

AGENDA**EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)****REGULAR MEETING****THURSDAY – November 9th, 2023****4:00 P.M.****Location: Kern County Administrative Office
1115 Truxtun Ave, Bakersfield CA, 93301
Board of Supervisors Chambers**

- 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 May 11th, 2023– 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**

Grounded in Health

- X. New Business:**
- a) (CA) Maddy Fund Quarterly Report – receive and file
 - b) (CA) Legislation Report – receive and file
 - c) (CA) Quarterly APOT Report – receive and file
 - d) (CA) Quarterly Ambulance Response Time Compliance – receive and file
 - e) (CA) 2024 EMCAB Meeting Dates - 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, February 8th, 2024, 4:00 p.m., at the **Kern County Administrative Office, 1115 Truxtun Ave, Bakersfield CA, 93301 Board of Supervisors Chambers**
- B. The deadline for submitting public requests on the next EMCAB meeting agenda is Thursday, January 25th, 2025, 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.

Grounded in Health

**EMERGENCY MEDICAL CARE ADVISORY BOARD
Membership Roster**

<i>Name and Address</i>	<i>Representing</i>
Jeff Flores, Supervisor Third District 1115 Truxtun Avenue Bakersfield, CA 93301 (661) 868-3672	Board of Supervisors
<u>Alternate</u> Phillip Peters, Supervisor First District 1115 Truxtun Avenue Bakersfield, CA 93301 (661) 868-3652	
Donny Youngblood, Sheriff Kern County Sheriff's Department 1350 Norris Road Bakersfield, CA 93308 (661) 391-7500	Police Chief's Association
<u>Alternate</u> Vacant	
Zachary Wells, Deputy Chief Kern County Fire Department 5642 Victor Street Bakersfield, CA 93308 (661)	Fire Chief's Association
<u>Alternate</u> Kevin Albertson, Deputy Chief Bakersfield Fire Department 2101 H St. Bakersfield, CA 93301 (661)	
James Miller 14113 Wellington Court Bakersfield, CA 93314 (817) 832-2263	Urban Consumer
<u>Alternate</u> Peter Brandon 11204 Cave Ave Bakersfield, CA 93312 (661) 428-4563	
Leslie Wilmer 1110 Bell Ave., Taft, CA 93268 (661) 304-1106	Rural Consumer

Alternate
Vacant

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

City Selection Committee

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

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

Kern Mayors and City Managers Group

Alternate
Maribel Reyna
City of Delano
1015 11th Avenue
Delano, CA 93215
(661)720-2269

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

Kern County Medical Society

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

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

Kern County Hospital Administrators

Alternate

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

Kern County Ambulance Association

Alternate

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

EMS Medical Director

Support Staff

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

EMS Division

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

County Counsel

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

County Administrative Office

V. Approval of Minutes

Minutes

EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)

REGULAR MEETING

THURSDAY – May 11th, 2023

4:00 P.M.

**Location: Kern County Public Health,
 1800 Mt. Vernon Ave, Bakersfield CA, 93306
 San Joaquin Room**

- I. **Call to Order – Jeff Flores**
- II. **Flag Salute – Brynn Carrigan**
- III. **Roll Call – Danielle Stemper**

Attending	Roll Call
Dr. Lyon	x
John Surface	x
Scott Hurlburt	x
Sheriff Youngblood	x
Dr. Canson	x
Orchel Krier	x
Tyler Whitzell	x
Chief Wells	x
Chairman Flores	x

- 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.

No Comments.

Sheriff Youngblood – Motion to approve.

Dr. Lyon – Second

Attending	Poll
John Surface	y
Scott Hurlburt	y
Sheriff Youngblood	y
Dr. Lyon	y
Dr. Canson	y
Orchel Krier	y
Tyler Whitzell	y
Chief Wells	y
Chairman Flores	y

Motion Passes

V. Subcommittee Reports:

APOT Task Force – Jeff Fariss

Jeff Fariss - Thank you, Mr. Chairman. At our last meeting this board approved moving the task force to quarterly and allowing the meeting to be held via teams the quarterly meeting was held on April 27th via teams with a number of stakeholders representatives present EMS gave a report which included the total number of APOT hours for the first quarter of 2023. The total number of APOT hours for the previous year of 2022 was 17,240 hours as of the first quarter of 2023 the number of APOT hours totaled 9,764. Adventist held Bakersfield reported that they had completed a long hiring process and were making internal changes that should improve their offload times in the coming months. It appears that Staffing, transport volumes, the misuse of the 911, and Hospital systems are all playing a role in the continued delays. EMS systems simply cannot sustain this rate of offload delays. We discussed a protocol currently being used in other counties to assist in getting ambulance crews back in the field. This protocol will allow the field staff would notify the hospital charge nurse when they had been waiting for 30 minutes for a bed. If a bed is not assigned within 10 minutes from the notification the crew will begin the process of finding an appropriate location within the ER to offload the patient and clear the facility. While this is not an ideal solution it is a solution that is working in other counties and would assist in returning ambulance resources into the field to respond to the sick and injured there was no comment from the attendees regarding this item that concludes my report and I'm available to take any questions.

Chairman Flores – Do we have any questions?

Tyler Whitzell – yes question, regarding next step.

Jeff Fariss - The Next Step will be reporting out to the CEOs. We don't want to Institute a policy like that without first giving notification to the CEOs and management staff of the hospitals that that's our plan, but when we're talking about such high numbers of offload delays the ambulance providers and the EMS system just can't sustain that we have to look at other ways of clearing those resources.

Counsel conversation to include – Possibly administration would be invited to attend APOT could be beneficial, needing suggestions from hospitals for a solution, needing to collaborate to create options. Haven't had feedback from hospitals yet.

No Public Comment.

John Surface – Motion to approve.

Dr. Lyon – Second.

Attending	Poll
Dr. Lyon	Y
John Surface	Y
Sherif Youngblood	Y
Scott Hurlburt	Y
Dr. Canson	Y
Orchel Krier	Y
Tyler Whitzell	Y
Chief Wells	Y
Chairman Flores	Y

Motion passes

VI. Public Comments:

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

No public comment.

VII. Public Requests: None

VIII. Unfinished Business:

a) EMD Study Implementation

Jeff Fariss – Thank you, Mr. chairman. This item is a continuation of the EMD code discussion had at the last EMCAB meeting. If you recall, there were 72 EMD code changes that were not agreed on by all stakeholders. As per the request of this board EMS held a stakeholder meeting on March 30th to review and discuss the proposed EMD code changes. Bakersfield City and Kern County fire departments were the only Attendees. An overview was provided and there was an open discussion surrounding the proposed changes. We propose looking at an additional Year's worth of data in the remaining 72 codes, which was agreed upon by all Attendees. Included in your packet is a breakdown of the EMD codes and the recommended Changes. The document shows the current priority, the previously proposed priority as of the last EMCAB meeting, the current proposed priority after incorporating additional data, and the difference if any, for the codes that we had not reached an agreement on. Of these 72 AMD codes 25 have been upgraded to lights and sirens, 14 have been upgraded to committed no lights no Sirens ALS fire, which is the c3af code, and two were downgraded to committed no lights or Sirens ambulance only. Leaving 31 unchanged from the original proposal, EMS has continued to Qi 100 percent of the EMD codes proposed to be changed and have found no issues with any of these Codes. In April there were 4 311 responses to EMD codes listed to be downgraded with 96 or 2.23 percent transported with lights and sirens. Each one of those transports was investigated by my staff and of those only 22 transports or one half of one percent, that were transported with lights and Sirens were determined to be appropriate for transport in that manner. Moving forward EMS will complete the study for the previous two years every January to assure we are basing our responses on

the most current data possible, therefore it is for these reasons that I request the board approve the proposed EMD code changes with a start date of June 1st, 2023. This concludes my report and I'm available to answer any questions.

Tyler Whitzell – Question regarding Patient outcomes.

Jeff Fariss & John Surface – some data was obtained, however due to an incident some data not obtained due to study not complete.

No Public Comment.

John Surface – Motion to approve.

Dr. Lyon – Second.

Attending	Poll
Dr. Lyon	Y
John Surface	Y
Sherif Youngblood	Y
Scott Hurlburt	Y
Dr. Canson	Y
Orchel Krier	Y
Tyler Whitzell	Y
Chief Wells	Y
Chairman Flores	Y

Motion passes

IX. Manager’s Report: - Receive and File

Jeff Fariss - Thank you, Mr. Chairman;

2022 was a year of great change for EMS. We saw a 22% increase in call volume from 2019 coupled with an industry-wide shortage of personnel and increased patient offload times. Navigating these challenges to provide a needed service wasn’t easy; however, we did not just sit idly by. We implemented short term solutions to help bridge the gap and longer term, more permanent improvements to the system. This board was involved in many of the policy and procedure changes initiated throughout 2022. Kern County was the first in the state to implement the Tele911 system, providing telehealth services in field. First responders use a mobile application platform to connect with California emergency room physicians to perform telehealth visits with patients thus preventing unnecessary transports to already overloaded hospitals.

We worked to change the structure of our EMS system in order to allow for the implementation of a tiered response system which allows for Advanced Life Support first responders and Basic Life Support ambulances to operate together thus providing much faster response times and increased options for treatment and transport modalities. This system is now being introduced by Hall Ambulance Service in the greater metro area and is in the planning stages by Liberty Ambulance Service in the east kern.

In late 2022, EMS was notified that the Grand Jury was conducting a voluntary investigation into the inner workings of the EMS system. The investigation took several months and included information gathered from

EMS as well as numerous stakeholders. The report was finalized and made public on April 17th, 2023 and contained several recommendations.

First, organize and coordinate a countywide job and information fair to recruit new paramedics and EMTs. This coordination should include the ambulance providers, KCFD, Community and vocational schools in the area and should be completed by September 1, 2023. This task has been assigned to EMS Coordinator Robert Lopez and he is in the process of reaching out to all of our stakeholders to coordinate the first planning meeting this month.

Second, EMS should continue to expand the Tele911 system, so the public and first responders are more comfortable with its use. EMS in conjunction with the ambulance companies and Tele911 should negotiate with insurance providers to all for compensation for its use when transportation is not necessary. The first negotiation session should be completed by September 1, 2023. Negotiations have begun with Kern Family Health Care. The Department will continue to promote the use of Tele911 for at Kern County EMS System Collaboration meetings and will work with all Kern County Stakeholders to get Tele911 implemented system wide.

Third, EMS should coordinate with Harvey L. Hall EMS Academy, Kern County Fire Department, and Bakersfield College to recruit more candidates in the paramedic profession. This should be completed by September 1, 2023. The Department will coordinate with the Harvey L. Hall EMS Academy, Kern County Fire, and Bakersfield College to recruit more candidates into the paramedic profession. Our first planning meeting will be held in June of 2023.

And finally, EMS should advertise and inform the public of the importance of 911 call system as to when to use it and when to transport oneself to medical care. The first public announcement should be completed by September 1, 2023. The Department plans to re-run our Only Call 911 in a True Emergency collaborative campaign.

- ***Staffing issues/Unprecedented call volume response –***

Hall ambulance has continued contracting with Best Practice Medicine out of Montana, for paramedics and EMTs. Hall has also subcontracted with Pro Safety, Trinity Safety, both local providers.

- ***Operations Division***

We are currently updating our destination decision policy.

ALS boat medic policy revised and deployed due to anticipated need in Kern County waterways.

Numerous policy revisions/updates currently in progress.

Toradol, Buprenorphine and Ketamine IM injection were approved by the state and will be implemented following a paramedic update in the end of June.

Also, during 2022 we started community outreach. We began attending several events teaching the general public Hands Only CPR and Stop the Bleed. The community has provided a lot of positive feedback and the request to attend these events has increased since we began.

- ***Certifications***

The certification staff have been extremely busy. Overall, for the year of 2022, we issued accreditations and certifications for 113 Paramedics, 189 new EMT local accreditations, 161 new state EMT certifications, and 592 state EMT renewals, 73 MICNs and 18 EMD accreditations.

- ***Events-2022***

- In 2022 we oversaw 5 special events with a total estimated attendance of 40,000.

- **Events-2023**

- NeoTropolis April 26th through the 30th
1300 people in attendance.

- LIB is scheduled for May 24th through 29th, at Buena Vista, with an expected attendance of 20,000.

- **QI**

- QI continues to be a priority for EMS. As my QI staff review patient care reports, we continue to reach out to our pre-hospital care providers to both commend and provide direction when necessary.

- **EP Division**

The Emergency Preparedness division of EMS handles the day-to-day operations of the MHOAC and RDMHS programs. They continue to manage the Public Health Emergency Preparedness (Phep), Hospital Preparedness Program (HPP), and Pandemic Influenza (Pan Flu) Grants. In addition to managing the grants, the EP Division is also responsible for managing the Kern County Health Care Coalition; assisting Coalition partners with supplies and equipment for drills, training, and exercises; management of the Emergency Preparedness Warehouse; and preparing various deliverable Emergency Preparedness Plans.

Our EP team provided Emergency Operations Manual (EOM) training to 40 of our healthcare partners in the county. This training was an overview of the California mutual aid process, communication process, resource requesting, and how to obtain help from the region or State during expanding incidents.

The Ep team has created a radiation surge plan to assist our medical health providers countywide in dealing with a radiation type of event. Also, they have been busy updating all of our disaster plans to ensure the inclusion of mental health for both victims and responders during an emergency event. Due to recent storms and the snow pack our EP team has been working with the medical health providers in the county on updating their flood plans.

During this fiscal year our EP team worked on obtaining grant funds in the amount of \$145,738 to purchase items for our healthcare facilities. These funds are used to buy equipment for training, exercises, and supplies for future disasters. In addition to these grant funds our team worked with the California Department of Public Health to secure 4 semi-truck loads of medical equipment to distribute to our healthcare facilities to use during disasters.

This fall our EP team will be hosting several trainings for our healthcare providers, including HAZMAT first responder awareness and hospital incident command system (HICS)

Chairman Flores, as I complete my managers' report I would like to express my gratitude for your time and attention. This concludes my report, and I am available to answer any questions.

[motion for the last item.](#)

[Mr. Surface – motion](#)

[Dr. Lyon - Second](#)

[Motion passed with all ayes, no opposed.](#)

X. Miscellaneous Documents for Information: None

XI. 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.])

XII. Announcements:

- A. Next regularly scheduled meeting: Thursday, August 10th, 2023, 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 27th, 2023, 5:00 p.m., to the Kern County EMS Program Manager.

XIII. 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.

VI. Subcommittee Report

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AB-40 Emergency medical services. (2023-2024)

SHARE THIS:



Date Published: 10/16/2023 10:00 AM

Assembly Bill No. 40

CHAPTER 793

An act to add Sections 1797.120.5, 1797.120.6, and 1797.120.7 to the Health and Safety Code, relating to emergency services.

[Approved by Governor October 13, 2023. Filed with Secretary of State October 13, 2023.]

LEGISLATIVE COUNSEL'S DIGEST

AB 40, Rodriguez. Emergency medical services.

Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, creates the Emergency Medical Services Authority, which is responsible for the coordination of various state activities concerning emergency medical services. Among other duties, existing law requires the authority to develop planning and implementation guidelines for EMS systems, provide technical assistance to existing agencies, counties, and cities for the purpose of developing the components of EMS systems, and receive plans for the implementation of EMS and trauma care systems from local EMS agencies. Existing law makes a violation of the act or regulations adopted pursuant to the act punishable as a misdemeanor.

This bill, on or before December 31, 2024, would require the authority to develop and implement an electronic signature for use between the emergency department medical personnel at a receiving hospital and the transporting emergency medical personnel that captures the points in time when the ambulance arrives at the hospital emergency department bay and when transfer of care is executed for documentation of ambulance patient offload time, as defined. The bill would require every local EMS agency, by July 1, 2024, to develop a standard not to exceed 30 minutes, 90% of the time, for ambulance patient offload time and report the standardized time to the authority. The bill would authorize local EMS agencies to engage stakeholders in developing this standard, as specified. The bill would also require the authority to develop and implement by December 31, 2024, an audit tool to improve data accuracy regarding transfer of care, as specified, and to provide technical assistance and funding as needed, subject to an appropriation, for small rural hospitals and volunteer EMS providers to implement these provisions. The bill would require the authority to adopt emergency regulations to implement these provisions on or before December 31, 2024.

The bill would require a general acute care hospital with an emergency department to develop, in consultation with its emergency department staff, and its exclusive employee representatives, if any, an ambulance patient offload time reduction protocol by September 1, 2024, that addresses specified factors, including, among other things, mechanisms to improve hospital operations to reduce ambulance patient offload time. The bill would require the hospital to file its protocol with the authority and to report annually any revisions to its protocol. The bill would require the authority, on or before December 31, 2024, to monitor monthly ambulance patient offload time data for each hospital.

The bill would require the authority to, among other things, report ambulance patient offload time exceedance to the relevant local EMS agency and the Commission on Emergency Medical Services if, on or after December 31, 2024, the general acute care hospital with an emergency department has an ambulance patient offload time that exceeds the local EMS agency standard, as specified, for the preceding month.

Because the bill would create new requirements within the act, thereby expanding the scope of an existing crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 1797.120.5 is added to the Health and Safety Code, to read:

1797.120.5. (a) (1) By no later than December 31, 2024, the authority shall develop and implement a California Emergency Medical Services Information System requirement for an electronic signature for use between the emergency department medical personnel at a receiving hospital and the Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), or Emergency Medical Technician-Paramedic (EMT-P) that captures the points in time when the ambulance arrives at the hospital emergency department bay and when transfer of care is executed for documentation of ambulance patient offload time, as defined by Section 1797.120.

(2) The signature shall be collected when physical transfer of the patient occurs and the report is given to hospital staff and shall note ambulance arrival time at the hospital.

(b) (1) By no later than July 1, 2024, every local EMS agency shall develop a standard not to exceed 30 minutes, 90 percent of the time, for ambulance patient offload time and report the adopted time to the authority.

(2) In the development of the standard required by paragraph (1), the local EMS agency may engage stakeholders, including hospital representatives, fire departments having jurisdiction, exclusive employee representatives of staff at hospitals, fire departments, EMS providers, if any, and others.

(c) By no later than December 31, 2024, the authority shall develop and implement an audit tool to improve the data accuracy of transfer of care with validation from hospitals and local EMS agencies.

(d) The authority shall provide technical assistance and funding as needed, subject to an appropriation, for small rural hospitals and volunteer EMS providers to implement this section.

(e) On or before December 31, 2024, the authority shall adopt emergency regulations to implement this section. The emergency regulations adopted pursuant to this section shall be adopted in accordance with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, and, for purposes of that chapter, including Section 11349.6 of the Government Code, the adoption of the regulations is an emergency and shall be considered by the Office of Administrative Law as necessary for the immediate preservation of the public peace, health and safety, and general welfare.

SEC. 2. Section 1797.120.6 is added to the Health and Safety Code, to read:

1797.120.6. (a) A licensed general acute care hospital with an emergency department shall, by September 1, 2024, develop, in consultation with its emergency department staff, and its exclusive employee representatives, if any, an ambulance patient offload time reduction protocol that addresses all of the following factors:

(1) Notification of hospital administrators, nursing staff, medical staff, and ancillary services that the local EMS agency standard for ambulance patient offload time has been exceeded for one month.

(2) Mechanisms to improve hospital operations to reduce ambulance patient offload time, which may include, but are not limited to, activating the hospital's surge plan, transferring patients to other hospitals, suspending elective admissions, discharging patients, using alternative care sites, increasing supplies, improving triage and transfer systems, and adding additional staffing.

(3) Systems to improve general hospital coordination with the emergency department, including consults for emergency department patients.

(4) Direct operational changes designed to facilitate a rapid reduction in ambulance patient offload time to meet the local EMS agency standard adopted pursuant to subdivision (b) of Section 1797.120.5.

(b) A licensed general acute care hospital with an emergency department shall file its ambulance patient offload time reduction protocol with the authority and shall annually report any revisions to its protocol.

SEC. 3. Section 1797.120.7 is added to the Health and Safety Code, to read:

1797.120.7. (a) On or before December 31, 2024, the authority shall monitor monthly ambulance patient offload time data for each hospital required to report under Section 1797.120.5.

(b) If, on or after December 31, 2024, a general acute care hospital with an emergency department has an ambulance patient offload time that exceeds the local EMS agency standard adopted pursuant to subdivision (b) of Section 1797.120.5 for the preceding month, the authority shall comply with all of the following:

(1) Report the ambulance patient offload time exceedance to the relevant local EMS agency and the commission via electronic means.

(2) Direct the local EMS agency to alert all EMS providers in the jurisdiction.

(3) Direct the licensed general acute care hospital with an emergency department to implement the ambulance patient offload time reduction protocol developed pursuant to Section 1797.120.6.

(4) Host, at minimum, bi-weekly calls with the relevant hospital administration, including emergency department leadership, EMS providers, local EMS agency, and hospital employees to update and discuss implementation of the protocol and the outcomes.

SEC. 4. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

X. New Business

a. Annual Maddy Fund Report

**EMS DIVISION
KERN COUNTY PUBLIC HEALTH SERVICES DEPARTMENT
MADDY EMS FUND
FISCAL YEAR 2023-24 ACTIVITY**

	MADDY Deposits + Interest AS (10 & 12)	RICHIE'S Deposits AS (11)	Admin 10% of Each Fund AS (14 & 15)	Richie's Fund (15%) Distribution AS (17)	Total Physician Claims Submitted In Quarter PC (8)	Physicians 58% both funds Balance AS (24)	Physician Payments in Quarter PC (16)	Percent Paid to Physicians H16/F16	Hospitals 25% of Both Fund Balance AS (28)	Hospital Payments in Quarter HP (17 & 19)	EMCAAB-Current Other EMS 17% MADDY Balance FY 2324 (Jul 2023-Jun 2024) AS (33)	EMCAAB-Rollover Other EMS 17% MADDY Rollover Balance FY 1819 (Nov 2018-Jun 2019) AS (33)	EMCAAB-Rollover Other EMS 17% MADDY Rollover Balance FY 1920 (Jul 2019-Jun 2020) AS (33)	EMCAAB-Rollover Other EMS 17% MADDY Rollover Balance FY 2021 (Jul 2020-Jun 2021) AS (33)	EMCAAB-Rollover Other EMS 17% MADDY Rollover Balance FY 2122 (Jul 2021-Jun 2022) AS (33)	EMCAAB-Rollover Other EMS 17% MADDY Rollover Balance FY 2223 (Jul 2022-Jun 2023) AS (33)	EMCAAB-Transfers EMCAAB Transfers-JV33023 10/1/21 To pay for EMS warehouse lease AS (34)	Other EMS 17% RICHIE'S Balance AS (34)
JULY 2023	96,907.29	70,852.41	16,775.97	10,627.86		81,436.08			35,088.97		14,826.82							9,033.68
AUGUST 2023	78,736.59	64,975.76	14,371.24	9,746.36		69,394.64			29,898.69		12,046.70							8,284.41
SEPTEMBER 2023	66,449.18	63,718.19	13,016.74	9,557.73		62,735.38			26,898.23		10,166.72							8,124.07
Total for Quarter 1	242,093.06	199,546.36	44,163.95	29,931.95	272,303.63	213,566.10	-	0%	91,885.89	147,260.00	37,040.24	-	-	-	-	-	(285,868.80)	25,442.16
OCTOBER 2023	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
NOVEMBER 2023	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DECEMBER 2023	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total for Quarter 2	-	-	-	-	-	-	-	#DIV/0!	-	#DIV/0!	-	-	-	-	-	-	-	-
JANUARY 2024	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
FEBRUARY 2024	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MARCH 2024	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total for Quarter 3	-	-	-	-	-	-	-	#DIV/0!	-	#DIV/0!	-	-	-	-	-	-	-	-
APRIL 2024	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MAY 2024	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
JUNE 2024	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total for Quarter 4	-	-	-	-	-	-	-	#DIV/0!	-	#DIV/0!	-	-	-	-	-	-	-	-
YEAR-END SUP.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
YEAR TO DATE	242,093.06	199,546.36	44,163.95	29,931.95	272,303.63	213,566.10	-	0%	91,885.89	147,260.00	37,040.24	135,711.45	177,421.30	171,266.68	150,941.55	147,695.34	(285,868.80)	25,442.16
Total												534,207.76						

X. New Business

b. Legislative Reports



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 influence our local system. The last several years have seen an increase in such legislation. The following pages represent bills currently in the legislative process.

EMSAAC
Monday, October 16, 2023

AB 19

(Patterson, Joe R) Pupil health: opioid antagonists.

Current Text: Amended: 6/22/2023 [html](#) [pdf](#)

Last Amend: 6/22/2023

Status: 9/1/2023-In committee: Held under submission.

Location: 9/1/2023-S. 2 YEAR

2 year	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law authorizes school districts, county offices of education, and charter schools to provide emergency naloxone hydrochloride or another opioid antagonist to school nurses or voluntary trained personnel, and authorizes those nurses and voluntary trained personnel to use naloxone hydrochloride or another opioid antagonist to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose, as provided. This bill would require each individual public school operated by a school district, county office of education, or charter school that has elected to make a school nurse or trained personnel available at the school pursuant to those provisions to maintain at least two units of naloxone hydrochloride or another opioid antagonist for purposes of those authorizations.

Organization **Position**
EMSAAC Watch

AB 40

(Rodriguez D) Emergency medical services.

Current Text: Chaptered: 10/13/2023 [html](#) [pdf](#)

Last Amend: 9/1/2023

Status: 10/13/2023-Signed by the Governor

Location: 10/13/2023-A. CHAPTERED

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

Summary: Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, creates the Emergency Medical Services Authority, which is responsible for the coordination of various state activities concerning emergency medical services. Among other duties, existing law requires the authority to develop planning and implementation guidelines for EMS systems, provide technical assistance to existing agencies, counties, and cities for the purpose of developing the components of EMS systems, and receive plans for the implementation of EMS and trauma care systems from local EMS agencies. Existing law makes a violation of the act or regulations adopted pursuant to the act punishable as a misdemeanor. This bill, on or before December 31, 2024, would require the authority to develop and implement an electronic signature for use between the emergency department medical personnel at a receiving hospital and the transporting emergency medical personnel that captures the points in time when the ambulance arrives at the hospital emergency department bay and when transfer of care is executed for documentation of ambulance patient offload time, as defined. The bill would require every local EMS agency, by July 1, 2024, to develop a standard not to exceed 30 minutes, 90% of the time, for ambulance patient offload time and report the standardized time to the authority. The bill would authorize local EMS agencies to engage stakeholders in developing this standard, as specified. The bill would also require the authority to develop and implement by December 31, 2024, an audit tool to improve data accuracy regarding transfer of care, as specified, and to provide technical assistance and funding as needed, subject to an appropriation, for small rural hospitals and volunteer EMS providers to implement these provisions. The bill would require the authority to adopt emergency regulations to implement these provisions on or before December 31, 2024. This bill contains other related provisions and other existing laws.

Organization **Position**
EMSAAC Watch

AB 55

(Rodriguez D) Medi-Cal: workforce adjustment for ground ambulance transports.

Current Text: Amended: 4/27/2023 [html](#) [pdf](#)

Last Amend: 4/27/2023

Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/10/2023)(May be acted upon Jan 2024)

Location: 5/19/2023-A. 2 YEAR

Desk	Policy	2 year	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including emergency or nonemergency medical transportation services, as specified. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law

requires, with exceptions, that Medi-Cal reimbursement to providers of emergency medical transports be increased by application of an add-on to the associated Medi-Cal fee-for-service payment schedule. Under existing law, those increased payments are funded solely from a quality assurance fee (QAF), which emergency medical transport providers are required to pay based on a specified formula, and from federal reimbursement and any other related federal funds. Existing law sets forth separate provisions for increased Medi-Cal reimbursement to providers of ground emergency medical transportation services that are owned or operated by certain types of public entities. This bill would establish, for dates of service on or after July 1, 2024, a workforce adjustment, serving as an additional payment, for each ground ambulance transport performed by a provider of medical transportation services, excluding the above-described public entity providers. The bill would vary the rate of adjustment depending on the point of pickup and whether the service was for an emergency or nonemergency, with the workforce adjustment being equal to 80% of the lowest maximum allowance established by the federal Medicare Program reduced by the fee-for-service payment schedule amount, as specified. This bill contains other related provisions and other existing laws.

Organization EMSAAC
Position Watch

AB 70

(Rodriguez D) Emergency response: trauma kits.

Current Text: Chaptered: 10/9/2023 [html](#) [pdf](#)

Last Amend: 8/15/2023

Status: 10/8/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 515, Statutes of 2023.

Location: 10/9/2023-A. CHAPTERED

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

Summary: Existing law requires the person or entity responsible for managing the building, facility, and tenants of certain occupied structures, including those that are owned or operated by a local government entity, and that are constructed on or after January 1, 2023, to comply with certain requirements, including acquiring and placing at least 6 trauma kits on the premises, as specified. This bill would apply the trauma kit requirement to certain structures that are constructed prior to January 1, 2023, and subject to subsequent modifications, renovations, or tenant improvements, as specified.

Organization EMSAAC
Position Watch

AB 71

(Rodriguez D) Pupil instruction: bleeding control.

Current Text: Amended: 6/22/2023 [html](#) [pdf](#)

Last Amend: 6/22/2023

Status: 9/1/2023-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 7/10/2023)(May be acted upon Jan 2024)

Location: 9/1/2023-S. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	2 year	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law authorizes a school district or school to provide a comprehensive program in first aid or cardiopulmonary resuscitation training, or both, to pupils and employees in accordance with specified guidelines. Existing law requires the Instructional Quality Commission to recommend curriculum frameworks for adoption by the State Board of Education in accordance with regulations. This bill would require, on or before July 1, 2024, the State Department of Education to make available to school districts on the department’s internet website a list of resources and instructional materials on bleeding control, as specified. The bill would require, when the Health Framework for California Public Schools is next revised after January 1, 2024, the Instructional Quality Commission to consider including information on bleeding control in that framework, as specified.

Organization EMSAAC
Position Watch

AB 255

(Alanis R) Public postsecondary education: priority registration for first responders.

Current Text: Chaptered: 10/10/2023 [html](#) [pdf](#)

Last Amend: 9/1/2023

Status: 10/10/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 643, Statutes of 2023.

Location: 10/10/2023-A. CHAPTERED

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

Summary: Existing law establishes the California Community Colleges, the California State University, and the University of California as the 3 segments of public postsecondary education in the state. Existing law requires the California State University and each community college district, and requests

the University of California, with respect to each campus in their respective jurisdictions that administers a priority enrollment system, to grant priority registration for enrollment to specified individuals, including, among others, a member or former member of the Armed Forces of the United States, as specified. This bill would require the California State University, and request the University of California, with respect to each campus in their respective jurisdictions that administers a priority enrollment system, commencing with the 2025–26 academic year, to grant priority for registration for enrollment to first responders, as defined.

Organization **Position**
EMSAAC Watch

[AB 296](#) [\(Rodriguez D\)](#) **Office of Emergency Services: 9-1-1 Public Education Campaign.**

Current Text: Amended: 6/29/2023 [html](#) [pdf](#)

Last Amend: 6/29/2023

Status: 9/1/2023-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/14/2023)(May be acted upon Jan 2024)

Location: 9/1/2023-S. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	2 year	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered	
1st House				2nd House								

Summary: Existing law establishes the Office of Emergency Services within the office of the Governor. Existing law makes the office responsible for the state’s emergency and disaster response services for natural, technological, or man-made 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. Existing law, the Warren-911-Emergency Assistance Act, requires every local public agency, as defined, to have an emergency communication system and requires the digits “911” to be the primary emergency telephone number within the system. Existing law requires the office, with the advice and assistance of the Attorney General, to coordinate the implementation of systems, to assist local public agencies and local public safety agencies in obtaining financial help to establish emergency telephone service, and to aid agencies in the formulation of concepts, methods, and procedures that will improve the operation of those systems and that will increase cooperation between public safety agencies. This bill would establish the 911 Public Education Campaign, to be administered by the office in collaboration with the State 911 Advisory Board, as specified, for the purpose of educating the public on when it is appropriate to call 911 for assistance. The bill would include in the goals of the campaign, among others, reducing the number of unnecessary calls to 911 call centers and reducing delays in the 911 system caused by nonemergency calls being placed. The bill would require the campaign to give local public agencies the ability to tailor the message of the campaign, focus on social media, and be distributed to the public via local public agency channels. This bill contains other existing laws.

Organization **Position**
EMSAAC Watch

[AB 379](#) [\(Rodriguez D\)](#) **Emergency medical services.**

Current Text: Amended: 7/10/2023 [html](#) [pdf](#)

Last Amend: 7/10/2023

Status: 9/1/2023-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/14/2023)(May be acted upon Jan 2024)

Location: 9/1/2023-S. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	2 year	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered	
1st House				2nd House								

Summary: Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, governs local emergency medical services (EMS) systems. The existing act establishes the Emergency Medical Services Authority (authority), which is responsible for the coordination and integration of all emergency medical services. Existing law authorizes each county to develop an emergency medical services program and requires a county that does so to designate a local EMS agency (LEMSA). Existing law requires the authority to develop planning and implementation guidelines for emergency medical services systems that address specified components, including the assessment of hospital and critical care centers and data collection and evaluation. This bill would require these guidelines to include a list of standardized terminology for a LEMSAs to use when granting exemptions for 911 response times, as specified. This bill contains other existing laws.

Organization **Position**
EMSAAC Watch

[AB 532](#) [\(Lackey R\)](#) **Emergency medical services.**

Current Text: Introduced: 2/8/2023 [html](#) [pdf](#)

Status: 5/5/2023-Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/8/2023) (May be acted upon Jan 2024)

Location: 5/5/2023-A. 2 YEAR

2 year	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, establishes the Emergency Medical Services Authority. Under existing law, the authority is responsible for the coordination and integration of all state activities concerning emergency medical services. This bill would make technical, nonsubstantive changes to those provisions.

Organization **Position**
 EMSAAC Watch

AB 716 **(Boerner D) Ground medical transportation.**

Current Text: Chaptered: 10/8/2023 [html](#) [pdf](#)

Last Amend: 9/6/2023

Status: 10/8/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 454, Statutes of 2023.

Location: 10/8/2023-A. CHAPTERED

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

Summary: Existing law creates the Emergency Medical Services Authority to coordinate various state activities concerning emergency medical services. Existing law requires the authority to report specified information, including reporting ambulance patient offload time twice per year to the Commission on Emergency Medical Services. This bill would require the authority to annually report the allowable maximum rates for ground ambulance transportation services in each county, including trending the rates by county, as specified. This bill contains other related provisions and other existing laws.

Organization **Position**
 EMSAAC Watch

AB 767 **(Gipson D) Community Paramedicine or Triage to Alternate Destination Act.**

Current Text: Chaptered: 9/30/2023 [html](#) [pdf](#)

Last Amend: 9/1/2023

Status: 9/30/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 270, Statutes of 2023.

Location: 9/30/2023-A. CHAPTERED

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

Summary: Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, governs local emergency medical services (EMS) systems. The Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act establish the Emergency Medical Services Authority, which is responsible for the coordination and integration of EMS systems. Existing law makes a violation of the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act or regulations adopted pursuant to the act punishable as a misdemeanor. This bill would extend the act until January 1, 2031. The bill would expand the allowable community paramedicine services program specialties to include providing short-term, postdischarge followup for persons recently discharged from a hospital due to a serious health condition, including collaboration with, and by providing referral to, home health services when eligible. The bill would require, on or before January 1, 2025, the authority to amend regulations to include sufficient state-level program oversight that would allow for local EMS agencies to develop community paramedicine programs, as specified. This bill contains other related provisions and other existing laws.

Organization **Position**
 EMSAAC Watch

AB 1028 **(McKinnor D) Reporting of crimes: mandated reporters.**

Current Text: Amended: 6/28/2023 [html](#) [pdf](#)

Last Amend: 6/28/2023

Status: 9/1/2023-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/28/2023)(May be acted upon Jan 2024)

Location: 9/1/2023-S. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	2 year	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law requires a health practitioner, as defined, to make a report to law enforcement when they suspect a patient has suffered physical injury that is inflicted by the person's own act or inflicted by another where the injury is by means of a firearm, or caused by assaultive or abusive conduct, including elder abuse, sexual assault, or torture. A violation of these provisions is punishable as a misdemeanor. This bill would, on and after January 1, 2025, remove the requirement that a health

practitioner make a report to law enforcement when they suspect a patient has suffered physical injury caused by assaultive or abusive conduct, and instead only require that report if the health practitioner suspects a patient has suffered a wound or physical injury inflicted by the person's own act or inflicted by another where the injury is by means of a firearm, a wound or physical injury resulting from child abuse, or a wound or physical injury resulting from elder abuse. This bill contains other related provisions and other existing laws.

Organization **Position**
 EMSAAC Concerns

AB 1029 **(Pellerin D) Advance health care directive form.**

Current Text: Chaptered: 9/8/2023 [html](#) [pdf](#)

Last Amend: 7/3/2023

Status: 9/8/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 171, Statutes of 2023.

Location: 9/8/2023-A. CHAPTERED

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

Summary: Existing law establishes the requirements for executing a written advance health care directive that is legally sufficient to direct health care decisions. Existing law provides a form that an individual may use or modify to create an advance health care directive. The statutory form includes a space to designate an agent to make health care decisions, as well as optional spaces to designate a first alternate agent and 2nd alternate agent. Existing law defines "health care decision," as specified. Existing law authorizes an individual to provide an "individual health care instruction" as the individual's authorized written or oral direction regarding a health care decision for the individual. This bill would clarify that a "health care decision" does not include consent by a patient's agent, conservator, or surrogate to convulsive treatment, psychosurgery, sterilization, or abortion. The bill would confirm that a voluntary standalone psychiatric advance directive, as defined, may still be executed. The bill would clarify in the statutory advance health care directive form that the individual's agent may not consent to a mental health facility or consent to convulsive treatment, psychosurgery, sterilization, or abortion for the individual.

Organization **Position**
 EMSAAC Watch

AB 1036 **(Bryan D) Health care coverage: emergency medical transport.**

Current Text: Introduced: 2/15/2023 [html](#) [pdf](#)

Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/2/2023) (May be acted upon Jan 2024)

Location: 4/28/2023-A. 2 YEAR

Desk	2 year	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally requires a health care service plan contract or large group health insurance policy to provide an enrollee or insured with basic health care services, which include emergency health care services. Existing law prohibits a health care service plan that provides basic health care services from requiring prior authorization or refusing to pay for an ambulance or ambulance transport services if the request was made for an emergency medical condition and the services were required or if an enrollee reasonably believed the medical condition was an emergency that required ambulance transport services. Existing law requires a policy of disability insurance issued, amended, delivered, or renewed in this state on or after January 1, 1999, that provides hospital, medical, or surgical coverage with coverage for emergency health care services to include coverage for emergency medical transportation services without regard to whether or not the emergency provider contracts with the insurer or to prior authorization. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a schedule of benefits under the Medi-Cal program, including various emergency medical services. This bill would require a physician, upon an individual's arrival to an emergency department of a hospital, to certify in the treatment record whether an emergency medical condition existed, or was reasonably believed to have existed, and required emergency medical transportation services, as specified. This bill would, if a physician has certified that emergency medical transportation services according to these provisions, require a health care service plan, disability insurance policy, and Medi-Cal managed care plan, to provide coverage for emergency medical transport, consistent with an individual's plan or policy. The bill would specify that the indication by a physician pursuant to these provisions is limited to an assessment of the medical necessity of the emergency medical transport services, and does not apply or otherwise impact provisions regarding coverage for care provided following completion of the

emergency medical transport. The bill would specify for Medi-Cal benefits, these provisions do not apply to various specified provisions relating to nonemergency transport services or any other law or regulation related to reimbursement or authorization requirements for services provided for emergency services and care.

Organization **Position**
 EMSAAC Watch

AB 1164 **(Lowenthal D) Hospitals: emergency departments: crowding score.**

Current Text: Introduced: 2/16/2023 [html](#) [pdf](#)

Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/10/2023)(May be acted upon Jan 2024)

Location: 5/19/2023-A. 2 YEAR

Desk	Policy	2 year	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law requires the State Department of Public Health to license and regulate health facilities, including general acute care hospitals. A violation of those provisions is generally a crime. This bill would require a licensed general acute care hospital with an emergency department to determine the range of crowding scores, as defined, that constitute each category of the crowding scale, as provided, for its emergency department. The bill would require the hospital to calculate and record a crowding score at a minimum every 4 hours, except as specified, to assess the crowding condition of the hospital's emergency department. This bill contains other related provisions and other existing laws.

Organization **Position**
 EMSAAC Watch

AB 1168 **(Bennett D) Emergency medical services (EMS): prehospital EMS.**

Current Text: Amended: 7/13/2023 [html](#) [pdf](#)

Last Amend: 7/13/2023

Status: 9/14/2023-Failed Deadline pursuant to Rule 61(a)(14). (Last location was INACTIVE FILE on 9/12/2023)(May be acted upon Jan 2024)

Location: 9/14/2023-S. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	2 year	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, governs local emergency medical services (EMS) systems and authorizes each county to develop an EMS program and designate a local EMS agency. Existing law requires a county to enter into a written agreement with a city or fire district that contracted for or provided prehospital EMS as of June 1, 1980. Existing law requires, until that written agreement is reached, prehospital EMS to be continued at not less than the existing level and the administration of prehospital EMS by cities and fire districts contracting for or providing those services as of June 1, 1980, to be retained by those cities and fire districts. This bill would require a city to be treated as if it had retained its authorities regarding, and the administration of, prehospital EMS if specified requirements are met. If a joint powers agreement regarding prehospital EMS was initially executed on or after January 1, 2024, the bill would ensure a city or fire district retains its existing authorities regarding, and the administration of, prehospital EMS. This bill contains other related provisions and other existing laws.

Organization **Position**
 EMSAAC Oppose

AB 1180 **(Rodriguez D) Emergency medical services.**

Current Text: Amended: 4/20/2023 [html](#) [pdf](#)

Last Amend: 4/20/2023

Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/17/2023)(May be acted upon Jan 2024)

Location: 5/19/2023-A. 2 YEAR

Desk	Policy	2 year	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law establishes the Emergency Medical Services Authority, and requires the authority to be headed by a director who is a licensed physician and surgeon with substantial experience in the practice of emergency medicine. This bill would remove the requirement that the director be a licensed physician and surgeon with substantial experience in the practice of emergency medicine and would instead require the director to have substantial experience in emergency medicine, emergency medical services, emergency management, or other related background. The bill would require the authority to have a chief medical officer who is appointed by the Governor upon nomination by the Secretary of California Health and Human Services. The bill would require the chief

medical officer to be a physician and surgeon who has substantial experience in the practice of emergency medicine. The bill would require the chief medical officer to direct clinical, treatment, education, and other matters involving medical decisionmaking and delivery of patient care, as specified.

Organization **Position**
EMSAAC Watch

[AB 1276](#) (McKinnor D) Emergency response services: "911" call and dispatch data.

Current Text: Amended: 5/2/2023 [html](#) [pdf](#)

Last Amend: 5/2/2023

Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/10/2023)(May be acted upon Jan 2024)

Location: 5/19/2023-A. 2 YEAR

Desk	Policy	2 year	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law requires every local public agency within its respective jurisdiction to establish and have in operation a basic system, or be part of a system, that processes "911" emergency telephone calls. Existing law requires each system to include police, firefighting, and emergency medical and ambulance services, and authorizes the system to include other emergency services, such as poison control services, suicide prevention services, and civil defense services. This bill would require the University of California at Davis Health (UC Davis Health) to establish a program for the receipt and collection of "911" emergency call and dispatch data, in order to complete an analysis of the data for the purpose of improving emergency response services systems. The bill would require UC Davis Health to adopt uniform statewide data standards for "911" call and dispatch data, as specified, and to create a data portal that catalogs the collected data, aggregated on a statewide level, and containing only deidentified data, as defined. This bill contains other related provisions and other existing laws.

Organization **Position**
EMSAAC Watch

[AB 1601](#) (Alvarez D) Cannabis: enforcement by local jurisdictions.

Current Text: Amended: 4/18/2023 [html](#) [pdf](#)

Last Amend: 4/18/2023

Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was B.&P. on 5/1/2023) (May be acted upon Jan 2024)

Location: 4/28/2023-A. 2 YEAR

Desk	2 year	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Control, Regulate and Tax Adult Use of Marijuana Act (AUMA), an initiative measure approved as Proposition 64 at the November 8, 2016, statewide general election, authorizes a person who obtains a state license under AUMA to engage in commercial adult-use cannabis activity pursuant to that license and applicable local ordinances. Existing law, the Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA), among other things, consolidates the licensure and regulation of commercial medicinal and adult-use cannabis activities. MAUCRSA establishes the Department of Cannabis Control within the Business, Consumer Services, and Housing Agency to administer the act, and requires the department to be under the supervision and control of a director. MAUCRSA tasks the department with enforcement of MAUCRSA, but provides that it does not supersede or limit the authority of a local jurisdiction to adopt and enforce local ordinances to licensees under the act. MAUCRSA specifies grounds for disciplinary action under the act and provides that a person engaging in commercial cannabis activity without a license is subject to civil penalties, as specified. MAUCRSA authorizes the Attorney General, a county counsel, a city attorney, or a city prosecutor to bring an action, and requires the penalty to first be used to reimburse the prosecuting agency for specified costs of bringing the action, with the remainder, if any, to be deposited in the General Fund. This bill would provide that grounds for disciplinary actions under MAUCRSA against a licensee include concealment of illegal business activities, including tax evasion and money laundering, by a licensee, or by an officer, director, owner, or authorized agent acting on behalf of the licensee. The bill would authorize a local jurisdiction to take disciplinary action against a licensee for illegal business activities by the licensee, or for concealment of illegal business activities, by a licensee, or by an officer, director, owner, or authorized agent acting on behalf of the licensee.

Organization **Position**
EMSAAC Watch

[SB 67](#) (Seyarto R) Controlled substances: overdose reporting.

Current Text: Chaptered: 10/13/2023 [html](#) [pdf](#)

Last Amend: 9/7/2023

Status: 10/13/2023-Approved by the Governor. Chaptered by Secretary of State. Chapter 859,

Statutes of 2023.

Location: 10/13/2023-S. CHAPTERED

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

Summary: Existing law requires the coroner to inquire into and determine the manner, circumstances, and cause of all violent, sudden, or unusual deaths. Existing law authorizes a county board of supervisors, by ordinance, to abolish the office of coroner and provide instead for the office of medical examiner, to be appointed by the board and to exercise the powers and perform the duties of the coroner. This bill would require a coroner or medical examiner who evaluates an individual who died, in the coroner or medical examiner's expert opinion, as the result of an overdose to report the data gathered pursuant to the bill to the Overdose Detection Mapping Application Program managed by the Washington/Baltimore High Intensity Drug Trafficking Area program. By imposing new duties on coroners and medical examiners, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Organization Position
 EMSAAC Watch

[SB 234](#)

(Portantino D) Opioid antagonists: stadiums, concert venues, and amusement parks.

Current Text: Chaptered: 10/9/2023 [html](#) [pdf](#)

Last Amend: 9/6/2023

Status: 10/8/2023-Approved by the Governor. Chaptered by Secretary of State. Chapter 596, Statutes of 2023.

Location: 10/9/2023-S. CHAPTERED

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

Summary: Existing law requires the State Department of Public Health, subject to an appropriation in the Budget Act of 2016, to award funding to local health departments, local governmental agencies, or on a competitive basis to other organizations, as specified, to support or establish programs that provide naloxone or another opioid antagonist to first responders and at-risk opioid users through programs that serve at-risk drug users. Existing law exempts from civil liability a 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, as provided. This bill would require each stadium, concert venue, and amusement park to maintain unexpired doses of naloxone hydrochloride or any other opioid antagonist on its premises at all times, and to ensure that at least 2 employees are aware of the location of the naloxone hydrochloride or other opioid antagonist. The bill would exempt from civil or criminal liability a person who, in good faith, administers naloxone hydrochloride or another opioid antagonist by nasal spray or auto-injector on the premises of a stadium, concert venue, or amusement park, other than an act or omission constituting gross negligence or willful or wanton misconduct, except as specified. The bill would exempt from civil or criminal liability a stadium, concert venue, or amusement park, or its employees, or an entity that owns, occupies, or operates a stadium, concert venue, or amusement park, or its employees, for the administration of naloxone hydrochloride or another opioid antagonist, or the failure to administer naloxone hydrochloride or another opioid antagonist, on the premises of the stadium, concert venue, or amusement park, as provided.

Organization Position
 EMSAAC Watch

[SB 402](#)

(Wahab D) Emergency services: limiting police response.

Current Text: Introduced: 2/9/2023 [html](#) [pdf](#)

Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 2/22/2023) (May be acted upon Jan 2024)

Location: 4/28/2023-S. 2 YEAR

Desk	2 year	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law, the Warren-911-Emergency Assistance Act, requires every local public agency, as defined, to have an emergency communication system and requires the digits "911" to be the primary emergency telephone number within the system. Existing law requires the future implementation of a statewide "988" telephone system for suicide prevention and mental health crises. This bill would require 911 or other service center calls for service relating to mental health or homelessness, as specified, to be dispatched to fire district or department personnel, EMS personnel, mental health personnel, or nonsworn unarmed police personnel and not to police officers, except as otherwise provided. This bill contains other related provisions and other existing laws.

Organization Position
 EMSAAC Watch

[SB 868](#)

(Wilk R) Pupil safety: trauma kits.

Current Text: Amended: 7/12/2023 [html](#) [pdf](#)

Last Amend: 7/12/2023

Status: 9/1/2023-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/16/2023)(May be acted upon Jan 2024)

Location: 9/1/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	2 year	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered	
1st House				2nd House								

Summary: Existing law requires the governing board of a school district, superintendent of schools, or the principal of a public or private school in the state to equip the school with a first aid kit whenever a pupil of the school is conducted or taken on a field trip, as specified. Existing 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. This bill, commencing with the 2024–25 school year and contingent upon an appropriation for its purposes, would require each school district, county office of education, and charter school to (1) equip each classroom at each of its schoolsites with a trauma kit, as defined, (2) inspect and replace or replenish each trauma kit, as necessary, upon each use and at least once every three years, and (3) notify, at least once each school year, its employees of the location of the trauma kits and provide them with contact information for training in the use of the trauma kit, as provided. By imposing additional duties on local educational agencies, the bill would impose a state-mandated local program. The bill would exempt from civil liability a person who renders emergency care or treatment by the use of a trauma kit at the scene of an emergency, as specified. This bill contains other related provisions and other existing laws.

Organization	Position
EMSAAC	Watch

Total Measures: 23

Total Tracking Forms: 23

X. New Business

c. Quarterly APOT Report

EMS Division Staff Report for EMCAB Ambulance Patient Offload Times (APOT)

Background

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

The standard methodology that was created includes two separate indicators.

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

And

APOT 2 reports the percentage of ambulance patients received by the hospital and offloaded at specific time intervals; twenty minutes (2.1), twenty-one to sixty minutes (2.2), sixty one to one hundred and twenty minutes (2.3) one hundred and twenty one to one hundred and eighty minutes (2.4) and greater than one

hundred and eighty minutes (2.5).

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

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

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

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APOT - 1 Q2-2023

Hospital	APRIL		MAY		JUNE	
	Transports	90th Percentile APOT Time	Transports	90th Percentile APOT Time	Transports	90th Percentile APOT Time
Adventist Health Bakersfield	1257	60	1,457	57	1,354	57
Bakersfield Memorial Hospital	1326	51	1,525	52	1,385	50
Kern Medical	1034	57	1,099	59	1,144	59
Mercy Downtown	441	50	455	45	461	45
Mercy Southwest	507	50	532	45	535	52
Delano Regional Medical Center	24	34	27	41	23	25
Bakersfield Heart Hospital	147	45	150	52	157	43
Ridgecrest Regional	226	28	257	30	227	29
Adventist Health Tehachapi	271	48	280	37	252	39
Kern Valley Hospital	145	25	128	23	140	21
Henry Mayo Hospital	40	39	43	49	24	34
Antelope Valley Hospital	114	120	106	121	111	99
Palmdale Regional Medical Center	14	47	8	83	11	81
Barstow Community College	10	27	11	26	7	28
EMS System Total (Aggregate)		44.8		44.1		42

APOT - 2 Q2 - 2023

Hospital	APRIL									
	2.1		2.2		2.3		2.4		2.5	
	transp	%	transp	%	transp	%	transp	%	transp	%
Adventist Health Bakersfield	217	17%	918	73%	112	9%	9	1%	1	0%
Bakersfield Memorial Hospital	396	30%	852	64%	71	5%	6	0%	1	0%
Kern Medical	319	31%	623	60%	84	8%	6	1%	2	0%
Mercy Downtown	131	30%	289	66%	19	4%	2	0%	0	0%
Mercy Southwest	127	25%	354	70%	25	5%	0	0%	1	0%
Delano Regional Medical Center	14	58%	9	38%	1	4%	0	0%	0	0%
Bakersfield Heart Hospital	61	41%	83	56%	3	2%	0	0%	0	0%
Ridgecrest Regional	178	79%	41	18%	6	3%	0	0%	1	0%
Adventist Health Tehachapi	141	52%	117	43%	12	4%	1	0%	0	0%
Kern Valley Hospital	125	86%	16	11%	4	3%	0	0%	0	0%
Henry Mayo Hospital	20	50%	19	48%	1	3%	0	0%	0	0%
Antelope Valley Hospital	53	46%	43	38%	11	10%	0	0%	7	6%
Palmdale Regional Medical Center	5	36%	8	57%	0	0%	1	7%	0	0%
Barstow Community Hospital	6	60%	4	40%	0	0%	0	0%	0	0%

APOT - 2 Q2 - 2023

Hospital	MAY									
	2.1		2.2		2.3		2.4		2.5	
	transp	%	transp	%	transp	%	transp	%	transp	%
Adventist Health Bakersfield	230	16%	1100	75%	115	8%	10	1%	2	0%
Bakersfield Memorial Hospital	456	30%	969	64%	92	6%	8	1%	0	0%
Kern Medical	292	27%	701	64%	96	9%	9	1%	1	0%
Mercy Downtown	145	32%	297	65%	13	3%	0	0%	0	0%
Mercy Southwest	146	27%	367	69%	19	4%	0	0%	0	0%
Delano Regional Medical Center	15	56%	12	44%	0	0%	0	0%	0	0%
Bakersfield Heart Hospital	42	28%	99	66%	7	5%	2	1%	0	0%
Ridgecrest Regional	202	79%	48	19%	5	2%	1	0%	1	0%
Adventist Health Tehachapi	165	59%	112	40%	3	1%	0	0%	0	0%
Kern Valley Hospital	110	86%	17	13%	1	1%	0	0%	0	0%
Henry Mayo Hospital	15	35%	26	60%	1	2%	1	2%	0	0%
Antelope Valley Hospital	43	41%	34	32%	17	16%	6	6%	6	6%
Palmdale Regional Medical Center	3	38%	3	38%	1	13%	1	13%	0	0%
Barstow Community Hospital	8	73%	3	27%	0	0%	0	0%	0	0%

APOT - 2 Q2 - 2023

Hospital	JUNE									
	2.1		2.2		2.3		2.4		2.5	
	transp	%	transp	%	transp	%	transp	%	transp	%
Adventist Health Bakersfield	186	14%	1051	78%	108	8%	7	1%	2	0%
Bakersfield Memorial Hospital	337	24%	974	70%	66	5%	6	0%	2	0%
Kern Medical	225	20%	813	71%	100	9%	6	1%	0	0%
Mercy Downtown	147	32%	298	65%	15	3%	1	0%	0	0%
Mercy Southwest	114	21%	390	73%	30	6%	1	0%	0	0%
Delano Regional Medical Center	17	74%	6	26%	0	0%	0	0%	0	0%
Bakersfield Heart Hospital	49	31%	104	66%	4	3%	0	0%	0	0%
Ridgecrest Regional	177	78%	44	19%	5	2%	0	0%	1	0%
Adventist Health Tehachapi	135	54%	112	44%	5	2%	0	0%	0	0%
Kern Valley Hospital	123	88%	15	11%	2	1%	0	0%	0	0%
Henry Mayo Hospital	9	38%	14	58%	1	4%	0	0%	0	0%
Antelope Valley Hospital	37	33%	55	50%	11	10%	5	5%	3	3%
Palmdale Regional Medical Center	4	36%	5	45%	1	9%	0	0%	1	9%
Barstow Community Hospital	6	86%	1	14%	0	0%	0	0%	0	0%

X. New Business

d. Quarterly Ambulance Response Time Compliance

EMS Division Staff Report for EMCAB

Quarterly Ambulance Service Performance Standards Compliance Report

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

Priority Code	Metro Zone	Urban Zone	Suburban Zone	Rural Zone	Wilderness Zone
1	8 min	15 min	25 min	50 min	75 min
2	10 min	15 min	25 min	50 min	75 min
C3AF	15 min	25 min	30 min	50 min	75 min
C3B	15 min	25 min	30 min	50 min	75 min
3	20 min	25 min	30 min	50 min	75 min
5	60 min	60 min	60 min	60 min	75 min

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

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

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

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

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

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

One of the effects of COVID-19 is the need for interfacility patient transfers. In an effort to open beds locally, hospitals must constantly work to transfer eligible patients to other facilities. The increased need for interfacility transfers has added to the massive increase in call volume in Kern County. At the direction of the Department, Hall Ambulance Service entered into a sub-contract with American Ambulance of Fresno, multiple ambulance providers from the Los Angeles/Orange County area, Pro Safety and Rescue, and Liberty Ambulance service for the provision of 911 assistance and interfacility transfers. Additionally, Hall Ambulance service is contracting with Best Practices Medicine out of Montana to provide EMTs and paramedics to fill some of the staffing shortages. All of these factors have helped to free up local ambulances to respond to emergent calls. Kern County Public Health is also looking into introducing a triage nurse line where incoming low acuity 911 calls would be diverted to a telehealth nurse to prevent an ambulance and fire response.

Knowing now that the pandemic is not a short-term problem and will likely be around for the foreseeable future, we have also been working towards long-term solutions to the emergency medical services system. On January 25, 2022, the Kern County Board of Supervisors approved a contract for the implementation of the Tele911 system. Tele911 is an internet-based company that essentially adds the ability for a 911 caller to be seen

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by a physician via tablet or smart phone via a telehealth visit to determine the appropriate path for care. In low-acuity scenarios, these telehealth visits could result in treatment on scene and prevent unnecessary transports to our already impacted hospitals.

Kern County Public Health meets regularly with both Hall Ambulance Service and Liberty Ambulance Service to review compliance and brainstorm solutions. Additionally, Hall Ambulance Service and Liberty Ambulance Service submit regular reports to keep us updated on any staffing issues, as well as their ability to provide coverage in their exclusive operating areas (EOAs).

Attached are the reports that detail the areas of response time compliance for the second quarter of calendar year 2023.

Therefore, IT IS RECOMMENDED that the Board receive and file the quarterly ambulance response time compliance report for the second quarter of calendar year 2023.

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Kern County - Hall Ambulance Response Compliance and Penalty

Period: Apr 2023

Report Status: In Progress with 163 calls in Working Status

Zone	Priority	Compliance Reporting 2023/04/01 - 2023/04/30											BLS on ALS		Compliance Period Reporting for repetitive non-Compliance		
		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
EOA 1 Metro	1	42	3	45	0	45	3	3	3	0	42	0	100.00%	\$0	0	\$0	0
	2	62	7	69	1	68	7	2	2	0	66	5	92.42%	\$0	0	\$0	0
	3	36	1	37	0	37	1	1	1	0	36	0	100.00%		0	\$0	
	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 Rural	1	8	0	8	0	8	0	0	0	0	8	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	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	
	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 Suburban	1	4	0	4	0	4	0	0	0	0	4	0	100.00%	\$0	0	\$0	0
	2	6	1	7	0	7	1	0	0	0	7	1	85.71%	\$1,000	0	\$1,067	1
	3	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0	
	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 Urban	1	3	0	3	0	3	0	0	0	0	3	0	100.00%	\$0	0	\$0	0
	2	17	3	20	0	20	3	3	3	0	17	0	100.00%	\$0	2	\$0	0
	3	11	0	11	0	11	0	0	0	0	11	0	100.00%		0	\$0	
	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 Wilderness	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	
	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 2 Metro	1	23	4	27	0	27	4	1	1	2	26	1	96.15%	\$0	0	\$0	0
	2	48	14	62	0	62	14	6	6	1	56	7	87.50%	\$1,000	0	\$1,067	1
	3	35	1	36	0	36	1	0	0	1	36	0	100.00%		0	\$0	
	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 2 Rural	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
	3	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	
	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 2 Suburban	1	16	0	16	0	16	0	0	0	0	16	0	100.00%	\$0	0	\$0	0
	2	16	1	17	0	17	1	0	0	0	17	1	94.12%	\$0	0	\$0	0
	3	6	0	6	0	6	0	0	0	0	6	0	100.00%		0	\$0	
	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	16	7	23	0	23	7	1	1	5	22	1	95.45%		0	\$0	
EOA 2 Urban	1	12	5	17	0	17	5	1	1	1	16	3	81.25%	\$1,000	1	\$1,067	2
	2	24	3	27	0	27	3	0	0	1	27	2	92.59%	\$0	0	\$0	0
	3	11	1	12	0	12	1	0	0	0	12	1	91.67%		0	\$0	
	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	



Kern County - Hall Ambulance Response Compliance and Penalty

Period: Apr 2023

Report Status: In Progress with 163 calls in Working Status

	7	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	51	6	57	0	57	6	3	3	0	54	3	94.44%	\$0	1	\$0	0
	2	87	8	95	1	94	8	6	6	0	88	2	97.73%	\$0	3	\$0	0
	3	52	3	55	0	55	3	1	1	0	54	2	96.30%		2	\$0	
EOA 3 Metro	4	4	0	4	0	4	0	0	0	0	4	0	100.00%		0	\$0	
	5	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
	6	3	4	7	0	7	4	0	0	0	7	4	42.86%		0	\$0	
	7	34	13	47	0	47	13	0	0	0	47	13	72.34%		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 3 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	
	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	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 3 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	
	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	29	2	31	0	31	2	1	1	0	30	2	93.33%	\$0	2	\$0	0
	2	78	6	84	0	84	6	2	2	0	82	4	95.12%	\$0	4	\$0	0
	3	34	2	36	0	36	2	2	2	0	34	0	100.00%		1	\$0	
EOA 3 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	
	6	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
	7	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
	8	1	0	1	0	1	0	0	0	0	1	0	100.00%		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 3 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	
	1	1487	412	1899	71	1828	394	81	81	4	1747	312	82.14%	\$5,000	275	\$5,334	4
	2	2249	515	2764	68	2696	498	102	102	0	2594	400	84.58%	\$1,000	345	\$1,067	3
EOA 4 Metro	3	1522	249	1771	29	1742	245	79	79	0	1663	166	90.02%		59	\$0	
	4	28	5	33	0	33	5	2	2	0	31	3	90.32%		0	\$0	
	5	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0	
	6	87	61	148	0	148	61	0	0	0	148	61	58.78%		0	\$0	
	7	211	79	290	0	290	79	0	0	0	290	79	72.76%		0	\$0	
	8	4	2	6	0	6	2	0	0	0	6	2	66.67%		0	\$0	
	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
	2	3	1	4	0	4	1	0	0	0	4	2	50.00%	\$1,000	1	\$1,067	1
EOA 4 Rural	3	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	
	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	5	0	5	0	5	0	0	0	0	5	0	100.00%	\$0	0	\$0	0
	2	16	1	17	0	17	1	1	1	0	16	0	100.00%	\$0	1	\$0	0
EOA 4 Suburban	3	4	0	4	0	4	0	0	0	0	4	0	100.00%		0	\$0	
	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	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0	
	1	29	3	32	1	31	3	3	3	0	31	3	90.32%	\$0	1	\$0	0
	2	48	10	58	0	58	10	3	3	0	55	7	87.27%	\$1,000	9	\$1,067	1
EOA 4 Urban	3	32	3	35	1	34	3	0	0	0	34	3	91.18%		0	\$0	
	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	6	0	6	0	6	0	0	0	0	6	0	100.00%		0	\$0	
	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0



EOA	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
EOA 4 Wilderness	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					
	3	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					
	4	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					
	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					
	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					
	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					
	8	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					
	9	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					
EOA 8 Metro	1	95	41	136	2	134	40	7	3	127	31	75.59%	\$1,000	2	\$1,067	2																
	2	136	43	179	0	179	43	8	8	171	34	80.12%	\$1,000	1	\$1,067	2																
	3	88	9	97	0	97	9	2	2	95	7	92.63%		0	\$0	0																
	4	5	1	6	0	6	1	0	0	6	1	83.33%		0	\$0	0																
	5	3	0	3	0	3	0	0	0	3	0	100.00%		0	\$0	0																
	6	13	4	17	0	17	4	0	0	17	4	76.47%		0	\$0	0																
	7	71	21	92	0	92	21	0	0	92	21	77.17%		0	\$0	0																
	8	0	0	0	0	0	0	0	0	0	0	--		0	\$0	0																
EOA 8 Rural	1	8	0	8	3	5	0	0	0	5	0	100.00%	\$0	0	\$0	0																
	2	4	0	4	0	4	0	0	0	4	0	100.00%	\$0	0	\$0	0																
	3	4	0	4	0	4	0	0	0	4	0	100.00%		0	\$0	0																
	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 8 Suburban	1	42	6	48	1	47	6	2	2	45	3	93.33%	\$0	2	\$0	0																
	2	79	11	90	1	89	10	1	1	88	8	90.91%	\$0	0	\$0	0																
	3	31	3	34	0	34	3	1	1	33	2	93.94%		0	\$0	0																
	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	1	0	1	0	1	0	0	0	1	0	100.00%		0	\$0	0																
EOA 8 Urban	1	37	8	45	1	44	8	3	3	41	4	90.24%	\$0	2	\$0	0																
	2	41	7	48	4	44	7	3	3	41	4	90.24%	\$0	1	\$0	0																
	3	21	3	24	0	24	3	1	1	23	2	91.30%		0	\$0	0																
	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 8 Wilderness	1	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0																
	2	1	0	1	0	1	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																
	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 9 Metro	1	54	4	58	0	58	4	2	2	56	2	96.43%	\$0	0	\$0	0																
	2	67	8	75	0	75	8	2	2	73	4	94.52%	\$0	0	\$0	0																
	3	40	1	41	0	41	1	0	0	41	1	97.56%		0	\$0	0																
	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 9 Rural	1	3	0	3	0	3	0	0	0	3	0	100.00%	\$0	0	\$0	0																
	2	4	0	4	0	4	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																
	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 9 Suburban	1	5	0	5	0	5	0	0	0	5	0	100.00%	\$0	0	\$0	0																
	2	5	0	5	0	5	0	0	0	5	0	100.00%	\$0	0	\$0	0																
	3	3	0	3	0	3	0	0	0	3	0	100.00%		0	\$0	0																
	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	2	0	2	0	2	0	0	0	2	0	100.00%		0	\$0	0																
EOA 9 Urban	1	12	2	14	0	14	2	0	0	14	2	85.71%	\$1,000	0	\$1,067	1																
	2	13	2	15	0	15	2	1	1	14	1	92.86%	\$0	0	\$0	0																
	3	7	1	8	0	8	1	0	1	8	0	100.00%		0	\$0	0																
	4	0	0	0	0	0	0	0	0	0	0	--		0	\$0	0																



EOA Group	Day	Calls						Calls	Calls	Calls	%	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty	Penalty
		1	2	3	4	5	6											
EOA 9 Urban	5	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			
	7	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
EOA 9 Wilderness	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	
	2	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0		0	
	3	1	0	1	0	1	0	0	0	1	0	100.00%		0	\$0			
	4	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			
	6	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			
EOA 11 Metro	8	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	1	126	10	136	0	136	10	2	2	1	134	93.28%	\$0	0	\$0		0	
	2	181	20	201	1	200	20	8	8	0	192	93.75%	\$0	0	\$0		0	
	3	124	4	128	2	126	4	2	2	0	124	96.39%		0	\$0			
	4	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			
	6	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			
EOA 11 Rural	8	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	1	4	0	4	0	4	0	0	0	0	4	100.00%	\$0	0	\$0		0	
	2	6	0	6	0	6	0	0	0	0	6	100.00%	\$0	0	\$0		0	
	3	2	0	2	0	2	0	0	0	0	2	100.00%		0	\$0			
	4	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			
	6	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			
EOA 11 Suburban	8	2	0	2	0	2	0	0	0	0	2	100.00%		0	\$0			
	1	20	0	20	1	19	0	0	0	0	19	100.00%	\$0	0	\$0		0	
	2	41	1	42	1	41	0	0	0	0	41	100.00%	\$0	0	\$0		0	
	3	12	0	12	0	12	0	0	0	0	12	100.00%		0	\$0			
	4	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			
	6	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			
EOA 11 Urban	8	12	2	14	0	14	2	0	0	1	14	92.86%		0	\$0			
	1	12	0	12	2	10	0	0	0	0	10	100.00%	\$0	0	\$0		0	
	2	10	1	11	0	11	1	1	1	0	10	100.00%	\$0	0	\$0		0	
	3	10	0	10	0	10	0	0	0	0	10	100.00%		0	\$0			
	4	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			
	6	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			
EOA 11 Wilderness	8	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	1	3	1	4	0	4	1	0	0	1	4	100.00%	\$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			
	4	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			
	6	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			
EOA 1	8	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	1										228	0.00%		0	\$0		0	2
	2										342	0.58%		2	\$0		0	2
EOA 2	3										197	0.00%		0	\$0		0	0
	1										59	1.69%		1	\$0		0	2
	2										101	0.00%		0	\$0		0	2
EOA 3	3										54	0.00%		0	\$0		0	0
	1										86	3.49%		3	\$0		0	0
	2										174	4.02%		7	\$0		0	0
EOA 4	3										88	3.41%		3	\$0			
	1										1783	15.48%		276	\$0		2	13
	2										2669	13.34%		356	\$0		2	13
EOA 8	3										1701	3.47%		59	\$0		2	4
	1										218	2.75%		6	\$0		0	5
	2										305	0.66%		2	\$0		0	4
EOA 9	3										155	0.00%		0	\$0		0	0
	1										78	0.00%		0	\$0		0	1
	2										96	0.00%		0	\$0		0	1
EOA 11	3										53	0.00%		0	\$0		0	0
	1										0	--		0	\$0		0	0
	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	
2	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0		0		



Kern County - Hall Ambulance Response Compliance and Penalty

Period: Apr 2023

Report Status: In Progress with 163 calls in Working Status

OUT OF SERVICE AREA	3	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	0	0	0	\$0	
	5	0	0	0	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	0	0	\$0	
	7	0	0	0	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	0	0	0	\$0	
	1	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	\$0	\$0	0
MUTUAL AID GIVEN	3	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	0	0	0	\$0	
	5	0	0	0	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	0	0	\$0	
	7	0	0	0	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	0	0	0	\$0	
																		\$14,937	



Kern County - Hall Ambulance Response Compliance and Penalty

Period: May 2023

Report Status: In Progress with 138 calls in Working Status

Zone	Priority	Compliance Reporting 2023/05/01 - 2023/05/31											BLS on ALS		Compliance Period Reporting for repetitive non-compliance			
		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
EOA 1 Metro	1	42	11	53	0	53	11	5	5	0	49	6	87.50%	\$1,000	0	\$1,067	1	
	2	72	6	78	1	77	6	0	0	1	77	5	93.51%	\$0	0	\$0	0	
	3	47	1	48	0	48	1	0	0	0	48	1	97.92%		0	\$0		
	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 Rural	1	4	0	4	0	4	0	0	0	0	4	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	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		
	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 Suburban	1	4	0	4	0	4	0	0	0	0	4	0	100.00%	\$0	0	\$0	0	
	2	14	1	15	0	15	1	1	1	0	14	0	100.00%	\$0	0	\$0	0	
	3	5	0	5	0	5	0	0	0	0	5	0	100.00%		0	\$0		
	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 Urban	1	11	1	12	0	12	1	0	0	0	12	1	91.67%	\$0	1	\$0	0	
	2	21	5	26	0	26	5	2	2	1	24	2	91.67%	\$0	0	\$0	0	
	3	11	1	12	0	12	1	0	0	0	12	1	91.67%		0	\$0		
	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 Wilderness	1	0	0	0	0	0	0	0	0	0	0	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		
	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 2 Metro	1	26	4	30	0	30	4	2	2	0	28	2	92.86%	\$0	0	\$0	0	
	2	66	6	72	0	72	6	1	1	0	71	5	92.96%	\$0	0	\$0	0	
	3	49	6	55	0	55	6	2	2	2	53	2	96.23%		0	\$0		
	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	1	0	1	0	1	0	0	0	0	0	1	0	100.00%		0	\$0	
EOA 2 Rural	1	0	0	0	0	0	0	0	0	0	0	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		
	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 2 Suburban	1	10	0	10	0	10	0	0	0	0	10	0	100.00%	\$0	0	\$0	0	
	2	14	0	14	0	14	0	0	0	0	14	0	100.00%	\$0	1	\$0	0	
	3	8	0	8	0	8	0	0	0	0	8	0	100.00%		0	\$0		
	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	20	3	23	2	21	1	0	0	0	21	1	95.24%		0	\$0		
EOA 2 Urban	1	15	6	21	0	21	6	1	1	1	20	4	80.00%	\$1,000	0	\$1,067	3	
	2	13	4	17	0	17	4	0	0	1	17	3	82.35%	\$1,000	0	\$1,067	1	
	3	6	2	8	0	8	2	0	0	0	8	2	75.00%		1	\$0		
	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		



Kern County - Hall Ambulance Response Compliance and Penalty

Period: May 2023

Report Status: In Progress with 138 calls in Working Status

EOA	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
EOA 3 Metro	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	\$0
EOA 3 Metro	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	\$0
EOA 3 Metro	1	51	10	61	0	61	10	5	5	1	56	4	92.86%	\$0	5	\$0	0	
EOA 3 Metro	2	97	5	102	0	102	5	1	1	0	101	5	95.05%	\$0	3	\$0	0	
EOA 3 Metro	3	63	1	64	0	64	1	1	1	0	63	0	100.00%		2	\$0		
EOA 3 Metro	4	4	0	4	0	4	0	0	0	0	4	0	100.00%		0	\$0		
EOA 3 Metro	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 3 Metro	6	6	6	12	0	12	6	0	0	0	12	6	50.00%		0	\$0		
EOA 3 Metro	7	37	11	48	0	48	11	0	0	0	48	11	77.08%		0	\$0		
EOA 3 Metro	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 3 Rural	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0	
EOA 3 Rural	2	1	1	2	0	2	1	0	0	1	2	0	100.00%	\$0	0	\$0	0	
EOA 3 Rural	3	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0		
EOA 3 Rural	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 3 Rural	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 3 Rural	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 3 Rural	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 3 Rural	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 3 Suburban	1	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0	
EOA 3 Suburban	2	7	0	7	0	7	0	0	0	0	7	0	100.00%	\$0	0	\$0	0	
EOA 3 Suburban	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 3 Suburban	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 3 Suburban	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 3 Suburban	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 3 Suburban	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 3 Suburban	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 3 Urban	1	25	2	27	1	26	2	1	1	0	25	1	96.00%	\$0	2	\$0	0	
EOA 3 Urban	2	78	4	82	0	82	4	3	3	0	79	1	98.73%	\$0	4	\$0	0	
EOA 3 Urban	3	35	2	37	0	37	2	1	1	0	36	1	97.22%		0	\$0		
EOA 3 Urban	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 3 Urban	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 3 Urban	6	0	1	1	0	1	1	0	0	0	1	1	0.00%		0	\$0		
EOA 3 Urban	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 3 Urban	8	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
EOA 3 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0	
EOA 3 Wilderness	2	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0	
EOA 3 Wilderness	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 3 Wilderness	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 3 Wilderness	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 3 Wilderness	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 3 Wilderness	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 3 Wilderness	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 4 Metro	1	1583	473	2056	81	1975	450	114	114	0	1861	337	81.89%	\$5,000	423	\$5,334	4	
EOA 4 Metro	2	2345	532	2877	57	2820	515	145	145	4	2675	366	86.32%	\$5,000	520	\$5,334	4	
EOA 4 Metro	3	1782	275	2057	27	2030	270	84	84	3	1946	184	90.54%		95	\$0		
EOA 4 Metro	4	20	7	27	0	27	7	1	1	0	26	6	76.92%		0	\$0		
EOA 4 Metro	5	5	0	5	0	5	0	0	0	0	5	0	100.00%		0	\$0		
EOA 4 Metro	6	75	68	143	0	143	68	0	0	0	143	68	52.45%		0	\$0		
EOA 4 Metro	7	201	104	305	0	305	104	0	0	0	305	104	65.90%		0	\$0		
EOA 4 Metro	8	14	1	15	0	15	1	0	0	0	15	1	93.33%		0	\$0		
EOA 4 Rural	1	2	1	3	0	3	1	0	0	0	3	1	66.67%	\$1,000	0	\$1,067	1	
EOA 4 Rural	2	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	1	\$0	0	
EOA 4 Rural	3	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
EOA 4 Rural	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 4 Rural	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 4 Rural	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 4 Rural	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 4 Rural	8	0	2	2	2	0	0	0	0	0	0	0	--		0	\$0		
EOA 4 Suburban	1	7	0	7	1	6	0	0	0	0	6	0	100.00%	\$0	0	\$0	0	
EOA 4 Suburban	2	15	0	15	0	15	0	0	0	0	15	0	100.00%	\$0	1	\$0	0	
EOA 4 Suburban	3	8	1	9	0	9	1	0	0	0	9	1	88.89%		0	\$0		
EOA 4 Suburban	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 4 Suburban	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 4 Suburban	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 4 Suburban	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 4 Suburban	8	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
EOA 4 Urban	1	27	5	32	1	31	4	1	1	0	30	5	83.33%	\$1,000	6	\$1,067	1	
EOA 4 Urban	2	46	15	61	3	58	14	2	2	2	56	10	82.14%	\$1,000	14	\$1,067	2	
EOA 4 Urban	3	21	9	30	0	30	9	0	0	2	30	7	76.67%		0	\$0		
EOA 4 Urban	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 4 Urban	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 4 Urban	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 4 Urban	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 4 Urban	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 4 Urban	8	1	1	2	0	2	1	0	0	0	2	1	50.00%		0	\$0		
EOA 4 Urban	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0	



EOA 4 Wilderness	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	
	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	
EOA 8 Metro	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	107	38	145	1	144	38	2	3	142	33	76.76%	\$1,000	2	\$1,067	3	
	2	181	58	239	2	237	56	13	4	224	39	82.59%	\$1,000	1	\$1,067	3	
	3	109	14	123	1	122	14	4	1	118	10	91.53%		1	\$0		
	4	4	0	4	0	4	0	0	0	4	0	100.00%		0	\$0		
	5	2	0	2	0	2	0	0	0	2	0	100.00%		0	\$0		
	6	13	2	15	0	15	2	0	0	15	2	86.67%		0	\$0		
	7	68	32	100	0	100	32	0	0	100	32	68.00%		0	\$0		
EOA 8 Rural	8	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	1	8	0	8	0	8	0	0	0	8	0	100.00%	\$0	0	\$0	0	
	2	9	1	10	0	10	1	0	0	10	1	90.00%	\$0	0	\$0	0	
	3	7	0	7	0	7	0	0	0	7	0	100.00%		0	\$0		
	4	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		
	6	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		
	8	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 8 Suburban	1	48	7	55	1	54	6	1	1	53	4	92.45%	\$0	0	\$0	0	
	2	64	8	72	0	72	8	2	2	70	5	92.86%	\$0	3	\$0	0	
	3	23	0	23	1	22	0	0	0	22	0	100.00%		0	\$0		
	4	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		
	6	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		
	8	2	0	2	0	2	0	0	0	2	0	100.00%		0	\$0		
	1	30	5	35	3	32	5	2	1	30	2	93.33%	\$0	1	\$0	0	
EOA 8 Urban	2	45	12	57	1	56	12	1	1	55	11	80.00%	\$1,000	2	\$1,067	1	
	3	26	7	33	1	32	6	3	3	29	3	89.66%		1	\$0		
	4	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		
	6	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		
	8	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	1	2	0	2	0	2	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	
EOA 8 Wilderness	3	1	1	2	0	2	1	0	0	2	1	50.00%		0	\$0		
	4	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		
	6	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		
	8	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	1	41	4	45	0	45	4	2	2	43	2	95.35%	\$0	0	\$0	0	
	2	76	9	85	2	83	9	5	5	78	4	94.87%	\$0	0	\$0	0	
	3	52	1	53	0	53	1	1	1	52	0	100.00%		0	\$0		
EOA 9 Metro	4	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		
	6	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		
	8	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	1	1	0	1	0	1	0	0	0	1	0	100.00%	\$0	0	\$0	0	
	2	2	0	2	0	2	0	0	0	2	0	100.00%	\$0	0	\$0	0	
	3	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		
EOA 9 Rural	5	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		
	7	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	3	0	3	0	3	0	0	0	3	0	100.00%	\$0	2	\$0	0	
	2	9	0	9	0	9	0	0	0	9	0	100.00%	\$0	0	\$0	0	
	3	19	1	20	0	20	1	0	1	20	0	100.00%		0	\$0		
	4	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		
EOA 9 Suburban	6	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		
	8	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	1	0	18	18	17	1	1	0	0	1	1	0.00%		0	\$0		
	2	12	3	15	0	15	3	2	2	13	1	92.31%	\$0	0	\$0	0	
	3	10	2	12	0	12	2	0	0	12	2	83.33%	\$1,000	0	\$1,067	1	
	4	11	2	13	0	13	2	1	1	12	1	91.67%		0	\$0		
	EOA 9 Urban	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	



Kern County - Hall Ambulance Response Compliance and Penalty

Period: May 2023

Report Status: In Progress with 138 calls in Working Status

EOA	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
EOA 9 Wilderness	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
EOA 11 Metro	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
EOA 11 Rural	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
EOA 11 Suburban	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
EOA 11 Urban	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
EOA 11 Wilderness	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
EOA 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
EOA 2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
EOA 3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
EOA 4	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
EOA 8	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
EOA 9	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
EOA 11	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18



Kern County - Hall Ambulance Response Compliance and Penalty

Period: May 2023

Report Status: In Progress with 138 calls in Working Status

OUT OF SERVICE AREA	3	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	
	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	\$0	
	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
MUTUAL AID GIVEN	3	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	
	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	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	0	--	0	\$0	
															\$21,338		



Zone	Priority	Compliance Reporting 2023/06/01 - 2023/06/30											Compliance Period Reporting for Repetitive Non-Compliance		
		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	Consecutive Periods Out of Compliance Including Current Period
EOA 1 Metro	1	26	6	32	0	32	6	5	5	0	27	1	96.30%	\$0	0
	2	41	1	42	0	42	1	0	0	0	42	1	97.62%	\$0	0
	C3A	44	1	45	0	45	1	0	0	0	45	1	97.78%		
	C3B	25	0	25	0	25	0	0	0	0	25	0	100.00%		
	3	27	2	29	0	29	2	1	1	1	28	0	100.00%		
	4	0	0	0	0	0	0	0	0	0	0	0	--		
	5	0	0	0	0	0	0	0	0	0	0	0	--		
	6	0	0	0	0	0	0	0	0	0	0	0	--		
	7	0	0	0	0	0	0	0	0	0	0	0	--		
	8	0	0	0	0	0	0	0	0	0	0	0	--		
10	1	1	2	0	2	1	0	0	1	2	0	100.00%			
EOA 1 Rural	1	4	1	5	1	4	0	0	0	0	4	0	100.00%	\$0	0
	2	3	0	3	0	3	0	0	0	0	3	0	100.00%	\$0	0
	C3A	1	0	1	0	1	0	0	0	0	1	0	100.00%		
	C3B	0	0	0	0	0	0	0	0	0	0	0	--		
	3	0	0	0	0	0	0	0	0	0	0	0	--		
	4	0	0	0	0	0	0	0	0	0	0	0	--		
	5	0	0	0	0	0	0	0	0	0	0	0	--		
	6	0	0	0	0	0	0	0	0	0	0	0	--		
	7	0	0	0	0	0	0	0	0	0	0	0	--		
	8	0	0	0	0	0	0	0	0	0	0	0	--		
10	0	0	0	0	0	0	0	0	0	0	0	--			
EOA 1 Suburban	1	6	0	6	0	6	0	0	0	0	6	0	100.00%	\$0	0
	2	7	0	7	0	7	0	0	0	0	7	0	100.00%	\$0	0
	C3A	4	0	4	0	4	0	0	0	0	4	0	100.00%		
	C3B	5	0	5	0	5	0	0	0	0	5	0	100.00%		
	3	2	0	2	0	2	0	0	0	0	2	0	100.00%		
	4	0	0	0	0	0	0	0	0	0	0	0	--		
	5	0	0	0	0	0	0	0	0	0	0	0	--		
	6	0	0	0	0	0	0	0	0	0	0	0	--		
	7	0	0	0	0	0	0	0	0	0	0	0	--		
	8	0	0	0	0	0	0	0	0	0	0	0	--		
10	0	0	0	0	0	0	0	0	0	0	0	--			
EOA 1 Urban	1	8	1	9	0	9	1	1	1	0	8	0	100.00%	\$0	0
	2	20	0	20	0	20	0	0	0	0	20	0	100.00%	\$0	0
	C3A	0	0	0	0	0	0	0	0	0	0	0	--		
	C3B	1	0	1	0	1	0	0	0	0	1	0	100.00%		
	3	9	0	9	0	9	0	0	0	0	9	0	100.00%		
	4	0	0	0	0	0	0	0	0	0	0	0	--		
	5	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%		
	7	0	0	0	0	0	0	0	0	0	0	0	--		
	8	0	0	0	0	0	0	0	0	0	0	0	--		
10	0	0	0	0	0	0	0	0	0	0	0	--			
EOA 1 Wilderness	1	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
	C3A	0	0	0	0	0	0	0	0	0	0	0	--		
	C3B	0	0	0	0	0	0	0	0	0	0	0	--		
	3	0	0	0	0	0	0	0	0	0	0	0	--		
	4	0	0	0	0	0	0	0	0	0	0	0	--		
	5	0	0	0	0	0	0	0	0	0	0	0	--		
	6	0	0	0	0	0	0	0	0	0	0	0	--		
	7	0	0	0	0	0	0	0	0	0	0	0	--		
	8	0	0	0	0	0	0	0	0	0	0	0	--		
10	0	0	0	0	0	0	0	0	0	0	0	--			
EOA 2 Metro	1	17	6	23	3	20	3	0	0	0	20	3	85.00%	\$1,000	1
	2	36	6	42	0	42	6	3	3	0	39	3	92.31%	\$0	0
	C3A	30	1	31	0	31	1	0	0	0	31	1	96.77%		
	C3B	23	3	26	0	26	3	2	2	0	24	1	95.83%		
	3	34	0	34	0	34	0	0	0	0	34	0	100.00%		
	4	0	0	0	0	0	0	0	0	0	0	0	--		
	5	0	0	0	0	0	0	0	0	0	0	0	--		
	6	0	0	0	0	0	0	0	0	0	0	0	--		
7	0	0	0	0	0	0	0	0	0	0	0	--			
8	0	0	0	0	0	0	0	0	0	0	0	--			



EOA 2 Rural	10	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	
	2	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	
	C3A	0	0	0	0	0	0	0	0	0	0	0	--			
	C3B	0	0	0	0	0	0	0	0	0	0	0	--			
	3	0	0	0	0	0	0	0	0	0	0	0	--			
	4	0	0	0	0	0	0	0	0	0	0	0	--			
	5	0	0	0	0	0	0	0	0	0	0	0	--			
	6	0	0	0	0	0	0	0	0	0	0	0	--			
	7	0	0	0	0	0	0	0	0	0	0	0	--			
8	0	0	0	0	0	0	0	0	0	0	0	--				
10	0	0	0	0	0	0	0	0	0	0	0	--				
EOA 2 Suburban	1	7	1	8	0	8	1	0	0	0	8	1	87.50%	\$1,000	1	
	2	6	0	6	0	6	0	0	0	0	6	0	100.00%	\$0	0	
	C3A	3	0	3	0	3	0	0	0	0	3	0	100.00%			
	C3B	4	0	4	0	4	0	0	0	0	4	0	100.00%			
	3	2	0	2	0	2	0	0	0	0	2	0	100.00%			
	4	0	0	0	0	0	0	0	0	0	0	0	--			
	5	0	0	0	0	0	0	0	0	0	0	0	--			
	6	0	0	0	0	0	0	0	0	0	0	0	--			
	7	0	0	0	0	0	0	0	0	0	0	0	--			
	8	12	0	12	0	12	0	0	0	0	12	0	100.00%			
10	0	0	0	0	0	0	0	0	0	0	0	--				
EOA 2 Urban	1	14	2	16	0	16	2	2	2	0	14	0	100.00%	\$0	0	
	2	8	2	10	0	10	2	0	0	1	10	1	90.00%	\$0	0	
	C3A	14	0	14	0	14	0	0	0	0	14	0	100.00%			
	C3B	2	0	2	0	2	0	0	0	0	2	0	100.00%			
	3	4	1	5	0	5	1	1	1	0	4	0	100.00%			
	4	0	0	0	0	0	0	0	0	0	0	0	--			
	5	0	0	0	0	0	0	0	0	0	0	0	--			
	6	0	0	0	0	0	0	0	0	0	0	0	--			
	7	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%			
10	0	1	1	0	1	1	0	0	1	1	0	100.00%				
EOA 3 Metro	1	26	4	30	0	30	4	0	0	0	30	4	86.67%	\$1,000	1	
	2	65	0	65	0	65	0	0	0	0	65	0	100.00%	\$0	0	
	C3A	57	4	61	0	61	4	2	2	0	59	2	96.61%			
	C3B	37	1	38	0	38	1	1	1	0	37	0	100.00%			
	3	37	5	42	0	42	5	4	4	1	38	0	100.00%			
	4	0	0	0	0	0	0	0	0	0	0	0	--			
	5	1	1	2	0	2	1	1	1	0	1	0	100.00%			
	6	8	3	11	0	11	3	0	0	0	11	3	72.73%			
	7	45	16	61	0	61	16	0	0	0	61	16	73.77%			
	8	1	0	1	0	1	0	0	0	0	1	0	100.00%			
10	0	1	1	0	1	1	1	1	0	0	0	--				
EOA 3 Rural	1	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	
	C3A	0	0	0	0	0	0	0	0	0	0	0	--			
	C3B	0	0	0	0	0	0	0	0	0	0	0	--			
	3	0	0	0	0	0	0	0	0	0	0	0	--			
	4	0	0	0	0	0	0	0	0	0	0	0	--			
	5	0	0	0	0	0	0	0	0	0	0	0	--			
	6	0	0	0	0	0	0	0	0	0	0	0	--			
	7	0	0	0	0	0	0	0	0	0	0	0	--			
	8	0	0	0	0	0	0	0	0	0	0	0	--			
10	0	0	0	0	0	0	0	0	0	0	0	--				
EOA 3 Suburban	1	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	
	C3A	1	0	1	0	1	0	0	0	0	1	0	100.00%			
	C3B	1	0	1	0	1	0	0	0	0	1	0	100.00%			
	3	0	0	0	0	0	0	0	0	0	0	0	--			
	4	0	0	0	0	0	0	0	0	0	0	0	--			
	5	0	0	0	0	0	0	0	0	0	0	0	--			
	6	0	0	0	0	0	0	0	0	0	0	0	--			
	7	0	0	0	0	0	0	0	0	0	0	0	--			
	8	0	0	0	0	0	0	0	0	0	0	0	--			
10	0	0	0	0	0	0	0	0	0	0	0	--				
1	40	2	42	1	41	1	1	1	0	40	0	100.00%	\$0	0		
2	70	3	73	0	73	3	1	1	1	72	1	98.61%	\$0	0		

Exempt per 10 call rule



Kern County - Hall Ambulance Response Compliance and Penalty

Period: Jun 2023 to Jun 2023

Report Status: In Progress with 29 calls in Working Status

EOA 3 Urban	C3A	12	0	12	0	12	0	0	0	0	12	0	100.00%		
	C3B	13	0	13	0	13	0	0	0	0	13	0	100.00%		
	3	32	1	33	0	33	1	1	1	0	32	0	100.00%		
	4	0	0	0	0	0	0	0	0	0	0	0	--		
	5	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%		
	7	0	0	0	0	0	0	0	0	0	0	0	--		
	8	0	0	0	0	0	0	0	0	0	0	0	--		
	9	0	0	0	0	0	0	0	0	0	0	0	--		
	10	0	0	0	0	0	0	0	0	0	0	0	--		
EOA 3 Wilderness	1	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
	C3A	0	0	0	0	0	0	0	0	0	0	0	--		
	C3B	0	0	0	0	0	0	0	0	0	0	0	--		
	3	0	0	0	0	0	0	0	0	0	0	0	--		
	4	0	0	0	0	0	0	0	0	0	0	0	--		
	5	0	0	0	0	0	0	0	0	0	0	0	--		
	6	0	0	0	0	0	0	0	0	0	0	0	--		
	7	0	0	0	0	0	0	0	0	0	0	0	--		
	8	0	0	0	0	0	0	0	0	0	0	0	--		
10	0	0	0	0	0	0	0	0	0	0	0	--			
EOA 4 Metro	1	966	240	1206	21	1185	219	177	177	2	1008	40	96.03%	\$0	0
	2	1498	206	1704	3	1701	203	171	171	7	1530	25	98.37%	\$0	0
	C3A	1295	164	1459	5	1454	159	133	132	8	1322	19	98.56%		
	C3B	949	188	1137	2	1135	186	149	149	9	986	28	97.16%		
	3	992	107	1099	1	1098	106	75	74	24	1024	8	99.22%		
	4	0	1	1	0	1	1	0	0	1	1	0	100.00%		
	5	12	0	12	0	12	0	0	0	0	12	0	100.00%		
	6	84	70	154	0	154	70	0	0	0	154	70	54.55%		
	7	222	119	341	0	341	119	0	0	0	341	119	65.10%		
	8	7	1	8	0	8	1	0	0	0	8	1	87.50%		
10	29	103	132	0	132	103	28	28	70	104	5	95.19%			
EOA 4 Rural	1	4	0	4	0	4	0	0	0	0	4	0	100.00%	\$0	0
	2	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0
	C3A	1	0	1	0	1	0	0	0	0	1	0	100.00%		
	C3B	1	0	1	0	1	0	0	0	0	1	0	100.00%		
	3	0	0	0	0	0	0	0	0	0	0	0	--		
	4	0	0	0	0	0	0	0	0	0	0	0	--		
	5	0	0	0	0	0	0	0	0	0	0	0	--		
	6	0	0	0	0	0	0	0	0	0	0	0	--		
	7	0	0	0	0	0	0	0	0	0	0	0	--		
	8	0	0	0	0	0	0	0	0	0	0	0	--		
10	0	0	0	0	0	0	0	0	0	0	0	--			
EOA 4 Suburban	1	10	1	11	0	11	1	1	1	0	10	0	100.00%	\$0	0
	2	16	0	16	0	16	0	0	0	0	16	0	100.00%	\$0	0
	C3A	5	0	5	0	5	0	0	0	0	5	0	100.00%		
	C3B	3	0	3	0	3	0	0	0	0	3	0	100.00%		
	3	4	1	5	0	5	1	1	1	0	4	0	100.00%		
	4	0	0	0	0	0	0	0	0	0	0	0	--		
	5	0	0	0	0	0	0	0	0	0	0	0	--		
	6	0	0	0	0	0	0	0	0	0	0	0	--		
	7	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%		
10	0	0	0	0	0	0	0	0	0	0	0	--			
EOA 4 Urban	1	25	5	30	0	30	5	2	2	2	28	1	96.43%	\$0	0
	2	34	3	37	0	37	3	3	3	0	34	0	100.00%	\$0	0
	C3A	26	2	28	0	28	2	2	2	0	26	0	100.00%		
	C3B	14	1	15	0	15	1	0	0	1	15	0	100.00%		
	3	17	2	19	0	19	2	1	1	1	18	0	100.00%		
	4	0	0	0	0	0	0	0	0	0	0	0	--		
	5	0	0	0	0	0	0	0	0	0	0	0	--		
	6	0	0	0	0	0	0	0	0	0	0	0	--		
	7	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%		
10	1	1	2	0	2	1	0	0	1	2	0	100.00%			
EOA 4 Suburban	1	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
	C3A	0	0	0	0	0	0	0	0	0	0	0	--		
	C3B	0	0	0	0	0	0	0	0	0	0	0	--		



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EOA	Station	1	2	3	4	5	6	7	8	9	10	11	12	Compliance %	Penalty	Working Status
EOA 4 Wilderness	4	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	--		
	6	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	--		
	8	0	0	0	0	0	0	0	0	0	0	0	0	--		
EOA 8 Metro	1	54	10	64	0	64	10	2	2	1	62	7	88.71%	\$5,000	4	
	2	91	12	103	0	103	12	4	4	2	99	6	93.94%	\$0	0	
	C3A	80	10	90	2	88	8	5	5	0	83	3	96.39%			
	C3B	78	12	90	0	90	12	7	7	0	83	5	93.98%			
	3	56	6	62	0	62	6	2	2	3	60	1	98.33%			
	4	0	0	0	0	0	0	0	0	0	0	0	--			
	5	7	2	9	0	9	2	1	1	0	8	1	87.50%			
	6	9	6	15	0	15	6	0	0	0	15	6	60.00%			
	7	73	34	107	0	107	34	0	0	0	107	34	68.22%			
	8	0	1	1	0	1	1	0	0	0	1	1	0.00%			
EOA 8 Rural	1	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	
	2	5	0	5	0	5	0	0	0	0	5	0	100.00%	\$0	0	
	C3A	6	0	6	0	6	0	0	0	0	6	0	100.00%			
	C3B	2	0	2	0	2	0	0	0	0	2	0	100.00%			
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%			
	4	0	0	0	0	0	0	0	0	0	0	0	--			
	5	0	0	0	0	0	0	0	0	0	0	0	--			
	6	0	0	0	0	0	0	0	0	0	0	0	--			
	7	0	0	0	0	0	0	0	0	0	0	0	--			
	8	0	0	0	0	0	0	0	0	0	0	0	--			
EOA 8 Suburban	1	59	4	63	0	63	4	2	2	0	61	2	96.72%	\$0	0	
	2	47	6	53	0	53	6	2	2	0	51	4	92.16%	\$0	0	
	C3A	29	0	29	0	29	0	0	0	0	29	0	100.00%			
	C3B	16	1	17	0	17	1	1	1	0	16	0	100.00%			
	3	17	1	18	0	18	1	1	1	0	17	0	100.00%			
	4	0	0	0	0	0	0	0	0	0	0	0	--			
	5	0	0	0	0	0	0	0	0	0	0	0	--			
	6	0	0	0	0	0	0	0	0	0	0	0	--			
	7	0	0	0	0	0	0	0	0	0	0	0	--			
	8	0	0	0	0	0	0	0	0	0	0	0	--			
EOA 8 Urban	1	26	3	29	0	29	3	0	0	0	29	3	89.66%	\$1,000	1	
	2	15	1	16	0	16	1	1	1	0	15	0	100.00%	\$0	0	
	C3A	20	2	22	0	22	2	0	0	0	22	2	90.91%			
	C3B	8	1	9	0	9	1	1	1	0	8	0	100.00%			
	3	8	4	12	0	12	4	3	3	1	9	0	100.00%			
	4	0	0	0	0	0	0	0	0	0	0	0	--			
	5	0	0	0	0	0	0	0	0	0	0	0	--			
	6	0	0	0	0	0	0	0	0	0	0	0	--			
	7	0	0	0	0	0	0	0	0	0	0	0	--			
	8	0	0	0	0	0	0	0	0	0	0	0	--			
EOA 8 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	
	2	2	1	3	0	3	1	0	1	0	3	0	100.00%	\$0	0	
	C3A	0	0	0	0	0	0	0	0	0	0	0	--			
	C3B	0	0	0	0	0	0	0	0	0	0	0	--			
	3	0	0	0	0	0	0	0	0	0	0	0	--			
	4	0	0	0	0	0	0	0	0	0	0	0	--			
	5	0	0	0	0	0	0	0	0	0	0	0	--			
	6	0	0	0	0	0	0	0	0	0	0	0	--			
	7	0	0	0	0	0	0	0	0	0	0	0	--			
	8	0	0	0	0	0	0	0	0	0	0	0	--			
EOA 9 Metro	1	26	5	31	1	30	4	1	1	0	29	3	89.66%	\$1,000	1	
	2	51	3	54	0	54	3	3	3	0	51	0	100.00%	\$0	0	
	C3A	36	3	39	0	39	3	2	2	0	37	1	97.30%			
	C3B	31	1	32	0	32	1	1	1	0	31	0	100.00%			
	3	46	2	48	0	48	2	1	1	0	47	1	97.87%			
	4	0	0	0	0	0	0	0	0	0	0	0	--			
	5	0	0	0	0	0	0	0	0	0	0	0	--			
	6	0	0	0	0	0	0	0	0	0	0	0	--			



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EOA	7	8	10	1	2	C3A	C3B	3	4	5	6	7	8	10	Compliance %	Penalty	Amount
EOA 9 Rural	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	--		
	10	0	1	1	0	1	1	1	1	1	0	0	0	0	--		
	1	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0		
	2	0	1	1	0	1	1	0	0	1	1	0	100.00%	\$0	0		
	C3A	0	0	0	0	0	0	0	0	0	0	0	--				
	C3B	1	0	1	0	1	0	0	0	0	1	0	100.00%				
	3	0	0	0	0	0	0	0	0	0	0	0	--				
	4	0	0	0	0	0	0	0	0	0	0	0	--				
	5	0	0	0	0	0	0	0	0	0	0	0	--				
EOA 9 Suburban	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	--		
	10	0	0	0	0	0	0	0	0	0	0	0	0	0	--		
	1	1	2	3	1	2	1	0	1	2	2	0	100.00%	\$0	0		
	2	3	1	4	0	4	1	1	1	1	0	3	0	100.00%	\$0	0	
	C3A	6	0	6	0	6	0	0	0	0	6	0	100.00%				
	C3B	2	0	2	0	2	0	0	0	0	2	0	100.00%				
	3	1	1	2	0	2	1	1	1	1	0	1	0	100.00%			
	4	0	0	0	0	0	0	0	0	0	0	0	--				
	5	0	0	0	0	0	0	0	0	0	0	0	--				
EOA 9 Urban	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	--		
	10	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		
	2	5	0	5	0	5	0	0	0	0	5	0	100.00%	\$0	0		
	C3A	9	2	11	0	11	2	2	2	2	0	9	0	100.00%			
	C3B	5	0	5	0	5	0	0	0	0	5	0	100.00%				
	3	3	2	5	0	5	2	1	1	0	4	1	75.00%				
	4	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	--		
	10	0	1	1	0	1	1	0	1	1	1	0	100.00%				
	1	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		
	C3A	0	0	0	0	0	0	0	0	0	0	0	--				
	C3B	0	0	0	0	0	0	0	0	0	0	0	--				
	3	0	0	0	0	0	0	0	0	0	0	0	--				
EOA 11 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	--		
	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	--		
	10	2	1	3	0	3	1	0	0	1	3	0	100.00%				
	1	73	6	79	1	78	5	2	2	1	76	2	97.37%	\$0	0		
	2	83	6	89	0	89	6	5	5	0	84	1	98.81%	\$0	0		
	C3A	93	5	98	0	98	5	3	3	0	95	2	97.89%				
	C3B	88	0	88	0	88	0	0	0	0	88	0	100.00%				
3	56	1	57	0	57	1	0	0	0	57	1	98.25%					
EOA 11 Rural	4	0	0	0	0	0	0	0	0	0	0	--					
	5	0	0	0	0	0	0	0	0	0	0	--					
	6	0	0	0	0	0	0	0	0	0	0	--					
	7	0	0	0	0	0	0	0	0	0	0	--					
	8	0	0	0	0	0	0	0	0	0	0	0	--				
	10	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		
	2	4	0	4	0	4	0	0	0	0	4	0	100.00%	\$0	0		
	C3A	7	0	7	0	7	0	0	0	0	7	0	100.00%				
	C3B	2	0	2	0	2	0	0	0	0	2	0	100.00%				



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Category	1	2	C3A	C3B	3	4	5	6	7	8	9	10	Compliance %	Penalty	Count
EOA 11 Suburban	1	11	0	11	0	11	0	0	0	0	11	0	100.00%	\$0	0
	2	18	3	21	0	21	3	0	0	0	21	3	85.71%	\$1,000	1
	C3A	6	0	6	0	6	0	0	0	0	6	0	100.00%		
	C3B	9	0	9	0	9	0	0	0	0	9	0	100.00%		
	3	6	0	6	0	6	0	0	0	0	6	0	100.00%		
	4	0	0	0	0	0	0	0	0	0	0	0	--		
	5	0	0	0	0	0	0	0	0	0	0	0	--		
	6	0	0	0	0	0	0	0	0	0	0	0	--		
	7	0	0	0	0	0	0	0	0	0	0	0	--		
	8	7	0	7	0	7	0	0	0	0	7	0	100.00%		
9	0	0	0	0	0	0	0	0	0	0	0	--			
EOA 11 Urban	1	7	0	7	0	7	0	0	0	0	7	0	100.00%	\$0	0
	2	6	1	7	0	7	1	1	1	0	6	0	100.00%	\$0	0
	C3A	6	0	6	0	6	0	0	0	0	6	0	100.00%		
	C3B	4	0	4	0	4	0	0	0	0	4	0	100.00%		
	3	2	0	2	0	2	0	0	0	0	2	0	100.00%		
	4	0	0	0	0	0	0	0	0	0	0	0	--		
	5	0	0	0	0	0	0	0	0	0	0	0	--		
	6	0	0	0	0	0	0	0	0	0	0	0	--		
	7	0	0	0	0	0	0	0	0	0	0	0	--		
	8	0	0	0	0	0	0	0	0	0	0	0	--		
9	0	0	0	0	0	0	0	0	0	0	0	--			
EOA 11 Wilderness	1	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0
	2	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0
	C3A	0	0	0	0	0	0	0	0	0	0	0	--		
	C3B	1	0	1	0	1	0	0	0	0	1	0	100.00%		
	3	0	0	0	0	0	0	0	0	0	0	0	--		
	4	0	0	0	0	0	0	0	0	0	0	0	--		
	5	0	0	0	0	0	0	0	0	0	0	0	--		
	6	0	0	0	0	0	0	0	0	0	0	0	--		
	7	0	0	0	0	0	0	0	0	0	0	0	--		
	8	0	0	0	0	0	0	0	0	0	0	0	--		
9	0	0	0	0	0	0	0	0	0	0	0	--			
OUT OF SERVICE AREA	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0
	2	0	2	2	2	0	0	0	0	0	0	0	--	\$0	0
	C3A	0	0	0	0	0	0	0	0	0	0	0	--		
	C3B	0	0	0	0	0	0	0	0	0	0	0	--		
	3	0	0	0	0	0	0	0	0	0	0	0	--		
	4	0	0	0	0	0	0	0	0	0	0	0	--		
	5	0	0	0	0	0	0	0	0	0	0	0	--		
	6	0	0	0	0	0	0	0	0	0	0	0	--		
	7	0	0	0	0	0	0	0	0	0	0	0	--		
	8	0	0	0	0	0	0	0	0	0	0	0	--		
9	0	0	0	0	0	0	0	0	0	0	0	--			
MUTUAL AID GIVEN	1	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
	C3A	0	0	0	0	0	0	0	0	0	0	0	--		
	C3B	0	0	0	0	0	0	0	0	0	0	0	--		
	3	0	0	0	0	0	0	0	0	0	0	0	--		
	4	0	0	0	0	0	0	0	0	0	0	0	--		
	5	0	0	0	0	0	0	0	0	0	0	0	--		
	6	0	0	0	0	0	0	0	0	0	0	0	--		
	7	0	0	0	0	0	0	0	0	0	0	0	--		
	8	0	0	0	0	0	0	0	0	0	0	0	--		
9	0	0	0	0	0	0	0	0	0	0	0	--			
TOTAL:														\$44,000	\$10,000 Adjusted by EMS per 10 call rule



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Apr 2023

Report Status: In Progress with 81 calls in Working Status

Zone	Priority	Compliance Reporting 2023/04/01 - 2023/04/30											BLS on ALS		Compliance Period Reporting for repetitive non-Compliance		
		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
EOA 6 Metro	1	33	6	39	1	38	5	1	1	0	37	4	89.19%	\$1,000	0	\$1,067	1
	2	52	7	59	0	59	7	1	1	0	58	6	89.66%	\$1,000	0	\$1,067	1
	3	31	1	32	0	32	1	0	0	0	32	1	96.88%		0	\$0	
	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 6 Rural	1	9	0	9	0	9	0	0	0	0	9	0	100.00%	\$0	0	\$0	0
	2	13	0	13	0	13	0	0	0	0	13	0	100.00%	\$0	0	\$0	0
	3	4	0	4	0	4	0	0	0	0	4	0	100.00%		0	\$0	
	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 6 Suburban	1	12	0	12	0	12	0	0	0	0	12	0	100.00%	\$0	0	\$0	0
	2	14	5	19	1	18	4	1	1	0	17	3	82.35%	\$1,000	0	\$1,067	1
	3	11	1	12	0	12	1	0	0	0	12	1	91.67%		0	\$0	
	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 6 Urban	1	26	1	27	0	27	1	1	1	0	26	0	100.00%	\$0	1	\$0	0
	2	22	2	24	0	24	2	0	0	0	24	2	91.67%	\$0	0	\$0	0
	3	15	4	19	0	19	4	0	1	0	19	3	84.21%		0	\$0	
	4	3	1	4	0	4	1	0	0	0	4	1	75.00%		0	\$0	
	5	2	1	3	0	3	1	0	0	0	3	1	66.67%		0	\$0	
	6	40	23	63	0	63	23	0	0	0	63	23	63.49%		0	\$0	
	7	4	2	6	0	6	2	0	0	0	6	2	66.67%		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 6 Wilderness	1	8	0	8	0	8	0	0	0	0	8	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	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	
	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 7 Metro	1	66	9	75	1	74	8	0	4	0	74	4	94.59%	\$0	0	\$0	0
	2	92	2	94	0	94	2	0	1	0	94	1	98.94%	\$0	0	\$0	0
	3	43	1	44	0	44	1	0	0	0	44	1	97.73%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	2	2	4	0	4	2	0	1	0	4	1	75.00%		0	\$0	
	6	32	14	46	0	46	14	0	0	0	46	14	69.57%		0	\$0	
	7	20	7	27	0	27	7	0	0	0	27	7	74.07%		0	\$0	
	8	0	1	1	0	1	1	0	0	0	1	1	0.00%		0	\$0	
EOA 7 Rural	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	3	0	0	0	0	3	0	100.00%		0	\$0	
	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 7 Suburban	1	4	0	4	0	4	0	0	0	0	4	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	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	
	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 7 Urban	1	8	1	9	0	9	1	0	0	0	9	1	88.89%	\$1,000	0	\$1,067	1
	2	8	3	11	0	11	3	0	0	0	11	3	72.73%	\$1,000	0	\$1,067	1
	3	7	0	7	0	7	0	0	0	0	7	0	100.00%		0	\$0	
	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	



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Apr 2023

Report Status: In Progress with 81 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	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 7 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 6	1										92		1.09%		1	\$0	0	1
	2										116		0.00%		0	\$0	0	0
	3										66		0.00%		0	\$0	0	0
EOA 7	1										94		0.00%		0	\$0	0	2
	2										116		0.00%		0	\$0	0	0
	3										55		0.00%		0	\$0	0	0
																\$5,335		



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: May 2023

Report Status: In Progress with 69 calls in Working Status

Zone	Priority	Compliance Reporting 2023/05/01 - 2023/05/31											BLS on ALS		Compliance Period Reporting for repetitive non-Compliance		
		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
EOA 6 Metro	1	38	4	42	1	41	3	1	1	0	40	2	95.00%	\$0	0	\$0	0
	2	45	6	51	0	51	6	0	0	1	51	5	90.20%	\$0	1	\$0	0
	3	18	1	19	0	19	1	0	0	0	19	1	94.74%		0	\$0	
	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 6 Rural	1	7	0	7	0	7	0	0	0	0	7	0	100.00%	\$0	0	\$0	0
	2	11	0	11	0	11	0	0	0	0	11	0	100.00%	\$0	0	\$0	0
	3	5	0	5	0	5	0	0	0	0	5	0	100.00%		0	\$0	
	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 6 Suburban	1	9	1	10	0	10	1	0	0	0	10	1	90.00%	\$0	0	\$0	0
	2	17	0	17	0	17	0	0	0	0	17	0	100.00%	\$0	0	\$0	0
	3	8	0	8	0	8	0	0	0	0	8	0	100.00%		0	\$0	
	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 6 Urban	1	26	1	27	0	27	1	0	0	0	27	1	96.30%	\$0	1	\$0	0
	2	37	3	40	0	40	3	1	1	0	39	2	94.87%	\$0	2	\$0	0
	3	15	0	15	0	15	0	0	0	0	15	0	100.00%		0	\$0	
	4	4	0	4	0	4	0	0	0	0	4	0	100.00%		0	\$0	
	5	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0	
	6	48	14	62	0	62	14	0	0	0	62	14	77.42%		0	\$0	
	7	6	2	8	0	8	2	0	0	0	8	2	75.00%		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 6 Wilderness	1	3	0	3	0	3	0	0	0	0	3	0	100.00%	\$0	0	\$0	0
	2	6	1	7	0	7	1	1	1	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	
	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 7 Metro	1	68	8	76	0	76	8	0	0	1	76	7	90.79%	\$0	0	\$0	0
	2	128	7	135	0	135	7	0	0	1	135	6	95.56%	\$0	0	\$0	0
	3	49	0	49	0	49	0	0	0	0	49	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
	6	53	8	61	0	61	8	0	0	0	61	8	86.89%		0	\$0	
	7	22	2	24	0	24	2	0	0	0	24	2	91.67%		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 7 Rural	1	12	0	12	0	12	0	0	0	0	12	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	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	
	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 7 Suburban	1	3	0	3	0	3	0	0	0	0	3	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	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	
	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 7 Urban	1	4	0	4	0	4	0	0	0	0	4	0	100.00%	\$0	0	\$0	0
	2	8	1	9	0	9	1	0	0	0	9	1	88.89%	\$1,000	0	\$1,000	2
	3	6	0	6	0	6	0	0	0	0	6	0	100.00%		0	\$0	
	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	



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: May 2023

Report Status: In Progress with 69 calls in Working Status

	7	8	1	2	3	4	5	6	7	8								
	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		
	1	0	1	0	1	0	0	0	0	0	1	0	100.00%	\$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		
EOA 7 Wilderness	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	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		
EOA 6											87		1.15%		1	\$0	0	1
											124		2.42%		3	\$0	0	0
											49		0.00%		0	\$0	0	0
											96		0.00%		0	\$0	0	1
EOA 7											157		0.00%		0	\$0	0	0
											56		0.00%		0	\$0	0	0
																\$1,000		



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Jun 2023 to Jun 2023

Report Status: In Progress with 42 calls in Working Status

Zone	Priority	Compliance Reporting 2023/06/01 - 2023/06/30											Compliance Period Reporting for Repetitive Non-Compliance			
		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	Consecutive Periods Out of Compliance Including Current Period	Out of Compliance Count for 12 Periods Including Current Period
EOA 6 Metro	1	17	2	19	1	18	1	0	0	0	18	1	94.44%	\$0	1	
	2	29	4	33	0	33	4	1	1	0	32	3	90.63%	\$0	1	
	C3A	27	1	28	0	28	1	0	0	0	28	1	96.43%			
	C3B	26	2	28	0	28	2	0	0	0	28	2	92.86%			
	3	14	0	14	0	14	0	0	0	0	14	0	100.00%			
	4	0	0	0	0	0	0	0	0	0	0	0	--			
	5	0	0	0	0	0	0	0	0	0	0	0	--			
	6	0	0	0	0	0	0	0	0	0	0	0	--			
	7	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%			
10	1	0	1	0	1	0	0	0	0	1	0	100.00%				
EOA 6 Rural	1	5	0	5	0	5	0	0	0	0	5	0	100.00%	\$0	0	
	2	5	0	5	0	5	0	0	0	0	5	0	100.00%	\$0	0	
	C3A	4	0	4	0	4	0	0	0	0	4	0	100.00%			
	C3B	4	0	4	0	4	0	0	0	0	4	0	100.00%			
	3	2	0	2	0	2	0	0	0	0	2	0	100.00%			
	4	0	0	0	0	0	0	0	0	0	0	0	--			
	5	0	0	0	0	0	0	0	0	0	0	0	--			
	6	0	0	0	0	0	0	0	0	0	0	0	--			
	7	0	0	0	0	0	0	0	0	0	0	0	--			
	8	0	0	0	0	0	0	0	0	0	0	0	--			
10	0	0	0	0	0	0	0	0	0	0	0	--				
EOA 6 Suburban	1	7	0	7	0	7	0	0	0	0	7	0	100.00%	\$0	0	
	2	11	0	11	0	11	0	0	0	0	11	0	100.00%	\$0	0	
	C3A	12	0	12	0	12	0	0	0	0	12	0	100.00%			
	C3B	7	0	7	0	7	0	0	0	0	7	0	100.00%			
	3	7	0	7	0	7	0	0	0	0	7	0	100.00%			
	4	0	0	0	0	0	0	0	0	0	0	0	--			
	5	0	0	0	0	0	0	0	0	0	0	0	--			
	6	0	0	0	0	0	0	0	0	0	0	0	--			
	7	0	0	0	0	0	0	0	0	0	0	0	--			
	8	0	0	0	0	0	0	0	0	0	0	0	--			
10	0	0	0	0	0	0	0	0	0	0	0	--				
EOA 6 Urban	1	14	0	14	0	14	0	0	0	0	14	0	100.00%	\$0	0	
	2	19	1	20	0	20	1	0	0	0	20	1	95.00%	\$0	0	
	C3A	19	1	20	0	20	1	0	0	0	20	1	95.00%			
	C3B	9	1	10	0	10	1	0	0	0	10	1	90.00%			
	3	17	0	17	0	17	0	0	0	0	17	0	100.00%			
	4	0	0	0	0	0	0	0	0	0	0	0	--			
	5	0	0	0	0	0	0	0	0	0	0	0	--			
	6	37	9	46	0	46	9	0	0	0	46	9	80.43%			
	7	2	1	3	0	3	1	0	0	0	3	1	66.67%			
	8	0	0	0	0	0	0	0	0	0	0	0	--			
10	0	0	0	0	0	0	0	0	0	0	0	--				
EOA 6 Wilderness	1	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	
	2	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	
	C3A	3	0	3	0	3	0	0	0	0	3	0	100.00%			
	C3B	1	0	1	0	1	0	0	0	0	1	0	100.00%			
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%			
	4	0	0	0	0	0	0	0	0	0	0	0	--			
	5	0	0	0	0	0	0	0	0	0	0	0	--			
	6	0	0	0	0	0	0	0	0	0	0	0	--			
	7	0	0	0	0	0	0	0	0	0	0	0	--			
	8	0	0	0	0	0	0	0	0	0	0	0	--			
10	0	0	0	0	0	0	0	0	0	0	0	--				
EOA 7 Metro	1	40	4	44	0	44	4	0	0	0	44	4	90.91%	\$0	0	
	2	56	3	59	0	59	3	0	0	0	59	3	94.92%	\$0	0	
	C3A	52	2	54	0	54	2	0	0	0	54	2	96.30%			
	C3B	28	1	29	0	29	1	0	0	0	29	1	96.55%			
	3	29	0	29	0	29	0	0	0	0	29	0	100.00%			
	4	0	0	0	0	0	0	0	0	0	0	0	--			
	5	0	0	0	0	0	0	0	0	0	0	0	--			
	6	36	6	42	0	42	6	0	0	0	42	6	85.71%			
7	13	1	14	0	14	1	0	0	0	14	1	92.86%				
8	0	0	0	0	0	0	0	0	0	0	0	--				



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Jun 2023 to Jun 2023

Report Status: In Progress with 42 calls in Working Status

	1	2	3	4	5	6	7	8	9	10	C3A	C3B	Compliance %	Penalty \$	Penalty Count
EOA 7 Rural	10	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
	2	4	0	4	0	4	0	0	0	0	4	0	100.00%	\$0	0
	C3A	5	0	5	0	5	0	0	0	0	5	0	100.00%		
	C3B	1	0	1	0	1	0	0	0	0	1	0	100.00%		
	3	0	0	0	0	0	0	0	0	0	0	0	--		
	4	0	0	0	0	0	0	0	0	0	0	0	--		
	5	0	0	0	0	0	0	0	0	0	0	0	--		
	6	0	0	0	0	0	0	0	0	0	0	0	--		
	7	0	0	0	0	0	0	0	0	0	0	0	--		
EOA 7 Suburban	1	3	0	3	0	3	0	0	0	0	3	0	100.00%	\$0	0
	2	4	0	4	0	4	0	0	0	0	4	0	100.00%	\$0	0
	C3A	3	0	3	0	3	0	0	0	0	3	0	100.00%		
	C3B	0	0	0	0	0	0	0	0	0	0	0	--		
	3	0	0	0	0	0	0	0	0	0	0	0	--		
	4	0	0	0	0	0	0	0	0	0	0	0	--		
	5	0	0	0	0	0	0	0	0	0	0	0	--		
	6	0	0	0	0	0	0	0	0	0	0	0	--		
	7	0	0	0	0	0	0	0	0	0	0	0	--		
	8	0	0	0	0	0	0	0	0	0	0	0	--		
EOA 7 Urban	1	8	0	8	0	8	0	0	0	0	8	0	100.00%	\$0	0
	2	5	0	5	0	5	0	0	0	0	5	0	100.00%	\$0	0
	C3A	2	0	2	0	2	0	0	0	0	2	0	100.00%		
	C3B	2	0	2	0	2	0	0	0	0	2	0	100.00%		
	3	3	1	4	0	4	1	0	0	0	4	1	75.00%		
	4	0	0	0	0	0	0	0	0	0	0	0	--		
	5	0	0	0	0	0	0	0	0	0	0	0	--		
	6	0	0	0	0	0	0	0	0	0	0	0	--		
	7	0	0	0	0	0	0	0	0	0	0	0	--		
	8	0	0	0	0	0	0	0	0	0	0	0	--		
EOA 7 Wilderness	1	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
	C3A	0	0	0	0	0	0	0	0	0	0	0	--		
	C3B	0	0	0	0	0	0	0	0	0	0	0	--		
	3	0	0	0	0	0	0	0	0	0	0	0	--		
	4	0	0	0	0	0	0	0	0	0	0	0	--		
	5	0	0	0	0	0	0	0	0	0	0	0	--		
	6	0	0	0	0	0	0	0	0	0	0	0	--		
	7	0	0	0	0	0	0	0	0	0	0	0	--		
	8	0	0	0	0	0	0	0	0	0	0	0	--		
10	0	0	0	0	0	0	0	0	0	0	0	--			
TOTAL:														\$0	

X. New Business

e. 2024 EMCAB Meeting Dates



EMCAB Meeting Dates 2024

The proposed EMCAB meeting dates for 2024 are as follows:

Thursday – February 8th, 2024

Thursday – May 9th, 2024

Thursday – August 8th, 2024

Thursday – November 14th, 2024

The agenda deadline for each of the four meetings in 2024 is the Thursday, fourteen (14) days before the meeting date at 5:00 PM.

Therefore, IT IS RECOMMENDED, the Board approves the 2024 EMCAB meeting dates.

Grounded in Health