

AGENDA**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**
- II. Flag Salute**
- III. Roll Call**
- IV. Consent Agenda (CA):** Consideration of the consent agenda.
All items listed with a “CA” are considered by Division staff to be routine and non-controversial. Consent items may be considered first and approved in one motion if no member of the Board or audience wishes to comment or discuss an item. If comment or discussion is desired, the item will be removed from consent and heard in its listed sequence with an opportunity for any member of the public to address the Board concerning the item before action is taken.
- V. (CA) Approval of Minutes: EMCAB Meeting February 9th, 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:**
 - a) EMD Study Implementation**

Grounded in Health

- X. New Business:**
- a) (CA) Annual Maddy Fund Report – receive and file
 - b) (CA) Legislation Report – receive and file
 - c) (CA) Annual Core Measures and APOT Report – receive and file
 - d) (CA) Annual Ambulance Response Time Compliance – receive and file
 - e) (CA) EMCAB Agenda Summary for 2022 – receive and file
 - f) (CA) Annual EOA Reports for 2022 - receive and file
 - g) (CA) Annual EMS System Report for 2022 - receive and file
 - h) (CA) EMCAB Member Update - receive and file
 - i) (CA) All Stakeholder Agreed EMD Code Changes – approve
 - j) (CA) Grand Jury Report - receive and file
 - k) (CA) Request for Maddy Fund Release - approve

XI. Manager’s Report: - Receive and File

XII. Miscellaneous Documents for Information: None

XIII. Board Member Announcements or Reports:

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

XIV. Announcements:

- A. Next regularly scheduled meeting: Thursday, August 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.

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.

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**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> Vacant	
Leslie Wilmer 1110 Bell Ave., Taft, CA 93268 (661) 304-1106	Rural Consumer
<u>Alternate</u> Vacant	

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

City Selection Committee

Alternate

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

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

Kern Mayors and City Managers Group

Alternate

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.
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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 – February 9th, 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 – Sheriff Donny Youngblood**
- III. **Roll Call – Jeff Fariss**

Attending	Roll Call
Dr. Lyon	x
John Surface	x
Leslie Wilmer	x
Chris Miller	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.

Leslie Wilmer – Motion to approve.

Dr. Lyon – Second

Attending	Poll
John Surface	x
Chris Miller	x
Sheriff Youngblood	x
Dr. Canson	x
Orchel Krier	x
Tyler Whitzell	x
Chief Wells	x
Chairman Flores	x

V. **(CA) Approval of Minutes: EMCAB Meeting February 9th, 2023– approve**

VI. **Subcommittee Reports:**

APOT Task Force – Jeff Fariss

Jeff Fariss - Thank you, Mr. Chairman, the APOT task force consisting of representatives from all hospitals, ambulance providers, fire agencies, and our department. It was created in 2019 at the request of then chairman Maggard and EMCAB charged this task force to meet monthly in person to identify challenges in the hospital setting that are leading to the long offload times and to develop solutions to overcome those challenges. Like with most other Industries the hospitals are struggling with staffing shortages, nurses have specific nurse to patient ratios and the hospitals will not offload patients unless they can meet those ratios due to Staffing challenges. At times the hospitals are not able to open all their hospital beds, additionally system-wide we are experiencing a significant increase in psychiatric holds, at times taking up to seven days to find alternative placement for these patients. This delays discharge of these patients and causes a backlog in the admission of new patients. As reported to the Board of Supervisors on Tuesday our ambulance providers were held waiting to offload seventeen thousand two hundred and forty hours in two thousand twenty-two. At this point it appears that there is little that can be done to resolve this issue other than overcoming staffing issues and an increase in infrastructure to accommodate psychiatric patient movement out of the hospitals and into more appropriate settings. Furthermore, attendance at our monthly meetings is spotty at Best in many of the attending agencies have requested to meet less frequently. For these reasons I am requesting that the board approve moving the APOT task force to a quarterly meeting that is 100 virtual, which seems to increase attendance. That concludes my report on APOT.

Sheriff Younblood – Motion to approve.

Chief Wells – Second

Attending	Poll
Dr. Lyon	Y
John Surface	N
Leslie Wilmer	Y
Chris Miller	Y
Dr. Canson	Y
Orchel Krier	Y
Tyler Whitzell	Y
Chairman Flores	Y

VII. Public Comments:

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

No public comment.

VIII. Public Requests: None

IX. Unfinished Business:

a) EMD Study Implementation

Jeff Fariss - Thank you, Mr. Chairman, at our last meeting I presented a study that emergency dispatch systems over triaging 9-1-1 medical calls approximately fifty percent of the time. The tool used to complete the study was obtained from another EMS agency in the state, that had utilized it, for the purpose of correcting their over triage. It has been proven effective and is currently in use in four counties in the state with no reported negative outcomes. The study encompassed two years' worth of ambulance data as entered by our pre-hospital care providers. The study showed that during the years 2020, and 2021, our Kern County ambulances responded with lights and sirens 160,265 times or 71.20 percent of all 9-1-1 medical calls. However, only 4,179 patients or 2.61 percent of those calls resulted in lights and sirens transport to the hospital. Additionally, Studies have shown that operating with lights and sirens increases the risk of accident, injury, and death by 200 percent when responding to an emergency call, and 400 percent when transporting with lights and sirens. Furthermore, during the studies time frame the average response time difference between lights and sirens and no lights and sirens was 1.2 minutes. During the November EMCAB meeting Chief Wells made several requests for information to be considered in addition to the EMD codes.

The first was accident data during the study years. We requested accident from all of our ambulance and fire providers in Kern County and were able to receive data from Hall Ambulance Service, Liberty Ambulance Service, California City fire, and Kern County Fire. Kern County Fire reported the highest number of accidents in 2020 and 2021 with 11 accidents 9 or 82 percent of those accidents occurred while the vehicle was operating with lights and sirens. Hall Ambulance Service reported five emergency vehicle accidents with all five or one hundred percent occurring while operating with lights and sirens. Liberty Ambulance Service reported three accidents with no accidents occurring while operating with lights and sirens, and California City fire reported no accidents occurring during that time frame. The accident data in Kern County indicates that 14 of the 19 reported accidents or 74 percent of accidents that occurred during the two-year period under review including operating with lights and sirens and supports the risk of operating with lights and sirens is real and results in traffic accidents in Kern County.

The second request was to look at the fire agency data. While we did review fire agency data, fire agencies do not respond to all 9-1-1 medical calls in Kern County. Specifically, in 2022 Kern County Fire submitted 49,089 electronic patient care records. Which represents 38 percent of the total 9-1-1 medical calls for the year. Of those 12,531 or 25.53 percent were submitted as canceled with no patient contact. Of the 36,558 responses that resulted in patient contact Kern County Fire reported initiating patient treatment on 4,638 occasions or 12.7 percent of their patient contacts for nine percent of their total responses; because fire agency data does not provide a complete picture of the incident as it does not provide the transport side of

the call, and the fact that they don't have data for all the calls included in the study. Adding it would duplicate information for some calls and dilute the data, making it inaccurate. Additionally, Kern County Fire agency data is currently out of compliance with EMS EPCR policies making it unreliable and not appropriate to be used for the study.

The third request was for a quality improvement method for ongoing monitoring on the calls that occur in the EMD codes that were changed. First Watch the system currently used by current EMS has created a trigger to monitor all downgraded EMD codes. Any downgraded EMB code that is transported license Sirens will be flagged and investigated immediately by EMS staff. Additionally, if 10 percent of the call volume and any downgraded EMD code call is transported using lights and sirens a 30-day period the code information will be flagged and reported to the steering committee the steering committee will review the call information and make a recommendation to the EMS medical director regarding the MD code. Finally EMS will be completing the study and updating the system responses every two years to assure that our responses are appropriate on an ongoing basis. It was important for us as an agency to approach a large change to the EMS system in a transparent manner including feedback from all relevant stakeholders. On September 22nd, 2022, we held an initial meeting with stakeholders introducing the study and our proposed changes to the EMD code. All stakeholders were provided 30 days to submit comments Kern County fire in Bakersfield City fire requested a meeting to further discuss the study and the proposal. However, there were no comments or feedback received within the 30-day comment period from any stakeholder agency. Kern County Fire subsequently requested a second 30-day comment period. Which was granted no comments or feedback was provided during the second 30-day comment period. Kern County Fire requested additional time to provide their comments which was provided to them. When their comments were received it was simply a spreadsheet indicating which changes they supported and did not support. Without concrete explanations for these 169 codes, they did not support. The comment document, however, did show where individual components of the study were used to not support a specific downgrade and if a firefighter initiated any care the code was also summarily denied. In a separate meeting Kern County Fire indicated they had a concern with any downgrades to the 10 card. Which is a category of EMD codes related to chest pain. The study data shows that the 10 cards represented a total of 16,320 patients with only 1.8 percent or 288 transport to warranty the use of lights and sirens. At another meeting with Kern County Fire, they indicated concerns with any EMD code downgrades that suggested BLS ambulance as the only responses. The study reviewed 37,300 patients that were originally dispatched in EMD codes that are recommended to be downgraded to BLS ambulance only response. Within the 37,300 patients reviewed in these codes there are 70 that were in cardiac arrest. These 70 patients matter and were considered in this review; however, we must look at the entire system and consider all factors. First there are inherent inaccuracies in coding a call that occurs when people call 9-1-1 and try to describe what is going on when in a stressful and chaotic situation with a sick loved one. Furthermore, these 70 patients were either not in Cardiac Arrest when the initial 9-1-1 call was made or the cardiac arrest was missed by the dispatcher, as these calls were not coded as Cardiac Arrest calls. Maintaining a system focused on these 70 outlier patients ignoring the other 37,230 patients receiving a higher level of care than necessary is not the appropriate approach.

The appropriate approach is to build a system that accounts for all patients and that is what this proposal does. Finally Kern County Fire indicated that they cannot support our changes because of ambulance response times. Our understanding of their concern was the effect downgraded calls will have on their crews waiting on scene for the ambulance to arrive. There are 51 downgraded codes included in the study that continue to recommend fire agency response which totaled 1,751 calls 2002. On Tuesday of this week, we presented a report to the Kern County Board of Supervisors on ambulance response time complaints. While we know there have been some delays in response times, we have been collectively working to evolve the EMS system and these system enhancements have resulted in an improvement in ambulance response times. Additionally, the study has suggested that fire no longer needs to respond to 68 EMD codes. Which accounted for 6,641 calls in 2022. This will help alleviate their waiting on scene for the ambulance for these

calls. We strongly believe the implementation of these EMD code response changes, along with the fly car policy, will result in shortened wait times on scene, as the proper resources will be available to respond.

In our continued effort to collaborate and in response to the concerns raised by Kern County we made several concessions. Specifically, we agreed to have a minimum data set of 30 patients per EMD code to be considered within the study. This change decreased the total number of EMD codes considered per change from 454 to 243. The number of suggested EMD code downgrades also decreased from 196 to 119, and recommended EMD code upgrades decreased from 34 to 23. Fire also requested the ability to retain their EMD override codes and to not consider Echo level downgrades in the study, there was only one Echo level down reconsidered in the study which happened to also be an override code. Because override codes are an optional code to use my dispatchers and not a code generated by the system, we agree to move the override code from consideration in the study. Additionally, we reduced the response time for the new committed priority 3 response code from our initial proposal of 20 minutes to 15 minutes. Although we continue to meet with Kern County fire in good faith, in an attempt to come to a consensus on this issue unfortunately, we bring this final proposal to your board without complete agreement on the EMD code changes proposed.

The EMD code study has been vetted and proven to be accurate and effective in lowering the risk associated with lights and sirens operation and is a tool that can help in advancing our local EMS system, by assigning the most appropriate response based on our local patient data and salvaging for more advanced resources for the calls that actually need them. We are creating a system that will ensure the proper resource are available to respond to these patients when they need it the most. The EMD study changes coupled with the fly car system will ensure that paramedics are available to respond and provide proper levels of care when needed. Lastly included in your agenda packet you will find a joint statement on lights and Siren's vehicle operations on Emergency Medical Services responses that was issued on February 14, 2022. The Joint statement was sponsored by The Academy of international mobile Health Care integration, American Ambulance Association, American College of Emergency Physicians, Center for patient safety, international academies of emergency dispatch, International Association of EMS Chiefs, International Association of Fire Chiefs, National Association of EMS Physicians, National Association of emergency medical technicians, National Association of State EMS officials, National EMS management association, National EMS quality Alliance and National Volunteer Fire Council. This statement States in pertinent part the purpose of using lights and sirens is to improve patient outcomes by decreasing the time to care at the scene or to arrival at the hospital for additional care, but only a small percentage of medical emergencies have better outcomes from lights and Sirens used. Some agencies have used an evidence-based or quality improvement approach to reduce their use of lights and Sirens during responses to medical calls without any discernible harmful effect to patient outcome. Emergency medical dispatch protocols have been proven to safely, and effectively categorize, requests for medical response by types of call and level of medical acuity and urgency. Emergency response agencies have successfully used these EMD categorizations to prioritize the calls that justify lights and sirens response. For many medical calls, a prompt response by EMS practitioners without lights and Sirens provides high quality patient care without the risk of lights Sirens related crashes. EMS care is part of the much broader spectrum of acute healthcare and efficiencies in the emergency department operative and Hospital phases of care can compensate for any minutes lost with non-lights and Siren's response or transport. There is a situation occurring in our county at this time that is very pertinent to our discussion of the use of lights and sirens. In the early morning hours of January 19, 2023, a Bakersfield Police vehicle was involved in a collision at South Vineland and Mueller Road, resulting in the death of an individual and injuries to multiple other victims including the officers. The attorney for one of the victims quoted, "it does not appear to me that the officer stopped before entering the intersection," and this is why the code three also known as, lights and sirens on policy, will be analyzed in this case. The purpose for me bringing this to your attention is that the attorneys for the victims are pressing the officer to be charged with

vehicular manslaughter. If that occurs, it will definitely have an effect on EMS and all lights and sirens used in the future.

b) Ambulance Service Performance Standard Update –

Now, moving on to the ambulance performance standards, these are linked together so I'm going to give the report board and then we will discuss the vote for both of these together.

The ambulance service performance standards or the (ASPS) is one of the tools in which the ambulance providers operating in Kern are measured, both the ordinance and agreement contain basic performance provisions however the standards further Define performance requirements for ambulance providers. The standards provide definitions that are in accordance with ordinance definitions as well as the standard compliance for response times, level of response, and type of response. The ASPS goes hand in hand with the requested changes to the EMD study. In order for the EMD study changes to occur we must also make changes, those same changes, to the ASPS along with changes to the Response Code you will find proposed changes to the mandatory basic life support compliance that was in effect for years and the option for ambulance providers to operate a flight car system. A fly car system would allow paramedics to be placed in First Response Vehicles while EMTs remain in the ambulances the fly car system was trialed in November and December of 2022 and proved successful at getting the paramedic available 64 percent faster in the system specifically on average during the trial paramedic units became available within 25 minutes while the other units became available within one hour and 11 minutes. We believe the proposed changes to the ambulance service performance standards present a significant improvement to our EMS system by creating new dispatch response codes allowing for increased BLS response and by providing an alternative to the standard ambulance only distribution. These proposed changes consider the safety of our crews as well as the public while providing the most appropriate resources to the people of Kern County. Making these changes is the right thing to do for our community and our EMS system and for the safety of our pre-hospital care providers and is fully supported by many national and international Emergency Medical Service associations and therefore I respectfully request that your board approved the EMD study changes as amended and the ASPS update with an implementation date of March 1st, 2023 at 0001 now that concludes my report.

Mr. Chairman Flores – Are there any members of the board with any questions comments.

Chief Wells – a comment, after listening to Mr. Fariss' report I think it's fair to say that we agree to disagree, that the Fire Department spent several weeks on it, hundreds of hours looking at this and to focus on some of the positive is with meeting with public health and County EMS, out of the 454 codes that there are the EMD uh we do find concurrence on 378. So at the end of the day 76 codes where there are questions and um that warrant further discussion looking at the study that was uh represented by Mr. Ferris from other counties the CCMSA they fall in line with the fire departments perspective 43 times out of those specific times and so I think the discussion that we would like to have is to get collaboration and understanding why there are differences so that we are confident moving forward that we're doing what's right and best interest of the public the best interest of all First Responders but I think we've made a tremendous amount of progress from our November meeting to now and unfortunately progress takes time it takes collaboration and we look forward to continuing that discussion so that we're confident that we are doing the right thing. You know uh I appreciate Mr. Ferris you diving into the vehicle accident that was that was you know and it's a concern when we look at these studies and we want to make sure that well it might be an occurrence nationally is it here locally and so it allowed us to look at our accidents as you mentioned we have the highest amount of vehicle accidents uh but one thing I think is worth mentioning uh over half of the accidents that we did report were in uh response to fire incidents so that they would be excluded from the study. At the end of the day of the 25 incidents that we reported 21 we're going code three uh two of which were involved that had injuries to others into it to injuries to fire fighters so there was in our perspective a

very minor occurrence while we know that there is inherent risk with going code three that's a risk that we take seriously and we focus on training our firefighters through a rigorous program that takes up to a month for them to get through driver operator 1A and 1B in engineer Academy to make sure that they have in tools and the skills necessary take that accountability when uh we're asking them to respond code three. so I wanted to point that out and just the biggest struggle with the EMD study is a big change in the fire department well uh I do wear this uniform I am representing more than just Kern County Fire I'm representing Bakersfield Fire and Cal City fire in all three fire departments in the county not just the Kern County Fire Department standing concurrence with the need to find more information to further discuss the changes specifically the 76 EMD codes where there are disagreements between County EMS and the fire service. I think we can get there I think we've proven by uh finding concurrence on 378 and feeling confident in those that you can but it's going to take more time I look forward to you know evolving the system and changing the system for the better because this is a system not just for us but it's for the community.

Sheriff Younblood - yeah, the study in comparison with other counties, I run into this all the time, police services and Kings County, it's totally different to the services where we may be driving 50 miles to a call as most people were one of the larger counties in the country. Other countries that would be unheard of, so we respond code three sometimes over in the desert when if the same caller would occur in Bakersfield, it probably would not, there's a difference in that. Have we considered there is some protection for the county and for the Hall ambulance for that matter. When you're rolling code three and you have an accident as opposed to not rolling code three, he has no protection you follow the rules of the road period. We tend to have younger employees who are people, and they tend to push the envelope and if they're not rolling code three, they tend to go 10, 15, 20 miles over the speed limit which puts them in the county in jeopardy those factors are important to me, to consider.

Chris Miller - What the chief has told us is that a lot of work has been done here. We got to get this right, we want to be public, responders. You also want to provide the best decision here we can, and you know I think before we rush to do anything let's continue to try and work out these differences. So, we can all feel good about what we're doing.

Mr. Surface – I have some questions one of the response times configurations and separating fly car decision.

Jeff Fariss - that's fine if you want to separate those two out and vote on them separately, that can be done as well.

Tyler Whitzell - So thanks for the uh explanation, Jeff you know I think a lot of what Chief Wells really resonates. I'm going to take this off so you can't hear me. Um, you know I think to his point you know about some consensus on a majority of them I mean is there any reason uh possibly this meeting is said early, but you couldn't just separate those out approve 378 and continuing discussing the others you have some reason to rush for everything all at once.

Jeff Fariss - Well first of all, this process started last year. This isn't, we don't, I don't view this as a rush and I'm sorry, but I have to make a statement here. I'm not aware that we came to a consensus on anything, Chief, I'm sorry. I didn't leave any meeting with the impression that we agree on anything. I apologies for saying this in this format but I'm unaware of 378 consensus that you're speaking of so um, that's news to me.

Tyler Whitzell - You know talking about the tools some data that goes into was that primarily just ambulance data or did we look at any downstream mortality rates or any type of patient impact.

Jeff Fariss - At the last meeting John Surface volunteered to do some hospital data gathering and do some follow-up, Mr. Surface, do you have that information?

Mr. Surface - We sent some of that to you. We don't have, our hospitals are not submitting their data imagine that um at the rate that they should. So, Scott is still working on that, its probably another two weeks to give you a conclusion. He sent you some stuff cardiac arrest stuff but uh, as you know they've all been running calls for um the last two years. So harder you for us to pull it together. but we don't have any data from kern medical, they're not a part of the HD network and some of the hospitals the doctors are not closing the files when they need them to for us to get the data.

Jeff Fariss - I do know that in some of the data that you sent me uh in the hospital data. Of the hospitals that did report out, there was of number of several thousand patients that fall into the 10 card category I believe it was and that uh 80 or 88 of those patients were released within 24 hours and sent home.

Mr. Surface - More than half of those are released within 12 hours and there was a big chunk of people that were released within an hour, walked out, just eloped, and left. Some of that you'll find in every, regardless of EMD code, you're going to find that across the board. To be able to give you real conclusive evidence a little bit more work would need to be done. I'd be interested to see what the breakdown is between those that you've agreed on and those that are disagreed on. I understand that there is a difference of opinion, but Chief has some of those agreed on, I'd love to see what those. I know now the bad thing is what I'm saying, is to take more time but that's what we want but um it sounds like for me, but I do think that um I know the problem exists. I know that people across the nation are making changes to configurations uh to resolve the problem, but I do owe you some, a whole lot more data, to be able to be conclusive, but I think early returns that you've seen supports that we're way over triaging, and that's not an individual error necessarily. It's just the way the system is set up and I don't want anyone to think that they're doing a bad job because I don't that. I think our EMD folks around the nation are doing a tremendous job taking it very, sometimes hectic situation for a person that may be difficult or a third-party from you know 100 miles away. It is a lot of calls, there's a lot of stuff that plays into that, I just don't think that anybody is making an individual mistake.

Tyler Whitzell - The EMD code changes, do those have an impact on the response time requirements at all for those codes?

Jeff Fariss - On requirements if they are downgraded calls they go from if its priority one eight minutes and fifty-nine seconds to 15 minutes now. They will have 15 minutes to respond no lights no sirens. Now keeping in mind that the average difference between code 3 lights and sirens response and a no lights a sirens response on a daily basis in our system, is about two minutes. I monitor that daily, so as I monitor that number and like I reported out the difference over the 2020 and 2021 was 1.2 minutes and factoring in that there are currently no studies that show lights and sirens have any effect on patient outcomes at all.

Sheriff Youngblood - I want people to know that fire chief and I spent a great deal of time in the outlying areas in Bakersfield giving information on measure 'K' the week to vote, to not to or to vote for it, and one of the selling point was more staffing and quicker response times, medical aids, Sheriff's calls and I feel a little bit obligated to not go back on what I said, not knowing that this was coming. I think the Fire chief probably feel the same way but we did say that. Seems to me that the logical thing to do because we have a disagreement on whether we even have an agreement at all, is to go back for another 90 days before our next meeting see if Fire Chief and you can come to a consensus to alleviate this roadblock one way or the other and talk, that would be my suggestion.

Mr. Chairman Flores - I like that suggestion, also that of Mr. Whitzells, I think that would be the approved approach since we thought we had a agreement on the 378 and working on the 76 I see evidently, we don't even have that. So I'd like to know with certainty what is what is our base like what do we have actuality in agreement and where do we go from there and I think that it would behoove everyone in the system to

have a have a more study, get together, see where we're at, and drill down on those last items, and I appreciate where you're going with this to take this up because you want to improve the overall EMS system and I think it's well intended but the details are so important we have to get this get this right we've got key stakeholders uh not only in the county but the city and other jurisdictions that was mentioned so you know we have to get this right and uh safety is Paramount not just for transport but also safety for the patient and I think that would behoove everyone just to get more time to study it and come to agreement and see where Chiefs' at and where you are at and see where agreement is, and how we can move forward on the following items.

Jeff Fariss - Thank you, Mr. Chairman, well I appreciate all the comments that were made, and I understand everybody's perspective, I do. My concern based on the meetings that I have been involved in with Kern County Fire, as I said, I never left a meeting under the assumption we agreed on anything. My concern is that we are wasting another 90 days to go back to the same ineffective meetings where there has not been I'm sorry there has not been a consensus from my perspective and my concern is we're just wasting another 90 pushing this can down the road and there will not be any consensus in the next 90 days either that's my concern.

Dr. Lyon - This is a safety measure for our personnel. This is to keep our firefighters, our EMTs, and paramedics from being injured as well as the public. You don't want a fire engine running into a family of five like in Phoenix a few years ago, we don't want an ambulance hitting another vehicle and injuring anybody. The data does not show any medical benefit, a minimal time savings. It's a national effort to decrease lights and sirens response. With all due respect, I don't think continuing further discussion is going to change anything as we've had multiple meetings, over several months that have used the very minimal change. We've offered multiple public comment periods and extended those public comment periods with zero comments submitted during those periods. So as the EMS medical director, I do highly recommend that we implement this as recommended immediately and continue to do a rigorous QI process, to ensure that we are doing the right thing for the community and continuing to adjust the issue based on that continued analysis.

Dr. Canton - My understanding is that there is significant evidence that these changes are appropriate and that there is harm by continuing in the direction. As a physician I believe in evidence-based medicine, meaning that if that if that shows or needs to change the direction of my treatment plans, you know instead of going, in the way I always go I support making changes based off of that. What I'm understanding is that as long as there is opportunity to continue the review and make changes to learn; I think that it's imperative to move forward since this has been discussed further.

Tyler Whetzall - So yeah, I mean just from that joint statement, one thing that stood out to me was. That lights and sirens should only be used in situation where it was time save your lights and sirens operations is anticipated to be clinically important for the patient's outcome. Right, so we're saying here that there's no impact to Patient outcomes but you're hearing this joint statement alluding to some type of impact on patients outcomes. So that would be my concern.

Jeff Fariss - Medical calls are impacted responding by lights and sirens and the majority of those calls understand are still, lights and sirens in our system they're not going to change all of the true life-threatening calls that come in like cardiac arrest, respiratory arrest, massive hemorrhaging all that, those all stayed lights and Sirens. The changes are to the calls where the study has identified an extremely low number of critical patients of really sick patients based on the information entered by the paramedics and EMTs the field. So, the study is designed to look at and look for all different ranges whether the health of the patient and make a determination based on that. So, when you look at, like the call I talked about in my report out, or the codes when you talk about thirty seven thousand three hundred versus seventy, that's less than one percent of that total call volume. That's why the study said this can be downgraded because there's an infinitesimal amount of truly sick patients. I'm sorry sheriff to your statement earlier I believe that

you're being true to your statement, uh by voting for this because when we implement this, it's going to make sure that those resources are available to respond to your constituents when they need them. Not as opposed to now. Think about how it's done now a call comes in it gets dispatched lights and sirens paramedic is out on that that call ends up being a stubbed toe. So we have a paramedic that's on scene of a stubbed toe and they're not available for the cardiac arrest that is four miles away. So by sending the right level of care to the right patient you're actually speeding up the medical resources to your constituents and the fire chiefs constituents.

Sheriff Youngblood - A lot of patients call for an ambulance, don't know whether they are having a heart attack or not don't know what their medical issue is and they're scared and at the end of the day it doesn't matter if you're one of those 1.3 percent. If I'm one of those 1.3 percent, and I want you to come in a hurry. I think that that's the part that, I'm not disagreeing with you, I think this is a very tough issue and I could see both sides of this. I could go either way right now and feel comfortable.

Mr. Chairman Flores - Apologies I'm new to the board and didn't time it that way just the election cycle. A few observations I don't want to get too much in the weeds, but I understand I wasn't here for the prior studies the time commitment or the meeting you all had Sir and the fire department. I guess I'm back to this number of uh 378 agreements 76 still in question. He said he agreed you said that that was never conveyed to you but just now today in public and before this board is committing and he's saying he's in agreement with 378. So whatever happened prior or whatever miscommunications wasn't there that's our starting point I in my opinion is he said he's in committed he's in he's in agreement with 378. So back to Mr. Whitzell uh recommendation was why can't we move forward on those and then go back to the 76 if he said it that is that not good enough.

Jeff Fariss - I don't know what 378, or what those codes are.

Mr. Chairman Flores - Okay, that gets back to my other point that's why I think new we would be we would all benefit Before time on this 378, and you'll know what they are, we'll know what they are and their meaning but I'm new and that's my observation.

Tyler Whitzell - Rather than waiting 90 days, is there a way to do a special meeting and approve those and get them going?

GK – Yes, it would be an in-person specialty make sure to answer questions.

Flores – Fire department, do you think that's something you should do?

Chief Wells – We're more than happy to discuss the 76 I think give uh Mr. Fariss concerns is the communication between County EMS in the fire service we want to add more individuals to that discussion to have a more collaborative discussion. We're open to discussing more.

Mr. Chairman Flores - Also, to be fair to Mr. Fariss, he also needs to know the certainty of what those 378 are your willing, they're willing, the boards willing and I think they may be beneficial.

Public comment - Good afternoon, Dave Nelson with Kern County fire fighters' association, before you today the chief well says but I also need to put a little bit of clarification on the decisions that you're making today. There's a bit of an omission in information that has been passed you it's only related to the c3bs of the 70 cardiac arrests. The second piece of this the other Portion of the 76 determinants that we are speaking of we have 185 cardiac arrests associated with those downgrades the same criteria except its

adding fire to the response. Out of those 185 cardiac arrests, 103 of those were the 06 Delta 2 card. Which is difficulty breathing. Our precursor to pediatric cardiac arrest, is respiratory distress, they have difficulty breathing and they die. I don't want to give any additional time, for that family to take care of that baby or do to do it to get to that call. Our concerns are how we're protecting the community and how we're delivering the service. Many more aspects of this study need to be taken into consideration as Sheriff Youngblood said earlier we're a huge County, have huge geographical footprint, our fire stations are strategically placed to meet the needs of the community and we are the only constant in the EMS system. You call 911 you're going to get a fire engine that can be with a delay from the ambulance and it's something that we've experienced over the last three years. These folks are having a very hard time and we understand that. I think at this point to make a change of this magnitude with the instability that's within our system, would be irresponsible for us to make sure to take out people in the constant that this community has right now to be able to provide service to their loved ones. With that um I want to highlight as well that the CCMS study if this was the same model then why don't we have the same outcomes if it's related to the uh sample size so those 37 determinant that disagree with CCMS or something that we definitely need to look at because the ones we do currently not have concurs on are in line with what CCMS on this is current standard is and that is for keeping the responses was with that um I hope everyone has a good afternoon. Thank you.

Mr. Chairman Flores – Any other members of the public who would like to speak on this? Okay, bring it back to the board for final comments, discussion, questions before we entertain the motion.

Dr. Lyon – I would like to motion, I think evidence speaks for itself, I think the national organizations have spoken, the state has spoken, quality measures and I would move to approve this as its proposed.

Mr. Chairman Flores - Do we have a motion?

Dr. Canson – Second

Attending	Poll
Dr. Lyon	Y
John Surface	Y
Leslie Wilmer	Y
Chris Miller	N
Sheriff Youngblood	N
Dr. Canson	Y
Orchel Krier	N
Tyler Whitzell	N
Chief Wells	N
Chairman Flores	N

Jeff Fariss- Motion does not pass.

Sheriff Youngblood - Make a motion we bring it back in 90 days after the fire Chief and Mr. Fariss have an opportunity to go over the numbers and make a vote at that time.

Dr. Lyon - May I ask a clarification? if there's already over 300 that the fire department already agrees to. Would it be possible to approve those calls that they can submit to Mr. Fariss and we can implement those and discuss further the seventy that are not agreed upon, and implement the rest of the system.

Sheriff Youngblood - I would agree if we knew what those were.

Dr. Lyon - but what could we motion if he submits the ones to discuss we discuss those further and the remainder as recommended?

GK - explains that a side meeting would need to look like and who it could include.

- Inaudible discussion amongst the board regarding what the meeting could look like or include.

Mr. Chairman Flores - so if I understood the motion correctly, we need to come back in 90 days to hear treatment of the 378 as the fire department and Mr. Fariss come together and bring back that set or an even larger set for consideration.

Sheriff Youngblood - I want to make it's clear, my motion is to come back and vote. We cannot break this down one at a time. Four hundred and fifty different items and you guys agree or disagree. I'm willing to vote at the next meeting all or nothing. I'm hoping that fire and EMS can come to some agreement on what they agree upon or not, so that when we come back were all on the same page.

- The board discusses who can be apart of the meeting in between and who cannot.

Jeff Fariss – The motion to push this back 90 days on board or sooner.

Mr. Chairman Flores – Second.

Attending	Poll
Dr. Lyon	N
John Surface	Y
Leslie Wilmer	Y
Chris Miller	Y
Sheriff Youngblood	Y
Dr. Canson	Y
Orchel Krier	Y
Tyler Whitzell	Y
Chief Wells	Y
Chairman Flores	Y

Motion passes.

Dr. Lyon - So can we vote on the fly car aspect of it then?

Jeff Fariss – I would like to request a motion to vote on the ASPS update so I need a vote on the Ambulance Service Performance Standard as amended.

Mr. Surface, and Chris Miller – Second

Attending	Poll
Dr. Lyon	Y
John Surface	Y
Leslie Wilmer	Y
Chris Miller	Y
Sheriff Youngblood	Y

Dr. Canson	Y
Orchel Krier	Y
Tyler Whitzell	Y
Chief Wells	Y
Chairman Flores	Y

Motion passes.

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**

XI. Manager’s Report: - Receive and File

Jeff Fariss - Thank you, Mr. Chairman. Tell a 9-1-1 update. Tele 911 use continues to increase throughout the county a hall ambulance service has expanded the use to all of their rural areas. Bakersfield Fire has indicated that they should begin the onboarding process in the next month or so. Pro safety is in the process of onboarding and trinity safety will begin the process shortly. Staffing issues, Hall ambulance has continued contracting with best practice medicine out of Montana. Additionally, Hall has subcontracted with Pro safety the local provider and numerous ambulance providers from Los Angeles, and Orange County to supplement the system. Additionally, Hall is assisting Trinity Safety and preparing to subcontract and provide 9-1-1 response in our system. EMS also has had to make some staffing adjustments, Bill Barrett resigned from his position in the EP division. Which was filled by Chris Parks from operations, Chris will be taking over the second RDMHS position. We have made an offer of employment to fill the vacant position and that start date is February 27th. Additionally, we have also hired a new employee for EP that will be managing warehouse and assisting with Kern Medical Reserve Corps. We are currently updating our destination decision policy in the process of adding Toradol, buprenorphine, and ketamine IM to our protocols. We are removing needle cric and epinephrine's request as well certifications the certification staff have been extremely busy since our last meeting my certification staff had processed 566 EMT certs and there are currently 228 EMT certs pending in our system the majority of those are fire department certification. Additionally, my team certified seven emergency medical dispatchers, 21 mobile intensive care nurses, 31 paramedics, 12 of which were initial certifications and that means brand new Medics into our system and seven paramedic preceptors so that there’s people to teach our new students. We have some events coming up booths in the park march third at the Fairgrounds and were expected to have about 6,000 people in attendance. Bequinox March 20th through March 26th in Cal City expected to have about 1,800 in attendance. Neotropolis April 26th through the 30th in north Edwards, that’s 1000 to 2000 expected to attend. Lighting in a bottle May 24th through 29th at BV and that's 20,000 to 30 000 expected to attend. Our quality improvement continue our quality improvement continues priority and I reported out earlier the EMD code trigger is complete and we are currently monitoring the proposed EMD downgrades as my staff reviews patient care reports we continue to reach out to our pre-hospital care providers to both come in and provide Direction when necessary. The EP division the emergency preparedness division of EMS continues to manage the emergency prepared grants the hospital preparedness program or HPP Grant and the pandemic influenza grants. In addition to managing the grants the EP divisions 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 Grant staff recently attended a grant writing class in partnership with the City of Bakersfield and Bakersfield Chamber of Commerce EP also has just acquired new heart monitors and ambulance

gurneys to be used for Disaster Response or possible APOT teams. As I complete my report Chairman Flores, I would like to take this opportunity to welcome you to the EMCAB board and let you know that I'm always here for you the questions or concerns this concludes my report and I'm available to answer any questions.

motion for the last item.

Mr. Surface – motion

Dr. Lyon - Second

Motion passed with all ayes, no opposed.

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, May 11th, 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, April 27th, 2023, 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.

IX. Unfinished Business
a. EMD Study Implementation

PPC	Problem	Current Priority	New Priority 2020-2021	Difference	New Priority 2021-2022			KCFD Concerns
01C05	Males with pain above navel ≥ 35	2	C3A	Downgrade	C3B	01C05	Downgrade	01C05
01D01	Not alert	1	C3B	Upgrade	2	01D01	Upgrade	01D01
02B01	Unknown Status	2	C3A	Upgrade	2	02B01	Upgrade	02B01
02D02	Difficulty speaking between breaths	1	C3A	Downgrade	C3B	02D02	Downgrade	02D02
02D04	Snake Bite	1	C3A	Upgrade	1	02D04	Upgrade	02D04
03A02	Non-recent >6hrs, injuries without priority symptoms	2	3	Upgrade	C3AF	03B01	Upgrade	03B01
04D02	Unconscious	1	C3A	Upgrade	1	04D02	Upgrade	04D02
04D03	Not Alert	1	C3A	Upgrade	1	04D03	Upgrade	04D02
04D04	Chest or Neck injury with sob	1	C3B	Upgrade	C3AF	04D04	Upgrade	04D04
04D05	Multiple Victims	1	C3A	Same	C3AF	04D05	same	04D05
05D01	Not Alert	1	C3A	Upgrade	1	05D01	Upgrade	05D01
06C01	Abnormal breathing	2	C3A	Same	C3AF	06C01	same	06C01
06D02	DIFFICULTY SPEAKING BETWEEN BREATHS	1	C3A	Same	C3AF	06D02	same	06D02
06D04	Clammy or cold sweats	1	C3A	Same	C3AF	06D04	same	06D04
07A01	Burns < 18% body area	2	C3A	Same	C3AF	07A01	same	07A01
10C01	Abnormal breathing	2	C3B	Same	C3B	10C01	same	10C01
10C02	Cocaine	2	C3B	Same	C3B	10C02	same	10C02
10C03	Breathing normally ≥ 35	2	C3B	Same	C3B	10C03	same	10C03
10D01	Not alert	1	C3A	Same	C3AF	10D01	same	10D01
10D02	DIFFICULTY SPEAKING BETWEEN BREATHS	1	C3B	Same	C3B	10D02	same	10D02
10D03	CHANGING COLOR	1	C3B	Same	C3B	10D03	same	10D03
10D04	Clammy or cold sweats	1	C3B	Same	C3B	10D04	same	10D04
10D05	Heart attack or angina history	1	C3B	Same	C3B	10D05	same	10D05
12A05	Focal/Absence Seizures(Alert)	2	C3A	Upgrade	2	12A05	Upgrade	12A05
13C02	Abnormal Behavior	2	C3B	Upgrade	2	13C02	Upgrade	13C02
13C03	Abnormal Breathing	2	C3B	Upgrade	C3AF	13C03	Upgrade	13C03
16A03	Medical Eye Problems	1	C3A	Same	C3AF	16A03	same	16A03
17A01	Marked(*)Not Dangerous body area with deformity	3	3	Upgrade	C3AF	17A01	Upgrade	17A01
17A02	Not Dangerous body area	3	3	Upgrade	C3AF	17A02	Upgrade	17A02
17B01	Possibly Dangerous body area	2	C3B	Upgrade	2	17B01	Upgrade	17B01
17B02	Serious hemorrhage	2	C3B	Upgrade	C3AF	17B02	Upgrade	17B02
17B03	Unknown Status	3	3	Upgrade	C3AF	17B03	Upgrade	17B03
17D05	Chest or Neck injury with SOB	1	C3B	Upgrade	1	17D05	Upgrade	17D05

18C01	Not Alert	2	C3A	Upgrade	2	18C01	Upgrade	18C01
18C02	Abnormal breathing	2	C3B	Upgrade	C3AF	18C02	Upgrade	18C02
18C03	Speech Problems	2	C3A	Upgrade	2	18C03	Upgrade	18C03
19C01	Firing A.I.C.D.	2	C3A	Same	C3AF	19C01	same	19C01
19C02	Abnormal Breathing	2	C3A	Same	C3AF	19C02	same	19C02
19C03	Chest Pain/Discomfort>35	2	C3A	Same	C3AF	19C03	same	19C03
19C04	Cardiac history	2	C3A	Upgrade	2	19C04	Upgrade	19C04
19C06	HR <50bpm or >130bpm w Priority Symptoms	2	C3A	Same	C3AF	19C06	same	19C06
19C07	Unknown status	2	C3A	Same	C3AF	19C07	same	19C07
19D02	Diff Speaking between breaths	1	C3A	Upgrade	1	19D02	Upgrade	19D02
19D04	Clammy or cold sweats	1	C3A	Same	C3AF	19D04	same	19D04
20B01	Change in skin color	2	C3A	Same	C3AF	20B01	same	20B01
20B02	Unknown Status	2	C3A	Same	C3AF	20B02	same	20B02
21C01	Hemorrhage through Tubes	2	C3A	Upgrade	2	21C01	Upgrade	21C01
21D04	Dangerous Hemorrhage	1	C3B	Same	C3AF	21D04	Upgrade	21D04
21D05	Abnormal Breathing	1	C3B	Same	C3AF	21D05	Upgrade	21D05
23C02	Abnormal Breathing	1	C3A	Same	C3AF	23C02	Same	23C02
23C03	Antidepressants(Tryclic)	2	C3A	Upgrade	2	23C03	Upgrade	23C03
23C04	Cocaine, Meth (or derivatives)	2	C3A	Upgrade	2	23C04	Upgrade	23C04
24D03	Imminent delivery>6 months/24 weeks	2	C3A	Same	C3AF	24D03	same	24D03
24D04	3rd Trimester hemorrhage	2	C3B	Upgrade	C3AF	24D04	Upgrade	24D04
24D05	High Risk complications	2	C3B	Upgrade	C3AF	24D05	Upgrade	24D05
27B02	Known single pheripheral wound	2	C3A	Upgrade	2	27B02	Upgrade	27B02
28C06	Sudden loss of balance or coordination	2	C3A	Same	C3AF	28C06	same	28C06
28C07	Sudden vision problems	2	C3A	Upgrade	2	28C07	Upgrade	28C07
28C08	Sudden onset of severe headache	2	C3A	Upgrade	2	28C08	Upgrade	28C08
28C11	Breathing normally >35	2	C3A	Upgrade	2	28C11	Upgrade	28C11
29B01	Injuries	2	C3A	Same	C3AF	29B01	same	29B01
29B02	Serious hemorrhage	2	C3A	Same	C3AF	29B02	same	29B02
29B03	Other Hazards	2	C3A	Same	C3AF	29B03	same	29B03
29B05	Unknown Status	2	C3A	Same	C3AF	29B05	same	29B05
30B01	Possible Dangerous body area	2	C3B	Upgrade	C3AF	30B01	Upgrade	30B01
30B02	Serious hemorrhage	2	C3B	Upgrade	C3AF	30B02	Upgrade	30B02
30D04	Chest or Neck Injury with SOB	1	C3B	Upgrade	C3AF	30D04	Upgrade	30D04
31C01	Alert w abnormal breathing	2	C3B	Upgrade	2	31C01	Upgrade	31C01

31C02	Fainting episode and alert >35 w cardiac hx	2	C3B	Upgrade	C3AF	31C02	Upgrade	31C02
31C03	Females 12-50 w abdominal pain	2	C3B	Upgrade	2	31C03	Upgrade	31C03
32B01	Standing, sitting, moving or talking	2	C3A	Upgrade	2	32B01	Upgrade	32B01
32B02	Medical Alarm (Alert) notifications(no pt info)	2	C3A	Upgrade	2	32B02	Upgrade	32B02

Fire List of concerns	72
Upgrade to LSS	25
Upgrade to C3AF	14
Downgraded to C3	2
Remaining	31

X. New Business

a. Annual Maddy Fund Report



Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2021/22 (July 1, 2021 - June 30, 2022)

I Administering Agency	County / Department Kern County Public Health Services Department	County Contact (Name and Title) Brynn Carrigan / Director
	Address (Number and Street) 1800 Mt. Vernon Ave	Phone Number 661-321-3000
	City or Post Office, State, and ZIP Code Bakersfield, CA 93306	Email Address Brynn@kerncounty.com

II Establishment of Fund	1a Has the agency established the Maddy EMS Fund (Original Assessment)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b Date fund established.	07/19/1988
	c Fund balance on July 1, 2021.	\$ 3,052,895.01
	d If the Maddy EMS Fund beginning balance on July 1, 2021, differs from the previous reported ending balance on June 30, 2021, state reason(s):	
	2a Has the agency established the Maddy EMS Fund (Supplemental Assessment)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
	b Date fund established.	02/01/2015
	c Fund balance on July 1, 2021.	\$ 759,528.46
	d If the Maddy EMS Fund beginning balance on July 1, 2021 differs from the previous reported ending balance on June 30, 2021, state reason(s):	

III Collections of Penalty Assessments	3 Fines, penalties, and forfeitures collected under each statute.	Statute	Collections
	a	Government Code § 76000	\$ 929,802.50
	b	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 879,849.06
	c	Vehicle Code § 42007	
	d	Total	\$ 1,809,651.56

4 Responsibility for collection of fines, penalties, and forfeitures:	
Entity Superior Court of CA, County of Kern	Contact (Name and Title) Gina Fisher
Phone Number 661-868-4668	Email Address Gina.Fisher@kern.courts.ca.gov



Kern County Public Health Services Department

IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
	a		Government Code § 76000 (Based on GC § 76104)	\$ 929,802.50
	b		Vehicle Code § 42007	
	c		Total	\$ 929,802.50
	d	If no deposits into Maddy EMS Fund, state reason(s):		
	6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)	Statute	Deposits
	a		Government Code § 76000.5	\$ 879,849.06
	b		Vehicle Code § 42007	
	c		Total	\$ 879,849.06
	d	If no deposits into Maddy EMS Fund, state reason(s):		
	7	Responsibility for deposit of penalty assessments:		
		Entity	Contact (Name and Title)	
		Superior Court of CA, County of Kern	Gina Fisher	
		Phone Number	Email Address	
	661-868-4668	Gina.Fisher@kern.courts.ca.gov		

V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)		Interest and Other Deposits
	a	Interest earned during the fiscal year.		\$ 17,077.62
	b	Other deposits during the fiscal year.		
	c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits. Do not include refunds from Physicians/Surgeons or Hospitals on line 8c; report these amounts on line 16c and/or 20e.		
	9	Total amount of funds distributed to the specified categories during the fiscal year.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 98,654.60	
b	Physicians/Surgeons (58%)		\$ 514,977.03	



Kern County Public Health Services Department

V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 221,972.89
	d	Other Discretionary EMS (17%)		\$ 150,941.55
	e	Total	\$ 0.00	\$ 986,546.07

10 Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and go to #12)

	Interest and Other Deposits
a Interest earned during fiscal year.	\$ 16,490.74
b Other deposits during fiscal year.	
c If other deposits were made, provide the type of deposits and the reason(s) for the deposits. Do not include refunds from Physicians/Surgeons or Hospitals on line 10b; report these amounts on line 17c and/or 21e.	

11	Total amount of funds distributed to the specified categories during the fiscal year.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 90,914.34
b	Richie's Fund (15%)		\$ 136,371.47
c	Physicians/Surgeons (58%)		\$ 395,477.30
d	Hospitals (25%)		\$ 170,464.36
e	Other Discretionary EMS (17%)		\$ 115,915.76
f	Total	\$ 0.00	\$ 909,143.23

12 Responsibility for category distributions:

Entity Kern County Public Health Services Department	Contact (Name and Title) Brynn Carrigan
Phone Number 661-321-3000	Email Address Brynn@kerncounty.com

VI Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	Amount \$ 98,654.60
	14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)	Amount \$ 90,914.34
	15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)	Amount \$ 136,371.47



Kern County Public Health Services Department

VI Expenditures & Reimbursements (cont.)		Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
16a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	10,451	\$ 707,296.44	10,451	100%	\$ 353,672.30
b	If allowable claims were not paid during fiscal year, July 1, 2021-June 30, 2022, state reason(s)					
c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed				
\$ 4,295.71						
		Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
17a	Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #18)</i>	10,451	\$ 543,169.19	10,451	100%	\$ 271,603.12
b	If allowable claims were not paid during fiscal year, July 1, 2021-June 30, 2022, state reason(s)					
c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed				
18	Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i>					
	<input type="checkbox"/> A description of the Physicians/Surgeons claims payment methodologies.					
	<input type="checkbox"/> A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).					
	<input type="checkbox"/> Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.					
	<input type="checkbox"/> A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.					
	<input type="checkbox"/> An identification of the fee schedule used by the county.					
19	Responsibility for claims payments to Physicians/Surgeons:					
	Entity	Contact (Name and Title)				
	Kern County Public Health Services Department	Brynn Carrigan				
	Phone Number	Email Address				
	661-321-3000	Brynn@kerncounty.com				



Kern County Public Health Services Department

VI Expenditures & Reimbursements (cont.)

20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment). Yes No
 (If no, go to #20d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2021-June 30, 2022, state reason(s):

	Amount
d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)	\$ 807,221.08

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	

21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #22) Yes No
 (If no, go to #21d)

	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2021-June 30, 2022 state reason(s):

	Amount
d Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)	\$ 252,287.23

	Amount Reimbursed
e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	

22 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

A description of the hospitals payment methodologies.

23 Responsibility for claims payments to Hospitals:

Entity Kern County Public Health Services Department	Contact (Name and Title) Brynn Carrigan / Director
Phone Number 661-321-3000	Email Address Brynn@kerncounty.com



Kern County Public Health Services Department

VI Expenditures & Reimbursements (cont.)	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	Amount
			\$ 150,941.55
	b	Description of other EMS services provided: The implementation of programs and systems that improve the EMS System as a whole.	
	25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)	Amount
			\$ 115,915.76
	b	Description of other EMS services provided: The implementation of programs and systems that improve the outcomes for pediatric patients.	



Kern County Public Health Services Department

VII Fund Summary


Maddy EMS Fund
 (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2021	\$ 3,052,895.01 <i>(1c)</i>		\$ 3,052,895.01
Deposits for July 1, 2021-June 30, 2022	\$ 929,802.50 <i>(5c)</i>		\$ 3,982,697.51
Interest for July 1, 2021-June 30, 2022	\$ 17,077.62 <i>(8a)</i>		\$ 3,999,775.13
Other Deposits for July 1, 2021-June 30, 2022	\$ 0.00 <i>(8b)</i>		\$ 3,999,775.13

Distributions/Expenditures	Category Distributions	Reserve <i>(Optional)</i>	Available Funds for Disbursement <i>(Category Distributions - Reserve)</i>	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 98,654.60 <i>(9a)</i>		\$ 98,654.60	\$ 98,654.60 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 514,977.03 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 514,977.03	\$ 353,672.30 <i>(16a)</i>
Hospitals (25%)	\$ 221,972.89 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 221,972.89	\$ 0.00 <i>(20b Pd)</i> \$ 807,221.08 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 150,941.55 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 150,941.55	\$ 150,941.55 <i>(24a)</i>
Total	\$ 986,546.07 <i>(9e)</i>	\$ 0.00 <i>(9e)</i>	\$ 986,546.07	\$ 1,410,489.53
Preliminary Fund Balance <i>(Fund Total - Total Expenditures)</i>				\$ 2,589,285.60

Reimbursements		
Physicians/Surgeons	\$ 4,295.71 <i>(16c)</i>	\$ 2,593,581.31
Hospitals	\$ 0.00 <i>(20e)</i>	\$ 2,593,581.31
Ending Balance for Total Available Funds as of June 30, 2022		\$ 2,593,581.31

Available


 Signature of Maddy EMS Fund Administrator
 Brynn Carrigan
 Printed Name
 4/12/2023
 Date

Brynn@kerncounty.com

Email Address

Director

Title



Kern County Public Health Services Department

VII Fund Summary
 (cont.)

Maddy EMS Fund
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2021	\$ 759,528.46 <i>(2c)</i>		\$ 759,528.46
Deposits for July 1, 2021-June 30, 2022	\$ 879,849.06 <i>(6c)</i>		\$ 1,639,377.52
Interest for July 1, 2021-June 30, 2022	\$ 16,490.74 <i>(10a)</i>		\$ 1,655,868.26
Other Deposits for July 1, 2021 - June 30, 2022	\$ 0.00 <i>(10b)</i>		\$ 1,655,868.26

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 90,914.34 <i>(11a)</i>		\$ 90,914.34	\$ 90,914.34 <i>(14)</i>
Richie's Fund (15%)	\$ 136,371.47 <i>(11b)</i>		\$ 136,371.47	\$ 136,371.47 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 395,477.30 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 395,477.30	\$ 271,603.12 <i>(17a)</i>
Hospitals (25%)	\$ 170,464.36 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 170,464.36	\$ 0.00 <i>(21b Pd)</i>
				\$ 252,287.23 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 115,915.76 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 115,915.76	\$ 115,915.76 <i>(25a)</i>
Total	\$ 909,143.23 <i>(11f)</i>	\$ 0.00 <i>(11f)</i>	\$ 909,143.23	\$ 867,091.92
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 788,776.34

Reimbursements			
Physicians/Surgeons	\$ 0.00 <i>(17e)</i>		\$ 788,776.34
Hospitals	\$ 0.00 <i>(21e)</i>		\$ 788,776.34
Ending Balance for Total Available Funds as of June 30, 2022			\$ 788,776.34

Signature of Maddy EMS Fund Administrator

Brynn Carrigan

Printed Name

4/12/2023

Date

Brynn@kerncounty.com

Email Address

Director

Title

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 Legislative Report 4/12/2023

[AB 19](#) (Patterson, Joe R) Pupil health: opioid antagonists.

Last Amend: 2/27/2023

Status: 3/1/2023-Measure version as amended on February 27 corrected.

Location: 1/26/2023-A. ED.

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

Calendar: 4/12/2023 1:30 p.m. - State Capitol, Room 126 ASSEMBLY EDUCATION, MURATSUCHI, AL, Chair

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 to maintain at least two doses of naloxone hydrochloride or another opioid antagonist for purposes of those authorizations. By imposing additional duties on public schools, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

Watch

Notes: 12/9/22 - Watch (current law has permissive role for LEMSA med directors)

[AB 40](#) (Rodriguez D) Emergency medical services.

Last Amend: 3/15/2023

Status: 3/28/2023-From committee: Do pass and re-refer to Com. on HEALTH. (Ayes 5. Noes 0.) (March 27). Re-referred to Com. on HEALTH.

Location: 3/27/2023-A. HEALTH

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

Calendar: 4/18/2023 1:30 p.m. - 1021 O Street, Room 1100 ASSEMBLY HEALTH, WOOD, JIM, Chair

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 would require the authority to develop an electronic signature for use between the emergency department medical personnel at a receiving facility and the transporting emergency medical personnel that captures the points in time when the hospital receives notification of ambulance arrival and when transfer of care is executed for documentation of ambulance patient offload time, as defined. The bill would require the authority to develop a statewide standard of 20 minutes, 90% of the time, for ambulance patient offload time. The bill would also require the authority to develop 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 March 1, 2024. This bill contains other related provisions and other existing laws.

Position

WC

Notes: 2/17/23: Watch w/ Concerns

3/21/23: Letter of Concerns submitted thru portal to EM Committee

[AB 55](#) (Rodriguez D) Medi-Cal: workforce adjustment for ground ambulance transports.

Last Amend: 3/30/2023

Status: 4/3/2023-Re-referred to Com. on HEALTH.

Location: 1/26/2023-A. HEALTH

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

Calendar: 4/18/2023 1:30 p.m. - 1021 O Street, Room 1100 ASSEMBLY HEALTH, WOOD, JIM, Chair

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 federal maximum allowances based on the point of pickup and whether the service was for an emergency or nonemergency. The bill would require that the workforce adjustment meet a certain workforce standard, as determined by the department, which would apply to specified classes of employees, including emergency medical dispatchers, emergency medical technicians, paramedics, and registered nurses. The bill would set forth criteria for a provider to meet the workforce standard, with formulas taking into account the fiscal year and base hourly wage rates within a class of employees, and whether the provider is a new provider of ground ambulance services.

Position
W/E

Notes: 12/9/22 - Prevailing wage language problematic. Watch & Engage w/ author's office.

AB 70

(Rodriguez D) Emergency response: trauma kits.

Status: 3/21/2023-From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 0.) (March 21). Re-referred to Com. on APPR.

Location: 3/21/2023-A. APPR.

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.

Position
Watch

Notes: 1/6/23 - Watch

AB 71

(Rodriguez D) Pupil instruction: bleeding control.

Status: 1/26/2023-Referred to Com. on ED.

Location: 1/26/2023-A. ED.

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

Calendar: 4/12/2023 1:30 p.m. - State Capitol, Room 126 ASSEMBLY EDUCATION, MURATSUCHI, AL, Chair

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 each pupil completing grade 12 to satisfy certain requirements as a condition of receiving a diploma of graduation from high school. These requirements include the completion of designated coursework in grades 9 to 12, inclusive. Existing law authorizes a governing board of a school district to adopt other coursework requirements. This bill would require, commencing with the 2025–26 school year, the governing board of a school district or the governing body of a charter school that requires a course in health education for graduation from high school to include in that course instruction in bleeding control, as provided. The bill would require the State Department of Education to provide guidance on how to implement these provisions, including, but not limited to, who may provide instruction. The bill would provide that a local agency, entity of state or local government, or other public or private organization that sponsors, authorizes, supports, finances, or supervises, and a public employee who provides or facilitates, the instruction of pupils in bleeding control pursuant to the bill shall not be liable for any civil damages alleged to result from the acts or omissions of an individual who received such instruction, except as provided.

Position
Watch

Notes: 1/6/23: Watch
12/13/22: EMSAAC To LC

AB 255

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

Last Amend: 3/15/2023

Status: 3/22/2023-From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 0.) (March 21). Re-referred to Com. on APPR.

Location: 3/22/2023-A. APPR.

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 each community college district, and would request the University of California, with respect to each campus in their respective jurisdictions that administers a priority enrollment system, beginning July 1, 2024, to grant priority for registration for enrollment to first responders, as defined. By requiring additional students to receive priority registration at community college districts, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

Watch

Notes: 1/27/23: Watch

AB 296

(Rodriguez D) Office of Emergency Services: 9-1-1 Public Education Campaign.

Status: 3/28/2023-From committee: Do pass and re-refer to Com. on C. & C. with recommendation: To Consent Calendar. (Ayes 7. Noes 0.) (March 27). Re-referred to Com. on C. & C.

Location: 3/27/2023-A. C. & C.

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

Calendar: 4/19/2023 1:30 p.m. - State Capitol, Room 437 ASSEMBLY COMMUNICATIONS AND CONVEYANCE, BOERNER HORVATH, TASHA, Chair

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. This bill would establish the 911 Public Education Campaign, to be administered by the office, 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 authorize the office to use federal preparedness grant funds or funds appropriated by the Legislature for these purposes to implement these provisions. This bill contains other existing laws.

Position

Watch

Notes: 3/23/23: Watch

AB 379

(Rodriguez D) Emergency medical services.

Last Amend: 3/23/2023

Status: 3/27/2023-Re-referred to Com. on E.M.

Location: 3/23/2023-A. EMERGENCY MANAGEMENT

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

Calendar: 4/17/2023 2:30 p.m. - State Capitol, Room 444 ASSEMBLY EMERGENCY MANAGEMENT, RODRIGUEZ, FREDDIE, Chair

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 authorizes a LEMSA to adopt policies and procedures for calculating and reporting ambulance patient offload times. Existing law authorizes a LEMSA to develop and submit an emergency medical services system plan to the authority and requires the LEMSA to annually submit its emergency medical services plan for the EMS area to the authority. This bill would make these authorizations mandatory. The bill would also require LEMSAs and the authority to make the plans accessible on the LEMSA’s and the authority’s internet websites within 30 days of approval

by the authority. This bill contains other existing laws.

Position

WC

Notes: 2/17/23: Watch w/ Concerns; work w/ author's office on data requested

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

Status: 2/9/2023-From printer. May be heard in committee March 11.

Location: 2/8/2023-A. PRINT

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, 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.

Position

Watch

Notes: 2/9/23: To LC

3/23/23: Watch

[AB 716](#) (Boerner Horvath D) Emergency ground medical transportation.

Status: 2/27/2023-Re-referred to Coms. on E.M. and HEALTH pursuant to Assembly Rule 96.

Location: 2/27/2023-A. EMERGENCY MANAGEMENT

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

Calendar: 4/17/2023 2:30 p.m. - State Capitol, Room 444 ASSEMBLY EMERGENCY MANAGEMENT, RODRIGUEZ, FREDDIE, Chair

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.

Position

WC

Notes: 3/23/23: Watch w/ Concerns

[AB 767](#) (Gipson D) Community Paramedicine or Triage to Alternate Destination Act.

Status: 4/11/2023-VOTE: Do pass and be re-referred to the Committee on [Appropriations] (PASS)

Location: 4/11/2023-A. APPR.

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 that program specialty.

Position

SIB

Notes: 2/17/23: SIB

[AB 1029](#) (Pellerin D) Advance health care directive form.

Status: 4/11/2023-From committee: Amend, and do pass as amended. To Consent Calendar. (Ayes 11. Noes 0.) (April 11).

Location: 4/11/2023-A. CONSENT CALENDAR

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

Calendar: 4/13/2023 #15 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS

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. This bill would add an optional space on the statutory form for an individual to designate a separate mental health agent for decisions related to mental health.

Position

Watch

Notes: 4/7/23: Watch

AB 1036

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

Status: 4/4/2023-In committee: Hearing postponed by committee.

Location: 3/2/2023-A. HEALTH

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

Calendar: 4/25/2023 1:30 p.m. - 1021 O Street, Room 1100 ASSEMBLY HEALTH, WOOD, JIM, Chair

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.

Position

WC

Notes: 2/24/23: Watch w/ Concerns

AB 1164

(Lowenthal D) Hospitals: emergency departments: crowding score.

Status: 4/4/2023-In committee: Set, first hearing. Hearing canceled at the request of author.

Location: 3/2/2023-A. HEALTH

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

Calendar: 4/18/2023 1:30 p.m. - 1021 O Street, Room 1100 ASSEMBLY HEALTH, WOOD, JIM, Chair

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.

Position

WC

Notes: 3/23/23: Watch w/ Concerns

[AB 1168](#) (Bennett D) Emergency medical services (EMS): prehospital EMS.

Last Amend: 3/16/2023

Status: 4/11/2023-VOTE: Do pass as amended and be re-referred to the Committee on [Emergency Management] (PASS)

Location: 4/11/2023-A. EMERGENCY MANAGEMENT

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 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 or fire district that contracted for or provided, as of June 1, 1980, prehospital EMS, to be deemed to retain its authorities regarding, and administration of, the prehospital EMS when a city or fire district enters into an agreement with a county for the joint exercise of powers regarding prehospital EMS, or that ceased to contract for, provide, or administer prehospital EMS as a result of a judicial finding, as specified, or that contracts with a county to provide prehospital EMS in areas outside of that city or fire district pursuant to statute. The bill would state the Legislature's intent that a city's or fire district's entry into a written agreement with a county for the joint exercise of powers regarding prehospital EMS, as described, does not make the city or fire district ineligible to contract with a county, as described above, or result in the transfer, termination, relinquishment, or extinguishment of that city's or fire district's authorities regarding, or administration of, prehospital EMS, and to abrogate contrary judicial holdings.

Position

O-1

Notes: 3/17/23: O-1

4/3/23: Joint EMSAAC/EMDAC letter submitted to A-Health via portal

[AB 1180](#) (Rodriguez D) Emergency medical services.

Last Amend: 3/29/2023

Status: 3/30/2023-Re-referred to Com. on HEALTH.

Location: 3/2/2023-A. HEALTH

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

Calendar: 4/18/2023 1:30 p.m. - 1021 O Street, Room 1100 ASSEMBLY HEALTH, WOOD, JIM, Chair

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.

Position

Watch

Notes: 2/17/23: To LC

3/23/23: Watch

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

Status: 4/11/2023-VOTE: Do pass and be re-referred to the Committee on [Privacy and Consumer Protection] with recommendation: To Consent Calendar (PASS)

Location: 4/11/2023-A. P. & C.P.

Desk	Policy	Fiscal	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. Existing law requires a public safety agency that provides "911" call processing services for emergency medical response to make a connection available from the public safety agency dispatch center to an emergency medical services (EMS) provider's dispatch center for the timely transmission of emergency response information. Existing law requires a public safety agency implementing an emergency medical dispatch program to perform "911" call processing services and operate the program in accordance with applicable state guidelines and regulations and the policies adopted by the local EMS agency, as specified. 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, excluding any personally identifiable information. This bill contains other related provisions and other existing laws.

Position

Watch

Notes: 4/7/23: Watch

AB 1601 (Alvarez D) Involuntary commitment.

Status: 3/9/2023-Referred to Coms. on HEALTH and JUD.

Location: 3/9/2023-A. HEALTH

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

Summary: Existing law, the Lanterman-Petris-Short Act, authorizes the involuntary commitment and treatment of persons with specified mental disorders. Under the act, when a person, as a result of a mental health disorder, is a danger to self or others, or gravely disabled, the person may, upon probable cause, be taken into custody by specified individuals, including, among others, by peace officers and designated members of a mobile crisis team, and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. This bill would additionally authorize a person to be taken into custody pursuant to those provisions by a paramedic or emergency medical technician.

Position

WC

Notes: 2/24/23: Watch w/ Concerns

AB 1651 (Sanchez R) Pupil health: emergency medical care: epinephrine auto-injectors.

Last Amend: 3/30/2023

Status: 4/3/2023-Re-referred to Com. on ED.

Location: 3/9/2023-A. ED.

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

Calendar: 4/12/2023 1:30 p.m. - State Capitol, Room 126 ASSEMBLY EDUCATION, MURATSUCHI, AL, Chair

Summary: Existing law requires school districts, county offices of education, and charter schools to provide emergency epinephrine auto-injectors to school nurses or trained volunteer personnel, and authorizes school nurses and trained personnel to use epinephrine auto-injectors to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an anaphylactic reaction, as provided. Existing law defines "volunteer" and "trained personnel" for these purposes to mean an employee who has volunteered to administer epinephrine auto-injectors, as provided. This bill would require school districts, county offices of education, and charter schools to, among other things, store those emergency epinephrine auto-injectors in an accessible location upon need for emergency use and include that location in specified annual notices. This bill would extend the definition of "volunteer" and "trained personnel" to include the holder of an Activity Supervisor Clearance Certificate, as specified, who has volunteered to administer epinephrine auto-injectors, as provided. To the extent the bill would impose additional duties on local educational agencies, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

None

Notes: 2/22/23 - EMSAAC LC

3/23/23: Drop

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

Last Amend: 2/13/2023

Status: 3/28/2023-Set for hearing April 12.

Location: 1/18/2023-S. HEALTH

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

Summary: Existing law establishes the Emergency Medical Services Authority, within the California Health and Human Services Agency, for purposes including the assessment, coordination, and improvement of the state's emergency medical services system. This bill would require an emergency medical services provider who treats and releases or transports an individual to a medical facility who is experiencing a suspected or an actual overdose to report the incident to the authority. The bill requires the authority 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. This bill contains other related provisions and other existing laws.

Position

WC

Notes: 1/6/23: Watch w/ Concerns. BA to engage author's office on EMS Provider definition; discuss data collection.

[SB 234](#) (Portantino D) Opioid antagonists: schools, college campuses, stadiums, concert venues, and amusement parks.

Last Amend: 3/13/2023

Status: 3/28/2023-Set for hearing April 12.

Location: 3/22/2023-S. HEALTH

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

Calendar: 4/12/2023 1:30 p.m. - 1021 O Street, Room 1200 SENATE HEALTH, EGGMAN, SUSAN TALAMANTES, Chair

Summary: Existing law authorizes school districts, county offices of education, and charter schools to provide emergency naloxone hydrochloride or another opioid antagonist, as defined, to school nurses or trained personnel who have volunteered, as provided. Existing law authorizes school nurses or 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. Existing law authorizes each public and private elementary and secondary school in the state to determine whether or not to make emergency naloxone hydrochloride or another opioid antagonist and trained personnel available at its school, as provided. This bill would require each public and elementary and secondary school in the state, including charter schools, to maintain unexpired doses of naloxone hydrochloride or any other opioid antagonist on its schoolsite 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 require school districts, county offices of education, and charter schools to report to the State Department of Education and the State Department of Health Care Services, on an annual basis at the end of every school year, all incidents of oncampus pupil opioid exposure during that school year. The bill would make other conforming changes. By imposing new duties on public schools, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

Watch

Notes: 1/27/23 - Watch

[SB 318](#) (Ochoa Bogh R) "2-1-1" information and referral network.

Status: 3/13/2023-Set for hearing April 17.

Location: 2/15/2023-S. HUM. S.

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

Calendar: 4/17/2023 3 p.m. or upon adjournment of Session - 1021 O Street, Room 2200 SENATE HUMAN SERVICES, ALVARADO-GIL, MARIE, Chair

Summary: Existing law vests the Public Utilities Commission with regulatory authority over public utilities, including telephone corporations. Pursuant to authority delegated by the Federal Communications Commission to state regulatory bodies and its existing statutory authority, the Public Utilities Commission has established procedures for implementing 2-1-1 dialing in California. Existing law, until January 1, 2023, authorized the commission, if it determined that doing so was an appropriate use of funds collected from ratepayers, to expend up to \$1,500,000 from the California Teleconnect Fund Administrative Committee Fund to help close 2-1-1 service gaps in counties lacking access to disaster preparedness, response, and recovery information and referral services, where technically feasible, through available 2-1-1 service. Existing law establishes various public social services programs, administered by the State Department of Social services. This bill would, upon appropriation, require the department to establish, develop, implement, and administer the 2-1-1 Support Services Grant Program. The bill would require the department to allocate 85% of funds for grants to fund core activities of 2-1-1 agencies, including, among others, contact handling, as specified,

and improving the statewide ability to manage resource and user needs data to support data sharing and delivery to health systems, government agencies and other key partners, and shared capacity for analytics and systems. The bill would also require the department to allocate 15% of funds to create a Statewide Innovation Program for the purpose of collective 2-1-1 statewide network coordination with a focus on, among others, building shared strategies and project management of state and regional initiatives and related information and services, and scaling up and assisting with the operations of 2-1-1 services in specified rural counties. This bill contains other related provisions.

Position

None

Notes: 2/7/23: To LC

3/23/23: Drop

SB 402 (Wahab D) Emergency services: limiting police response.

Status: 2/22/2023-Referred to Coms. on HEALTH and G.O.

Location: 2/22/2023-S. HEALTH

Desk	Policy	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.

Position

WC

Notes: 2/10/23 - To LC

3/23/23: Watch w/ Concerns

SB 472 (Hurtado D) Pupil health: opioid overdose reversal medication.

Last Amend: 3/23/2023

Status: 3/28/2023-Set for hearing April 12.

Location: 3/22/2023-S. HEALTH

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

Calendar: 4/12/2023 1:30 p.m. - 1021 O Street, Room 1200 SENATE HEALTH, EGGMAN, SUSAN TALAMANTES, Chair

Summary: Existing law authorizes a school district, county office of education, and charter school to provide emergency naloxone hydrochloride or another opioid antagonist to school nurses or trained personnel who have volunteered, and authorizes school nurses or 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 to maintain at least 2 doses of naloxone hydrochloride or another opioid antagonist for purposes of those authorizations. The bill would require each school district, county office of education, and charter school to report to the State Department of Education and the State Department of Health Care Services on or before July 31, 2024, and annually thereafter, certain information regarding opioid antagonists. By imposing additional duties on public schools, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

None

Notes: 2/14/23: To LC

3/23/23: Drop

SB 868 (Wilk R) Pupil safety: trauma kits.

Last Amend: 3/20/2023

Status: 3/29/2023-From committee: Do pass and re-refer to Com. on RLS. (Ayes 7. Noes 0.) (March 29). Re-referred to Com. on RLS.

Location: 3/29/2023-S. RLS.

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

Calendar: 4/18/2023 1:30 p.m. - 1021 O Street, Room 2100 SENATE JUDICIARY, UMBERG, THOMAS, Chair

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. 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 equip each classroom at each of its schoolsites with a trauma kit, as defined, and to notify, at least once each school year, its administrative employees, classified employees, pupil services employees, and teachers 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. This bill contains other related provisions and other existing laws.

Position

Watch

Notes: 2/22/23 - EMSAAC LC

3/23/23: Watch

Total Measures: 25

Total Tracking Forms: 25

X. New Business

c. Annual Core Measures and APOT Report



Emergency Medical Services Annual Core Measures and APOT Report

Core Measures 2022:

Each local EMS authority is responsible for collecting, analyzing, and reporting a set of standardized performance measures to the State EMS Authority. According to the California Emergency Medical Services Authority¹:

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

The following is the list of Core Measures, the total population measured, a description of each, and the 2022 reporting value for Kern County EMS.

Measure ID#	Numerator Value (Subpopulation)	Denominator Value (Population)	Reported Value	Measure Description	Notes
TRA-2	51	153	33%	Percentage of trauma patients meeting CDC Field Trauma Triage Criteria Step 1 or 2 or 3 that were transported to a trauma center originating from a 911 response.	
HYP-1	116	387	30%	Percentage of patients that received treatment to correct their hypoglycemia originating from a 911 response.	
STR-1	322	349	92%	Percentage of suspected stroke patients that received a prehospital stroke screening originating from a 911 response.	
PED-3	210	266	79%	Percentage of pediatric patients that had a primary or secondary impression of respiratory distress and received a documented respiratory assessment originating from a 911 response.	
RST-4	40,817	45,654	89%	Percentage of EMS responses originating from a 911 request that included the use of lights and/or sirens during a response.	
RST-5				Percentage of EMS transports originating from a 911 request that included the use of lights and/or sirens during patient transport.	Due to COR measure change, data not available

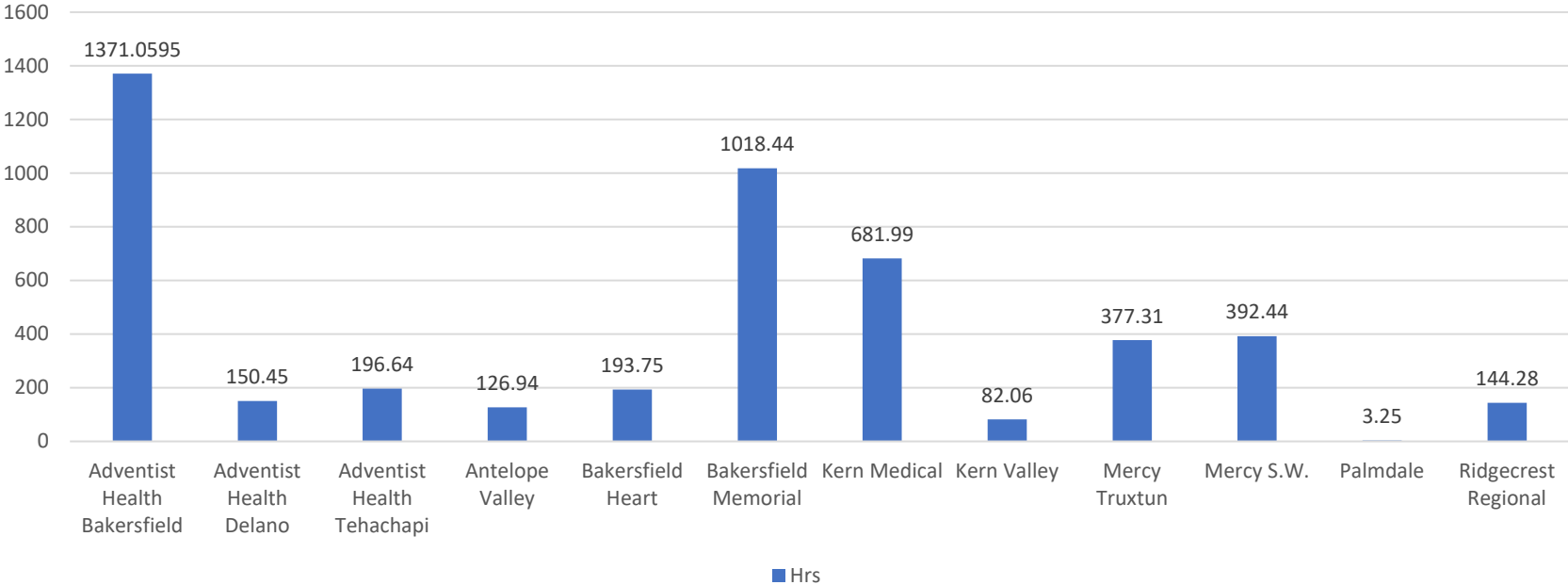
Ambulance Patient Offload Times (APOT) 2019:

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

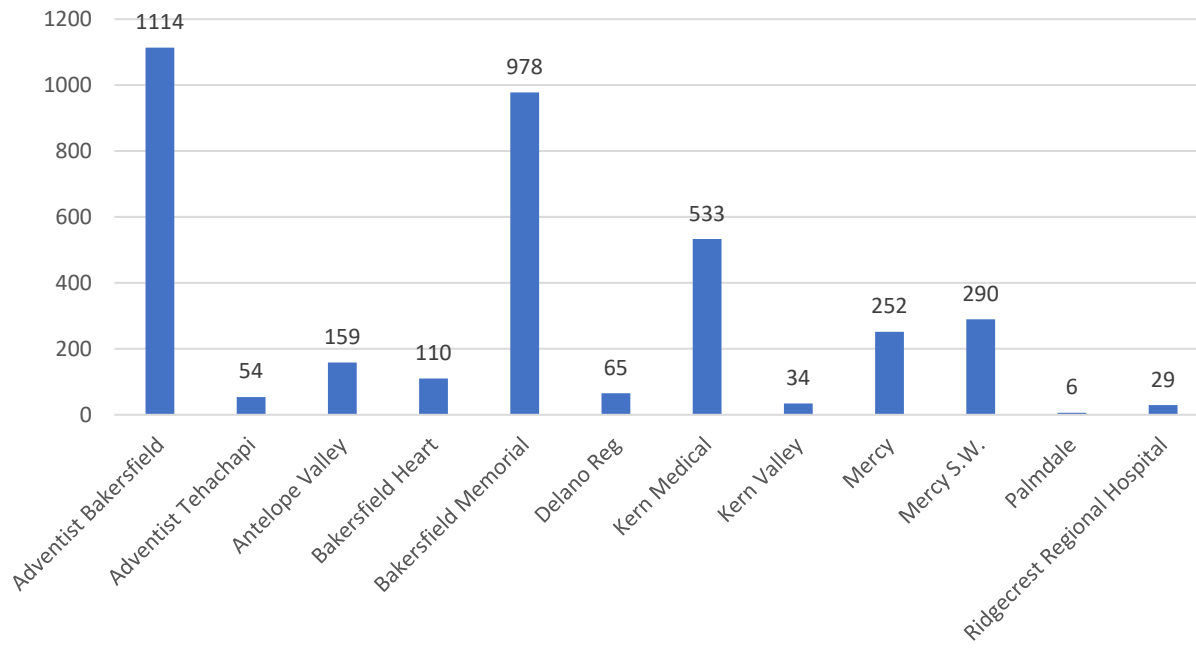
In 2016, California Emergency Medical Services Authority approved legislation that required each local EMS agency to calculate and report APOT for each designated base hospital in their jurisdiction with the hopes that quality improvement could decrease these times.

The following is a summary of each Kern County designated base hospital and their APOT in 2019.

Total Hrs Waiting for a bed > 20 Minutes Q1 2022 - 4739

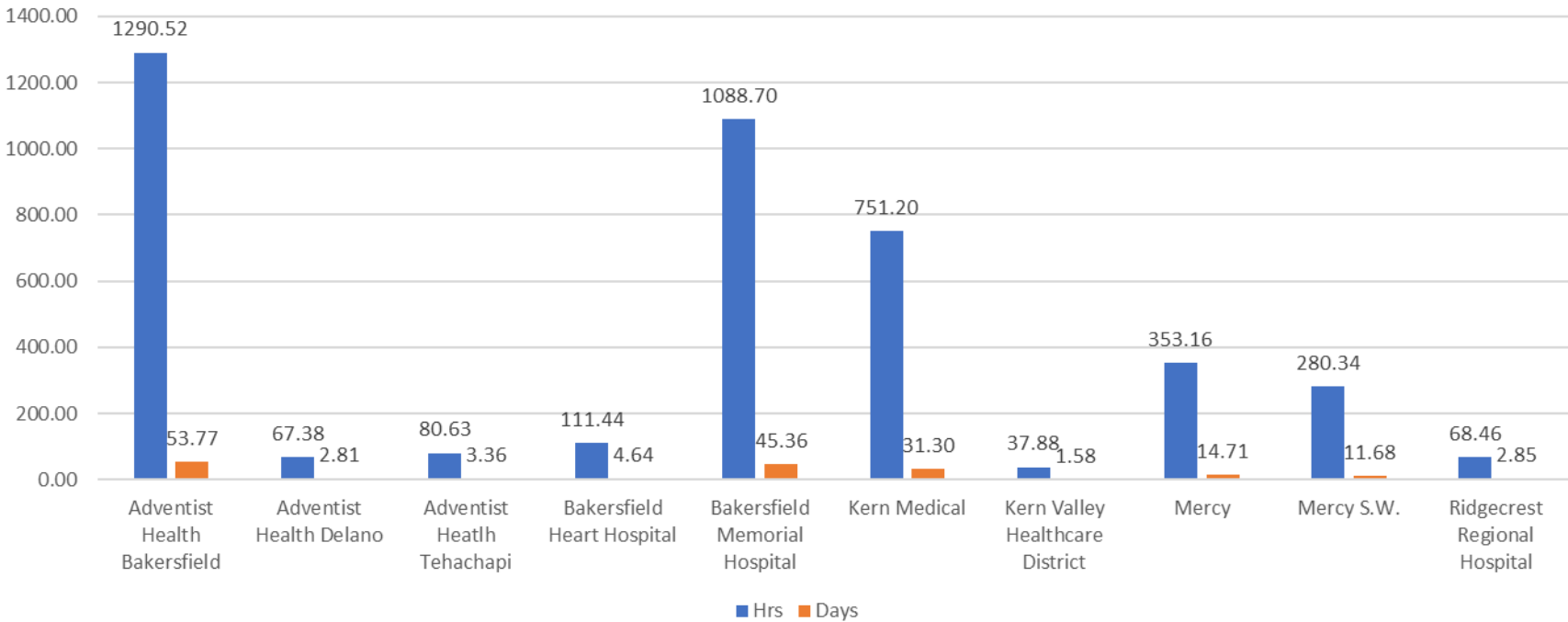


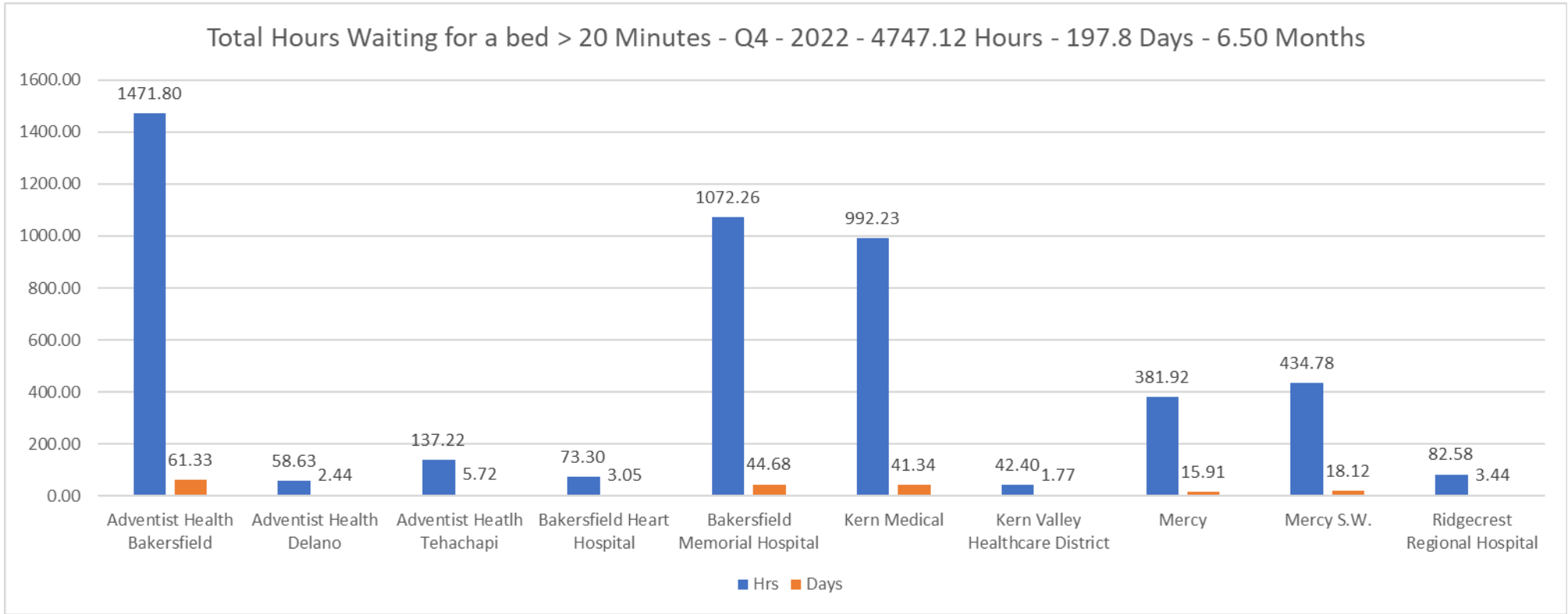
Total Hours Waiting For A Bed > 20 Minutes Q2 2022
3624 Hours



Decrease of
23.53% from Q1
2022

Total Hours Waiting for a bed > 20 Minutes - Q3 - 2022 - 4129.71





Increase of 18.02% from Q3 2022

Total Number of Hours Spent Waiting to offload in 2022 was

17239.83

X. New Business

d. Annual Ambulance Response Time Compliance



Zone	Priority	Compliance Reporting 2022/01/01 - 2022/01/31											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	49	16	65	0	65	16	6	6	0	59	10	83.05%	\$1,000	1	\$1,000	1	
	2	61	14	75	1	74	14	9	9	0	65	6	90.77%	\$0	2	\$0	0	
	3	38	1	39	2	37	1	0	0	0	37	1	97.30%		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	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0	
	2	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0	
	3	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	11	1	12	0	12	1	0	0	0	12	1	91.67%	\$0	0	\$0	0	
	2	4	1	5	0	5	1	0	0	0	5	1	80.00%	\$1,000	0	\$1,000	1	
	3	8	0	8	2	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	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 1 Urban	1	4	1	5	0	5	1	0	0	0	5	1	80.00%	\$1,000	0	\$1,000	3	
	2	16	1	17	0	17	1	0	0	0	17	1	94.12%	\$0	0	\$0	0	
	3	10	2	12	0	12	2	1	1	0	11	1	90.91%		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	45	8	53	0	53	8	5	5	0	48	3	93.75%	\$0	2	\$0	0	
	2	73	11	84	2	82	9	2	2	0	80	7	91.25%	\$0	1	\$0	0	
	3	33	4	37	6	31	4	1	1	0	30	3	90.00%		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	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	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	7	0	7	0	7	0	0	0	0	7	0	100.00%	\$0	0	\$0	0	
	2	16	1	17	3	14	1	0	0	0	14	1	92.86%	\$0	0	\$0	0	
	3	4	2	6	0	6	2	1	1	0	5	1	80.00%		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	10	1	11	0	11	1	0	0	1	11	0	100.00%		0	\$0		
EOA 2 Urban	1	15	1	16	0	16	1	0	0	0	16	1	93.75%	\$0	0	\$0	0	
	2	17	10	27	0	27	10	2	2	0	25	8	68.00%	\$5,000	1	\$5,000	4	
	3	6	0	6	2	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		



Kern County - Hall Ambulance Response Compliance and Penalty

Period: Jan 01 2022 to Jan 31 2022

Report Status: FINAL

	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 3 Metro	1	44	6	50	1	49	6	2	2	0	47	4	91.49%	\$0	4	\$0	0
	2	98	11	109	3	106	11	5	5	0	101	6	94.06%	\$0	5	\$0	0
	3	51	3	54	8	46	3	1	1	0	45	2	95.56%		1	\$0	
	4	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
	5	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0	
	6	2	7	9	1	8	6	0	0	0	8	6	25.00%		0	\$0	
	7	20	14	34	1	33	13	0	0	0	33	13	60.61%		0	\$0	
	8	0	1	1	1	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	
	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 3 Suburban	1	1	0	1	0	1	0	0	0	0	1	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	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	1	2	3	0	3	2	0	0	0	3	2	33.33%		0	\$0	
EOA 3 Urban	1	37	1	38	0	38	1	0	0	38	1	97.37%	\$0	1	\$0	0	
	2	57	10	67	1	66	10	5	5	61	5	91.80%	\$0	2	\$0	0	
	3	31	4	35	2	33	4	1	1	32	3	90.63%		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	1	1	0	1	1	0	0	0	1	1	0.00%		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 3 Wilderness	1	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0	
	2	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	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 4 Metro	1	1571	696	2267	381	1886	511	137	137	0	1749	380	78.27%	\$5,000	160	\$5,000	4
	2	2125	892	3017	527	2490	642	226	226	0	2264	424	81.27%	\$5,000	216	\$5,000	4
	3	1365	239	1604	402	1202	160	47	47	0	1155	113	90.22%		25	\$0	
	4	23	6	29	1	28	5	0	0	2	28	3	89.29%		0	\$0	
	5	12	0	12	0	12	0	0	0	0	12	0	100.00%		0	\$0	
	6	103	99	202	32	170	82	0	0	0	170	82	51.76%		0	\$0	
	7	220	136	356	76	280	97	0	0	0	280	97	65.36%		0	\$0	
	8	12	0	12	0	12	0	0	0	0	12	0	100.00%		0	\$0	
EOA 4 Rural	1	3	1	4	0	4	1	1	1	0	3	0	100.00%	\$0	2	\$0	0
	2	0	4	4	0	4	4	2	2	0	2	2	0.00%	\$1,000	0	\$1,000	1
	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 4 Suburban	1	9	2	11	0	11	2	1	1	0	10	1	90.00%	\$0	0	\$0	0
	2	20	2	22	1	21	2	0	0	0	21	2	90.48%	\$0	1	\$0	0
	3	1	1	2	0	2	1	0	0	0	2	1	50.00%		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 4 Urban	1	26	5	31	5	26	4	2	2	0	24	3	87.50%	\$1,000	3	\$1,000	1
	2	52	21	73	11	62	15	4	4	0	58	12	79.31%	\$1,000	7	\$1,000	1
	3	20	4	24	3	21	3	3	3	0	18	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	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	



Kern County - Hall Ambulance Response Compliance and Penalty

Period: Jan 01 2022 to Jan 31 2022

Report Status: FINAL

OUT OF SERVICE AREA	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	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		
	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		
																\$44,000	



Zone	Priority	Compliance Reporting 2022/02/01 - 2022/02/28											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	35	4	39	0	39	4	1	1	0	39	3	92.11%	\$0	0	\$0	0
	2	66	4	70	0	70	4	1	1	0	69	3	95.65%	\$0	0	\$0	0
	3	39	0	39	4	35	0	0	0	0	35	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	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	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 1 Suburban	1	5	0	5	0	5	0	0	0	0	5	0	100.00%	\$0	0	\$0	0
	2	10	0	10	0	10	0	0	0	0	10	0	100.00%	\$0	0	\$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	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	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0
	2	7	0	7	0	7	0	0	0	0	7	0	100.00%	\$0	0	\$0	0
	3	9	0	9	0	9	0	0	0	0	9	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	24	5	29	1	28	5	2	2	0	26	3	88.46%	\$1,000	0	\$1,000	1
	2	52	5	57	0	57	5	0	0	1	57	5	91.23%	\$0	0	\$0	0
	3	29	0	29	2	27	0	0	0	0	27	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	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 Suburban	1	8	0	8	0	8	0	0	0	0	8	0	100.00%	\$0	0	\$0	0
	2	14	3	17	0	17	3	0	0	0	17	3	82.35%	\$1,000	0	\$1,000	1
	3	2	1	3	0	3	1	0	0	0	3	1	66.67%		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	17	1	18	0	18	1	0	0	1	18	0	100.00%		0	\$0	
EOA 2 Urban	1	5	2	7	0	7	2	0	0	1	7	1	85.71%	\$1,000	0	\$1,000	1
	2	16	4	20	0	20	4	0	0	0	20	5	75.00%	\$5,000	0	\$5,000	4
	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	



Kern County - Hall Ambulance Response Compliance and Penalty

Period: Feb 01 2022 to Feb 28 2022

Report Status: FINAL

OUT OF SERVICE AREA	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	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		
	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		
																	\$37,000



Zone	Priority	Compliance Reporting 2022/03/01 - 2022/03/31											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 1 Metro	1	51	4	55	0	55	4	2	2	0	53	2	96.23%	\$0	0	\$0	0
	2	60	10	70	0	70	10	3	3	0	67	7	89.55%	\$1,000	1	\$1,000	1
	3	42	5	47	3	44	5	2	2	0	42	3	92.86%		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	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0
	2	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
	3	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 1 Suburban	1	3	0	3	0	3	0	0	0	0	3	0	100.00%	\$0	0	\$0	0
	2	7	2	9	0	9	2	2	2	0	7	0	100.00%	\$0	0	\$0	0
	3	6	1	7	0	7	1	0	0	0	7	1	85.71%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	2	1	3	0	3	1	0	0	0	0	3	1	66.67%		0	\$0
EOA 1 Urban	1	5	1	6	0	6	1	1	1	0	5	0	100.00%	\$0	0	\$0	0
	2	14	1	15	1	14	1	1	1	0	13	0	100.00%	\$0	0	\$0	0
	3	6	1	7	0	7	1	1	1	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	6	6	0	6	6	0	0	1	6	5	16.67%		0	\$0	
	7	1	1	2	0	2	1	0	0	0	2	1	50.00%		0	\$0	
	8	0	1	1	1	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	40	5	45	1	44	5	0	1	1	44	4	90.91%	\$0	0	\$0	0
	2	55	4	59	1	58	4	2	2	0	56	2	96.43%	\$0	1	\$0	0
	3	35	3	38	4	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	1	1	0	1	1	0	0	0	1	1	0.00%		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 2 Rural	1	8	0	8	1	7	0	0	0	0	7	0	100.00%	\$0	0	\$0	0
	2	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0
	3	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	4	0	4	0	4	0	0	0	0	4	0	100.00%	\$0	0	\$0	0
	2	15	2	17	0	17	2	0	0	0	17	2	88.24%	\$1,000	0	\$1,000	2
	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	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	24	3	27	0	27	3	0	0	1	27	2	92.59%		0	\$0	
EOA 2 Urban	1	9	4	13	0	13	4	1	1	1	12	2	83.33%	\$1,000	1	\$1,000	2
	2	11	4	15	0	15	4	0	0	0	15	4	73.33%	\$5,000	0	\$5,000	4
	3	8	0	8	1	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 - Hall Ambulance Response Compliance and Penalty

Period: Mar 01 2022 to Mar 31 2022

Report Status: FINAL

EOA	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
EOA 9 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EOA 9 Wilderness	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EOA 9 Wilderness	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EOA 9 Wilderness	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EOA 9 Wilderness	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EOA 9 Wilderness	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EOA 9 Wilderness	7	0	0	0	0	0	0	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	0	0	0	0	0	0
EOA 11 Metro	1	107	28	135	0	135	28	7	7	0	128	21	83.59%	\$1,000	2	\$1,000	3		
EOA 11 Metro	2	141	24	165	4	161	22	7	7	0	154	15	90.26%	\$0	7	\$0	0		
EOA 11 Metro	3	87	8	95	6	89	8	2	2	0	87	6	93.10%		0	\$0			
EOA 11 Metro	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
EOA 11 Metro	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
EOA 11 Metro	6	1	1	2	0	2	1	0	0	0	2	1	50.00%		0	\$0			
EOA 11 Metro	7	0	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	\$0			
EOA 11 Rural	1	6	0	6	0	6	0	0	0	0	6	0	100.00%	\$0	0	\$0	0		
EOA 11 Rural	2	7	0	7	1	6	0	0	0	0	6	0	100.00%	\$0	0	\$0	0		
EOA 11 Rural	3	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	\$0			
EOA 11 Rural	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
EOA 11 Rural	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
EOA 11 Rural	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
EOA 11 Rural	7	0	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	\$0			
EOA 11 Suburban	1	18	0	18	0	18	0	0	0	0	18	0	100.00%	\$0	0	\$0	0		
EOA 11 Suburban	2	30	1	31	1	30	1	0	0	0	30	1	96.67%	\$0	3	\$0	0		
EOA 11 Suburban	3	7	1	8	0	8	1	1	1	0	7	0	100.00%		0	\$0			
EOA 11 Suburban	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
EOA 11 Suburban	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
EOA 11 Suburban	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
EOA 11 Suburban	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
EOA 11 Suburban	8	18	1	19	0	19	1	0	0	1	19	0	100.00%		0	\$0			
EOA 11 Urban	1	10	3	13	0	13	3	1	1	0	12	2	83.33%	\$1,000	0	\$1,000	1		
EOA 11 Urban	2	18	2	20	0	20	2	1	1	0	19	1	94.74%	\$0	0	\$0	0		
EOA 11 Urban	3	11	0	11	0	11	0	0	0	0	11	0	100.00%		1	\$0			
EOA 11 Urban	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
EOA 11 Urban	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
EOA 11 Urban	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
EOA 11 Urban	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
EOA 11 Urban	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
EOA 11 Wilderness	1	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0		
EOA 11 Wilderness	2	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0		
EOA 11 Wilderness	3	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	\$0			
EOA 11 Wilderness	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
EOA 11 Wilderness	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
EOA 11 Wilderness	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
EOA 11 Wilderness	7	0	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	\$0			
EOA 1	1										227		0.88%		2	\$0	0	3	
EOA 1	2										296		3.72%		11	\$0	0	3	
EOA 1	3										167		0.69%		1	\$0	0	0	
EOA 2	1										67		1.49%		1	\$0	0	2	
EOA 2	2										90		1.11%		1	\$0	0	2	
EOA 2	3										48		0.00%		0	\$0	0	0	
EOA 3	1										83		3.61%		3	\$0	0		
EOA 3	2										158		3.16%		5	\$0	0		
EOA 3	3										72		0.00%		0	\$0			
EOA 4	1										1768		4.38%		77	\$0	2	13	
EOA 4	2										2758		3.99%		110	\$0	2	13	
EOA 4	3										1486		1.08%		16	\$0	0	0	
EOA 8	1										193		4.66%		9	\$0	0	7	
EOA 8	2										292		3.42%		10	\$0	0	4	
EOA 8	3										139		0.72%		1	\$0	0	0	
EOA 9	1										66		0.00%		0	\$0	0	2	
EOA 9	2										89		0.00%		0	\$0	0	3	
EOA 9	3										51		0.00%		0	\$0	0	0	
EOA 11	1										0		--		0	\$0	0	0	
EOA 11	2										0		--		0	\$0	0	0	
EOA 11	3										0		--		0	\$0	0	0	
	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0		
	2	4	0	4	4	0	0	0	0	0	0	0	--	\$0	0	\$0	0		



Kern County - Hall Ambulance Response Compliance and Penalty

Period: Mar 01 2022 to Mar 31 2022

Report Status: FINAL

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	1	0	1	1	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		
																	\$41,000	



Kern County - Hall Ambulance Response Compliance and Penalty

Period: Apr 01 2022 to Apr 30 2022

Report Status: FINAL

	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
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	2	0	2	1	1	0	0	0	0	0	1	0	100.00%	0	0	0	\$0
	7	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
	1	0	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	0	\$0
	2	0	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	0	\$0
MUTUAL AID GIVEN	3	0	0	0	0	0	0	0	0	0	0	0	--	0	0	0	0	\$0
	4	0	0	0	0	0	0	0	0	0	0	0	--	0	0	0	0	\$0
	5	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
	7	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
																		\$41,000



Kern County - Hall Ambulance Response Compliance and Penalty

Period: May 01 2022 to May 31 2022

Report Status: FINAL

	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0	
	2	1	0	1	0	1	0	0	0	1	0	100.00%	\$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			
	8	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	1	133	25	158	1	157	25	7	7	0	150	18	88.00%	\$1,000	0	\$1,000	1	
	2	163	21	184	3	181	20	4	4	0	177	16	90.96%	\$0	3	\$0	0	
	3	92	3	95	3	92	3	0	0	0	92	3	96.74%		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	6	1	7	0	7	1	0	0	0	7	1	85.71%		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	6	0	6	1	5	0	0	0	0	5	0	100.00%	\$0	0	\$0	0	
	2	12	0	12	2	10	0	0	0	0	10	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		
	1	11	0	11	0	11	0	0	0	0	11	0	100.00%	\$0	0	\$0	0	
	2	22	1	23	1	22	1	0	0	0	22	1	95.45%	\$0	0	\$0	0	
	3	14	1	15	0	15	1	0	0	0	15	1	93.33%		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	15	0	15	0	15	0	0	0	0	15	0	100.00%	\$0	2	\$0	0	
	2	12	1	13	0	13	1	1	1	0	12	0	100.00%	\$0	1	\$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		
	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0	
	2	3	0	3	0	3	0	0	0	0	3	0	100.00%	\$0	0	\$0	0	
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
	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										252		0.79%		2	\$0	0	3
	2										318		1.57%		5	\$0	0	3
	3										177		0.00%		0	\$0	0	0
	1										52		0.00%		0	\$0	0	2
	2										106		0.94%		1	\$0	0	2
	3										47		0.00%		0	\$0	0	0
	1										88		4.55%		4	\$0	0	0
	2										169		2.98%		5	\$0	0	0
	3										89		1.12%		1	\$0	0	0
	1										1763		4.03%		71	\$0	2	13
	2										2474		4.24%		105	\$0	2	13
	3										1452		1.24%		18	\$0	0	0
	1										224		0.45%		1	\$0	0	7
	2										346		0.00%		0	\$0	0	4
	3										146		0.00%		0	\$0	0	0
	1										78		0.00%		0	\$0	0	2
	2										103		0.00%		0	\$0	0	3
	3										70		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	0	
	2	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0	



Kern County - Hall Ambulance Response Compliance and Penalty

Period: May 01 2022 to May 31 2022

Report Status: FINAL

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	0
	2	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	
	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	
																\$38,000		



Kern County - Hall Ambulance Response Compliance and Penalty

Period: Jun 01 2022 to Jun 30 2022

Report Status: FINAL

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	38	10	48	0	48	10	1	1	0	47	9	80.85%	\$1,000	1	\$1,000	3
2	87	12	99	0	99	12	3	1	1	96	9	90.63%	\$0	9	\$0	0
3	59	5	64	2	62	5	1	1	0	61	4	93.44%		2	\$0	
4	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	\$0	
5	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0	
6	10	6	16	0	16	6	0	0	0	16	6	62.50%		0	\$0	
7	17	15	32	0	32	15	0	0	0	32	15	53.13%		0	\$0	
8	2	1	3	0	3	1	0	0	1	3	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	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	
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	
1	37	1	38	0	38	1	0	0	1	38	0	100.00%	\$0	2	\$0	0
2	67	7	74	1	73	7	2	2	0	71	6	91.55%	\$0	4	\$0	0
3	26	4	30	0	30	4	2	2	0	28	2	92.86%		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	1	1	2	0	2	1	0	0	0	2	1	50.00%		0	\$0	
7	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
2	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
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	1393	658	2051	34	2017	643	191	191	0	1826	459	74.86%	\$5,000	137	\$5,000	4
2	1986	828	2814	76	2738	799	245	245	0	2493	558	77.62%	\$5,000	169	\$5,000	4
3	1441	434	1875	146	1729	417	145	145	0	1584	274	82.70%		23	\$0	
4	26	3	29	2	27	3	0	0	0	27	3	88.89%		0	\$0	
5	5	0	5	0	5	0	0	0	0	5	0	100.00%		0	\$0	
6	98	135	233	8	225	128	0	0	0	225	128	43.11%		0	\$0	
7	153	175	328	8	320	168	0	0	0	320	168	47.50%		0	\$0	
8	14	1	15	0	15	1	0	0	0	15	1	93.33%		0	\$0	
1	2	3	5	0	5	3	0	0	0	5	4	20.00%	\$1,000	0	\$1,000	1
2	2	2	4	0	4	2	1	1	0	3	1	66.67%	\$1,000	1	\$1,000	2
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	2	2	0	2	2	0	0	0	2	2	0.00%		0	\$0	
1	13	0	13	0	13	0	0	0	0	13	0	100.00%	\$0	0	\$0	0
2	16	5	21	0	21	5	2	2	0	19	3	84.21%	\$1,000	0	\$1,000	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	1	1	0	1	1	0	0	0	1	1	0.00%		0	\$0	
1	25	6	31	0	31	6	2	2	0	29	5	82.76%	\$1,000	1	\$1,000	1
2	42	19	61	3	58	19	5	5	0	53	14	73.58%	\$5,000	4	\$5,000	4
3	28	8	36	2	34	8	2	2	0	32	6	81.25%		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	1	0	100.00%		0	\$0	
1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0



Kern County - Hall Ambulance Response Compliance and Penalty

Period: Jun 01 2022 to Jun 30 2022

Report Status: FINAL

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	
	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 Metro	1	84	61	145	1	144	61	10	10	1	134	51	61.94%	\$5,000	1	\$5,000
2		122	80	182	1	181	60	16	16	0	165	44	73.33%	\$5,000	4	\$5,000	4
3		102	20	122	6	116	20	1	1	0	115	19	83.48%		0	\$0	
4		3	0	3	0	3	0	0	0	0	3	0	100.00%		0	\$0	
5		3	0	3	0	3	0	0	0	0	3	0	100.00%		0	\$0	
6		7	11	18	0	18	11	0	0	0	18	11	38.89%		0	\$0	
7		66	33	99	1	98	32	0	0	0	98	32	67.35%		0	\$0	
8		1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
EOA 8 Rural	1	8	1	9	0	9	1	0	0	0	9	1	88.89%	\$1,000	0	\$1,000	1
	2	10	1	11	0	11	1	0	0	0	11	1	90.91%	\$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	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 8 Suburban	1	53	9	62	2	60	8	2	2	0	58	6	89.66%	\$1,000	1	\$1,000	1
	2	74	9	83	0	83	9	3	3	0	80	6	92.50%	\$0	2	\$0	0
	3	26	4	30	0	30	4	1	1	0	29	3	89.66%		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	1	1	1	0	0	0	0	0	0	0	--		0	\$0	
EOA 8 Urban	1	41	5	46	2	44	5	1	1	0	43	4	90.70%	\$0	2	\$0	0
	2	44	12	56	5	51	11	4	4	0	47	7	85.11%	\$5,000	1	\$5,000	4
	3	26	5	31	4	27	5	1	1	0	26	5	80.77%		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	4	0	4	0	4	0	0	0	0	4	0	100.00%	\$0	0	\$0	0
	2	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
	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	59	13	72	0	72	13	5	5	0	67	8	88.06%	\$1,000	0	\$1,000	2
	2	65	10	75	1	74	9	3	3	0	71	6	91.55%	\$0	0	\$0	0
	3	43	4	47	1	46	4	2	2	0	44	2	95.45%		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	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0
	2	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	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	2	7	0	7	2	0	0	0	7	2	71.43%	\$1,000	0	\$1,000	1
	2	8	5	13	0	13	5	3	3	0	10	2	80.00%	\$1,000	0	\$1,000	1
	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 9 Urban	1	19	1	20	0	20	1	0	0	0	20	1	95.00%	\$0	0	\$0	0
	2	12	3	15	1	14	2	0	0	0	14	2	85.71%	\$1,000	0	\$1,000	1
	3	9	1	10	1	9	1	0	0	0	9	1	88.89%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	



Period: Jun 01 2022 to Jun 30 2022

Report Status: FINAL

EOA Group		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
EOA 9 Wilderness		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EOA 11 Metro		119	15	134	1	133	15	9	9	0	124	6	95.16%	\$0	4	\$0	0		
EOA 11 Rural		8	0	8	0	8	0	0	0	0	8	0	100.00%	\$0	0	\$0	0		
EOA 11 Suburban		10	1	11	0	11	1	0	0	0	11	1	90.91%	\$0	0	\$0	0		
EOA 11 Urban		14	0	14	0	14	0	0	0	0	14	0	100.00%	\$0	1	\$0	0		
EOA 11 Wilderness		1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0		
EOA 1											230		3.04%		7	\$0	0	4	
EOA 2											318		3.14%		10	\$0	0	4	
EOA 3											204		0.00%		0	\$0	0	0	
EOA 4											57		0.00%		0	\$0	0	2	
EOA 8											89		0.00%		0	\$0	0	2	
EOA 9											44		0.00%		0	\$0	0	0	
EOA 11											85		3.53%		3	\$0	0		
EOA 1											167		7.78%		13	\$0	0		
EOA 2											90		2.22%		2	\$0			
EOA 3											1873		7.37%		138	\$0	2	13	
EOA 4											2568		6.78%		174	\$0	2	13	
EOA 8											1619		1.42%		23	\$0	0	0	
EOA 9											248		1.61%		4	\$0	0	7	
EOA 11											306		2.30%		7	\$0	0	4	
EOA 1											177		0.00%		0	\$0	0	0	
EOA 2											95		0.00%		0	\$0	0	2	
EOA 3											95		0.00%		0	\$0	0	3	
EOA 4											57		0.00%		0	\$0	0	0	
EOA 8											0		--		0	\$0	0	0	
EOA 9											0		--		0	\$0	0	0	
EOA 11											0		--		0	\$0	0	0	



OUT OF SERVICE AREA	3	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	
	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	\$0	
	6	1	0	1	1	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	
	8	0	0	0	0	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	0	0	\$0	0
	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	\$0	0
MUTUAL AID GIVEN	3	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	
	5	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	
	7	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	
																							\$48,000



Period: Jul 01 2022 to Jul 31 2022

Report Status: FINAL

	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
EOA 9 Wilderness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EOA 11 Metro	124	21	145	2	143	20	5	5	0	138	15	89.13%	\$1,000	4	\$1,000	1	0	
EOA 11 Rural	9	0	9	0	9	0	0	0	0	9	0	100.00%	\$0	0	\$0	0	0	
EOA 11 Suburban	11	3	14	0	14	3	1	1	0	13	2	84.62%	\$1,000	0	\$1,000	1	1	
EOA 11 Urban	10	0	10	0	10	0	0	0	0	10	0	100.00%	\$0	0	\$0	0	0	
EOA 11 Wilderness	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0	0	
EOA 1										230		1.74%		4	\$0	0	4	
EOA 2										345		1.74%		6	\$0	0	4	
EOA 3										205		0.00%		0	\$0	0	0	
EOA 4										64		1.56%		1	\$0	0	2	
EOA 8										116		1.72%		2	\$0	0	2	
EOA 9										83		0.00%		0	\$0	0	0	
EOA 11										99		6.06%		6	\$0	0	0	
										194		6.70%		13	\$0	0	0	
										92		5.43%		5	\$0	0	0	
										1834		8.07%		148	\$0	2	13	
										2525		7.29%		164	\$0	2	13	
										1595		1.07%		17	\$0	0	0	
										238		4.20%		10	\$0	0	8	
										314		2.23%		7	\$0	0	4	
										156		0.64%		1	\$0	0	0	
										87		2.30%		2	\$0	0	2	
										105		0.95%		1	\$0	0	3	
										53		0.00%		0	\$0	0	0	
										0		--		0	\$0	0	0	
										0		--		0	\$0	0	0	
										0		--		0	\$0	0	0	



Kern County - Hall Ambulance Response Compliance and Penalty

Period: Jul 01 2022 to Jul 31 2022

Report Status: FINAL

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	1	0	1	1	0	0	0	0	0	0	0	0	--	0	\$0		
	7	1	0	1	1	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	2	0	2	2	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		
																	\$57,000	



Period: Aug 01 2022 to Aug 31 2022

Report Status: FINAL

EOA Area	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
EOA 9 Wilderness	1	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			
	3	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
EOA 11 Metro	1	133	28	161	0	161	28	7	7	1	154	20	87.01%	\$1,000	3	\$1,000		2
	2	149	21	170	3	167	20	9	9	0	158	11	93.04%	\$0	6	\$0		0
	3	108	7	115	5	110	6	2	2	0	108	4	96.30%		0	\$0		
EOA 11 Rural	1	2	0	2	0	2	0	0	0	0	2	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	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
EOA 11 Suburban	1	16	1	17	0	17	1	0	0	0	17	1	94.12%	\$0	0	\$0		0
	2	34	1	35	2	33	1	0	0	0	33	1	96.97%	\$0	0	\$0		0
	3	16	2	18	3	15	2	1	1	0	14	1	92.86%		0	\$0		
EOA 11 Urban	1	10	3	13	0	13	3	0	0	0	13	3	76.92%	\$1,000	0	\$1,000		1
	2	12	1	13	0	13	1	0	0	0	13	1	92.31%	\$0	0	\$0		0
	3	11	0	11	0	11	0	0	0	0	11	0	100.00%		0	\$0		
EOA 11 Wilderness	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		
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 1	1										259		1.93%		5	\$0		4
	2										309		2.59%		8	\$0		4
	3										180		0.00%		0	\$0		0
EOA 2	1										61		0.00%		0	\$0		2
	2										95		0.00%		0	\$0		2
	3										44		2.27%		1	\$0		0
EOA 3	1										86		8.14%		7	\$0		0
	2										155		6.45%		10	\$0		0
	3										87		0.00%		0	\$0		0
EOA 4	1										1820		12.53%		228	\$0		13
	2										2639		10.76%		284	\$0		13
	3										1721		2.79%		48	\$0		0
EOA 8	1										218		5.96%		13	\$0		9
	2										326		2.15%		7	\$0		4
	3										151		1.32%		2	\$0		0
EOA 9	1										66		0.00%		0	\$0		2
	2										110		0.00%		0	\$0		3
	3										47		0.00%		0	\$0		0
EOA 11	1										0		--		0	\$0		0
	2										0		--		0	\$0		0
	3										0		--		0	\$0		0
	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0		0
	2	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0		0



Kern County - Hall Ambulance Response Compliance and Penalty

Period: Aug 01 2022 to Aug 31 2022

Report Status: FINAL

OUT OF SERVICE AREA	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	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
MUTUAL AID GIVEN	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	
														\$76,000		



Kern County - Hall Ambulance Response Compliance and Penalty

Period: Sep 01 2022 to Sep 30 2022

Report Status: FINAL

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	1	0	1	1	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	
																		\$84,000	



Kern County - Hall Ambulance Response Compliance and Penalty

Period: Oct 01 2022 to Oct 31 2022

Report Status: FINAL

OUT OF SERVICE AREA	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	1	0	1	1	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	
	2	2	0	2	2	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		
	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		
															2214	61	\$103,000



Period: Dec 01 2022 to Dec 31 2022

Report Status: FINAL

OUT OF SERVICE AREA	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	0	2	2	2	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
MUTUAL AID GIVEN	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	
																\$72,000



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Jan 01 2022 to Jan 31 2022

Report Status: In Progress with 121 calls in Working Status

	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
	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	\$0	0	\$0
	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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											106	0.94%	1	\$0	0	2	
	2											128	1.59%	2	\$0	0	1	
	3											49	0.00%	0	\$0	0	0	
EOA 6	1											125	3.20%	4	\$0	2	4	
	2											126	2.38%	3	\$0	0	3	
	3											55	0.00%	0	\$0	0	0	
																\$6,000		



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Feb 01 2022 to Feb 28 2022

Report Status: In Progress with 87 calls in Working Status

	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			
EOA 7 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0		
	2	0	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0		
	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			
EOA 6	1										76		1.32%		1	\$0		0	1	
	2										114		0.00%		0	\$0		0	1	
	3										55		0.00%		0	\$0		0	0	
EOA 7	1										83		1.20%		1	\$0		0	4	
	2										109		2.75%		3	\$0		0	3	
	3										54		0.00%		0	\$0		0	0	
																	\$1,000			



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Mar 01 2022 to Mar 31 2022

Report Status: In Progress with 101 calls in Working Status

Table with columns: Zone, Priority, On Time, Late, Total Incidents, Do Not Count, Adjusted Total Incidents, Adjusted Late, Exemptions Requested, Exemptions Approved, Time Corrections Approved, Compliance Calculated Incidents, Compliance Calculated Late, Response Time Compliance, Response Time Penalty, BLS on ALS, Total Fine Assessment, Consecutive Periods Out of Compliance Including Current Period, Out of Compliance Count for 12 Periods Including Current Period.



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Mar 01 2022 to Mar 31 2022

Report Status: In Progress with 101 calls in Working Status

	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		
EOA 7 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0	
	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		
EOA 6	1										96		0.00%		0	\$0	0	1	
	2										127		0.79%		1	\$0	0	0	
	3										60		0.00%		0	\$0	0	0	
EOA 7	1										81		2.47%		2	\$0	0	4	
	2										99		0.00%		0	\$0	0	3	
	3										58		0.00%		0	\$0	0	0	
																\$0			



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Apr 01 2022 to Apr 30 2022

Report Status: In Progress with 102 calls in Working Status

	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		
EOA 7 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0	
	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		
EOA 6	1										111		0.00%		0	\$0	0	0	
	2										116		0.00%		0	\$0	0	0	
	3										45		0.00%		0	\$0	0	0	
EOA 7	1										91		4.40%		4	\$0	0	5	
	2										134		0.75%		1	\$0	0	3	
	3										40		0.00%		0	\$0	0	0	
																\$2,000			



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: May 01 2022 to May 31 2022

Report Status: In Progress with 110 calls in Working Status

	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		
EOA 7 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0	
	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		
EOA 6	1										116		0.00%		0	\$0	0	0	
	2										122		0.00%		0	\$0	0	0	
	3										55		0.00%		0	\$0	0	0	
EOA 7	1										86		2.33%		2	\$0	0	5	
	2										104		0.00%		0	\$0	0	2	
	3										45		0.00%		0	\$0	0	0	
																	\$7,000		



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Jun 01 2022 to Jun 30 2022

Report Status: In Progress with 123 calls in Working Status

	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		
EOA 7 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0	
	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		
EOA 6	1										86		2.33%		2	\$0	0	0	
	2										129		0.00%		0	\$0	0	0	
	3										56		0.00%		0	\$0	0	0	
EOA 7	1										95		4.21%		4	\$0	0	6	
	2										128		1.56%		2	\$0	0	2	
	3										47		0.00%		0	\$0	0	0	
																\$4,000			



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Jul 01 2022 to Jul 31 2022

Report Status: In Progress with 107 calls in Working Status

	7	0	1	1	0	1	1	0	0	0	1	1	0.00%		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 7 Wilderness	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	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										135		0.00%		0	\$0	0	0
	2										178		0.00%		0	\$0	0	0
	3										75		0.00%		0	\$0	0	0
EOA 7	1										72		1.39%		1	\$0	0	6
	2										123		1.63%		2	\$0	0	2
	3										54		0.00%		0	\$0	0	0
																\$12,000		



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Aug 01 2022 to Aug 31 2022

Report Status: In Progress with 106 calls in Working Status

	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		0
	2	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	\$0		0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
EOA 7 Wilderness	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	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										100		1.00%		1	\$0		0	0
	2										123		0.00%		0	\$0		0	0
	3										66		0.00%		0	\$0		0	0
EOA 7	1										86		0.00%		0	\$0		0	6
	2										130		0.00%		0	\$0		0	1
	3										57		0.00%		0	\$0		0	0
																\$13,000			



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Sep 01 2022 to Sep 30 2022

Report Status: In Progress with 98 calls in Working Status

	7	0	1	1	0	1	1	0	0	0	1	1	0.00%		0	\$0			
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
EOA 7 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 6	1										76		0.00%		0	\$0	0	0	
	2										123		0.00%		0	\$0	0	0	
	3										51		0.00%		0	\$0	0	0	
EOA 7	1										89		2.25%		2	\$0	0	6	
	2										100		0.00%		0	\$0	0	1	
	3										48		0.00%		0	\$0	0	0	
																\$14,000			



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Oct 01 2022 to Oct 31 2022

Report Status: In Progress with 96 calls in Working Status

Table with columns: Zone, Priority, On Time, Late, Total Incidents, Do Not Count, Adjusted Total Incidents, Adjusted Late, Exemptions Requested, Exemptions Approved, Time Corrections Approved, Compliance Calculated Incidents, Compliance Calculated Late, Response Time Compliance, Response Time Penalty, BLS on ALS, Total Fine Assessment, Consecutive Periods Out of Compliance Including Current Period, Out of Compliance Count for 12 Periods Including Current Period.



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Oct 01 2022 to Oct 31 2022

Report Status: In Progress with 96 calls in Working Status

	7	0	1	1	0	1	1	0	0	0	1	1	0.00%		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	1	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 7 Wilderness	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	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										87		0.00%		0	\$0	0	0
	2										135		0.00%		0	\$0	0	0
	3										24		0.00%		0	\$0	0	0
EOA 7	1										76		0.00%		0	\$0	0	6
	2										128		0.00%		0	\$0	0	0
	3										64		0.00%		0	\$0	0	0
																\$5,000		



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Nov 01 2022 to Nov 30 2022

Report Status: In Progress with 126 calls in Working Status

Zone	Priority	Compliance Reporting 2022/11/01 - 2022/11/30											BLS on ALS		Compliance Period Reporting for respective 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	37	7	44	0	44	7	0	0	0	44	7	84.09%	\$1,000	0	\$1,000	1
	2	48	10	58	0	58	10	0	0	0	58	10	82.76%	\$5,000	0	\$5,000	4
	3	22	4	26	0	26	4	0	0	0	26	4	84.62%	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	1	0	1	0	1	0	0	0	0	1	0	100.00%	0	0	\$0	
EOA 6 Rural	1	8	0	8	0	8	0	0	0	0	8	0	100.00%	\$0	0	\$0	0
	2	10	0	10	0	10	0	0	0	0	10	0	100.00%	\$0	0	\$0	0
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%	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	
EOA 6 Suburban	1	20	0	20	0	20	0	0	0	0	20	0	100.00%	\$0	0	\$0	0
	2	25	1	26	0	26	1	0	0	0	26	1	96.15%	\$0	0	\$0	0
	3	8	0	8	0	8	0	0	0	0	8	0	100.00%	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	
EOA 6 Urban	1	22	2	24	0	24	2	0	0	0	24	2	91.67%	\$0	0	\$0	0
	2	24	5	29	0	29	5	0	0	0	29	5	82.76%	\$1,000	0	\$1,000	1
	3	8	1	9	0	9	1	0	0	0	9	1	88.89%	0	0	\$0	
	4	3	1	4	0	4	1	0	0	0	4	1	75.00%	0	0	\$0	
	5	2	0	2	0	2	0	0	0	0	2	0	100.00%	0	0	\$0	
	6	32	12	44	0	44	12	0	0	0	44	12	72.73%	0	0	\$0	
	7	7	4	11	0	11	4	0	0	0	11	4	63.64%	0	0	\$0	
	8	0	0	0	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	\$0	0
	2	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%	0	0	\$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	
EOA 7 Metro	1	82	13	95	0	95	13	0	0	0	95	13	86.32%	\$1,000	0	\$1,000	1
	2	92	10	102	0	102	10	0	0	0	102	10	90.20%	\$0	0	\$0	0
	3	50	1	51	0	51	1	0	0	0	51	1	98.04%	0	0	\$0	
	4	1	0	1	0	1	0	0	0	0	1	0	100.00%	0	0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--	0	0	\$0	
	6	44	28	72	0	72	28	0	0	0	72	28	61.11%	0	0	\$0	
	7	18	6	24	0	24	6	0	0	0	24	6	75.00%	0	0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--	0	0	\$0	
EOA 7 Rural	1	6	0	6	0	6	0	0	0	0	6	0	100.00%	\$0	0	\$0	0
	2	5	0	5	0	5	0	0	0	0	5	0	100.00%	\$0	0	\$0	0
	3	4	0	4	0	4	0	0	0	0	4	0	100.00%	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	
EOA 7 Suburban	1	7	1	8	0	8	1	0	0	0	8	1	87.50%	\$1,000	0	\$1,000	1
	2	5	0	5	0	5	0	0	0	0	5	0	100.00%	\$0	0	\$0	0
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%	0	0	\$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	
EOA 7 Urban	1	9	0	9	0	9	0	0	0	0	9	0	100.00%	\$0	0	\$0	0
	2	9	3	12	0	12	3	0	0	0	12	3	75.00%	\$1,000	0	\$1,000	1
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%	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	



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Nov 01 2022 to Nov 30 2022

Report Status: In Progress with 126 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		
EOA 7 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 6	1										97		0.00%		0	\$0	0	0
	2										124		0.00%		0	\$0	0	0
	3										45		0.00%		0	\$0	0	0
EOA 7	1										118		0.00%		0	\$0	0	5
	2										124		0.00%		0	\$0	0	0
	3										57		0.00%		0	\$0	0	0
																\$10,000		



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Dec 01 2022 to Dec 31 2022

Report Status: In Progress with 128 calls in Working Status

		Compliance Reporting 2022/12/01 - 2022/12/31											BLS on ALS		Compliance Period Reporting for repetitive non-compliance			
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment	Consecutive Periods Out of Compliance Including Current Period	Out of Compliance Count for 12 Periods Including Current Period
EOA 6 Metro	1	37	12	49	0	49	12	0	0	0	49	12	75.51%	\$1,000	0	\$1,000	2	
	2	51	9	60	0	60	9	0	0	0	60	9	85.00%	\$5,000	0	\$5,000	4	
	3	24	1	25	0	25	1	0	0	0	25	1	96.00%		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 Rural	1	10	0	10	0	10	0	0	0	0	10	0	100.00%	\$0	2	\$0	0	
	2	12	0	12	0	12	0	0	0	0	12	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 6 Suburban	1	20	0	20	0	20	0	0	0	0	20	0	100.00%	\$0	0	\$0	0	
	2	26	2	28	0	28	2	0	0	0	28	2	92.86%	\$0	1	\$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 6 Urban	1	25	3	28	0	28	3	0	0	0	28	3	89.29%	\$1,000	1	\$1,000	1	
	2	30	2	32	0	32	2	0	0	0	32	2	93.75%	\$0	0	\$0	0	
	3	9	0	9	0	9	0	0	0	0	9	0	100.00%		0	\$0		
	4	7	0	7	0	7	0	0	0	0	7	0	100.00%		0	\$0		
	5	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
	6	32	16	48	0	48	16	0	0	0	48	16	66.67%		0	\$0		
	7	8	5	13	0	13	5	0	0	0	13	5	61.54%		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 6 Wilderness	1	4	0	4	0	4	0	0	0	0	4	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 7 Metro	1	75	13	88	0	88	13	0	0	0	88	13	85.23%	\$1,000	1	\$1,000	2	
	2	93	6	99	0	99	6	0	0	0	99	6	93.94%	\$0	0	\$0	0	
	3	49	3	52	0	52	3	0	0	0	52	3	94.23%		1	\$0		
	4	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	53	22	75	0	75	22	0	0	0	75	22	70.67%		0	\$0		
	7	24	3	27	0	27	3	0	0	0	27	3	88.89%		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 7 Rural	1	7	0	7	0	7	0	0	0	0	7	0	100.00%	\$0	0	\$0	0	
	2	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0	
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
	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	6	1	7	0	7	1	0	0	0	7	1	85.71%	\$1,000	0	\$1,000	2	
	2	1	0	1	0	1	0	0	0	0	1	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 7 Urban	1	9	0	9	0	9	0	0	0	0	9	0	100.00%	\$0	1	\$0	0	
	2	9	0	9	0	9	0	0	0	0	9	0	100.00%	\$0	0	\$0	0	
	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		



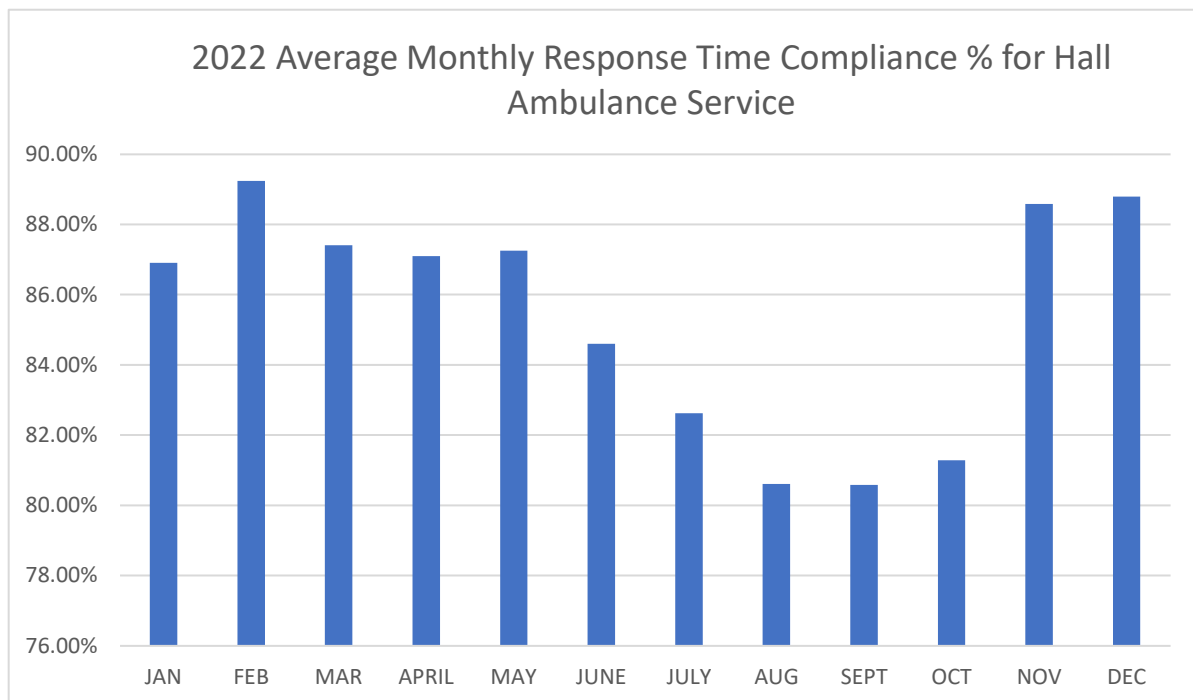
Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Dec 01 2022 to Dec 31 2022

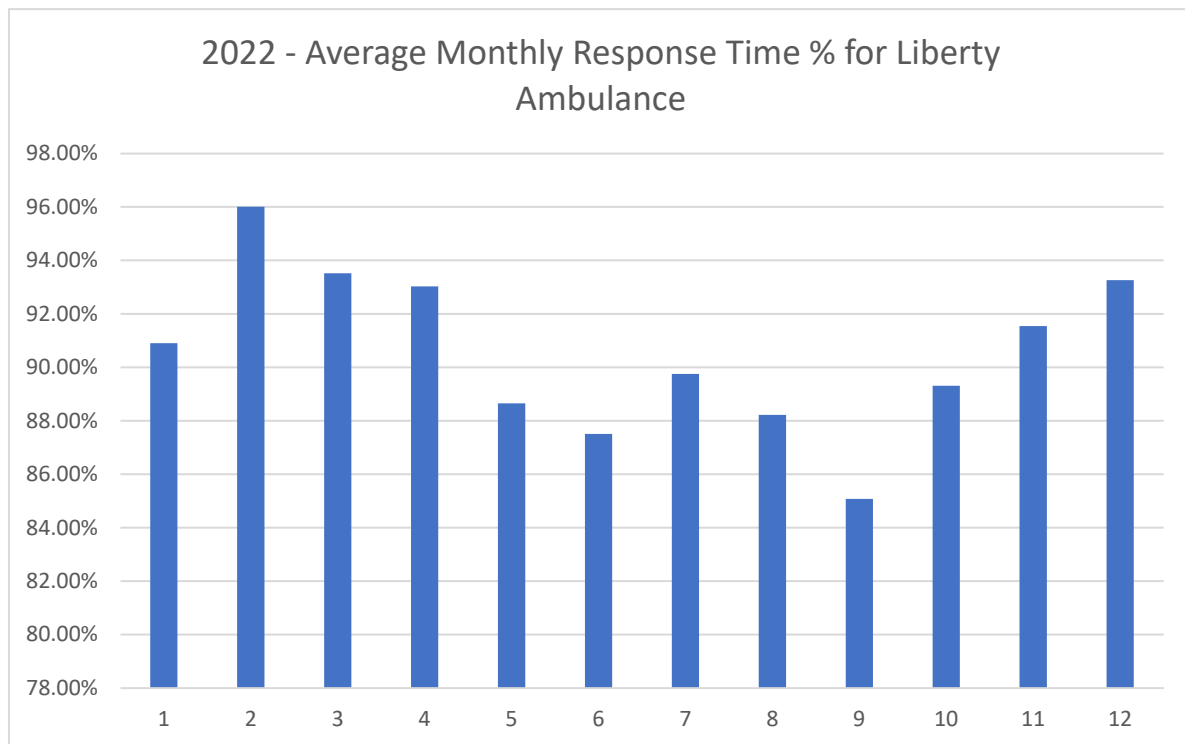
Report Status: In Progress with 128 calls in Working Status

	7	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0			
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
EOA 7 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 6	1										111		2.70%		3	\$0	0	0	
	2										133		0.75%		1	\$0	0	0	
	3										49		0.00%		0	\$0	0	0	
EOA 7	1										111		1.80%		2	\$0	0	4	
	2										110		0.00%		0	\$0	0	0	
	3										64		1.56%		1	\$0	0	0	
																\$9,000			

Month	Average Response Total Calls	Late Incidents	P1, P2 Times Below 90%
JAN	86.91%	10295	1429
FEB	89.24%	8460	910
MAR	87.41%	9664	1620
APRIL	87.10%	9391	1534
MAY	87.25%	10374	1622
JUNE	84.60%	10152	1970
JULY	82.62%	10607	1832
AUG	80.61%	10364	2209
SEPT	80.58%	9845	2420
OCT	81.28%	9899	2214
NOV	88.58%	9865	1561
DEC	88.79%	9875	1455



Month	Total Calls	Late Incidents	Average Response Time Compli P1, P2 Below 90%	
JAN	697	62	90.90%	2
FEB	604	53	96.01%	1
MARCH	673	55	93.52%	0
APRIL	688	66	93.03%	2
MAY	659	77	88.65%	7
JUNE	666	80	87.51%	4
JULY	764	80	89.75%	4
AUG	698	80	88.22%	5
SEPT	619	80	85.08%	6
OCT	655	70	89.31%	1
NOV	725	109	91.54%	6
DEC	752	99	93.26%	5



X. New Business

e. EMCAB Agend Summary for 2022

Emergency Medical Care Advisory Board Summary 2022

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

The following offers a summary of EMCAB actions for the calendar year 2022:

February 10, 2022		
Issue	Suggested Action	EMCAB Action
Resolution by County Council	Continue with virtual meetings	Approved
Approval of Minutes	Approve	Approved
APOT Task Force Report	Reinstate meetings	Approved
Maddy Fund Quarterly Report	Receive and File	Received
Legislation Report	Receive and File	Received
Quarterly APOT	Receive and File	Received
Quarterly Response Time Compliance	Receive and File	Received
Tele911	Receive and File	Received
Maddy Fund Request – FirstWatch	Approve	Approved
Managers' Report	Receive and File	Received
May 12, 2022		
Approval of Minutes	Approve	Approved
APOT Task Force Report	Receive and File	Received
Maddy Fund Annual Report	Receive and File	Received
Legislation Report	Receive and File	Received
Annual Core Measure and APOT Report	Receive and File	Received
EMCAB Agenda Summary	Receive and File	Received
Annual OA Report	Receive and File	Received
Annual EMS System Report	Receive and File	Received
Annual Response Compliance	Received and File	Received
EMCAB Member Update	Receive and File	Received
Stroke System of Care Update	Approve	Approved
Managers' Report	Receive and File	Received
August 11, 2022		
Approval of Consent Agenda	Approve	Approved
Approval of Minutes	Approve	Approved
Apot Task Force Report	Receive and File	Received
Maddy Fund Quarterly Report	Receive and File	Received
Legislation Report	Receive and File	Received
Quarterly APOT Report	Receive and File	Received

Quarterly Response Compliance	Receive and File	Received
Annual EOA Reports	Receive and File	Received
Managers' Report	Receive and File	Received
November 10, 2022		
Consent Agenda	Approve	Approved
Approval of Minutes	Approve	Approved
Maddy Fund Quarterly Report	Received and File	Received
Legislation Report	Receive and File	Received
Quarterly APOT	Received and File	Received
Quarterly Response Compliance	Receive and File	Received
2023 EMCAB Meeting Dates	Approve	Approved
EMD Study Implementation	Approve	Denied
Ambulance Performance Standards Update	Approve	Denied
Managers' Report	Receive and File	Received

X. New Business

f. Annual EOA Reports for 2022

Annual Performance Reports

Background

On September 21, 2006, the *Ambulance Ordinance* (Chapter 8.12) was enacted. The ordinance established the exclusive operating areas (EOAs) that divide up the County for ambulance transport services. These EOAs were assigned through the execution of performance contracts with ambulance providers. The *Ambulance Service Performance Standards*, which were approved by the Board of Supervisors on December 5, 2006, and revised by this board on November 23, 2018, outline the requirements that ambulance services must meet in order to remain in compliance with performance contracts. On a monthly basis each ambulance provider is required to submit reports to the Division for the monitoring of performance. The information is compiled and reported to the Board of Supervisors annually. In 2015, your Board designated the May meeting as the annual meeting for review of the EMS System.

The Division has finalized the following Annual Performance Reports for 2022:

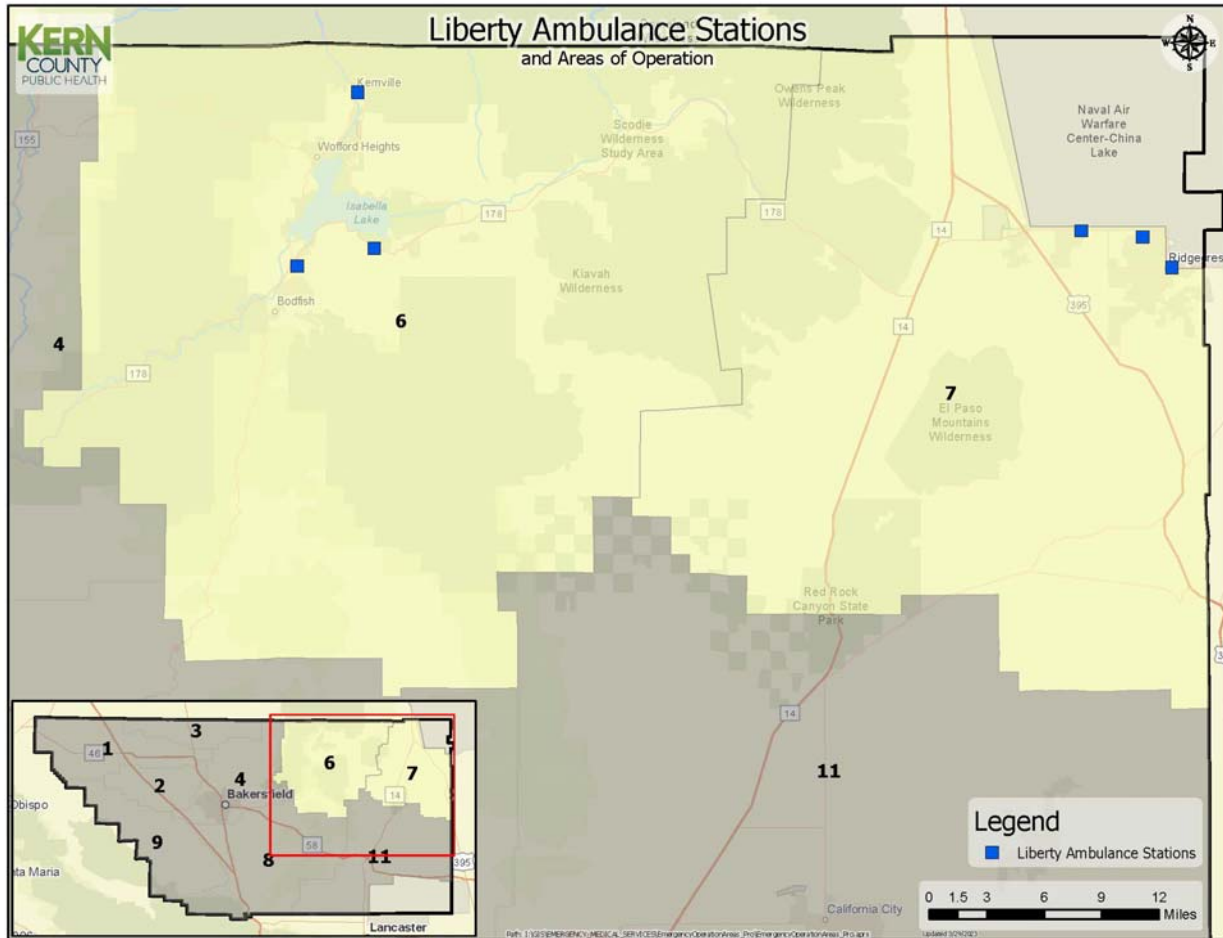
- Hall Ambulance Service, Inc, - EOA's 1, 2, 3, 4, 8, 9, and 11
- Liberty Ambulance Service, EOA's 6 and 7

IT IS RECOMMENDED, the Board receives and files these reports

2022 Annual Performance Report Ground Ambulance Service Provider Liberty Ambulance

Exclusive Operating Areas (EOAs) 6 and 7

Operational Maps



Grounded in Health

Ordinance Compliance –

The ambulance provider’s compliance with Kern County Ordinance Code, any notices of exceptions or instances of non-compliance, and performance in curing deficiencies.

In 2022, Liberty Ambulance service was out of compliance with Kern County Ordinance 8.12.170.E.7: “Failure to meet the zone response time standards for three (3) consecutive months in the same zone, or four (4) months in any consecutive twelve (12) month period in the same zone.” In one or both EOA 6 and 7 in the months of January, February, April, May, June, July, August, September, October, November and December, Liberty Ambulance Service failed to meet mandatory response times. All fines were waived due to the county and state declarations of emergency due to COVID-19.

The issues with ordinance compliance were a direct result of the impact COVID-19 had on our entire emergency medical services system. Liberty Ambulance Service experienced staffing shortages and increased call volumes in their own EOAs as well as being requested to assist in other areas outside of their EOAs on numerous occasions.

Contract compliance –

The ambulance provider’s compliance with County contract, any notices of exceptions or instances of non-compliance, and performance in curing deficiencies.

In 2022, Liberty Ambulance service was found to be out of compliance with Agreement 873-2006 and 460-2020 in Section 3.1.4: “Failure of provider to meet the zone response time standards specified in the performance standards for three consecutive months in the same zone or four months in any consecutive 12-month period in the same zone.” In one or both EOA 6 and 7 in the months of January, February, April, May, June, July, August, September, October, November and December, Liberty Ambulance Service failed to meet mandatory response. All fines were waived due to the county and state declarations of emergency due to COVID-19.

The issues with contract compliance were a direct result of the impact COVID-19 had on our entire emergency medical services system. Liberty Ambulance Service experienced staffing shortages and increased call volumes in their own EOAs as well as being requested to assist in other areas outside of their EOAs on numerous occasions.

Sub-contracts –

The ambulance provider’s sub-contracting or mutual aid.

In 2022, Liberty Ambulance Service did not engage in sub-contracting of staff or vehicles.

Liberty Ambulance Service provided mutual aid outside of their EOAs on 738 occasions to the following areas:

Argus, Bakersfield, Tulare County, Caliente, California City, Cantil, China Lake Acres, China Lake NWC, Edwards, Golden Hills, Homewood Canyon, Lamont, Mojave, Oildale, San Bernardino, Tehachapi and Trona.

Ambulance Performance Standards Compliance –

The ambulance provider’s compliance with performance standards, including response time compliance, any notices of exceptions or instances of non-compliance, and performance in curing deficiencies.

Response time compliance is complex; there are 25 categories of response time compliance that must be met each month in each EOA. In addition, there are three other categories of response compliance we measure to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls. See Annual Ambulance Response Time Compliance reports for total call volume, response time compliance, Out of Service Area responses, and Mutual Aid Given, for calendar year 2022.

Turned Calls –

A *turned call* occurs when an ambulance service fails to respond to a call within its EOA and another agency must respond from outside of the area.

In 2022, Liberty Ambulance Service received mutual aid on 248 occasions from Hall Ambulance Service.

Data Reporting –

Ambulance provider’s cooperation in the submission of required and/or requested data.

In 2022, Liberty Ambulance Service provided all electronic patient care reports (ePCR) data as mandated by statute and all data requested by the county.

Customer Service Performance –

Ambulance provider’s efforts and acumen at providing customer service, including:

Inquiry and Compliant Tracking Database –

Date:	Source:	Type:	Outcome:
1/5/2022	Patient Family	Customer Service	After Investigation: Unfounded
1/15/2022	Healthcare Facility	Customer Service	Crew Compliment
1/17/2022	Patient	Clinical	After investigation: Unfounded
1/21/2022	Patient	Customer Service	Compliment
1/21/2022	Patient	Customer Service	Compliment
2/3/2022	Patient Family	Customer Service	Compliment
2/4/2022	Public Official	Clinical	After Investigation: Unfounded
2/4/2022	Patient	Customer Service	Compliment
2/4/2022	Patient	Customer Service	Compliment
2/15/2022	Patient	Customer Service	After Investigation: Unfounded

2/15/2022	Patient	Customer Service	Compliment
2/16/2022	Patient	Customer Service	After Investigation: Unfounded
3/2/2022	Patient	Customer Service	Compliment
4/4/2022	Patient	Customer Service	Compliment
4/5/2022	Patient	Customer Service	Compliment
4/28/2022	Patient	Customer Service	Compliment
4/28/2022	Patient	Customer Service	Compliment
4/28/2022	Patient	Customer Service	Compliment
5/3/2022	Patient Family	Customer Service	After Investigation: Complainant would not return a call, unfounded
5/6/2022	Patient	Customer Service	Compliment
5/12/2022	Patient Family	Customer Service	After Investigation: Unfounded
5/16/2022	Patient	Customer Service	Compliment
7/12/2022	Patient	Customer Service	Compliment
7/20/2022	Patient	Customer Service	Compliment
8/2/2022	Patient	Customer Service	After Investigation: Unfounded
8/9/2022	Patient	Customer Service	Compliment
8/30/2022	Patient	Customer Service	After Investigation: Complainant would not return a call, unfounded
11/2/2022	Patient	Customer Service	Compliment
11/8/2022	Patient	Customer Service	Compliment
12/21/2022	Patient	Clinical	After investigation: Issue with Equipment Resolved
12/28/2022	Patient	Customer Service	Compliment

Customer Survey – If the Program required a customer service survey be conducted, the results of the survey shall be included.

In 2022, the Program did not request a customer service survey.

Clinical Performance –

Ambulance provider’s compliance with the clinical performance requirements in the following categories:

Maintains all required clinical equipment in good working order

Liberty Ambulance Service maintains a fleet of 8 ambulances on a 24 hours per day schedule. They operate within all county policies, procedures and protocols which includes maintaining all mandatory equipment.

Adherence to clinical protocols

In 2022, there were no issues with Liberty Ambulance Service staff regarding clinical protocols.

Quality Improvement Process

Liberty Ambulance Service has a robust Quality Improvement (QI) program and fully cooperates with the County on all QI requests.

Qualifications of clinical personnel (including certifications and continuing education)

All Liberty Ambulance Service staff are state certified and locally accredited and therefore qualified to provide proper patient care.

Emergency Medical Dispatch (EMD) QA compliance

Liberty Ambulance Service contracts with Hall Ambulance Service to provide Emergency Medical Dispatch and is therefore in compliance.

Participation in County clinical processes

Liberty Ambulance Service staff attended all mandated clinical training and update courses held in 2022 and are willing participants in the County’s clinical process.

Active participation in Program projects, committees, task forces, etc.

Liberty Ambulance Staff participated in all required projects, committees and task forces.

CONTINUING EDUCATION

Date:	Topic:	Hours:
3/9/2022	Hamilton T 1 Ventilator Training	6
3/16/2022	Skills/Education C-Mac, Advanced Airway	3
6/17/2022	BLS	1
8/11/2022	Acute Stroke/CVA	5
8/22/2022	Shock/Hypoperfusion	2
9/5/2022	Handtevy	1
9/7/2022	Tele911	1
12/27/2022	Active Shooter	4

Tele911

Ambulance provider’s use of the Tele911 system

In 2022, Liberty Ambulance Service onboarded the Tele911 platform. They have been actively using Tele911 and have seen a slight decrease in unnecessary transports as a result.

First Response, Tiered System (Fly Car) -

Ambulance provider’s use of the First Response, Tiered (Fly Car) System.

Liberty Ambulance Service did not participate in the Fly Car trial studies that occurred in 2022.

Community Services

Ambulance provider’s community participation.

Date:	Location:	Event:

2/4/2022	Ridgecrest	National Wear Red Day
2/19/2022	Kernville	Whiskey Flats Parade
2/24/2022	Ridgecrest	Economic Outlook Conference
2/26/2022	Lake Isabella	Heart Walk
3/17/2022	Lake Isabella	First Responder Dinner
3/19/2022	Ridgecrest	Hands only CPR-home show
3/20/2022	Ridgecrest	Hands only CPR-home show
4/5/2022	Ridgecrest	Career Day - CCCC
4/6/2022	Lake Isabella	Story Time-Kernville Union Preschool
4/8/2022	Lake Isabella	Fishing Derby Volunteer
4/13/2022	Lake Isabella	Story Time Rush2learning
4/23/2022	Ridgecrest	Community Meet& Greet
5/6/2022	Ridgecrest	Open house @RPD
5/19/2022	Ridgecrest	Career Day-BHS
5/20/2022	Kernville	Photo Shoot w first responders
5/26/2022	Ridgecrest	Summer Safety -BHS
5/27/2022	Ridgecrest	Stand by Graduation -BHS
6/25/2022	Ridgecrest	Health Fair
6/28/2022	Ridgecrest	emergency day-summer camp
3/23/2023	Ridgecrest	Story Time - faller Elementary

Summary

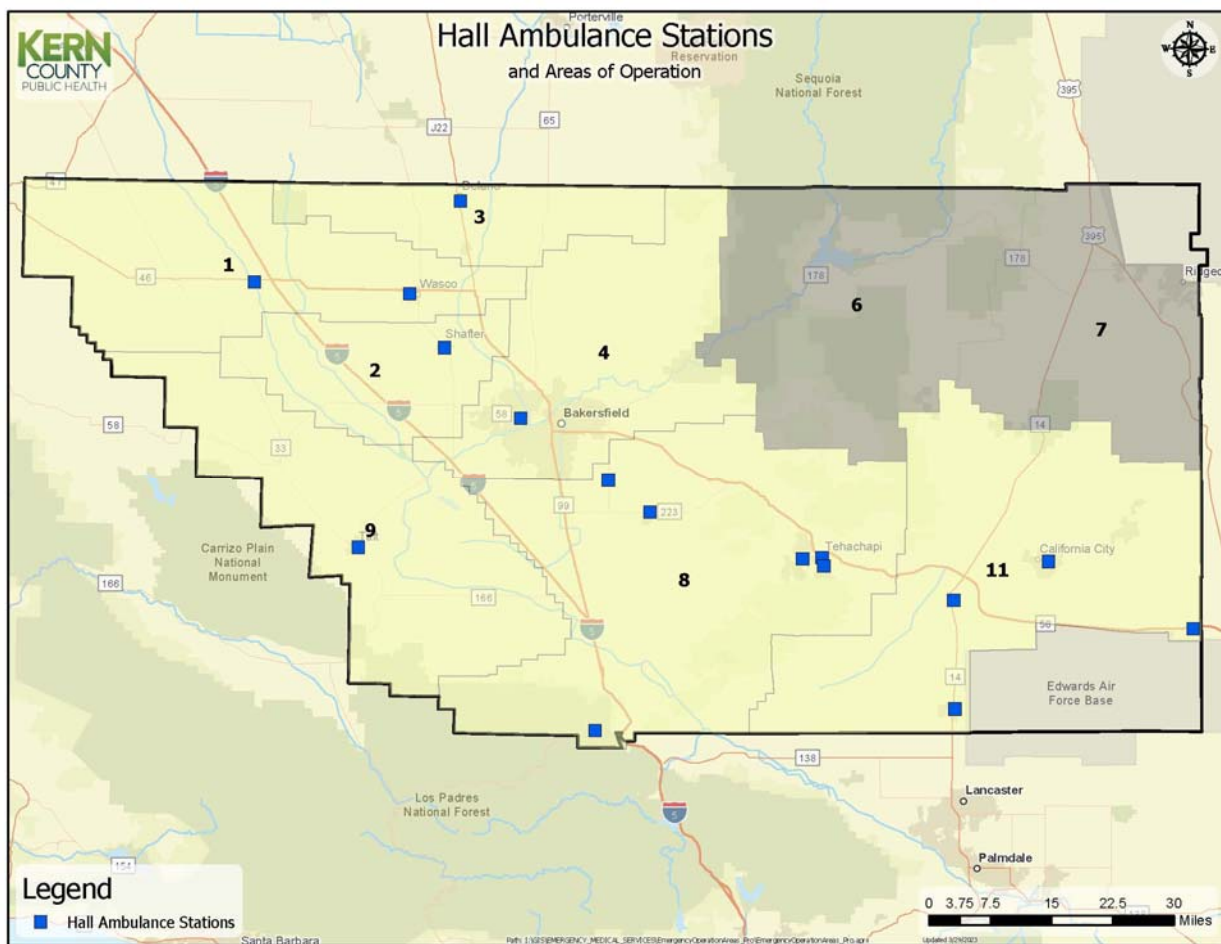
2022 continued to show signs of COVID-19. Staffing issues plagued Liberty Ambulance Service as well as increased call volumes as those who chose not to seek medical help during the previous year called 911 at a much higher rate. As a result of these and other factors Liberty Ambulance Service struggled with response times. Erin Cocclione, Director of Operations and Brian Baskin, Operations Manager, did an outstanding job in 2022 balancing the system in the lake and Ridgecrest area.

As we emerge from the shadow of COVID-19, Liberty Ambulance response numbers are improving, they are close to being fully staffed and are operating a fleet of 8 ambulances 24 hours/day. To retain staff, Liberty offered retention bonuses for both paramedics and nurses in the amounts of 3 and 5 thousand dollars per year for three 3 years. Liberty is planning to begin implementing a tiered system with first response vehicles in the very near future which should assist with the response time issues.

Annual Performance Report Summary Hall Ambulance 2022

Exclusive Operating Areas 1, 2, 3, 4, 8, 9 and 11

Operational Maps



Grounded in Health

Ordinance Compliance –

The ambulance provider’s extent of ordinance compliance, any notices of exceptions or instances of non-compliance and provider’s performance in curing those deficiencies.

In 2022, Hall Ambulance Service was found to be out of compliance with Kern County Ordinance 8.12.170.E.7: “Failure to meet the zone response time standards for three consecutive months in the same zone, or four (4) months in any consecutive twelve (12) month period in the same zone. In at least one of the contracted EOA’s in the months of January, February, March, April, May, June, July, August, September, October, November and December, Hall Ambulance Service failed to meet mandatory response times as mandated by the county. All fines were waived due to the county and state declarations of emergency due to COVID-19.

The issues with ordinance compliance were a direct result of the impact COVID-19 had on our EMS system. Hall Ambulance Service experienced staffing shortages and increased call volumes in their own EOA’s as well as being requested by EMS to assist Liberty Ambulance Service on numerous occasions in Lake Isabella, Ridgecrest and outlying areas.

Contract compliance –

The ambulance provider’s extent of contract compliance, any notices of exceptions or instances of non-compliance and provider’s performance in curing those deficiencies.

In 2022, Hall Ambulance service was found to be out of compliance with Agreement # 461-2020, #872-2006, # 875-2006, # 876-2006 and #493-2021 Section 3.1.4: “Failure of PROVIDER to meet the zone response time standards specified in the performance standards for three consecutive months in the same zone, or four months in any consecutive 12-month period in the same zone”. In at least one of the contracted EOA’s in the months of January, February, March, April, May, June, July, August, September, October, November and December, Hall Ambulance Service failed to meet mandatory response times as mandated by the county. All fines were waived due to the county and state declarations of emergency due to COVID-19.

The issues with contract compliance were a direct result of the impact COVID-19 had on our system. Hall Ambulance Service experienced staffing shortages, extended patient offload times and increased call volumes in their own EOAs as well as being requested by EMS to assist Liberty Ambulance Service on numerous occasions in the Lake Isabella, Ridgecrest and outlying areas.

Sub-contracts-

The ambulance providers extent of sub-contracting or mutual aid.

In 2022, EMS began importing ambulance strike teams in an effort to assist Hall Ambulance Service increase their numbers to assure response for all Kern County residents. In addition, EMS began to import paramedic staff from an out of state agency to further assist with the growing call volume, extended patient offload times and staffing shortages. In mid-2022, EMS turned these imported resources over to Hall Ambulance Service. Hall continued to subcontract for out of state paramedics and added EMTs as well and subcontracted with numerous ambulance providers from

Grounded in Health

Los Angeles and Orange County's as well as Pro Safety and Rescue. In 2022, Hall Ambulance Spent in excess of 7 million dollars on outside resources in an effort to improve ambulance coverage.

Hall Ambulance Service provided Mutual Aid outside of their EOA's on 130 occasions.

Date	TOC	putime	AtScene	UnitID	descr	Priority	EOA	Community
1/8/2022	20:14:32	20:14:31	20:29:12	522	ALS	9	TULARE	RICHGROVE
1/16/2022	15:46:34	15:46:33	15:59:39	456	ALS	9	VENTURA	HUNGRY VALLEY
1/17/2022	17:07:26	17:07:26	17:15:53	522	ALS	9	TULARE	EARLIMART
1/19/2022	08:51:43	08:51:43	09:03:02	452	ALS	9	SAN BERNADINO	KRAMER
1/21/2022	23:56:56	23:56:56	00:10:50	469	ALS	9	TULARE	RICHGROVE
1/29/2022	17:31:14	17:31:14	17:43:25	461	ALS	9	TULARE	RICHGROVE
1/30/2022	04:50:06	04:50:05	06:43:30	316	ALS	9	VENTURA	
1/30/2022	17:08:38	17:08:38	17:21:46	483	ALS	1	LACO-B20	ROSAMOND
2/3/2022	10:57:53	10:57:53	11:12:54	464	BLS	9	<None>	RICHGROVE
2/6/2022	04:34:37	04:34:36	04:41:58	481	ALS	9	SAN BERNADINO	KRAMER
2/6/2022	13:52:52	13:52:51	13:53:03	450	ALS	9	LACO-C	LANCASTER
2/7/2022	12:34:16	12:34:15	12:37:36	482	ALS	2	LACO-B20	ROSAMOND
2/7/2022	19:39:16	19:39:15	19:56:22	490	ALS	9	TULARE	RICHGROVE
2/7/2022	22:23:51	22:23:51	22:39:15	522	ALS	9	TULARE	RICHGROVE
2/8/2022	02:57:57	02:57:57	03:16:13	522	ALS	9	TULARE	RICHGROVE
2/8/2022	19:34:44	19:34:44	19:42:02	482	ALS	2	LACO-B20	ROSAMOND
2/8/2022	21:23:28	21:23:28	21:37:08	482	ALS	2	LACO-B20	ROSAMOND
2/10/2022	02:39:44	02:39:44	02:57:37	522	ALS	9	TULARE	RICHGROVE
2/11/2022	18:25:55	18:25:55	18:36:15	497	ALS	2	SAN BERNADINO	KRAMER
2/17/2022	11:50:25	11:50:25	12:15:54	457	ALS		LACO-C	
2/17/2022	11:50:25	11:50:25	12:15:54	457	ALS		LACO-C	
2/19/2022	10:56:37	10:56:37	11:49:45	457	ALS	9	LACO-B20	
2/26/2022	16:31:11	16:31:11	16:36:11	483	ALS	1	LACO-B20	ROSAMOND
2/26/2022	16:47:29	16:47:29	17:02:03	457	ALS	2	LACO-A40	HUNGRY VALLEY
2/26/2022	16:47:29	16:47:29	17:02:03	457	ALS	2	LACO-A40	HUNGRY VALLEY
2/26/2022	16:47:29	16:47:29	17:02:03	457	ALS	2	LACO-A40	HUNGRY VALLEY
2/26/2022	19:01:04	19:01:04	19:11:50	512	ALS	9	SAN BERNADINO	KRAMER
2/27/2022	11:21:52	11:21:52	11:28:37	482	ALS	1	RIDGECREST, M 7	ROSAMOND
3/1/2022	13:58:51	12:45:00	11:45:12	512	ALS	6	LACO-C	LANCASTER

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3/1/2022	17:12:24	10:13:00	08:44:22	470	ALS	6	LACO-C	LANCASTER
3/2/2022	05:14:17	05:14:17	05:30:50	403	BLS		EDWARDS AFB	EDWARDS AFB
3/3/2022	09:28:13	09:28:13	09:42:38	490	ALS	9	TULARE	RICHGROVE
3/4/2022	14:45:01	12:45:00	13:04:26	512	ALS	6	LACO-C	ROSAMOND
3/4/2022	14:45:01	15:38:00	14:38:23	512	ALS	6	LACO-C	LANCASTER
3/4/2022	16:02:51	17:02:00	16:03:05	492	BLS	7	TULARE	EARLIMART
3/7/2022	14:19:14	15:47:00	14:47:45	476	BLS	6	<None>	FRESNO
3/14/2022	13:00:49	13:00:48	13:01:25	483	ALS	2	SAN BERNADINO	KRAMER
3/16/2022	13:49:33	13:49:33	13:59:44	465	ALS	1	SAN BERNADINO	KRAMER
3/26/2022	06:47:39	06:47:39	06:54:29	465	ALS	2	LACO-B20	ROSAMOND
3/26/2022	15:53:27	15:53:27	16:37:18	459	ALS	2	LACO-A40	
3/26/2022	18:25:16	18:25:16	18:39:45	459	ALS	9	VENTURA	HUNGRY VALLEY
4/3/2022	14:31:51	14:31:50	14:51:58	445	ALS	9	LACO-A40	GORMAN
4/4/2022	10:35:54	15:46:00	14:47:02	513	BLS	6	<None>	MADERA
4/6/2022	13:48:32	12:59:00	11:59:22	512	ALS	6	<None>	MADERA
4/7/2022	12:25:22	14:30:00	13:30:34	482	ALS	6	LACO-C	LANCASTER
4/12/2022	17:22:37	17:22:37	17:27:17	482	ALS	2	<None>	ROSAMOND
4/12/2022	23:58:55	23:58:55	00:02:12	482	ALS	2	<None>	ROSAMOND
4/13/2022	04:10:44	04:10:43	04:24:07	482	ALS	2	RIDGECREST, S 7	ROSAMOND
4/14/2022	22:24:02	22:24:02	22:30:02	482	ALS	1	<None>	ROSAMOND
4/15/2022	06:52:21	06:52:21	07:18:31	497	ALS	1	<None>	ROSAMOND
4/16/2022	13:42:49	13:42:49	13:48:46	481	ALS	1	<None>	ROSAMOND
4/17/2022	08:46:06	08:46:06	08:55:14	482	ALS	1	<None>	ROSAMOND
4/21/2022	08:51:17	08:51:16	09:25:08	493	ALS	2	<None>	FELLOWS
4/24/2022	01:00:52	01:00:52	01:07:07	468	ALS		<None>	ROSAMOND
4/27/2022	20:52:12	20:52:12	20:57:08	483	ALS	1	<None>	ROSAMOND
4/28/2022	07:22:09	07:22:09	07:33:02	483	ALS	2	<None>	ROSAMOND
4/28/2022	20:24:44	20:24:44	20:45:05	483	ALS	1	<None>	ROSAMOND
4/30/2022	16:21:13	16:21:13	16:43:03	459	ALS	9	LACO-A40	VENTURA
5/1/2022	09:08:28	09:08:28	09:25:10	483	ALS	2	<None>	ROSAMOND
5/6/2022	18:17:56	18:17:56	18:24:02	532	ALS	2	LACO-C	LOS ANGELES
5/12/2022	14:56:26	17:07:00	16:08:11	512	ALS	6	LACO-C	LANCASTER
5/12/2022	16:57:17	16:57:17	17:45:41	445	ALS	1	RIDGECREST, R 7	CANTIL
5/14/2022	09:10:06	09:10:06	09:29:22	503	ALS	9	VENTURA	GORMAN

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5/16/2022	09:53:49	15:24:00	14:25:06	482	ALS	6	LACO-C	LANCASTER
5/16/2022	23:03:23	23:03:23	23:10:46	481	ALS	9	SAN BERNADINO	KRAMER
5/24/2022	19:57:22	19:57:21	20:10:20	481	ALS	1	SAN BERNADINO	KRAMER
5/30/2022	11:29:21	11:29:21	11:50:56	413	ALS	9	VENTURA	
5/30/2022	12:53:42	12:53:41	13:05:04	413	ALS	9	<None>	HUNGRY VALLEY
6/2/2022	10:27:14	11:39:00	10:38:57	501	BLS	6	<None>	MADERA
6/2/2022	13:12:43	13:12:43	13:50:16	482	ALS	9	SAN BERNADINO	KRAMER
6/4/2022	07:50:39	07:50:39	07:58:56	482	ALS	1	LACO-B20	ROSAMOND
6/4/2022	10:42:49	10:42:49	11:09:11	455	ALS	2	SAN BERNADINO	KRAMER
6/6/2022	15:57:59	14:06:00	13:22:29	482	ALS	6	LACO-C	LANCASTER
6/9/2022	16:01:25	15:31:00	14:35:55	482	ALS	6	LACO-C	LANCASTER
6/9/2022	16:01:25	13:45:00	13:30:17	482	ALS	6	LACO-C	ROSAMOND
6/11/2022	10:16:14	11:57:00	10:56:05	482	ALS	6	LACO-C	LANCASTER
6/14/2022	20:41:44	20:41:44	21:07:12	522	ALS	9	TULARE	DUCOR
6/27/2022	21:43:53	21:43:53	21:46:38	481	ALS	9	SAN BERNADINO	KRAMER
6/28/2022	13:40:57	13:40:57	13:53:20	446	ALS	2	SAN BERNADINO	KRAMER
7/1/2022	12:02:53	12:54:00	11:53:10	492	BLS	7	<None>	MADERA
7/2/2022	12:16:04	12:16:04	12:36:59	459	ALS	9	VENTURA	HUNGRY VALLEY
7/3/2022	15:15:00	15:15:00	15:35:50	459	ALS	9	<None>	
7/3/2022	15:15:00	15:15:00	15:35:50	459	ALS	9	<None>	
7/7/2022	14:26:06	14:26:05	14:43:20	465	ALS	1	SAN BERNADINO	KRAMER
7/9/2022	13:16:10	13:16:10	13:50:00	459	ALS	9	VENTURA	GORMAN
7/12/2022	00:00:34	00:00:34	00:15:26	522	ALS	9	TULARE	RICHGROVE
7/15/2022	12:34:10	12:29:00	11:30:19	490	ALS	6	<None>	FRESNO
7/16/2022	16:53:59	16:53:59	17:22:43	459	ALS	2	LACO-A40	LANCASTER
7/17/2022	17:56:52	17:56:51	18:02:43	482	ALS	1	LACO-B20	ROSAMOND
7/17/2022	20:29:52	20:29:51	20:36:35	482	ALS	2	LACO-B20	ROSAMOND
7/18/2022	12:23:34	12:23:34	12:24:27	483	ALS	2	LACO-B20	ROSAMOND
7/21/2022	06:01:46	06:01:46	06:11:55	464	BLS	9	TULARE	CALIFORNIA HOT SPRINGS
7/23/2022	12:15:46	12:15:46	12:38:52	490	ALS	9	TULARE	DUCOR
7/26/2022	00:31:06	00:31:06	00:47:17	481	ALS	9	SAN BERNADINO	KRAMER JUNCTION
8/8/2022	15:08:53	13:00:00	11:52:17	482	ALS	6	LACO-C	LANCASTER
8/10/2022	15:35:14	15:35:13	15:51:15	481	ALS	2	SAN BERNADINO	KRAMER
8/11/2022	08:05:23	08:05:23	08:09:59	481	ALS	9	SAN BERNADINO	KRAMER

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8/11/2022	08:14:25	08:14:24	08:23:34	481	ALS	9	SAN BERNADINO	KRAMER
8/11/2022	14:50:16	13:00:00	14:20:13	509	BLS	6	LACO-C	ROSAMOND
8/11/2022	14:50:17	15:59:00	15:19:27	509	BLS	6	LACO-C	LANCASTER
8/13/2022	12:47:34	12:47:34	13:08:54	459	ALS	9	VENTURA	HUNGRY VALLEY
8/19/2022	15:17:03	15:17:02	15:17:28	AST-A3	ALS		TULARE	TULARE
9/4/2022	13:27:49	13:27:49	13:48:01	459	ALS	9	VENTURA	
9/4/2022	14:35:24	14:35:24	14:45:21	490	ALS	9	TULARE	RICHGROVE
9/6/2022	06:10:32	06:10:32	06:31:36	481	ALS	9	SAN BERNADINO	KRAMER JUNCTION
9/16/2022	08:59:10	12:16:00	11:18:56	461	ALS	6	<None>	FRESNO
9/17/2022	08:08:42	08:08:41	08:22:35	523	ALS	2	LACO-B20	ROSAMOND
9/24/2022	14:55:54	14:55:54	15:03:16	482	ALS	1	LACO-B20	ROSAMOND
9/29/2022	17:40:38	17:40:37	17:53:16	481	ALS	2	SAN BERNADINO	KRAMER
10/8/2022	10:05:38	11:05:00	11:04:10	476	BLS	6	LACO-C	SUNLAND
10/14/2022	22:56:21	22:56:21	23:15:56	467	ALS	1	SAN BERNADINO	KRAMER
10/21/2022	16:29:13	16:29:13	16:39:14	470	ALS	2	LACO-B20	ROSAMOND
10/22/2022	12:01:51	12:01:51	12:16:43	459	ALS	9	VENTURA	
10/28/2022	10:40:31	11:56:00	10:55:22	522	ALS	6	<None>	FRESNO
11/8/2022	04:25:55	04:25:54	04:36:20	483	ALS	7	LACO-C	LANCASTER
11/19/2022	03:16:58	04:16:00	03:52:59	457	ALS	6	LACO-C	CASTAIC
11/23/2022	18:52:01	18:52:01	19:00:39	413	ALS	1	SAN BERNADINO	KRAMER
11/29/2022	20:48:38	11:10:00	11:07:23	435	BLS	6	TULARE	VISALIA
11/29/2022	20:50:03	16:33:00	16:33:04	435	BLS	6	TULARE	VISALIA
12/5/2022	02:53:50	02:53:50	03:04:14	483	ALS	1	LACO-B20	ROSAMOND
12/8/2022	12:38:04	12:38:03	12:51:22	482	ALS	2	LACO-B20	ROSAMOND
12/9/2022	11:55:02	11:55:02	12:14:05	459	ALS	9	<None>	
12/9/2022	13:55:17	11:55:02	13:55:17	459	ALS	9	<None>	
12/11/2022	22:20:07	20:23:00	22:33:02	513	BLS	6	LACO-C	LOS ANGELES
12/15/2022	13:12:36	10:00:00	09:31:00	497	ALS	6	LACO-C	LANCASTER
12/18/2022	12:45:31	12:45:32	12:53:59	510	ALS	9	<None>	HUNGRY VALLEY
12/18/2022	21:59:47	21:59:47	22:00:04	467	ALS		LACO-C	LANCASTER
12/21/2022	04:39:56	04:39:56	04:58:42	467	ALS	7	LACO-C	LANCASTER
12/22/2022	18:20:41	18:20:41	18:20:48	483	ALS		LACO-C	LANCASTER
12/31/2022	19:13:18	19:13:18	19:22:02	467	ALS	9	SAN BERNADINO	KRAMER

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Ambulance Performance Standards Compliance –

The ambulance provider’s extent of compliance with performance standards, including response time compliance, any notices of exceptions or instances of non-compliance and provider’s performance in curing those deficiencies.

Response time compliance is complex; there are 25 categories of response time compliance that must be met each month. In addition, there are three other categories of response compliance we measure to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls. See Annual Ambulance Response Time Compliance reports for total call volume, response time compliance, Out of Service Area responses, and Mutual Aid Given, for the calendar year.

Turned Calls-

A *turned call* occurs when an ambulance service fails to respond to a call within its EOA and another agency must respond from outside of the area.

Data Reporting –

Ambulance provider’s extent of cooperation in the submission of required and/or requested data

In 2022, Hall Ambulance Service provided all ePCR data as mandated by statute and all data requested by the county.

Customer Service Performance –

Demonstrating the ambulance provider’s efforts and acumen at providing customer service. The components of this section will include:

Inquiry and Compliant Tracking Database –

Date	Source	Type	Outcome	Report number
1/1/2022	Family	Service	No patient contact made and complaint unfounded	81327
1/3/2022	Patient	Service	No complaint. Patient had questions about the surge policy	81355
1/10/2022	Family	Service	Family upswet the patient was not transported. The call was assessed and referred. No error by crew. Follow up with family and they were happy with the follow up.	81389
1/13/2022	Family	Service	Patient was assessed and referred. No error by crew	81413
1/15/2022	Patient	Service	Pt requesting transport to urgent care. Pt signed AMA - no error by crew.	81442
1/19/2022	Hospital	behavior	Employee coached on behavior	81447
1/10/2022	Family	rude behavior	Employee denied being rude. The patient was not happy about going to the waiting room. No error by crew.	81448
1/21/2022	Patient	Service	Patient assessed and referred. Requested to be transported for covid testing. No error by crew.	81464
1/21/2022	Family	Service	Same call as 81464. Concern by family. No error by crew	81471

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1/26/2022	Family	Service	Pateint complaint of feeling hot. Pt assessed and referred by crew. No error by crew.	81484
1/10/2022	Family	response time	Response time was 38 minutes. This was a p-3 call that had been reassigned due to higher level of calls in the area and high call volume . Family upset at response time.	81485
1/28/2022	Patient	Service	Crew cancelled upon arrival with no patient contact.	81489
2/2/2022	Family	Service	No Error by crew. Ex-husband upset at mom for cxl ambulance	81521
2/3/2022	Family	Service	Same complaint as npted in 81521. No error by crew	81540
2/2/2022	patient	service	Several attempts were made to contact the customer and she never returned any calls. Cconcern closed due to no response.	81550
12/23/2021	Husband	response time	Call was P-3 and reassigned four times due to higher levels of calls. The unit arrived on scene 57 minutes after call time.	81572
1/31/2022	Family	Destination	Due to patient condition, pt transported to closest facility. No family on scene to advise going to Adv Bakersfield. Crew chose Adv Delano due to these reasons.	81589
2/10/2022	Family	Service	Family upset by the service recived and after supervisor discussed call with family, they did nothave any concerns. No error by crew.	81593
2/14/2022	Patient	Rude behavior	Concern was not founded and no action taken	81623
2/14/2022	Patient	Rude Behavior	The patient was upset stating the crew did not know what a POLST was and when to use it. She stated the crew was unprofessional. Investigation reveiled the concern is unfounded and no action needed.	81624
2/15/2022	Family	Rude Behavior	Crew member stated the family misunderstood what he was askign and why. I shared with Marcus how someone might percieve a statement differently than intended. Marcus was re-educated on being professional at all times.	81627
2/15/2022	Family	Service	Family claiming crew dropped patient. Video from ambulance reveiled the patient fell prior to the crew or the fire dept making contact. Concern unfounded.	81629
2/17/2022	Family	Rude behavior	Concern was not founded and no action taken	81637
2/18/2022	Family	Service	Family waited an hour for an ambulance to arrive. The call was a p-3 and reassigned several times due to higher level of calls received during response. Concern founded	81640
2/22/2022	Family	treatment	Concern unfounded. Verified by fire department as well. No further action required	81666
2/23/2022	Patient	Rude behavior	Concern founded and employee received reprimand	81671
2/23/2022	bystander	Service	Crew parked incorrectly at Starbucks. The concern was founded and the crew received coaching.	81672
2/23/2022	Patient	Billing issue	Patient was educated on billing and she did not have any additional concerns. Concern unfounded.	81673
3/1/2022	family	treatment	Crew was coached to utilized all equipment that is stock in the unit to promote the best care of the Pt.	81699
3/2/2022	family	destination	Pt wanted to go to AVH	81708
3/7/2022	family	treatment	Spoke to Shane Curtis and he stated the family was Spanish speaking and they were having communication issues. A translator arrived and translating for the crew. The Pt was in the back seat of a vehicle when Shane and Felipe were having a discussion how to move the Pt from the back seat onto the gurney. During the conversation the Pt came out of the vehicle and started walking on the soft cast onto the gurney and slid onto the gurney. Shane garb his arm to assist and to have him wait, but the Pt was already on the gurney. They slid him up and loaded the Pt into the ambulance. They did a full assessment on the Pt with negative findings of a stroke. The Pt did have weakness to the arm he fell on.	81733
3/7/2022	family	treatment	Darrell Stapley is going to coach the crew	81734
3/11/2022	family	Transport	Given to Darrin Stacey to follow up	81752
3/13/2022	Medical staff	Rude	Not founded	81761
3/13/2022	family	Rude	Not founded proper questions to ask on an altered PT	81769
3/15/2022	Medical staff	rude	Terminated	81733
3/17/2022	family	rude	The Pt did not want help from the EMT	81782
3/17/2022	family	Rude	Not Founded	81791

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3/18/2022	family	Rude	Not founded	81793
3/19/2022	Customer	Rude	Not founded	81794
3/23/2022	Customer	HIPPA	Not founded	81821
3/23/2022	bystander	driving	The EMT was coached	81818
3/25/2022	Family	Rude	No fault on the crew. Wife was upset at the crew because they could not convince her husband into going to the ER.	81847
3/25/2022	Medical staff	Rude	Spoke to Rachel and stated James was being professional with the staff and Pt. She has not seen any rude behavior from James.	81848
3/25/2022	bystander	Rude	Spoke to Isaiah and he stated the medic reach done to feel a pulse and did not kick the Pt. They tried to pick the Pt by his clothes but the clothes was coming off the Pt. They had to sit the Pt up in order to lift the Pt up.	81863
3/25/2022	Customer	Transport	No fault on the crew. County Protocol	81879
3/30/2022	Customer	Rude	No fault on the crew. The wife was not letting the Pt speak and the medic had to tell her to stop. The Pt's vitals did not warrant an IV per Protocol.	81883
4/7/2022	Family	Assess and refer	The patient met assess and refer criteria. Brian could have done a better job by leading off with assessment questions and vital signs before discussing assess and refer. No further action required.	81926
4/20/2022	Patient	behavior	Incident happen in 2013. The crew is no longer employed at H.A.S.	81981
4/22/2022	family	behavior	This is a repeat complaint. The husband did not feel the comment made by the paramedic was appropriate during a cardiac arrest. The employee no longer works for Hall Ambulance	82003
4/24/2022	Spouse	behavior	No error by crew. Wife stated she was tired and needed some rest and wanted her husband transported so she could get the rest. Several attempts were made to contact the wife without any return calls.	82021
4/27/2022	Friend	Behavior	Concern not founded. Attempts were made to follow up with the friend with no return calls. Concern closed	82040
5/9/2022	Family	Rude	unfounded	82102
5/9/2022	Medical staff	Rude	unfounded	82112
5/11/2022	Customer	Transport	unfounded	82116
5/16/2022	Customer	Broken Item	Fault on the crew	82139
5/19/2022	Family	Rude	unfounded	82155
5/19/2022	Customer	Rude	unfounded	82156
5/21/2022	Staff	Rude	unfounded	82170
5/26/2022	KCFD	Treatment	unfounded	82190
5/30/2022	Family	Transport	unfounded	82206
5/30/2022	Customer	Transport	unfounded	82208
5/31/2022	Customer	Treatment	unfounded	82226
6/1/2022	Customer	rude	No fault on the crew	82242
6/3/2022	Family	rude	No fault on the crew	82247
6/4/2022	Customer	Rude	unfounded	82251
6/4/2022	Family	rude	No fault on the crew	82257
6/5/2022	Medical staff	transport	No fault on the crew	82261
6/5/2022	Customer	Treatment	Darrell Stapley	82275
6/16/2022	family	transport	Fault on the crew	82284
6/16/2022	bystander	transport	No fault on the crew	82311
6/22/2022	bystander	transport	No fault on the crew	82345
6/27/2022	bystander	rude	The bystander was called x3 times for the video with no submissions. No fault on the crew	82362

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6/29/2022	Family	injury	Crew stated nothing fell on the Pt's leg. The only incident was the gurney unlatching from the gurney's latch bar. The gurney pinched the pt's leg between the gurney and bench seat. Incident submitted to the insurance for review.	82376
6/29/2022	Family	rude	No fault on the crew	82377
8/9/2022	Customer	Rude	Spoke to Mark and he stated he was not rude and believed to had a good report with the Pt. He walked in and said, excuse me twice to the family that were standing in front of her. He spoke to the fiancé as well before leaving the scene. He did miss the IV because she jerked, and became upset when he asked try not to move. He asked many questions about her migraine condition and how they manifest like stroke like symptoms'. She spoke about her engagement and wedding plans. They arrived at BMH and placed her into the lobby, and she became upset again. Spoke to Andrew and he stated Mark is caring, but his tone comes across harsh. His actions are sincere. The Pt's family did not move the first time and Mark and to ask again when they finally moved. Other than that he did not see any rude comments or actions from Mark.	82658
8/11/2022	Customer	Treatment	Spoke to the customer and he stated he is upset because the bill is to high if he was sharing the ride with another person. They did not go anything for him except to have him sit down. (Capt. Chair). They took to long to get on scene. Informed the customer it was a second unit response at 1247, enroute at 1248 at scene 1301, and enroute to the ER at 1314. I can understand how 13 minutes can be forever when you are in pain. the bill is set by the County of Kern and not by H.A.S. It is the standard billing in accordance with rules and regulation by the State and Federal Government. When they are multiple pts' on scene of a call, we try to transport the pts in a safe manner. Since your vitals was within normal range you meet the criteria to be transported in a seat with restraints. He was not happy still. NO call back needed.	82671
8/12/2022	Customer	Rude	Customer never called back for further information.	82679
8/15/2022	Family	Treatment	Spoke with Shannon and she stated the Pt was living in a small mobile home, and his bedroom was located in the back. He was sitting on his bed with obvious distress. They were not able to use the stair chair because of the broken steps, and the clutter in the mobile home. The Pt also made a comment his stairs are broken with weak support structure. They could not use the mega tarp because of the tight quarters and the clutter surrounding the EMS crews. He was able to walk outside and boarded steps were cracking, and the Pt received a small incision on his foot. Some of the blood from his foot transferred onto Shannon's shirt as she assisted the Pt onto the gurney. They did not lay him flat when they were treating the Pt. The only time the lay the Pt down is when EMS had to perform CPR.	82693
8/16/2022	Customer	Treatment	Darrell Stapley to follow up on Supervisors' complaints	82696
8/22/2022	Family	Treatment	Spoke to Tammy and she wanted to know why her husband was taken to KM and not to AHTV while he was having a stroke. He could have been treated at AHTV with a clot buster. Instead he had to wait for another hour for the medication, and now he is dead. She was also told by her neighbors the ambulance took 30 minutes to an hour to arrive on scene. I offered my condolences for her lost. Informed her of the times that are stamped into the system. The call was at 1113 and at scene at 1119 with fire on scene. Informed her per Kern County EMS AHTV is not a stroke center for any ambulance to transport into their ER. She kept blaming the crew for not going to AHTV. I stayed on phone and answered all of her questions until she was ready to hang up. No further calls needed.	82708
8/25/2022	Bystander	rude	Employee was coached by Darrell Stapley and updated the Bystander.	82744
8/26/2022	Bystander	Rude	spoke to Cwik and his partner LaRue, they state the daughter was very upset on scene and rushing to the ambulance asking the crew to hurry. they state the patient was assessed and taken to the ambulance where the daughter insisted, she be transported with him for translation. the crew had recommended she go in her own car. the crew was trying to get vitals from the patient before transport and the pt kept spitting on the walls and on the floor. the daughter was banging on the ambulance wondering why the crew was taking so long to transport. once at the er they never saw the daughter in the ambulance bay or in the ER. they state they never made that comment as well.	82752
8/29/2022	Family	Rude	Spoke to Jacob and he remembered the call. The Pt was frantic and he tried to calm her down. He had to keep bringing the Pt back to the original question, which was how fast she was driving. She kept telling him the incident. He was asked by the Pt if her arm was broken and he told her he does not think so, but only an x-ray will tell. On the way to the ER the Pt told Jacob she thought he was a psychiatrist. He did not know why she thought that.	82763

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8/30/2022	Customer	Rude	Spoke to Debbie she did asked her if she could have called someone to take her to the ER instead of calling 911. Her vitals are normal and in cases like this, there is nothing she cant do for her other than a ride. Once they arrived at the ER she was told by the charge RN, Pt is going to triage. The Pt's pain became strong and she was having trouble in standing and walking. Debbie grabbed her arm and the Pt started to lean towards her. The more she tried to hold up the Pt, more weight was leaning her way.	82766
7/2/2022	Customer	Protocol	Pending on Admin	82405
7/2/2022	Customer	Rude	Pt's vitals were within normal range. No fault on the crew	82420
7/9/2022	Staff	Transport	Medic was asking medical staff if they had the ability of prescribing meds to the Pt. and asked the Pt if he wanted to go to the ER, or if he wanted to go to an urgent care for quicker treatment time. Staff became upset and told him to transport. Pt transported to BMH to the lobby. NO fault	82449
7/10/2022	Family	Rude	No fault on the crew	82434
7/10/2022	Family	Protocol	No fault on the crew	82437
7/12/2022	Customer	Rude	No fault on the crew	82462
7/22/2022	Family	Rude	No fault on the crew	82533
9/6/2022	Family	Response	Pt did not meet transport protocol.	82803
9/6/2022	Customer	Response	the call was reassigned 13 minutes after the call, and another ambulance from a further distance was given the assignment. Ten minutes later the call was canceled by ECC. I also told her when the school called 911 for her son's medical emergency, ECC gave us the call to respond with no lights or sirens, and with no fire department response.	82826
9/6/2022	Customer	Response	Infomed the custome to contact KCFD	82825
9/10/2022	Facility	Rude	Spoke to Jason and he stated the call was going well. They arrived at MSW and went into the ER, They were told by the charge RN to take the Pt into the lobby. The Pt was not happy and became upset at the crew. She unbuckled the belts, ripped the IV line out, and started to lunge at Ingrid. Jason stepped in front of the Pt and the security guard grabbed her from behind and kicked her out of the ER. I called and left a message for the customer to call me back. The customer always calls and complaint on the crews whenever she is taken to the Lobb	82847
9/10/2022	Customer	Treatment	Pt 's vitals did not meet protocol to be transported code 3 to the ER.	82856
9/15/2022	Customer	Rude	I spoke with Sam in person this morning and he advised that they were responded for a seizure and arrived to find the patient fully alert and oriented. Sam stated emotions were high on scene between the patient, her mother and the ambulance crew. Sam reported he moved the patient to the gurney and to the ambulance to try and speak with her away from her mother, and at that point the patient became verbally abusive, telling the crew to "go fuck themselves." Patient got herself off the gurney and left without providing any information.	82880
9/16/2022	Customer	Rude	Crew does not decides who stays in the ER and who goes to the looby. BLS unit was not at fault	82886
9/23/2022	Bystander	Driving	Spoke to the crew and coached them about their driving when going back to their station.	82906
9/23/2022	Customer	Rude	Informed him that I had spoke to the crew and they had filled two bags of his belongings plus a walker. They were not able to take all of his possession to KM from White lane and Gosford. He continue to state the crew threw away his stuff, and wanted to be reimbursed. I told him we are not able to reimburse him when the crew tried to bring as much items as they could in a small ambulance	82914
9/23/2022	Customer	Transport	Spoke to Israel and informed him the unit 2as serviced on 11-30-2020. The issued of the unit was a bad DEF injector. Unfortunately these injectors does not give any warning of failure until they fail. We do keep records of service and records when the units breakdown.	82917
9/26/2022	family	Rude	Spoke to Dylan and he stated Jonathan was not being rude to the Pt. The was seen at the ER a couple of days ago for seizures, and she is not able to locate the medications. They tried to look for the meds but not able to find them. She was afraid of having another seizure..Johnathan EHR is documented no Pt contacted.	82922
9/29/2022	Customer	Stolen	The transport occurred back in March and waited until now to report his complaint. Told him, the company is not going to replace the TV.	82630
10/1/2022	family	treatment	Pt was not DX with dementia by a MD, and was waiting for testing by a neurologist. The E.H.R. was documented about the family concerns and reason for the 911 call.	82957

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10/2/2022	family	Billing	Pt and her boyfriend were in a rollover. Pt was told 3 times if she rides in the front she is a passenger, and if she rides in the back with her boyfriend she is a Pt. She decided to ride in the back.	82960
10/5/2022	family	treatment	Paramedic was coached by the Supervisor Joe Eastwood about empathy.	82978
10/10/2022	customer	treatment	Called the customer 3 times with no call back.	82999
10/12/2022	staff	Rude	The Paramedic was coached by Darrell Stapley that every inmate has to be transported to an ER if directed by the medical staff.	83028
10/17/2022	family	Surge call	Call was taken by OCD and the call met the surge criteria	83048
10/19/2022	Bystander	Driving	Crew was coached about driving with courtesy	83073
10/22/2022	customer	Rude	Pt was assess and refer for her condition. Pt has called 911 several times for the month.	83082
10/23/2022	customer	treatment	Pt wanted them to take her without taking vitals or answering their questions.	83085
10/30/2022	BFD	treatment		83137
11/6/2022	Family	Treatment	Family was informed the unit was a BLS unit and the unit does not have that kind of treatment capabilities, and the Pt's vitals did not warrant these types of treatment at the time.	83163
11/8/2022	Customer	Treatment	Per E.H.R. Pt was sitting at home and sat in the gurney with no issues. Charge RN directed the crew to the lobby.	83224
11/21/2022	Family	Transport	Paramedic stated he was trying to TeleMed the pt, but the family became verbally abusive at him, so he assessed and referred the Pt	83233
11/21/2022	Bystanders	Sirens	Informed the bystanders CHP requires ambulance to have emergency's lights and sirens activated at all times while responding to a call.	83239
11/21/2022	Customer	Treatment	E.H.R. stated Pt was placed on the EKG 4 lead was placed onto the Pt.	83241
11/22/2022	Customer	rude	Fire stated the customer would not open the door and was being rude to them. The crew arrived and the customer started to yell at them. They tried to perform a physical assessment and explained the TeleMed when the customer became upset, started to yell at them. They did not feel safe and they left the scene.	83243
11/22/2022	Customer	Treatment	Paramedic did not document the call properly.	83253
11/28/2022	Customer	Treatment	Fault on the crew for documenting no medical aid needed. Referred to Darrell Stapley	83277
11/30/2022	Customer	Treatment	Called and left message for the customer to call me back with no call back. Pt was treated according to the seizure protocol.	83293
11/30/2022	Rn/AHD	Treatment	Waiting on Ryan Strange outcome notes	83296
12/9/2022	bystander	Driving	Video shows railroad arms are down as the unit drove around them.	83349
12/9/2022	Customer	Rude	The crew was coached to transport the Pt to the ER when requested by a MD.	83351
12/12/2022	Kern Family	Pt care	The Pt did not tell the crew he needed to use the restroom. He did tell the MD, but the MD did not inform the crew.	83366
12/14/2022	Family	Rude	Spoke to the crew and they stated there was no female on scene of the call only two males. They did not say that the Pt smell. However they asked the Pt if he had step on dog feces because it the smell is coming from his shoes, as they loaded him into the unit. The Pt told him it is cat feces, because he has a lot of cat feces in his home. Called Vanessa with the events.	83374
12/14/2022	Customer	Rude	Called x2 with no call back	83377
12/19/2022	Customer	Rude	Fault on the crew	83401
12/20/2022	Family	Transport	Spoke to Heloy and he stated the Pt was refusing to go to the ER. Family asked Ismail what did he thinks. Ismail stated drinking two cups of water and coffee is not enough in a day, and he thinks she is dehydrated. If she does not want to go to the ER, she can go to the U/C or to her PMD. He did a complete assessment and asked the family on their decision.	83407
12/21/2022	Family	Transport	Explain the Kern County EMS protocol with his understanding	83408

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12/22/2022	Customer	Rude	Spoke to Alyssa and she stated when they arrived on scene Pt was screaming in pain and wanting to go to the ER. Pt was not able to walk to the gurney. They retrieve a stair chair and placed the Pt onto the chair, then onto the gurney. Pt gave her a hard time in getting vitals and lying about prescribe medication for her chronic problem. She did ask the Pt if she try telling the MD for a new medication for her to take daily. Pt was upset when the charge RN told them to go to the Lobby. The Pt did not want to give her information to Alyssa or the ER clerk. Alyssa went back into the ER to grab a pair of socks for her while the RN told the Pt she needed to be registered if she wants to be seen. Alyssa placed the socks onto the Pt's feet and asked if she needed anything else. Customer stated she is going to make a complaint against her and Alyssa gave the Pt her name.	83414
12/30/2022	Family	Transport	Spoke to Ramiro about his concerns for not transporting his husband in a timely manner. Informed Ramiro CCT transfer is not a daily use, and at times even days goes by without a transfer. The call volume does not support having two or more CCT units. There are times when 2 or more CCT transfer request occurs in one day, and we schedule the transfer according to the Pt's readiness for transport. In this case your husband was not ready for transport and another request was made with the Pt ready for transport upon CCT arrival. Your husband accepting hospital called and arrange a time for tomorrow morning. There is a set schedule time for him to be taken and transported. Ramiro understood and thanked me for the call back.	83444
12/30/2022	Family	Billing	Called billing and they were going to take care of the bill and adjust to 0.00	83447
12/30/2022	Family	Transport	Pt was Telemed on scene of the call and happy with the results.	83448
12/31/2022	bystander	Transport	RP was security guard trying to get PT off property. PT refused any services provided by Hall, including tele911. RP should have reported PT to BPD instead.	83451

Customer Survey – If the Program required a customer service survey be conducted, the results of the survey shall be included.

The Program did not request a customer service survey in 2022.

Clinical Performance –

Ambulance provider's extent of compliance with the clinical performance requirements in the following categories:

Maintains all required clinical equipment in good working order

Hall Ambulance Maintains a fleet of ----- ambulances on a 24 hours per day schedule. They operate within all county policies, procedures and protocols which includes maintaining all mandatory equipment.

Adherence to clinical protocols

In 2022, there were no issue with Hall Ambulance Service staff regarding clinical protocols.

Quality Improvement Process

Hall Ambulance Service has a robust Quality Improvement (QI) program and fully cooperates with the County on all QI requests.

Qualifications of clinical personnel (including certifications and continuing education)

All Hall Ambulance Service staff are state certified and locally accredited and therefore qualified to provide proper patient care.

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Emergency Medical Dispatch (EMD) Quality Assurance (QA) compliance

Hall Ambulance Service is currently the only ambulance dispatch agency in the county. They contract to dispatch all existing ambulance providers including Liberty Ambulance Service, Pro Safety and Rescue and Trinity Safety and Rescue. They have a robust Quality Assurance program and have been awarded Accredited Center of Excellence (A.C.E.) by the International Academics of Emergency Medical Dispatch.

Participation in County clinical processes

Hall Ambulance Service staff participate in all required projects, committees, and task forces.

Active participation in Program projects, committees, task forces, etc.

Hall Ambulance Staff participated in all required projects, committees and task forces.

Continuing Education

Date	Course	Location	Instructor	Hours	Students	CE's Issued
20-Jan	NEW HIRE	HLH EMS Academy	Pate et al	84	5	
4-Jan	CPR	Post 1	Pate	1	2	
5-Jan	CPR	Post 1	Pate	1	2	
7-Jan	CPR	Post 1	Pate	1	2	
11-Jan	CPR	HLH EMS Academy	Pate	1	2	
14-Jan	CPR	Post 1	Pate	0.5	1	
21-Jan	CPR	Post 1	Pate	0.5	1	
26-Jan	CPR	Post 1 and Rosemond	Pate	1.5	3	
28-Jan	CPR	Post 1 and Taft	Pate	1	2	
27-Jan	CPR	Post 1	Pate	0.5	1	
26-Jan	ACLS CCT	HLH EMS Academy	Kennedy	1	1	
27-Jan	ACLS CCT	HLH EMS Academy	Kennedy	1	1	
29-Jan	CPR	Post 1	Kennedy	0.5	1	
15-Feb	EMT Academy	HLH EMS Academy	Kennedy et al	72	10	
1-Feb	New Hire	HLH EMS Academy	Pate et al	64	3	
3-Feb	CPR	West Kern	Pate	1	2	
8-Feb	CPR	Post 1	Pate	0.5	1	
9-Feb	CPR	East Kern	Pate	0.5	1	
10-Feb	CPR	Post 1	Pate	0.5	1	
15-Feb	CPR	Post 1	Pate	0.5	1	
15-Feb	CPR	East Kern	Pate	0.5	1	
17-Feb	CPR	HLH EMS Academy	Pate	0.5	1	
17-Feb	CPR	Post 1	Pate	0.5	1	
18-Feb	CPR	Post 1	Pate	0.5	1	
23-Feb	CPR + ACLS	HLH EMS Academy	Pate	1	1	



23-Feb	CPR	Post 1	Pate	1.5	3	
28-Feb	CPR	East Kern	Pate	0.5	1	CE's Issued
1-Mar	EMT Academy #40 (Started Feb. 22)	HLH EMS Academy	Harker et al	248	10	2480
1-Mar	NEW HIRE	HLH EMS Academy	Pate et al	64	6	384
2-Mar	CPR	HLH EMS Academy	Pate	0.5	1	0.5
7-Mar	CPR	Post 1	Pate	0.5	1	0.5
7-Mar	CPR	West Kern	Pate	0.5	2	1
8-Mar	PALS	HLH EMS Academy	Kennedy	1	1	1
9-Mar	CPR	Post 1	Pate	0.5	4	2
9-Mar	CCT Quarterly Skills	HLH EMS Academy	Kennedy	1	2	2
10-Mar	CPR	Post 1	Pate	0.5	3	1.5
10-Mar	CCT Quarterly Skills	HLH EMS Academy	Kennedy	1	1	1
11-Mar	CPR	HLH EMS Academy	Pate	0.5	1	0.5
15-Mar	CPR	Post 1	Pate	0.5	1	0.5
24-Mar	CPR	Post 1	Pate	0.5	3	1.5
25-Mar	CPR	West Kern	Pate	0.5	1	0.5
25-Mar	CPR	Post 1	Pate	0.5	1	0.5
25-Mar	CPR	HLH EMS Academy	Pate	0.5	1	0.5
29-Mar	CPR	Post 1	Pate	0.5	1	0.5
30-Mar	CPR	Post 1	Pate	0.5	1	0.5
30-Mar	CPR	HLH EMS Academy	Pate	0.5	1	0.5
31-Mar	Paramedic Prep Course - 3 topics	HLH EMS Academy	Kennedy & Harker	10	37	370
6-Apr	NEW HIRE (April 6th - 14th)	HLH EMS Academy	Harker, Pate et al	64	4	256
11-Apr	Temp Work Force	HLH EMS Academy	Harker, Pate et al	8	3	24
12-Apr	Temp Work Force	HLH EMS Academy	Harker, Pate	8	1	8
15-Apr	CPR	Post 1	Pate	0.5	2	1
18-Apr	Temp Work Force	HLH EMS Academy	Harker, Pate	8	2	16
25-Apr	Temp Work Force	HLH EMS Academy	Harker, Pate	4	3	12
25-Apr	CPR	Post 1	Pate	0.5	1	0.5
26-Apr	Temp Work Force	HLH EMS Academy	Harker, Pate	8	2	16
28-Apr	CPR	East & West Kern	Pate	0.5	3	1.5
29-Apr	CPR	HLH EMS Academy	Pate	0.5	2	1
3-May	NEW HIRE (1 medic, 7 EMTs)	HLH EMS Academy	Harker, Pate et al	72	8	576
16-May	Temp Work Force	HLH EMS Academy	Harker	8	4	32
23-May	EMT Academy Class 41	HLH EMS Academy	Harker, Pate	48	13	624
23-May	EMT County Skills Verifications	HLH EMS Academy	Pate	2	2	4
10-May	CPR (2 East Kern, 1 Post 1)	2 East Kern, 1 Post 1	Pate	0.5	3	1.5
20-May	CPR	East Kern	Pate	0.5	1	0.5
26-May	CPR (Civillian)	HLH EMS Academy	Pate	1	1	1
6-Jun	Temp. Work Force Training	HLH EMS Academy	Walters/Harker/Pate	8	3	24

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14-Jun	New Hire Employees	HLH EMS Academy	Walters/Harker/Pate	8	72	576
14-Jun	CPR	HLH EMS Academy	Pate	0.5	1	0.5
14-Jun	EMT Annual Kern County Skills	HLH EMS Academy	Pate	2	1	2
15-Jun	Medic Annual Kern County Skills	HLH EMS Academy	Harker	0.5	1	0.5
16-Jun	Medic Annual Kern County Skills	HLH EMS Academy	Harker	0.5	1	0.5
17-Jun	Medic Annual Kern County Skills	HLH EMS Academy	Harker	0.5	1	0.5
17-Jun	EMT Annual Kern County Skills	HLH EMS Academy	Pate	1	2	2
20-Jun	Temp. Work Force Training	HLH EMS Academy	Att/Harker/Pate	8	2	16
21-Jun	EMT Annual Kern County Skills	HLH EMS Academy	Pate	1	1	1
24-Jun	CPR	Post 1	Pate	0.5	1	0.5
24-Jun	EMT Annual Kern County Skills	HLH EMS Academy	Pate	1	1	1
28-Jun	Medic Annual Kern County Skills	HLH EMS Academy	Harker	0.5	1	0.5
29-Jun	CPR	West Kern - Delano	Pate	0.5	1	0.5
30-Jun	EMT Annual Kern County Skills	HLH EMS Academy	Pate	1	1	1
30-Jun	Temp. Work Force Training	HLH EMS Academy	Walters/Harker/Pate	8	1	8
1-Jul	CPR	HLH EMS Academy	Pate	0.5	2	1
6-Jul	CPR	HLH EMS Academy	Pate	0.5	1	0.5
6-Jul	EMT - Annual Kern County Skills	HLH EMS Academy	Pate	1	1	1
12-Jul	EMT - Annual Kern County Skills	HLH EMS Academy	Pate	1	1	1
13-Jul	EMT - Annual Kern County Skills	HLH EMS Academy	Pate	1	2	2
13-Jul	NEW HIRES	HLH EMS Academy	Harker/Pate/Walters	8	8	64
14-Jul	MEDIC - Annual Kern County Skills	HLH EMS Academy	Harker	1	1	1
14-Jul	CPR	HLH EMS Academy	Pate	0.5	2	1
14-Jul	NEW HIRES	HLH EMS Academy	Harker/Pate	8	5	40
18-Jul	NEW HIRES	HLH EMS Academy	Harker/Pate	8	5	40
19-Jul	NEW HIRES	HLH EMS Academy	Harker/Pate	8	5	40
20-Jul	Tele911 Training (EMTs & Medics)	HLH EMS Academy	Scott Walters	1	21	21
20-Jul	NEW HIRES	HLH EMS Academy	Harker/Pate	8	5	40
21-Jul	NEW HIRES	HLH EMS Academy	Harker/Pate	8	5	40
21-Jul	EMT - Annual Kern County Skills	HLH EMS Academy	Pate	1	1	1
22-Jul	NEW HIRES	HLH EMS Academy	Harker/Pate	8	4	32
22-Jul	Tele911 Training (EMTs & Medics)	HLH EMS Academy	Scott Walters	1	3	3
24-Jul	EMT - Annual Kern County Skills	HLH EMS Academy	Pate	1	1	1
25-Jul	Tele911 Training (EMTs & Medics)	HLH EMS Academy	Scott Walters	1	11	11
26-Jul	Kern Co Paramedic Protocol Review	HLH EMS Academy	Harker	3	1	3
27-Jul	Tele911 Training (EMTs & Medics)	HLH EMS Academy	Scott Walters	1	24	24
28-Jul	CPR	Post 1	Pate	0.5	2	1
29-Jul	Tele911 Training (EMTs & Medics)	HLH EMS Academy	Scott Walters	1	39	39
18-Aug	Temp. Work Force/Mutual Aid Teams	HLH EMS Academy	Stapley	2	10	20
18-Aug	Tele911 Training	HLH EMS Academy	Walters	1	10	10

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19-Aug	CPR	HLH EMS Academy	Pate	0.5	1	0.5
19-Aug	Tele911 Training	HLH EMS Academy	Walters	1	8	8
22-Aug	Tele911 Training	HLH EMS Academy	Walters	1	3	3
23-Aug	Tele911 Training	HLH EMS Academy	Walters	1	1	1
24-Aug	New Hires (3 EMTs)	HLH EMS Academy	Pate	8	3	24
25-Aug	Temp. Work Force/Mutual Aid Teams	HLH EMS Academy	Stapley	2	10	20
25-Aug	Tele911 Training	HLH EMS Academy	Walters	1	10	10
26-Aug	New Hires (3 EMTs)	HLH EMS Academy	Pate	8	3	24
26-Aug	CPR	Post 1	Pate	0.5	3	1.5
29-Aug	CPR	HLH EMS Academy	Pate	0.5	1	0.5
29-Aug	New Hires (3 EMTs)	HLH EMS Academy	Pate	8	3	24
29-Aug	Medic Class #5	HLH EMS Academy	Harker	8	9	72
30-Aug	Medic Class #5	HLH EMS Academy	Harker	8	9	72
30-Aug	EMT Skills - Annual Kern Co. Regs	HLH EMS Academy	Pate	1	1	1
30-Aug	New Hires (3 EMTs)	HLH EMS Academy	Pate	8	3	24
30-Aug	Medic Class #5	HLH EMS Academy	Harker	8	9	72
31-Aug	New Hires (3 EMTs)	HLH EMS Academy	Pate	8	3	24
31-Aug	Medic Class #5	HLH EMS Academy	Harker	8	9	72
31-Aug	Medic Skills - Annual Kern Co. Req.	HLH EMS Academy	Harker	1	1	1
1-Sep	Paramedic Academy	TC	Harker	168	9	
2-Sep	Paramedic Skills	TC	Harker	1	1	
6-Sep	CPR	TC	Pate	0.5	1	
12-Sep	TWF EMT	TC	Pate	40	3	
15-Sep	EMT Skills	TC	Pate	1	1	
20-Sep	EMT Academy	TC	Swanson	72	12	
27-Sep	New Hire EMT	TC	Pate	32	3	
27-Sep	New Hire Dispatch	TC	Pate	24	2	
27-Sep	EMT Skills	TC	Pate	1	1	
28-Sep	EMT Skills	TC	Pate	1	1	
28-Sep	CPR	TC	Pate	0.5	1	
29-Sep	CPR	Post 1	Pate	0.5	1	
30-Sep	EMT Skills	TC	Pate	1	1	
Oct. 1-31	EMT Academy: Oct.1st -31st (8 hours/day)	HLH Academy	Swanson	248	12	2976
Oct. 1-31	Paramedic Academy: Oct.1st -31st (8 hours/day)	HLH Academy	Harker	248	12	2976
Oct. 12	CPR	Post 1	Pate	0.5	2	1
Oct. 13	Temp. Work Force	HLH Academy	Jen Att & Pate	8	7	56
Oct. 17	Temp. Work Force	HLH Academy	Jen Att & Pate	8	10	80
Oct. 18	CPR	East Kern x2 & West Kern x1	Pate	0.5	3	1.5
Oct. 19	Temp. Work Force	HLH Academy	Jen Att & Pate	8	1	8
Oct. 19	EMT Kern Co. Skills	HLH Academy	Pate	1	1	1
Oct. 20	Temp. Work Force	HLH Academy	Att & Pate	8	1	8

Grounded in Health

Oct. 20	CPR	Post 1 x1 & East Kern x1	Pate	0.5	2	1
Oct. 21	CPR	East Kern x2 & Post 1 x1	Pate	0.5	3	1.5
Oct. 25	CPR	Post 1	Pate	0.5	1	0.5
Oct. 25	New Hire: Oct. 25-31 (8 hours/day)	HLH Academy	Pate	40	2	80
Oct.26	CPR	Post 1	Pate	0.5	4	2
Oct. 28	CPR	Post 1	Pate	0.5	1	0.5
Oct. 31	CPR	Post 1	Pate	0.5	1	0.5
Nov. 1 thru 30	Paramedic Academy: Nov. 1st -30 (8 hours/day x 17 days)	HLH EMS Academy	Harker	136	7	952
Nov. 1 - 30	EMT Academy: Nov.1st - 30th (8 hours/day x 19 days)	HLH EMS Academy	Swanson	152	12	1824
Nov. 1-4	New Hires : Nov.1st - 4th (8 hrs/day)	HLH EMS Academy	Pate	32	2	64
Nov. 4	CPR	HLH EMS Academy	Pate	0.5	1	0.5
Nov. 7	Temp. Work Force	HLH EMS Academy	Att & Pate	8	5	40
Nov. 7	CPR	HLH EMS Academy	Pate	0.5	1	0.5
Nov. 7	EMT Kern Co. Skills Refresher	HLH EMS Academy	Pate	1	1	1
Nov. 8	TWF	HLH EMS Academy	Pate	8	5	40
Nov. 9	CPR???	Post 1	Pate	0.5	1	0.5
Nov. 9	TWF	HLH EMS Academy & Shafter EVOV Course	Hutchins	8	4	32
Nov. 10	TWF (Paramedic)	HLH EMS Academy	Att & Harker	8	1	8
Nov. 10	TWF (4 EMTs)	Post 1 & HLH EMS Academy	Pate	8	4	32
Nov. 10	Mutual Aid (2 Medics)	HLH EMS Academy	Att	4	2	8
Nov. 14	EMT Kern Co. Skills Refresher	HLH EMS Academy	Pate	1	1	1
Nov. 15	TWF (2 Medics)	HLH EMS Academy	Att	8	2	16
Nov. 22	Kern Co. EMS 1st Responder Protocol Course	HLH EMS Academy	Att	4	5	20
Nov. 22	TWF (1 medic)	HLH EMS Academy	Att	8	1	8
Nov. 28	CPR	HLH EMS Academy	Pate	0.5	1	0.5
Nov. 29	CPR	HLH EMS Academy x 2 & Post 1 x 1	Pate	0.5	3	1.5
Nov. 29 & 30	New Hires : Nov. 29 & 30th x 8 hrs/day (1 Medic & 8 EMTs)	HLH EMS Academy	Pate	16	9	144
Dec. 1 thru 23	Paramedic Academy: Dec. 1st -23 (8 hours/day x 17 days)	HLH EMS Academy	Harker	136	7	952
Dec. 1 - 9th	EMT Academy: Dec.1st - (8 hours/day x 19 days)	HLH EMS Academy	Swanson	56	12	672
Dec. 1 thru 9th	New Hires : Dec. 1- Dec. 9th (8 hrs/day x 7 days)	HLH EMS Academy	Pate & Att	56	9	504
7-Dec	CPR	HLH EMS Academy	Pate	0.5	1	0.5
9-Dec	EMT Kern Co. Skills	HLH EMS Academy	Pate	1	1	1
9-Dec	Paramedic Kern Co. Skills	HLH EMS Academy	Harker	1	1	1
14-Dec	CPR	HLH EMS Academy	Pate	0.5	1	0.5
14-Dec	Paramedic Kern Co. Skills	HLH EMS Academy	Harker	1	1	1
19-Dec	CPR	HLH EMS Academy	Pate	0.5	1	0.5
19-Dec	Paramedic Kern Co. Skills	HLH EMS Academy	Harker	1	1	1
21-Dec	Paramedic Kern Co. Skills	HLH EMS Academy	Harker	1	1	1

Grounded in Health

22-Dec	Kern County Paramedic First Responder Training	HLH EMS Academy	Att	2	6	12
22-Dec	Temp. Work Force	HLH EMS Academy	Att & Pate	7	1	7
22-Dec	Paramedic Kern Co. Skills	HLH EMS Academy	Harker	1	2	2
22-Dec	CPR	HLH EMS Academy x 1 and Post 1 x 2	Pate	0.5	3	1.5
27-Dec	EMT Kern Co. Skills	HLH EMS Academy	Pate	1	1	1
27-Dec	Paramedic Kern Co. Skills	HLH EMS Academy	Harker	1	1	1
28-Dec	CPR	HLH EMS Academy	Pate	0.5	1	0.5
29-Dec	Temp. Work Force	HLH EMS Academy	Att & Pate	7	1	7

Tele911

Ambulance provider's extent of use of the Tele911 system

In 2022, in cooperation with Kern County EMS, Hall Ambulance Service became the first agency to trial TELE911. Tele911 allows for the emergency crew on scene to contact a physician via cell phone or tablet allowing the patient to be treated in their home without the need for transport to a local hospital. From June through December of 2022, Hall Ambulance Service utilized Tele911 on 651 occasions with 259, or 40% of the patients being treated at home without transport to a local hospital.

First Response, Tiered System (Fly Car) -

Ambulance provider's extent of the use of the First Response, Tiered (Fly Car) System

In December 2022, in cooperation with Kern County EMS, Hall Ambulance Service conducted a first responder trial study. From December 27th through December 29th, Hall Ambulance Deployed paramedics in first response vehicles along with basic life support ambulances in a specific part of Bakersfield. This study examined the turn a round time for paramedics if they were not assigned to an ambulance and the effect that would have on the EMS system. This trial was very successful and was followed up with a second trial in early 2023. As a result of these trials, EMS has authorized the use of first response vehicles throughout the county and are very excited at the positive changes that are occurring as a result.

Community Services

Ambulance provider's extent of community participation

Date:	Location:	Event:
1/8/2022	Lake Ming	Fog Run for Probation Auxiliary
1/15/2022	CSUB	Men's Basketball
1/18/2022	CSUB	Men's Basketball
1/20/2022	CSUB	Men's Basketball
1/23/2022	CSUB	Wrestling

Grounded in Health

1/27/2022	CSUB	Women's Basketball
1/29/2022	CSUB	Women's Basketball
2/3/2022	CSUB	Women's Basketball
2/5/2022	CSUB	Women's Basketball
2/7/2022	South High	Demo for high school students
2/10/2022	CSUB	Men's Basketball
2/12/2022	CSUB	Men's Basketball
2/17/2022	CSUB	Women's Basketball
2/19/2022	CSUB	Women's Basketball
2/19/2022	CSUB	Wrestling
2/22/2022	CSUB	Women's Basketball
2/24/2022	CSUB	Women's Basketball
3/3/2022	CSUB	Men's basketball
3/3/2022	McFarland Jr. High	Career fair
3/5/2022	CSUB	Men's basketball
3/6/2022	CSUB	Soccer
3/24/2022	Foothill High	Career fair
3/7/2022	CSUB	Soccer
3/29/2022	Arvin High	Career fair
4/1/2022	School	Stemposium
4/2/2022	Yokuts Park	Autism Awareness
4/3/2022	Post one	Ambulance Demo
4/16/2022	Action Sports	Courage Kids Climbing
4/23/2022	CSUB	Soccer
4/26/2022	KCSO office Norris	Law enforcement support
4/29/2022	CSUB	Soccer
5/7/2022	Fairgrounds	relay for life
5/7/2022	KCRP	charity concert
5/10/2022	South high	ambulance demo
5/19/2022	HLH child development	Siren apperance
5/28/2022	National Cemetery	Memorial day service
6/21/2022	Shafter Youth Center	Ambulance Demonstration
7/23/2022	KCFD	KCFD funeral procession 2 units
7/23/2022	Adventist Health	Demo
8/2/2022	Bakersfield	Ambulance Demo at post one. Developmentally delayed adults.
8/4/2022	Bakersfield	Ambulance Demo at post one. Developmentally delayed adults.
8/8/2022	Bakersfield	Ambulance Demo at post one. Developmentally delayed adults.
8/10/2022	Bakersfield	Ambulance Demo at post one. Developmentally delayed adults.
8/10/2022	Bakersfield	CSUB soccer
8/11/2022	Bakersfield	CSUB soccer

Grounded in Health

8/12/2022	Boron	Boron football standby
8/13/2022	Bakersfield	CSUB soccer
8/14/2022	Bakersfield	CSUB soccer
8/18/2022	Tehachapi	Tehachapi high school football standby
8/19/2022	Rosamond	Rosamond high school football standby
8/19/2022	Boron	Boron high school football standby
8/20/2022	Bakersfield	Ambulance Demo at Pyles boys camp. Autism network
8/25/2022	Boron	Boron high school football standby
8/25/2022	Tehachapi	Tehachapi high school football standby
8/26/2022	Tehachapi	Tehachapi high school football standby
8/27/2022	Rosamond	Rosamond high school football standby
8/27/2022	California City	California city high school football standby
8/31/2022	Tehachapi	Tehachapi high school football standby
9/1/2022	Tehachapi	football standby
9/1/2022	CSUB	soccer standby
9/2/2022	Cal City	football standby
9/2/2022	McFarland	Ambulance demo National Night out
9/3/2022	BC	football standby
9/4/2022	CSUB	soccer standby
9/8/2022	CSUB	soccer standby
9/9/2022	CSUB	soccer standby
9/9/2022	Boron	football standby
9/9/2022	Rosamond	football standby
9/11/2022	CSUB	soccer standby
9/15/2022	CSUB	soccer standby
9/15/2022	Tehachapi	football standby
9/16/2022	Boron	football standby
9/17/2022	BC	football standby
9/17/2022	CSUB	soccer standby
9/17/2022	Bakersfield	Siren appearance at the cancer walk at Yokuts park
9/18/2022	CSUB	soccer standby
9/22/2022	Tehachapi	Career fair
9/23/2022	Tehachapi	football standby
9/23/2022	Mojave	football standby
9/23/2022	Cal City	football standby
9/24/2022	BC	football standby
9/28/2022	CSUB	soccer standby
9/29/2022	CSUB	soccer standby
9/29/2022	Delano	Health and wellness fair Adventist Health
9/29/2022	Tehachapi	football standby
9/30/2022	Tehachapi	football standby

Grounded in Health

9/30/2022	Cal City	football standby
10/2/2022	CSUB	Soccer
10/4/2022	Yokuts Park	National night out
10/4/2022	California City	National night out
10/4/2022	Arvin	National night out
10/5/2022	CSUB	Soccer
10/6/2022	CSUB	Career Fair
10/7/2022	MLK Elementary	Ambulance Demo
10/7/2022	Mojave	high school football
10/7/2022	California City	high school football
10/8/2022	Post one	Ambulance Demo Girl Scouts
10/8/2022	CSUB	Soccer
10/9/2022	CSUB	Soccer
10/14/2022	Boron	high school football
10/15/2022	CSUB	Heart and stroke Walk standby
10/15/2022	CSUB	Heart and stroke Walk Siren appearance
10/15/2022	CSUB	Soccer
10/20/2022	KCSO headquarters	Trunk or treat event
10/20/2022	CSUB	Soccer
10/21/2022	California City	high school football
10/21/2022	Mojave	high school football
10/21/2022	Rosamond	high school football
10/21/2022	Tehachapi	high school football
10/22/2022	Bakersfield College	football
10/22/2022	CSUB	Soccer
10/26/2022	West High	Career Fair
10/27/2022	Delano	Trunk or treat event
10/27/2022	Arvin	Trunk or treat event
10/27/2022	BPD headquarters	Trunk or treat event
10/27/2022	Vista West	Career Fair
10/28/2022	Oildale Mike Maggard	Trunk or treat event
10/28/2022	Rosamond	high school football
10/29/2022	Riverwalk Park	Superhero Run ambulance standby
10/29/2022	Riverwalk Park	Superhero Run Siren appearance
10/30/2022	Kern County Museum	Ambulance standby
10/31/2022	Kern County Museum	Ambulance standby
11/3/2022	Downtown	BPD event unit one
11/3/2022	Downtown	BPD event unit two
11/3/2022	Downtown	BPD event unit three
11/3/2022	CSUB	basketball

Grounded in Health

11/4/2022	Tehachapi	footbal
11/5/2022	Delano	parade
11/5/2022	CSUB	basketball
11/7/2022	CSUB	basketball
11/7/2022	Rio Bravo school	demo
11/10/2022	Tehachapi	football
11/11/2022	Downtown	parade
11/12/2022	BC	football
11/16/2022	Vista high school	demo
11/18/2022	Shafter	demo
11/29/2022	CSUB	basketball
12/1/2022	Downtown	Christmas parade
12/1/2022	Downtown	CHP toy drive
12/2/2022	California City	Christmas parade
12/2/2022	Shafter	Christmas parade
12/3/2022	Frazier Park	Christmas parade
12/3/2022	Tehachapi	Christmas parade
12/3/2022	Lamont	Christmas parade
12/3/2022	Wasco	Christmas parade
12/4/2022	CSUB	Basketball
12/5/2022	Taft	Christmas parade
12/8/2022	Delano	Christmas parade
12/10/2022	Jastro Park	WW2 memorial dedication
12/10/2022	Pine Mt. Club	Christmas parade
12/17/2022	CSUB	Basketball
12/20/2022	CSUB	Basketball
12/22/2022	CSUB	Basketball
12/29/2022	CSUB	Basketball
12/31/2022	CSUB	Basketball

Summary

2022 continued to show signs of COVID-19. Staffing issues plagued Hall Ambulance Service as well as increased call volumes as those who chose not to seek medical help during the previous year called 911 at a much higher rate. As a result of these and other factors Hall Ambulance Service struggled with response times. John Surface, Chief Operating Officer, and Myron Smith, Operations Manager, did an outstanding job in 2022 balancing the system by bringing in resources from outside the county and state to improve responses.

Grounded in Health

As we emerge from the shadow of COVID-19, Hall Ambulance response numbers are improving, they continue to contract with local agencies and out of state resources in an effort to maintain staffing levels until they return to full staffing. Hall Ambulance is actively working to add staffing by holding 3 EMT academies and 1 Paramedic academy each year. They have also offered a large signing bonus in an attempt to entice EMTs and Paramedics to the area as well as increasing their base pay to all employees in an attempt to retain and attract staff. Hall Ambulance Service maintains a fleet of 70 ambulances and first response vehicles 24 hours per day and are in the process of increasing the number of paramedic first response vehicles to help meet the need.

Grounded in Health

1800 Mt. Vernon Ave., Bakersfield, CA. 93306 | 661.321.3000 | www.kernpublichealth.com

X. New Business

g. Annual EMS System Report



Annual EMS System Report

Background

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

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

Therefore, IT IS RECOMMENDED, the Board receive and file the *Annual EMS System Report - 2022*.

Grounded in Health

EMS System Annual Report 2022



2022 HIGHLIGHTS

- 3. A Message From Our EMS Manager**
- 4. Implementation of Tele-911/Fly-Car Testing**
- 5. Emergency Preparedness Updates**
- 6. End of State of Emergency**
- 7. Our Directors Report to the Board**
- 8. New Additions to EMS**
- 9. Moving Forward**
- 10. Thank You to our Providers**

A MESSAGE FROM OUR EMS MANAGER

As I reflect on 2022 I am reminded of the accomplishments and progress we have made as a team here in Kern County. While facing extraordinary challenges, through teamwork and dedication, we have overcome to provide exceptional care to our community.

Our achievements this last year have been the implementation of new technology, training, and bringing on additional staff to help the overall EMS system. Here at Public Health we have also expanded our community outreach efforts to educate the public on emergency preparedness and promote public safety. With hands only CPR, water watchers, and advertisements from billboards to social media posts. We were able to reach our community in ways we had not been able to previously. Helping to educate the community so that they can play a part in helping system wide.

Despite the challenges we have faced, we have remained focused on the well-being of our team members. We have implemented various wellness programs and initiatives to support the mental and physical health of our EMS personnel, recognizing the significant impact that their job can have on their personal lives. This last year brought on a lot of changes necessary to improve our overall pre-hospital setting, in order to provide the community with appropriate resources all while helping the some of the important components of our emergency system.

As we look to the future, we have exciting plans for the coming year, including new technology implementations and additional training opportunities. We will continue to prioritize the well-being of our EMS team members and work tirelessly to provide the highest level of care to our community.

I truly feel privileged to be a part of the Kern County Public Health, Emergency Medical Services and I am amazed at the dedication this team displays for Public Health and to our community on a daily basis.

I am proud of the progress we have made and the dedication in 2022. Thank you everyone for your continued hard work and commitment to our community. I look forward to another successful year together.



Sincerely,

Jeff Fariss

EMS Program Manager

Implementation of Tele-911 and Fly-Car



Tele-911 was implemented into the 911 system in Kern County in 2022.

26% or 211 of the 798 encounters resulted in transport.

Fly-Car System

The Fly-Car system was tested and runs were completed to see positive outcomes.

During the trial, there was a 64% quicker return to the system.

This system allows for paramedics to respond to 911 calls and determine if ALS care is necessary. It further lessened the response time for ALS care to a scene.

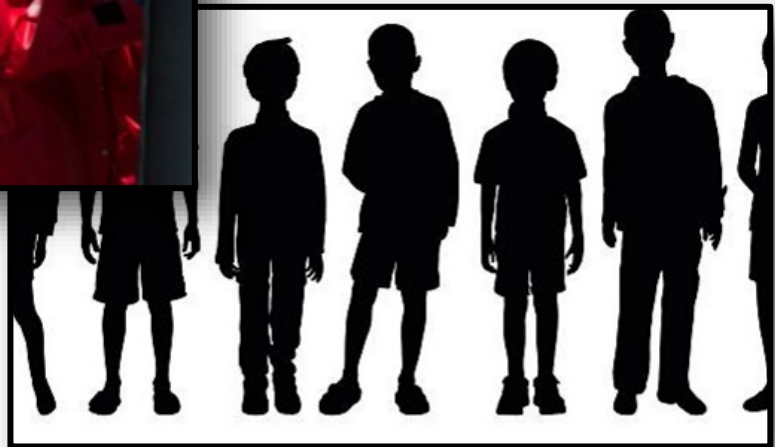


Emergency Preparedness

In 2022 the Emergency Preparedness unit was able to complete two drills within the Healthcare coalition that enabled us to test and exercise various capabilities of our Disaster Response capabilities.

In September of 2022 the EP team along with Kern Medical Center and various other Health Care Coalition members met and performed a tabletop Chemical Surge drill that allowed us to exercise our capabilities in medical bed surge, patient decontamination, communication, Hospital Incident Command, Emergency Response, Transportation surge and Alternate care site capabilities within our coalition.

Further the EP Division awarded \$114,650 to 9 Coalition Partners and made \$108,738 in purchases.



Kern County's Continued Work Against COVID-19

- During 2022, Kern County Public Health continued to work on administering vaccinations at various locations across the county.
- During the State of Emergency, there were more than 309,000 confirmed cases in Kern County. 2,619 residents lost their lives to COVID-19.
- In 2022 Kern County administered:
 - 33,909 doses of the initial vaccine
 - 31,844 doses of the 2nd vaccine
 - 90,537 doses of further follow up vaccines
- EMS had improved to green tier status, meaning a return to standard responses.



Directors Report to the Board

On February 7th of 2023, our Public Health Department Director Brynn Carrigan gave the EMS report to the Board of Supervisors. She spoke on behalf of the entire Kern County EMS system and provided the utmost support for all crews. Director Carrigan gave updates on the current issues that place a strain on our system. Listed below is some of the data that was provided to the board.

Kern EMS System Challenges

1. 911 Call Volume

	Call Volume	% Increase from 2019
2019	107,301	0%
2020	105,356	-2%
2021	113,021	5%
2022	130,449	22%

2. Staffing Shortages

- 7,000 in CA
- 21,000 in US

3. Ambulance Patient Offload Times (APOT)

	Hours
Q1	4,739
Q2	3,624
Q3	4,130
Q4	4,747
	17,240

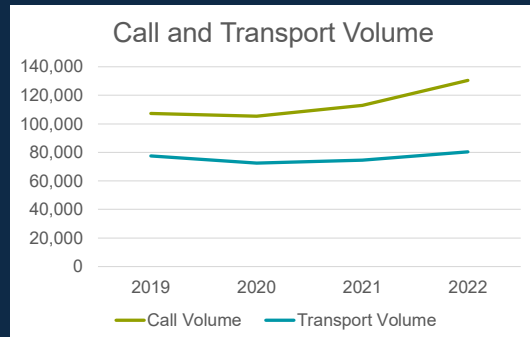
4. Long-term Impact from COVID-19

- 22.6% of Kern County residents delayed or skipped needed medical care in 2021
- Decrease in Kern County residents ranking their health status as excellent

2019	26.7%
2020	22.7%
2021	17.8%
- 42% of adults nationwide gained weight during pandemic

Call Volume vs Transport Volume

	Call Volume	% Increase from 2019	Transport Volume	% Increase from 2019	% Resulting in Transport
2019	107,301	0%	77,614	0%	72%
2020	105,356	-2%	72,503	-7%	69%
2021	113,021	5%	74,533	-4%	66%
2022	130,449	22%	80,378	4%	62%



New Additions to EMS

Throughout 2022, Kern County EMS expanded its program by adding 3 additional EMS Coordinators and to help assist in the workload and responsibilities that the program is in charge of.

Aaron Aumann was hired on August 8th, 2022. Aaron was given the role of HCC Readiness and Response Coordinator. Aaron collaborated and participated in multiple coalition drills, updated key HCC plans, ensured HCC and PHEP grant drill deliverables were completed. He also helped develop and design the new EMS Command center trailer.



Alec Larroque was hired on February 26th, 2022. Alec is assigned to ImageTrend management, data, trauma and burns designations. He also assists with community training and is in charge of MICN accreditation/training.

New Additions to EMS

Danielle Stemper was hired on February 26th, 2022. Danielle is assigned to EMT certification and EMD. She has the responsibility of providing certifications (State & Local) for EMTs in Kern County. She also manages the EMD QI group.



Moving Forward

Kern County EMS will be implementing new ways to help with analyzing and responding to calls in the 911 system.



**FIRST
WATCH**
Helping the Helpers

First watch is now connected with Image Trend to show APOT data in real time to all hospitals within Kern County.

Strike team Medics remain in the Kern County 911 system to bridge the gap in staffing issues found around the state.

All strike team personnel are Kern County tested and accredited in the system.



Thank You to Our Providers

Adventist Health Bakersfield

Adventist Health Delano

Adventist Health Tehachapi

Bakersfield Heart Hospital

Bakersfield Memorial Hospital

Kern Medical

Kern Valley Healthcare District

Mercy Hospital

Mercy Southwest Hospital

Ridgecrest Regional Hospital

Pro Safety

Trinity Safety Group

Bakersfield City Fire Department

California City Fire

China Lake Naval Weapons Station

Edwards Air Force Base

Hall Ambulance Services, Inc

Kern County Fire Department

Kern County Sheriff Office

Liberty Ambulance Service

Mercy Air Service

US Borax



1800 Mount Vernon Ave

Bakersfield, CA 93306

Tel: 661-321-3000

Website: <https://www.kernpublichealth.com>

Email: publichealth@kerncounty.com

X. New Business

h.EMCAB Member Update



EMCAB Member Update

EMCAB welcomes its newest Alternate Member, representing the Kern Mayors and City Managers Group, Maribel Reyna, from City of Delano.

Currently, EMCAB has the following vacancies:

- Police Chief's association Alternate
- Urban Consumer Alternate
- Rural Consumer Alternate
- Kern County Hospital Administrators Alternate
- Kern County Ambulance Association Alternate

X. New Business

- i. All Stakeholder Agreed EMD Code Changes

Not included in Study Due to Patient limits

PPC	Problem	
01C00	Override	No Change
01D00	Override	No Change
01D02	Ashen or gray color reported ≥ 50	No Change
02B00	Override	No Change
02C00	Override	No Change
02D00	Override	No Change
02D03	Swarming attack	No Change
"02E00"	Override	No Change
"02E01"	Ineffective Breathing	No Change
03A04	Superficial Injuries(old 3A3)	No Change
03B00	Override	No Change
03D00	Override	No Change
03D01	Arrest	No Change
03D02	Unconscious	No Change
03D03	Not Alert	No Change
03D04	Chest or Neck Injury with SOB	No Change
03D05	Dangerous body area	No Change
03D06	Large Animal	No Change
03D07	Exotic Animal	No Change
03D08	Mauling or multiple animals	No Change
03D09	Attack in progress	No Change
04A01	Not dangerous body area with deformity	No Change
04B00	Override	No Change
04D00	Override	No Change
04D01	Arrest	No Change
05C00	Assault	No Change
05C01	Susp Aortic Aneurysm >50	No Change
05D00	Override	No Change
05D02	Ashen or gray color >50	No Change
06D00	Override	No Change
07A02	Fire alarm (unknown situation)	No Change
07A03	Minor Burns	No Change

07A04	Sunburn	No Change
07A05	NON-RECENT (\geq 6hrs) burns/injuries (without priority symptoms)	No Change
07B00	Override	No Change
07B01	Blast injuries (without priority symptoms)	No Change
07C00	Override	No Change
07C02	Difficulty breathing	No Change
07C04	SIGNIFICANT FACIAL burns	No Change
07D00	Override	No Change
07D01	Multiple victims	No Change
07D02	Arrest	No Change
07D03	Unconscious	No Change
07D04	Not alert	No Change
07D05	DIFFICULTY SPEAKING BETWEEN BREATHS	No Change
"07E00"	Override	No Change
"07E01"	Person on fire	No Change
08O01	Carbon monoxide detector alarm (scene contact without priority symptoms)	No Change
08O02	Carbon monoxide detector alarm (alarm only, no scene contact)	No Change
08B00	Override	No Change
08C00	Override	No Change
08D00	Override	No Change
08D01	Arrest	No Change
08D02	Unconscious	No Change
08D03	Not alert	No Change
08D04	DIFFICULTY SPEAKING BETWEEN BREATHS	No Change
09B00	Override	No Change
09D00	Override	No Change
09D02	OBVIOUS or EXPECTED DEATH questionable (a through h; x through z)	No Change
"09E00"	Override	No Change
"09E04"	Strangulation	No Change
"09E05"	Suffocation	No Change
10C00	Override	No Change
10D00	Override	No Change
11D00	Override	No Change
"11E01"	Override	No Change
12B00	Override	No Change

12C00	Override	No Change
12C06	Overdose/Poisoning(Ingestion)	No Change
12D00	Override	No Change
12D03	Agonal/Ineffective Breathing	No Change
13C00	Override	No Change
13D00	Override	No Change
14A01	Alert Breathing normally (No injuries and out of water)	No Change
14B00	Override	No Change
14B01	Alert breathing normally(Injuries or in water)	No Change
14B02	Obvious Death(submersion >6hrs)	No Change
14B03	Unknown Status	No Change
14C00	Override	No Change
14C01	Alert with Abnormal Breathing	No Change
14C02	SCUBA accident	No Change
14D00	Override	No Change
14D01	Unconscious	No Change
14D02	Under Water Specialized Rescue	No Change
14D03	Stranded(specialized rescue)	No Change
14D04	Just Resuscitated/Defibrillated	No Change
14D06	Suspected neck injury	No Change
"14E01"	Override	No Change
"14E02"	Arrest (Out of water)	No Change
"14E03"	Underwater domestic rescue	No Change
15C01	Alert and breathing normally	No Change
15D00	Override	No Change
15D01	Multiple Victims	No Change
15D02	Unconscious	No Change
15D03	Not disconnected from power	No Change
15D04	Power not off or hazard present	No Change
15D05	Extreme Fall (>30ft/10m)	No Change
15D06	Long Fall	No Change
15D07	Not Alert	No Change
15D08	Abnormal Breathing	No Change
15D09	Unknown Status	No Change
1.50E+01	Override	No Change

16A02	Minor eye injuries	No Change
16B00	Override	No Change
16D00	Override	No Change
16D01	Not Alert	No Change
17B00	Override	No Change
17D00	Override	No Change
17D01	Extreme Fall>30ft/10m	No Change
17D02	Arrest	No Change
18B00	Override	No Change
18C00	Override	No Change
18C06	Paralysis	No Change
19C00	Override	No Change
19C05	Cocaine	No Change
19D00	Override	No Change
19D03	Changing Color	No Change
19D05	Just resuscitated/Defibrillated	No Change
20B00	Override	No Change
20C00	Override	No Change
20D00	Override	No Change
20D02	Multiple victims w Priority Symptoms	No Change
21A02	Minor Hemorrhage	No Change
21B00	Override	No Change
21B03	Bleeding Disorder	No Change
21C00	Override	No Change
21C03	Hemorrhage from varicose veins	No Change
21D00	Override	No Change
21D01	Arrest	No Change
22A01	No longer trapped (no injuries)	No Change
22B00	Override	No Change
22B01	No longer Trapped (Unknow Injuries)	No Change
22B03	Unknown Status	No Change
22D00	Override	No Change
22D01	Mechanical/Machinery/Object Entrapment	No Change
22D02	Trench Collapse	No Change
22D03	Structure Collapse	No Change

22D04	Confined Space Entrapment	No Change
22D05	Inaccessible Terrain Situation	No Change
22D06	Mudslide/Avalanche	No Change
23B00	Override	No Change
23C00	Override	No Change
23C06	Acid or Alkali	No Change
23D00	Override	No Change
"23E01"	Override	No Change
24O00	Waters broden(no contractions or presenting parts)	No Change
24A00	Override	No Change
24A02	Confirmed Still Birth>6 months/24 weeks and no complications	No Change
24B00	Override	No Change
24C00	Override	No Change
24D00	Override	No Change
24D06	Baby born(complications w baby)	No Change
24D07	Baby born (complications w mother)	No Change
25B00	Override	No Change
25B05	Near hanging, strangulation, or suffocation(alert w diff breathing)	No Change
25D00	Override	No Change
25D04	Dangerous hemorrhage	No Change
25D05	Near hanging, strnagulation, suffocation(alert w diff breathing)	No Change
25D06	Jumped Now	No Change
26O02	Boils	No Change
26O03	Bunps (non-Traumatic)	No Change
26O04	Can't sleep	No Change
26O05	Can't urinate(w abd pain)	No Change
26O07	Constipation	No Change
26O08	Cramps/Spasms/joint pain(extremeties non-traumatic)	No Change
26O09	Cut-off ring request	No Change
26O10	Deafness	No Change
26O13	Enema	No Change
26O14	Gout	No Change
26O15	Hemorrhoids/Piles	No Change
26O16	Hepatitis	No Change
26O17	Hiccups	No Change

26O18	Corona Symptoms	No Change
26O21	Object swallowed(w choking or diff breathing, can talk	No Change
26O22	Painful urination	No Change
26O23	Penis Problems/pain	No Change
27A01	Non-Recent>6hrs)Peripheral wounds	No Change
27B00	Override	No Change
27B01	Non-Recent> 6hrs) single central wound	No Change
27B03	Serious hemorrhage	No Change
27B05	Obvious Death	No Change
27D00	Override	No Change
27D05	Multiple Wounds	No Change
28A01	Breathing normally	No Change
28C00	Override	No Change
28C10	TIA history	No Change
29A00	Override	No Change
29A01	Override	No Change
29A02	No injuries Reported	No Change
29B00	Override	No Change
29D00	Override	No Change
29D04	Hazmat	No Change
29D08	Not alert with noisy breathing	No Change
29D09	Not alert with normal breathing	No Change
30B00	Override	No Change
30B03	Unknown body area	No Change
30D00	Override	No Change
30D01	Arrest	No Change
30D05	High Velocity Impact	No Change
31C00	Override	No Change
31D00	Override	No Change
"31E01"	Override	No Change
32D00	Override	No Change
33C00	Override	No Change
33D00	Override	No Change
33D02	Just resuscitated and/or defibrillated(external)	No Change

Study Results agreed upon by County Fire

PPC	Problem	Response Outcome
01A01	Abdominal pain	No Change
01A02	Testicle or groin pain (male)	No Change
01C01	SUSPECTED aortic aneurysm (tearing/ripping pain) \geq 50	Downgrade from 2 ALS/Fire to C3B Amb Only
01C02	Diagnosed aortic aneurysm	Downgrade from 2 ALS/Fire to C3B Amb Only
01C03	Fainting or near fainting \geq 50	Downgrade from 2 ALS/Fire to C3B Amb Only
01C04	Females with fainting or near fainting 12–50	Downgrade from 2 ALS/Fire to C3B Amb Only
01C06	Females with pain above navel \geq 45	Downgrade from 2 ALS/Fire to C3B Amb Only
02A01	Injection administered or advised	No Change
02A02	Spider Bite	No Change
02C01	difficulty breathing or swallowing	Downgrade from 2 ALS/Fire to C3B Amb Only
02C02	History of sever reaction	Downgrade from 2 ALS/Fire to C3B Amb Only
02D01	Not Alert	No Change
03A01	Not Dangerous body area	No Change
03A02	Non-recent >6hrs, injuries without priotity symptoms	No Change
03A03	Superficial Injuries	Upgrade from 3 BLS AMB Only to C3A/Fire
03B02	Serious hemorrhage	Downgrade from 2 BLS/Fire to C3B Amb Only
03B03	Unknow status	Downgrade from 2 BLS/Fire to C3B Amb Only
04A02	Not dagerous body area	No Change
04A03	Assault	No Change
04B01	Possible Dangerous body area	Downgrade from 2 BLS/Fire to C3B Amb Only
04B02	Serious Hemorrhage	Downgrade from 2 BLS/Fire to C3B Amb Only
04B03	Unknown Status	No Change
05A01	Non-Traumatic back pain	No Change
05A02	Non recent	No Change
05C02	Diagnosed Aortic Aneurysm	Downgrade from 2 ALS/Fire to C3B Amb Only
05C03	Fainting or Near Fainting	Downgrade from 2 ALS/Fire to C3B Amb Only
05C04	Difficulty Breathing	Downgrade from 2 ALS/Fire to C3B Amb Only
06C02	Tracheostomy (no obvious distress)	No Change
06D01	Not alert	No Change
06D03	CHANGING COLOR	No Change
06D05	Tracheostomy (obvious distress)	No Change

"06E00"	Override	Downgrade from 1 ALS/Fire to C3A/Fire
"06E01"	INEFFECTIVE BREATHING	No Change
07B02	Unknown status/Other codes not applicable	No Change
07C01	Fire with persons reported inside	Upgrade from 3 BLS/Fire to C3A/Fire
07C03	Burns \geq 18% body area	No Change
08B01	Alert without difficulty breathing	Upgrade from 3 BLS/Fire to C3A/Fire
08C01	Alert with difficulty breathing	Downgrade from 2 ALS/Fire to C3A/Fire
08D05	Multiple victims	Downgrade from 1 ALS/Fire to C3B Amb Only
08D06	Unknown status/Other codes not applicable	Downgrade from 2 ALS/Fire to C3A/Fire
09O01	EXPECTED DEATH unquestionable (x through z)	No Change
09B01	OBVIOUS DEATH unquestionable (a through h)	No Change
09D01	INEFFECTIVE BREATHING	No Change
"09E01"	Not breathing at all	No Change
"09E02"	UNCERTAIN BREATHING	No Change
"09E03"	Hanging	No Change
10A01	Breathing normally < 35	No Change
11A01	Not choking now(can talk and cry	Upgrade from 3 BLS Amb Only to C3A/Fire
11D01	Abnormal breathing	No Change
11D02	Not Alert	No Change
"11E02"	Override	No Change
12A01	Ipileptic or previous seizure diagnosis	Upgrade from 2 BLS Amb Only to 1 ALS/Fire
12A02	Not Seizing now and effective breathing	Upgrade from 2 BLS Amb Only to 1 ALS/Fire
12A03	Not Seizing now effective Breathing <6	Upgrade from 2 BLS Amb Only to 2 ALS/Fire
12A04	Focal/Absence Seizure - Alert	Downgrade from 1 ALS/Fire to C3B Amb Only
12B01	Effective breathing not verified	Upgrade from 2 BLS/Fire to 1 ALS/Fire
12C01	Focal/Absense Seizures(Not alert)	No Change
12C02	Pregnancy/PostPar Eclampsia	No Change
12C03	Diabetic	No Change
12C04	Not seizing with effective breathing verified >6	No Change
12C05	Hx of stroke or brain tumor	No Change
12C07	Atypical Seizure	No Change
12D01	Not Breathing after Key Question	No Change
12D02	Continuous or Multiple Seizures	No Change
12D04	Effective Breathing Not Verified>35	No Change
13A01	Alert and behaving normally	No Change

13C01	Not Alert	No Change
13D01	Unconscious	No Change
14D05	Not Alert	No Change
16A01	Moderate eye injuries	No Change
16B01	Severe eye injuries	Downgrade from 2 BLS Amb Only to C3A/Fire
17A03	Non-Recent(>6hrs)without priority injuries	No Change
17A04	Public assist	Upgrade from 3 BLS Fire only to C3A/Fire
17B04	Environmental problems(rain, heat, cold)	Upgrade from 3 BLS/Fire to C3A/Fire
17D03	Unconscious	No Change
17D04	Not Alert	No Change
17D06	Long Fall	No Change
18A01	Breathing normally	No Change
18B01	Unknown Status	Downgrade from 2 BLS Amb Only to C3B Amb Only
18C04	Sudden Onset Severe Pain	Downgrade from 2 ALS/Fire to C3B Amb Only
18C05	Numbness	Downgrade from 2 ALS/Fire to C3B Amb Only
18C07	Change in Behavior <3hrs	Downgrade from 2 ALS/Fire to C3B Amb Only
19A01	HR > 50bpm and <130bpm w Priority Symptoms	Upgrade from 3 BLS Amb Only to C3A/Fire
19A02	Chest Pain/Discomfort<35w Priority symptoms	Upgrade from 3 BLS Amb Only to C3A/Fire
19D01	Not Alert	No Change
20A01	Alert	Upgrade from 3 BLS Amb Only to C3A/Fire
20C01	Heart attach of angina history	Downgrade from 2 ALS/Fire to C3B Amb Only
20D01	Not Alert	No Change
21A01	Not Dangerous Hemorrhage	No Change
21B01	Possible Dangerous Hemorrhage	Downgrade from 2 ALS/Fire to C3B Amb Only
21B02	Serious Hemorrhage	Downgrade from 2 ALS/Fire to C3B Amb Only
21B04	Blood Thinners	Downgrade from 2 ALS/Fire to C3B Amb Only
21C02	Hemorrhage of dialysis fistula	Downgrade from 2 ALS/Fire to C3B Amb Only
21D02	Unconscious	No Change
21D03	Not Alert	No Change
22B02	Peripheral Entrapment only	Downgrade from 2 ALS/Fire to C3B Amb Only
23O01	Poisoning w Priority Symptoms	Upgrade from 3 BLS Amb Only to C3A/Fire
23B01	Overdose w Priority Symptoms	Downgrade from 2 BLS Amb Only to C3B Amb Only
23C01	Not Alert	No Change
23C05	Narcotics	Downgrade from 2 ALS/Fire to C3B Amb Only
23C07	Unknown Status	No Change

23C08	Poison Control Req Response	No Change
23D01	Arrest	No Change
23D02	Unconscious	No Change
23D03	Changing Color	No Change
"23E02"	Narcotic/Opioid Arrest(Obvious)	No Change
24A01	1st Trimester hemorrhage/miscarriage	Downgrade from 2 BLS Amb Only to C3B Amb Only
24B01	Labor (delivery not imminent > 6 months/24 weeks)	Downgrade from 1 BLS Amb Only to C3B Amb Only
24B02	Unknown Status	Downgrade from 2 BLS Amb Only to C3B Amb Only
24C01	2nd Trimester hemorrhage/Miscarrriage	Downgrade from 2 ALS/Fire to C3B Amb Only
24C02	1st Trimester Serious hemorrhage	Downgrade from 2 ALS/Fire to C3B Amb Only
24C03	Abdominal pain/cramping<6months/24 weeks w no fetus or tissue	Downgrade from 2 ALS/Fire to C3B Amb Only
24C04	Baby born(no complications)	No Change
24D01	Breech or Cord	Downgrade from 2 ALS/Fire to C3B Amb Only
24D02	Head visible/out	No Change
25A01	Non-Suicidal and alert	Upgrade from 3 BLS Amb Only to C3A/Fire
25A02	Suicidal(not threatening) and alert	No Change
25B01	Serious hemorrhage	Downgrade from 2 BLS/Fire to C3B Amb Only
25B02	Non-Serious or minor hemorrhage	Upgrade from 3 BLS Amb Only to C3A/Fire
25B03	Threatening Suicide	Upgrade from 3 BLS Amb Only to C3A/Fire
25B04	Jumper(Threatening)	Upgrade from 3 BLS Amb Only to 1 ALS/Fire
25B06	Unknown Status	No Change
25D01	Not alert	No Change
25D02	Dangerous hemorrhage	No Change
25D03	Near hanging, strangulation, or suffocation(alert w diff breathing)	No Change
26O11	Defecation/Diarrhea	No Change
26O12	Earache	No Change
26O19	Nervous	No Change
26O20	Object stuck(nose, ear, vagina, rectum, penis)	Upgrade from 3 BLS Amb Only to C3A/Fire
27B04	Unknown status/Other codes not applicable	Downgrade from 2 ALS/Fire to C3A/Fire
27D01	Arrest	No Change
27D02	Unconscious	No Change
27D03	Gunshot	No Change
27D04	Central Wounds	No Change
27D06	Multiple Victims	No Change
28C01	Not Alert	No Change

28C02	Abnormal Breathing	No Change
28C03	Sudden speech problems	No Change
28C04	Sudden weakness or numbness(one side)	No Change
28C05	Sudden Paralysis or facial droop	No Change
28C09	Stroke history	No Change
28C12	Unknown status	No Change
29D01	Major Incident	No Change
29D02	High Mechanism	No Change
29D03	High Velocity Impact	No Change
29D05	Pinned(Trapped) Victim	No Change
29D06	Arrest	No Change
29D07	Unconscious	No Change
30A01	Override	No Change
30A02	Not Dangerous Body Area	No Change
30A03	Non-Recent(>6hrs)	No Change
30D02	Unconscious	No Change
30D03	Not alert	No Change
31A01	Fainting episode and alert >35 w/o cardiac hx	Downgrade from 3 ALS Amb Only to C3B Amb Only
31A02	Fainting episodes and alert <35 with cardiac hx	Downgrade from 3 ALS Amb Only to C3B Amb Only
31A03	Fainting episode and alert <35 w/o cardiac hx	Downgrade from 3 ALS Amb Only to C3B Amb Only
31D01	Unconscious/agonal/ineffective breathing	No Change
31D02	Unconscious effective breathing	No Change
31D03	Old 31D02	No Change
31D04	Changing color	No Change
31D05	Old 31D04	No Change
"31E02"	Ineffective breathing	No Change
32B03	Unknown status	Upgrade from 2 BLS/Fire to 2 ALS/Fire
32B04	Caller's language not understood	Upgrade from 2 BLS/Fire to 2 ALS/Fire
32D01	Life Status Questionable	No Change
33A03	Acuity III(no priority symptoms)	No Change
33C01	Not alert(acute change)	No Change
33C02	Abnormal breathing (acute onset)	No Change
33C05	Possible acute heart problems(MI)	Downgrade from 2 ALS Amb Only to C3B Amb Only
33C06	Severe pain	Downgrade from 2 ALS Amb Only to C3B Amb Only
33C07	Emergency Response Requested	No Change

33D01	Suspected Cardiac/Respiratory arrest	No Change
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X. New Business

j. Grand Jury Report

COUNTY OF KERN
2022 - 2023 GRAND JURY FINAL REPORT

COUNTY OF KERN
DEPARTMENT OF PUBLIC HEALTH
EMERGENCY MEDICAL SERVICES

APPROVED AS FOR RELEASE:




Enrique Vicuna, FOREMAN

3-23-2023
DATE



Margo A. Raison, COUNTY COUNSEL

3/31/2023
DATE



J. Eric Bradshaw, PRESIDING JUDGE
KERN COUNTY SUPERIOR COURT

4-6-23
DATE

PUBLIC RELEASE DATE: April 17, 2023

2022-2023 KERN COUNTY GRAND JURY



Kern County Public Health Emergency Medial Services

Release Date

April 17, 2023



Photo from (www.kernpublichealth.com)

COUNTY OF KERN DEPARTMENT OF PUBLIC HEALTH EMERGENCY MEDICAL SERVICES

SUMMARY:

All Emergency Response and Care is Not Equal! Is Emergency Care in Crisis? The mission statement for the County of Kern (County) Department of Public Health is, “To protect and safeguard the health and safety of the community.” The Emergency Medical Services Program (EMS) has the same mission, to protect the community in cases of an emergency.

All revenue for EMS is generated from fees, licenses, permits, certifications, State and Federal funds. No County funds are used to support EMS (See Appendix A).

The EMS term refers to the medical professionals who respond to 911 calls, treat, and transport people in time of a critical health situation. The EMS is responsible for all services from emergency to pre-hospital care. The EMS staff has the responsibility of assigning the proper designations to each hospital and certifying the designation annually. Not all hospital emergency departments are designated to handle all the different types of emergencies. Hopefully you are directed to the right hospital by the care provider, or critical time may be wasted. Be informed; it is your choice!

The 2022-2023 Kern County Grand Jury (Grand Jury) concluded that EMS first response teams are suffering from a major loss of staff due to COVID-19. Recruitment is low for both Emergency Medical Technicians (EMTs) and paramedics. Local ambulance companies and the Kern County Fire Department (KCFD) are working with a new recruitment system to increase the number of certified EMTs and paramedics. More EMS first responders will help better serve the County and help reduce response times. The increase in new recruits will help the EMS and the community to recover after major losses due to the COVID-19 pandemic.

(A Glossary is provided to help understand the terms used in this Report.)

PURPOSE OF INQUIRY:

California Penal Code §925 authorizes the Grand Jury to investigate and report on the operations, accounts, and records of the Kern County Public Health Department and contracts with vendors. In light of this, the Grand Jury conducted an investigation into the EMS.

METHODOLOGY:

The Grand Jury began the inquiry into the Kern County Public Health Department and Emergency Medical Services Program by researching the Kern County website. Other research led to the California Emergency Medical Services Authority website for information. On-site interviews were conducted at the Kern County Public Health facility with the EMS staff. Other interviews were held with ambulance service providers and the KCFD personnel.

DISCUSSION OF FACTS:

Kern County is both geographically and demographically diverse. Located at the southern end of California's great Central Valley, Kern County is the gateway to southern California, the San Joaquin Valley, the Sierra Nevada, and the Mojave Desert. It is larger than the States of Delaware, Rhode Island, and Connecticut combined, encompassing 8,130 square miles, making it the third largest county in California. This requires a large variety of equipment and staff to meet the EMS needs: metro areas, interstate highways, mountainous terrain and passages, river and lake rescues, remote desert communities, oil fields, and farming communities.

Kern County Public Health

The Director of Public Health Services manages the Countywide Department that includes the Emergency Medical Services Program and reports directly to the Kern County Board of Supervisors (BOS). The Public Health Services Department provides a wide range of services to assist in the prevention of disease and the improvement of health, safety, and quality of life for County residents and visitors. The Public Health Department's current Budget is over \$50 million.

Emergency Medical Services Program

The EMS has 12 employees: Administrative Coordinator, Public Health Program Manager, two Senior Emergency Medical Services Coordinators, and eight Emergency Medical Services Coordinators. The EMS is responsible for all medical services throughout the County; everything from pre-hospital care to the emergency departments, and some instances from hospitals to other locations. Each of the ten County hospitals with emergency departments are licensed, accredited, and given a designation for care (stroke, heart, trauma, etc.) by the EMS. The EMS Medical Director oversees medical/clinical components of the EMS system. This includes medical protocol development, policies, procedures, equipment approval, medical

dispatch, base station protocols, and continuous quality performance reviews. The EMS provides for overall administration, direction, and management for emergency service which includes:

- Training and certification/accreditation for over 3,000 EMS personnel
- Medical dispatch and communications
- Interaction with hospital emergency departments and specialty care centers
- Emergency medical data collections and analysis
- Promotion of public health information and EMS education
- Medical disaster preparedness, planning, and response
- Kern County Health Care Coalition
- Kern Medical Reserve Corps
- Hospital Base Station Management
- Trauma System Management
- ST Elevation Myocardial Infarction (STEMI) System Management
- Stroke System Management
- Burn System Management
- Coordination of emergency transportation service providers and seven first responder agencies

The Grand Jury Investigation Revealed the Following Facts:

- A. The yearly County Budget for the EMS is about two million dollars (See Appendix A for details). Income is generated from fees, licenses, permits, certifications, State and Federal funds.
- B. There are 16 acute care hospitals in Kern County serving a population of 878,744 people in an area of 8,130 square miles. The average is one hospital per 54,921 people, and one hospital per 508 square miles.
- C. Kern County hospitals are health care institutions that provide medical and surgical treatment. Some hospitals provide emergency care in response to injuries, sudden or severe illness, laboratory and other diagnostics, scheduled surgeries, labor and delivery, inpatient treatment, and recovery. Hospitals also offer a range of support services, including prescriptions, family support, counseling, and home nursing services. Specialty care designation for approved care has an annual fee, payable to EMS, ranging from \$20,069 to \$140,133 depending on the designation (See Appendix A).
- D. COVID-19 pandemic played a major role in the 911 medical calls in Kern County for the past three years, with a 5% increase in calls in the year 2021 compared to 2019.

- E. According to the Public Health Department, the County has seen an unprecedented increase in 911 medical call volumes:

Year	CALLS	Increase from 2019
2019	107,301	0 %
2020	105,356	-2 %
2021	113,021	5 %
2022	130,449	22 %

- F. In the year 2022, there were 130,449 medical 911 calls; this is a 22% increase compared to 2019.
- G. According to the US Bureau of Labor Statistics, California has a shortage of over 7,000 EMTs and paramedics and 21,000 nationwide. Kern County has a shortage of over 100 EMTs and paramedics.
- H. The research noted the following about paramedics:
1. Interviews indicated that paramedics love their job
 2. Job stress level is high due to numerous responsibilities
 3. Highest ranking medical responder at the scene oversees medical care
 4. Paramedics must have knowledge of medical protocols and medications
 5. Paramedics can transfer to other counties and receive a raise in pay and advance in rank
 6. Training to certification may take 18-24 months
- I. Both ambulance companies operating in the County have experienced a staff reduction of about 20%. Both ambulance companies and the KCFD are actively recruiting for new EMTs and paramedics.
- J. The interval of time between the arrival of an ambulance at the hospital's emergency department and the time the hospital assumes responsibility for the patient's care is called Ambulance Patient Offload Times (APOT). Ambulance crews spent over 17,240 APOT hours for the year 2022, in Kern County. The APOT have usually been long during the pandemic period. This ties up the unit, with first responders having down time and unavailable for another call. In one instance, an ambulance waited as long as 24 hours at the hospital to offload a patient in height of the pandemic.

Medical Air Transport

The Kern County Board of Supervisors, at the December 6, 2022 Meeting, approved a retroactive agreement with the Mercy Air Ambulance Services Inc., for designation as an authorized pre-hospital EMS aircraft provider from July 1, 2022, to June 30, 2027, in an estimated amount of \$90,000 in EMS revenue. Air ambulance means any aircraft specially constructed, modified or equipped and used for the primary purposes of responding to emergency calls and transporting critically ill or injured patients with a flight crew of a minimum

two clinicians licensed in advance life support. Mercy Air is a full-service air medical transport system that has served California and Nevada for over 30 years. Mercy Air will provide rapid transport for critically ill and injured patients, transfer of Intensive Care Unit (ICU) patients from one hospital to another or complicated trauma requests from an EMS provider to trauma emergency departments.

Ground Ambulance Transport

The County is divided into Exclusive Operating Areas (EOA) for ground ambulance response and transportation. Request for Proposal (RFP) bids are solicited to cover each EOA and are then awarded a permit and contract to operate within that area. The County collects an annual fee of \$21,336 per EOA, and penalties for non-compliance or breach of contract may also be assessed.

Ambulance Exclusive Operating Areas:

- EOA 1 Wasco/Lost Hills
- EOA 2 Shafter/Buttonwillow
- EOA 3 Delano/McFarland
- EOA 4 Bakersfield
- EOA 6 Lake Isabella/Kernville
- EOA 7 Ridgecrest
- EOA 8 Pine Mountain Club/Frazier Park/Arvin/Lamont/Tehachapi
- EOA 9 Taft/Maricopa/McKittrick
- EOA 11 Mojave/California City/North Edwards/Boron/Rosamond

Contracted ground ambulance providers:

- Hall Ambulance Service Inc. has a base operation located at 2001 'O' Street, Bakersfield, with stations located within their EOAs. Contracts for Hall include EOAs 1, 2, 3, 4, 8, 9, and 11 (See Appendix B).
- Progressive Ambulance Inc. is owned and operated by Ridgecrest Regional Hospital, doing business as Liberty Ambulance Service, and has contracts for EOAs 6 and 7. The main office is located at 350 East Ridgecrest Boulevard, Ridgecrest, with stations in Lake Isabella and Kernville (See Appendix B).
- Pro Safety & Rescue, Inc. has been incorporated into the Kern County 911 Emergency Response System to provide teams of two EMTs as active first responders for non-transport emergencies (See Appendix B).

An Annual Performance Report Summary is required for each EOA outlining the response compliance guidelines in 25 categories. Non-compliance occurs when the ambulance provider fails to meet 90% response time standard within a response zone, within the EOA, in any month

up to three consecutive months. EMS will assess a fine of \$1,067 to the ambulance provider for each non-compliance occurrence. Ambulance Response Time Compliance is a complex calculation that measures response times within the EOA by the priority code level of each call. A performance percentile is given in regard to the number of calls that meet the response times. Over the past four months both ambulance providers were able to improve compliance levels, even though call volumes were higher and staff shortages continue.

Hall Ambulance Service Inc. operates the County dispatch center located in Bakersfield. The dispatch center provides emergency medical dispatch capabilities for both ambulance service providers. The County requires the dispatch center to have Emergency Medical Dispatch (EMD) capabilities; dispatchers are specially trained, programs are in place to medically prioritize each call, and provide instructions to callers over the phone to assist with providing emergency medical care.

Both County ambulance companies were the first in the State to implement the Tele911™ System in all units. This system gives the first responders (EMTs and paramedics) a mobile computer to connect directly with a California emergency department physician. Physicians can perform telehealth visits with patients while the first responder is present. Vital patient information and patient history is uploaded for the physician to evaluate. Following the evaluation, the Tele911™ physician can determine whether the patient requires transportation to an emergency department or an alternative location, advise first responders as to treatment needed at the scene, and/or links the patients to more appropriate medical care or social services. Tele911™ medical providers can also contact the patient's private physician or pharmacy as needed. If it is determined that transportation is not needed for the patient, Tele911™ medical providers subsequently follow up with the patient via telehealth. The 911 first responders may clear the scene and become available for another call. Since the implementation in July 2022, the Tele911™ System has been utilized with 798 patients. Of those patients, only 211 or 26% required transportation to emergency services. Thus, 587 patients were able to remain in place and receive medical care.

Hospitals with Emergency Departments

The Emergency Medical Services Program has the authority to designate hospitals in the County with the approved medical services. The EMS will also perform reviews of each emergency department.

Trauma is the primary cause of death for people ages one to 44, regardless of gender, race, or economic status. The response from emergency personnel, including ambulance and hospital care, plays an important role in treating patients within what has become known as "The Golden Hour." This is the one-hour time from injury to receiving specialized trauma care; only 60 minutes from the moment of injury to call 911, dispatch an ambulance to the scene, transport the victim to a hospital, summon the appropriate surgical and support staff, and perform the necessary life-saving care.

Even though the County has ten acute care hospitals, it is of the utmost importance that in an emergency, the patient is transported to the right hospital to receive proper care. NOT ALL HOSPITALS ARE EQUAL! The County has only two designated Trauma Centers: Kern Medical is a Level II; Ridgecrest Regional Hospital is a Level IV.

- Trauma Centers are licensed hospitals designated by the local Emergency Medical Services Agency (Kern County EMS). General requirements include:
 - Trauma program medical director and a trauma nurse coordinator
 - Basic emergency department
 - Multidisciplinary trauma teams
 - Specified service capabilities
 - Performance Improvement and Patient Safety Program
 - Trauma Registry (data collection)
- Trauma Center Levels Overview:
 - Levels I and II have similar personnel, services, and resources to provide the most critical care available, except Level I are research and teaching facilities
 - Levels III and IV generally provide initial stabilization of the trauma patient and may transfer to a higher level of care, Level III has surgical capabilities

Adventist Hospital - Bakersfield: Base Station, Trauma Step 3, Orthopedic, Cardiac, STEMI, Neonatal, Obstetrical, Pediatrics Non-Emergency, Sexual Assault, Psychiatric without medical condition, Stroke meeting activation criteria, other patient conditions

Adventist Hospital - Delano: Base Station, Trauma Step 3, Pediatrics Non-Emergency, Psychiatric without medical condition, Medical Extremis, Traumatic Arrest, other patient conditions

Adventist Hospital - Tehachapi: Trauma Step 3, Psychiatric without medical condition, Medical Extremis, Traumatic Arrest, other patient conditions

Bakersfield Heart Hospital: Base Station, Trauma Step 3, Cardiac, STEMI, Psychiatric without medical condition, other patient conditions

Bakersfield Memorial Hospital: Base Station, Burns, Trauma Step 3, Orthopedic, Cardiac, STEMI, Neonatal, Obstetrical, Pediatrics Emergency, Pediatrics Non-Emergency, Psychiatric without medical condition, Stroke meeting activation criteria, other patient conditions

Kern Medical: Base Station, Trauma Level II, Trauma Step 3, Orthopedic, Neonatal, Obstetrical, Pediatrics Emergency, Pediatrics Non-Emergency, Psychiatric with or without medical condition, Stroke meeting activation criteria, Traumatic Arrest, other patient conditions

Kern Valley Hospital: Trauma Step 3, Psychiatric without medical condition, Medical Extremis, Traumatic Arrest, other patient conditions

Mercy Hospital Downtown - Bakersfield: Base Station, Trauma Step 3, Orthopedic, Psychiatric without medical condition, Stroke meeting activation criteria, other patient conditions

Mercy Hospital Southwest - Bakersfield: Base Station, Trauma Step 3, Orthopedic, Neonatal, Obstetrical, Psychiatric without medical condition, Stroke meeting activation criteria, other patient conditions

Ridgecrest Regional Hospital: Base Station, Trauma Level IV, Trauma Step 3, Obstetrical, Pediatrics Non-Emergency, Psychiatric without medical condition, Stroke Satellite with Primary Stroke Center Consult and Approval, other patient conditions

FINDINGS:

- F1. The public is unaware and/or unknowledgeable regarding the appropriate use of the 911 Call System. Many calls made to 911 are not priority and may be handled more efficiently with a visit to their physician's office or to a local urgent care facility.
- F2. The COVID-19 pandemic continues to have a major effect on the emergency care and first responders in Kern County. Ambulance response times were stressed due to the units waiting to offload patients at hospitals and the increase in call volumes have created a shortage of available units to respond to calls.
- F3. The National, State, and County EMT and paramedic shortage has placed a burden on the emergency medical system, with not enough ambulance units available, less paramedics in the field, and delayed Ambulance Patient Offload Times, which results in slower response times.
- F4. The APOT has tied up many ambulance units and personnel in long waiting lines. The hours waiting at the hospital could be used for other responses.
- F5. Stacking patients was used during critical times to free up units and crews to respond to the next emergency. This happens when one ambulance crew provides care for two to five patients at the same time at the same hospital (extra ambulance cots are stored at hospitals), allowing the other ambulance units to respond to other calls.
- F6. The Harvey L. Hall EMS Academy offers three EMT academies per year and one paramedic academy per year. EMT training and certification can be completed in about 90 days, Taft College offers an EMT course each semester. Paramedic training, licensing, and certification is completed over 18 months with a partnership

with Bakersfield College. More programs are needed to fill the 7,000 position shortages statewide.

- F7. The lack of certified paramedics and EMTs within the County has caused a severe shortage for both ambulance providers and the KCFD. Sign-on bonuses of \$20,000 and starting salaries of \$70,000 are being offered. Traveler paramedics are recruited to fill in on a short-term basis.
- F8. Of the ten approved acute care hospitals with emergency departments, two are approved for trauma level care; it is very important that the patient chooses the correct hospital for care, as this may not be the closest hospital at the scene of the emergency.
- F9. The BOS approved and authorized the retroactive Agreement with Ridgecrest Regional Hospital to extend the term for designation as a Level IV Trauma Receiving Center through May 3, 2023. Residents of East Kern County are better served with an approved trauma emergency department.
- F10. The Board of Supervisors has an agreement with Mercy Air to provide medical transport services from July 1, 2022, to June 30, 2027. This agreement will ensure that the County will have air support medical transportation along with ground service for the next four years.
- F11. The use of Tele911™ medical system saves time in transportation, allows units to respond to other calls, and provides the patient with immediate access to an emergency department physician. Currently, reimbursements are not readily available to the ambulance providers unless there is transportation to a hospital.
- F12. The Kern County 911 Emergency Response System works with all EMS providers and dispatches through one system. The use of one dispatcher, Global Positioning System (GPS), black box, on-board computers, and a common radio frequency now provides real time locations of all first responders' units, thus ensuring the correct unit is responding to the emergency which makes the EMS system more efficient.
- F13. All emergency calls in Kern County for the ambulance providers are directed by the same dispatcher, and use the same radio frequency, allowing for better communications between the providers.
- F14. Using mutual aid agreements, Hall contracted with Liberty, Pro Safety & Rescue, and many out of the County ambulance companies to cover the required responses within the contracted EOAs.
- F15. The reimbursements rates from Medi-Cal and Medicare have not changed in 20 years and do not cover the current costs of ambulance transportation.

COMMENTS:

The Grand Jury thanks the Kern County Emergency Medical Services personnel for their cooperation and information provided. Thanks to the Kern County Fire Department and the two ambulance companies for providing pertinent information to complete this report.

RECOMMENDATIONS:

- R1. The Emergency Medical Services Program of the Kern County Public Health Department should organize and coordinate a countywide job and information fair to recruit new paramedics and EMTs to fill the void in the emergency response teams. Coordination should include the ambulance providers, KCFD, community and vocational schools in the area. The first job and information fair should be completed by September 1, 2023. (Findings 3, 6, and 7)
- R2. The EMS should continue to expand the Tele911™ System, so the public and first responders are more comfortable with its use. The EMS in conjunction with the ambulance companies and Tele911™ should negotiate with insurance providers to allow for compensation for its use when transportation is not necessary. The first negotiation session should be completed by September 1, 2023. (Findings 11 and 15)
- R3. The 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. (Findings 3, 6, and 7)
- R4. The EMS should advertise and inform the public of the importance of the 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. (Findings 1 and 8)

NOTES:

- The Kern County Board of Supervisors and the Public Health Department should post a copy of this report where it will be available for public review.
- Persons wishing to receive an email notification of newly released reports may sign up at the Kern County Grand Jury website.
- Present and past Kern County Grand Jury Final Reports and Responses can be accessed on the Kern County Grand Jury website.

RESPONSE DEADLINES:

- **REQUIRED WITHIN 90 DAYS FROM:**
 - Kern County Board of Supervisors
- **REQUESTED RESPONSE WITHIN 90 DAYS:**
 - Progressive Ambulance Inc.
 - Liberty Ambulance Service
 - Hall Ambulance Service Inc.
 - Kern County Fire Department
- **RESPONSES ARE REQUIRED PURSUANT TO PENAL CODE §§933(c) AND 933.05 WITHIN 90 DAYS TO:**
- **PRESIDING JUDGE**
KERN COUNTY SUPERIOR COURT
1415 TRUXTUN AVENUE, SUITE 212
BAKERSFIELD, CA 93301
- **FOREMAN**
KERN COUNTY GRAND JURY
1415 TRUXTUN AVENUE, SUITE 600
BAKERSFIELD, CA 93301

Reports issued by the Grand Jury do not identify individuals interviewed. Cal. Penal Code §929 requires that reports of the Grand Jury not contain the name of any person or facts leading to the identity of any person who provides information to the Grand Jury.

GLOSSARY

1. **Turned Call:** occurs when ambulances assigned to an EOA are not available to respond to a call within that EOA and ambulances from another EOA must respond.
2. **Mutual Aid:** occurs when ambulances provide service to another EOA or outside of the County.
3. **Surge:** The EMS created a surge plan that allows ambulance providers to not respond to, or “surge,” Alpha level, low acuity calls when the available ambulances in the Bakersfield Metro zone of the EOA reaches a specific level. This was due to the effects of COVID-19.
4. **Trauma Center:** hospital unit specializing in the treatment of patients with acute and especially life-threatening traumatic injuries.
5. **EMT:** specially trained medical technician certified to provide basic emergency services (such as cardiopulmonary resuscitation) before and during transportation to a hospital.
6. **Paramedic:** specially trained medical technician certified to provide a wide range of emergency medical services (as defibrillation and the intravenous administration of drugs) before or during transport to the hospital.
7. **STEMI (ST Elevation Myocardial Infarction):** profoundly life-threatening medical emergency and usually associated with a disease process called atherosclerosis (coronary artery disease). STEMI is a very serious type of heart attack during which one of the heart’s major arteries (one of the arteries that supplies oxygen and nutrient-rich blood to the heart muscle) is blocked.
8. **Medical Extremis:** in extreme circumstances especially at the point of death.
9. **Base Station:** general term used for emergency medical services radio console in a hospital emergency department. Also used to refer to a hospital that provides direct medical control to pre-hospital providers.
10. **GPS:** accurate worldwide navigational and surveying facility based on the reception of signals from an array of orbiting satellites.
11. **Black Box:** instrument that records all the activities of an aircraft or vehicles. Also called an electronic data recorder.
12. **Golden Hour:** commonly used to characterize the urgent need for the care of trauma patients. This term implies that morbidity and mortality are affected if care is not instituted within the first hour after injury.

BIBLIOGRAPHY

www.ems.ca.gov/ems-systems-division-trauma-level-overview

www.ca.gov/ems-systems-divison-about-trauma

Hall Ambulance is the 9-1-1 Paramedic Provider to 94% of Kern County's population.

<https://www.dnb.com/business-directory/company-profiles.prog>

Kern County Public Health Department (kernpublichealth.com)

Hospital in Ridgecrest | Ridgecrest Regional Hospital (rrh.org)

Board of Supervisors | Kern County, CA

Paramedic Definition & Meaning - Merriam-Webster

APPENDIX A

EMERGENCY MEDICAL SERVICES BUDGET 2021-2022

	EMS Actual	
	2021-2022	
Revenue		
Ambulance Permits		\$ 640,545
EMS Certification Fees		\$ 83,913
KCFD	\$ 17,279	
BFD	\$ 1,600	
Others	\$ 65,034	
Fines, Forfeitures, Penalties		\$ 0
Intergovernmental Revenue		\$ 233,796
State Health Administration	\$ 121,251	
Federal Health Administration	\$ 112,545	
Other Reimbursements (Charge for Service)		\$ 12,593
Miscellaneous Revenue		\$ 75
Other Financing/Operating Transfer		\$ 498,014
Total Revenue		\$ 1,468,786
Expenses		
Salaries		\$ 1,034,847
Regular Wages	\$ 552,025	
Overtime	\$ 35,065	
Shift Differential	\$ 208	
Standby Time	\$ 19,630	
Bilingual Pay	\$ 51	
Extra Help Pay	\$ 836	
FICA	\$ 46,000	
County Retirement	\$ 268,348	
Deferred Comp Match	\$ 12,804	
Employee Health Benefits	\$ 61,671	
Retired Employee Med Ins.	\$ 3	
Qualified Flexible Benefits	\$ 8,205	
Clothing & Personal/Supplies	\$ 1,590	
Other	\$ 28,411	

Services and Supplies		\$ 775,436
Comm Telephone-Telegraph	\$ 20,981	
Comm Radio-Microwave	\$ 43,242	
Maintenance Equip	\$ 327	
Maintenance Struct/Ground Gen	\$ 8,400	
Med, Dntl, Lab Supp/ Med	\$ 6,747	
Membership	\$ 14,737	
Office Expenses	\$ 1,335	
Office Exp Postage	\$ 1,374	
Office Exp Duplicating	\$ 252	
Office Exp Books-Subscription	\$ 12,959	
Office Exp Equipment	\$ 8,282	
Prof & Spec Services	\$ 17,827	
PSS/Employee Physicals	\$ 170	
PSS/DATA Processing	\$ 301,629	
Rents-Lease, Equipment	\$ 2,204	
Rents-Lease, Structures	\$ 285,869	
Special Department Expense	\$ 23,653	
SDE Professional Fees	\$ 1,692	
SDE Education	\$ 6,788	
Transportation – Travel	\$ 7,132	
Transportation – Fuel	\$ 8,242	
Indirect-Internal Transfer	\$ 270,348	
Total Expenses		\$ 2,080,631
Net Surplus/(Deficit)		(\$ 611,845)

APPENDIX B

EMERGENCY MEDICAL SERVICES VEHICLES SEEN IN AND AROUND KERN COUNTY



Pro Safety & Rescue, Inc. (Photo, www.prosafetyandrescue.com)



Hall Ambulance Service Inc. (Grand Jury photo)



(4X4 vehicle) Liberty Ambulance Service, Progressive Ambulance Inc. (Grand Jury photos)



Mutual Aid Agreement allows for extra help outside Kern County (Grand Jury photos)



Kern County Fire Department, Special Equipment (Photo, <http://kerncountyfire.org>)



Mercy Air Transport (Photo, www.airmehods.com/air-medical/program/mercy-air/)

§933. Findings and Recommendations (Excerpt)

No later than 90 days after the grand jury submits a final report on the operations of any public agency subject to its reviewing authority, the governing body of the public agency shall comment to the presiding judge of the superior court on the findings and recommendations pertaining to matters under the control of the governing body, and every election county officer or agency head for which the grand jury has responsibility pursuant to section 914.1 shall comment within 60 days to the presiding judge of the superior court, with an information copy sent to the board of supervisors, on the findings and recommendations pertaining to matters under the control of that county officer or agency head and any agency or agencies which that officer or agency head supervises or controls. In any city and county, the mayor shall also comment on the findings and recommendations. All of these comments and reports shall forthwith be submitted to the presiding judge of the superior court who impaneled the grand jury. A copy of all responses to grand jury reports shall be placed on file with the clerk of the public agency and the office of the county clerk, or the mayor when applicable, and shall remain on file those offices.

As used in this section "agency" includes a department

§933.05. Responses to Findings (Excerpt)

- (a) For purposes of subdivision (b) of Section 933, as to **each** grand jury **finding**, the responding person or entity shall indicate one of the following:
 - (1) The respondent agrees with the finding.
 - (2) The respondent disagrees wholly or partially with the finding; in which case the response shall specify the portion of the finding that is disputed and shall include an explanation of the reasons therefor.

- (b) For purposes of subdivision (b) of section 933, as to each grand jury recommendation, the responding person or entity shall report one of the following actions:
 - (1) The recommendation has been implemented, with a summary regarding the implemented action.
 - (2) The recommendation has not yet been implemented, but will be implemented in the future, with a timeframe for implementation.
 - (3) The recommendation requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a timeframe for the matter to be prepared for discussion by the officer or head of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This timeframe shall not exceed six months from the date of publication of the grand jury report.
 - (4) The recommendation will not be implemented because it is not warranted or is not reasonable, with an explanation therefor.

- (c) However, if a finding or recommendation of the grand jury addresses budgetary or personnel matters of a county agency or department headed by an elected officer, both the agency or department head and the board of supervisors shall respond if requested by the grand jury, but the response of the board of supervisors shall address only those budgetary or personnel matters over which it has some decision-making authority. The response of the elected agency or department head shall address all aspects of the findings or recommendations affecting his or her agency or department.

- (f) A grand jury shall provide to the affected agency a copy of the portion of the grand jury report relating to that person or entity two working days prior to its public release and after the approval of the presiding judge. No officer, agency, department, or governing body of a public agency shall disclose any contents of the report prior to the public release of the final report.

X. New Business

k. Request for Maddy Fund Release

MADDY FUND REQUEST REPORT – Warehouse Space

Background

Prior to March 2020, Kern County EMS had a small warehouse which stored our emergency preparedness supplies and equipment. This space proved to be insufficient to store enough supplies to support the pandemic response. We were forced to reach out to the state to request supplies much sooner than we anticipated.

On May 13th, 2021, EMCAB approved the release of Maddy funds to pay the initial 2 years of a 5-year agreement for approximately 21,000 square feet of warehouse space, which is currently housing our supplies necessary in the event of a disaster or emergency declaration. The Kern County Public Health EMS warehouse holds large amounts of PPE, medical equipment like ventilators, ambulance gurneys, heart monitors, disaster supplies, and medical supplies. These supplies and the equipment held in the warehouse are used to provide needed items to our EMS system for example, PPE during the COVID response and aid in large

scale events in the county when the number of supplies and equipment kept on hand by our ambulance providers and fire agencies is not sufficient for the scale of the disaster. By keeping this warehouse, it benefits the county EMS system in many ways by providing the protection our providers need and the equipment/supplies needed for the residents of the county in time of need.

Kern County EMS is requesting the release of Maddy funds for the continued use of warehouse space for the storage of all emergency preparedness supplies and equipment.

The requested funds are \$300,822.60 for the next 2 years of the existing agreement.

Intent of Release of Maddy Funds

As approved by county council, “The intent for releasing the discretionary Maddy funds by the county is to heighten, increase and improve, from the normal and customary base operations, the delivery of prehospital care to the people of Kern County. This would include programs, services, training, equipment and/or learning materials that would have a high likely hood to improve

Grounded in Health

the Kern County EMS System of care from its normal and customary base operations. The requested item, service or training must benefit all EMS stakeholders, especially the community at large, in such a way that it improves the quality and delivery of prehospital care.”

Recommendation

The request for the purchase of warehouse space appears to meet the intended use of the discretionary Maddy funds in that it will provide EMS the ability to house the necessary equipment and supplies required in the event of a disaster or declared emergency. This will benefit the community at large assuring that the necessary emergency equipment and supplies are readily available for distribution across the county.

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

Jeff Fariss

From: "Maddy Fund Request Form" <noreply@kernpublichealth.com>
Sent: Tuesday, April 18, 2023 9:15 AM
To: Jeff Fariss
Subject: Maddy Fund Request Form

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

Date:

04/18/2023

Requesting Party Information:

Name:

Andrew Mattas

Phone:

(661) 868-5201

E-Mail Address:

mattasa@kerncounty.com

Equipment/Service Requested:

Payment for two years of the lease for the Kern County Public Health EMS disaster warehouse

Cost of Equipment/Service:

\$300,822.60

Equipment/Service Contact Information:

Name:

Andrew Mattas

Phone:

(661) 868-5201

E-Mail Address:

mattasa@kerncounty.com

Describe how this request benefits the Kern County EMS System, at large:

The Kern County PH EMS warehouse holds large amounts of PPE, medical equipment like ventilators, ambulance gurneys, heart monitors, disaster supplies, and medical supplies. These supplies and the equipment held in the warehouse are used to provide needed items to our EMS system for example, PPE during the COVID response and aid in large scale events in the county when the amount of supplies and equipment kept on hand by our ambulance providers and fire agencies is not sufficient for the scale of the disaster. By keeping this warehouse it benefits the county EMS system in many ways by providing the protection our providers need and the equipment/supplies needed for the residents of the county in time of need.

EMS DIVISION
KERN COUNTY PUBLIC HEALTH SERVICES DEPARTMENT
MADDY EMS FUND
FISCAL YEAR 2022-23 ACTIVITY

	MADDY Deposits + Interest AS (10 & 12)	RICHIE'S Deposits + Interest AS (11)	Admin 10% of Each Fund AS (14 & 15)	Richie's Fund (15%) Distribution AS (17)	Total Physician Claims Submitted In Quarter PC (8)	Physicians 58% both funds Balance AS (24)	Physician Payments in Quarter PC (16)	Percent Paid to Physicians H16/F16	Hospitals 25% of Both Fund Balance AS (28)	Hospital Payments in Quarter HP (17 & 19)	EMCAAB-Current Other EMS 17% MADDY Balance FY 2122 (Jul 2021-Jun 2022) AS (33)	EMCAAB-Rollover Other EMS 17% MADDY Rollover Balance FY 1819 (Nov 2018-Jun 2019)	EMCAAB-Rollover Other EMS 17% MADDY Rollover Balance FY 1920 (Jul 2019-Jun 2020)	EMCAAB-Rollover Other EMS 17% MADDY Rollover Balance FY 2021 (Jul 2020-Jun 2021)	EMCAAB-Rollover Other EMS 17% MADDY Rollover Balance FY 2021 (Jul 2021-Jun 2022)	EMCAAB-Transfers EMCAAB Transfers-JV33023 10/1/21 To pay for EMS warehouse lease	Other EMS 17% RICHIE'S Balance AS (34)
												135,711.45	177,421.30	171,266.68	150,941.55	(285,868.80)	
JULY 2022	66,382.13	58,605.66	12,498.79	8,790.85		60,144.93			25,924.54		10,156.46						7,472.22
AUGUST 2022	74,926.60	67,944.65	14,287.13	10,191.70		68,853.87			29,598.11		11,463.77						8,662.94
SEPTEMBER 2022	74,102.75	70,105.49	14,420.83	10,515.82		69,177.52			29,817.90		11,337.72						8,938.45
Total for Quarter 1	215,411.48	196,655.80	41,206.75	29,498.37	199,615.95	198,176.32	99,810.22	50%	85,340.55	139,912.53	32,957.95	-	-				25,073.61
OCTOBER 2022	65,945.52	64,133.77	13,007.93	9,620.07		62,533.15			26,862.82		10,089.66						8,177.05
NOVEMBER 2022	87,128.58	71,599.21	15,872.78	10,739.88		76,626.78			33,028.78		13,330.67						9,128.90
DECEMBER 2022	62,634.14	61,916.54	12,455.06	9,287.48		59,628.72			25,702.04		9,583.02						7,894.36
Total for Quarter 2	215,708.24	197,649.52	41,335.77	29,647.43	241,292.63	198,788.65	120,657.17	50%	85,593.64	140,441.38	33,003.35	-	-				25,200.31
JANUARY 2023	61,718.98	60,028.55	12,174.76	9,004.28		58,422.40			25,142.12		9,443.00						7,653.64
FEBRUARY 2023	94,552.28	70,423.90	16,497.62	10,563.59		86,722.93			34,478.74		14,466.50						8,979.05
MARCH 2023	66,178.34	65,569.56	13,174.79	9,835.43		63,114.19			27,184.42		10,125.29						8,360.12
Total for Quarter 3	222,449.60	196,022.01	41,847.17	29,403.30	213,937.24	208,259.52	106,978.66	50%	86,805.28	141,201.40	34,034.79	-	-				24,992.81
APRIL 2023	-	-	-	-		-			-		-						-
MAY 2023	-	-	-	-		-			-		-						-
JUNE 2023	-	-	-	-		-			-		-						-
Total for Quarter 4	-	-	-	-	-	-	-	#DIV/0!	-	-	-	-	-	-	-	-	-
YEAR-END SUP.																	
YEAR TO DATE	653,569.32	590,327.33	124,389.69	88,549.10	654,845.82	605,224.49	327,446.05	50%	257,739.47	139,912.53	99,996.09	135,711.45	177,421.30	171,266.68	150,941.55	(285,868.80)	75,266.73
Total												449,468.27					