }		
. Onset of symptoms greater thours	nan or = 4	{ }	{ }		
Patient was asleep when symptoms started		{ }	{ }		
Rapidly improving or minor symptoms		{ }	{ }		
x. History of intracranial hemorrhage		{ }	{ }		
Seizure at onset of symptoms		{ }	{ }		
n. Stoke or serious head injury months	in less than or =	{ }	{ }		
. Major surgery or other seriou nan or = 2 weeks	s trauma in less	{ }	{ }		
. GI or urinary tract hemorrhage in less than or 3 weeks		{ }	{ }		
. Systolic B/P greater than or =	: 185 mmHg	{ }	{ }		
. Diastolic B/P greater than or	= 110 mmHg	{ }	{ }		
Aggressive treatment to lower asodilators)	B/P (use of	{ }	{ }		
. Blood glucose less than or =	60	{ }	{ }		
Blood glucose greater than or	= 400	{ }	{ }		
. Symptoms of subarachnoid h sudden severe headache follow oss of consciousness)		{ }	{ }		
. Arterial puncture at non-comp r lumbar puncture less than or		{ }	{ }		
. Pregnant or lactating females	3	{ }	{ }		
all of the Pre-hospital Throm ossible thrombolytic candidate not (one or more YES), make ansport directly to a Stroke Ce	as soon as possible. base contact with a Stroke	,	•	,	
Arterial puncture at non-compr lumbar puncture less than or Pregnant or lactating females all of the Pre-hospital Throm ossible thrombolytic candidate not (one or more YES), make	= 1 week s sbolytic Screen (CVA) crit as soon as possible. base contact with a Stroke enter.	{ } eria are met (all NO's e Center to verify bypa	{ } s), alert the receiving		

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APPENDIX D - Stroke Center QI Committee Purpose and Structure

PURPOSE

Care of the Stroke patient requires a system approach to ensure optimal care. To assist the EMS Program in its quest to achieve best care possible, the Stroke QI Committee shall assess, monitor, and facilitate the Quality Improvement (QI) process for the Kern County Stroke Centers.

AUTHORITY

Health and Safety Code Division 2.5 California Evidence Code, Section 1157.7 California Civil Code, Part 2.6, Section 5 California Code of Regulations Title 22, Division 9, Chapter 7.2

DEFINITION

"Stroke QI Committee" means the multi-disciplinary peer-review committee, composed of representatives from the Stroke Center's, prehospital care providers, and other professionals designated by the Program, which audits the Stroke System of Care, makes recommendations for system improvements, and functions in an advisory capacity on other Stroke System of Care issues.

COMMITTEE MEMBERSHIP

- 1. Membership Composition
 - a. PSC, TSC & CSC Members:
 - i. PSC, TSC & CSC Stroke Program Medical Director
 - ii. PSC, TSC & CSC Program Manager/Coordinator
 - iii. ED Physician optional
 - iv. QI Staff Member
 - v. Ad Hoc Members as necessary
 - b. Satellite Stroke Center Members:
 - i. E.D. Physician
 - ii. E.D. Nurse
 - iii. QI Staff Member
 - c. Prehospital Members:
 - i. At least one (1) representative from each prehospital agency
 - d. EMS Members:
 - i. EMS Coordinator

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2. Confidentiality

To the extent Evidence Code Section 1157.7 is applicable, closed meetings will occur when business addressed by 1157.7 is being transacted. The Committee's 1157.7 business, records and minutes shall be considered confidential and all members are prohibited from any unauthorized disclosures. At each meeting members and attendees will sign a statement of confidentiality as a condition of participation.

3. Schedule/Location

The Stroke Center QI Committee shall meet quarterly on the *third Thursday* of the month following the end of the quarter at *(time TBD)* Mount Vernon Ave. Time and Conference room to be determined.

4. Case Review Instructions

Each meeting participants will present the results of the quarterly data submitted by each Stroke Center. Each Stroke Center's data will be discussed and evaluated in a structured process focusing on outcomes. The committee will work together to identify root causes of problems, intervene to reduce or eliminate those causes, and take steps to correct the process and recognize excellence in performance and delivery of patient care.

In addition, on a rotating basis, each Stroke Center will present case reviews to the committee. These reviews should highlight difficult, challenging or exceptional cases that might provide valuable information to the other members of the committee.

5. PowerPoint format

All presentations are to be formatted in PowerPoint and sent to the EMS Coordinator assigned to the committee one (1) week prior to the quarterly meeting. Any audio or video files should accompany the PowerPoint.

6. Recommendations for System Improvement

The Committee will develop recommendations for improvement of the Stroke system of care. Recommendations will be presented at the EMS System Collaborative meeting and to the EMS Medical Director.

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Revision Log

11/2014 - Initial draft 11/13/2014 - EMCAB Approved 11/12/2015 - Revised contracts deadlines. Added Division QI requirements. EMCAB approved.

02/03/2022- Revised Division to program. Added section C to VI.

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Kristopher Lyon, M.D. (Signature on File)