AGENDA Rev. 05/05/2017

EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)

REGULAR MEETING

THURSDAY – May 11, 2017

4:00 P.M.

Location: Kern County Public Health Services Department

San Joaquin Room – 1st Floor

1800 Mount Vernon Avenue - Bakersfield, California 93306

(661) 321-3000

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 November 10, 2016 – approve
EMCAB Meeting February 9, ~~2016~~2017- approve

VI. Subcommittee Reports: None

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. (CA) Ambulance Destination Decision Policies and Procedures – approve

B. (CA) Patient Care Record Policies and Procedures – approve

C. (CA) Burn Center Designation Policy – approve

X. New Business:

A. Annual ALS Provider Performance Reports – receive and file

B. Annual EMS System Activity Report – receive and file

C. EMT Provider Policies - discuss

XI. Director's Report: Hear presentation

XII. Miscellaneous Documents for Information:

A. (CA) EMS Fund Report – receive and file

B. (CA) EMS Fund Annual Report – receive and file

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 10, 2017, 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 27, 2017, 5:00 p.m., to the Kern County EMS Division Senior Emergency Medical Services Coordinator.

XV. Adjournment

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

EMERGENCY MEDICAL CARE ADVISORY BOARD
Membership Roster

Name and Address	***Representing***
Mike Maggard, Supervisor Third District 1115 Truxtun Avenue Bakersfield, CA 93301 (661) 868-3670 Alternate Mick Gleason, Supervisor First District 1115 Truxtun Avenue Bakersfield, CA 93301 (661) 868-3651	Board of Supervisors
Donny Youngblood, Sheriff Kern County Sheriff's Department 1350 Norris Road Bakersfield, CA 93308 (661) 391-7500 Alternate Vacant	Police Chief's Association
Doug Greener, Chief Bakersfield City Fire Department 2101 H Street Bakersfield, CA 93301 (661) 326-3651 Alternate Brian Marshall, Chief Kern County Fire Department 5642 Victor Street Bakersfield, CA 93308 (661) 391-7011	Fire Chief's Association
James Miller 14113 Wellington Court Bakersfield, CA 93314 (817) 832-2263 Alternate Vacant	Urban Consumer

Name and Address	***Representing***
Mary C. Barlow 106 Spruce Street Kernville, CA 93238 Alternate Vacant	Rural Consumer
Randy Miller Mayor, City of Taft 209 E. Kern Street Taft, CA 93268 Alternate Cathy Prout Mayor, City of Shafter 435 Maple Street Shafter, CA 93263 (661) 746-6409	City Selection Committee
Alfonso Noyola City of Arvin 200 Campus Drive Arvin, CA 93203 (661) 854-3134 Alternate Paul Paris City of Wasco 746 8th Street Wasco, CA 93280 (661) 758-7214	Kern Mayors and City Managers Group
Vacant Alternate Vacant	Kern County Medical Society
Bruce Peters, Chief Executive Officer Mercy and Mercy Southwest Hospitals 2215 Truxtun Avenue P.O. Box 119 Bakersfield, CA 93302 (661) 632-5000 Alternate Jared Leavitt, Chief Operating Officer Kern Medical Center 1700 Mount Vernon Avenue Bakersfield, CA 93306 (661) 326-2000	Kern County Hospital Administrators

Name and Address	***Representing***
John Surface Hall Ambulance Inc. 1001 21st Street Bakersfield, CA 93301 (661) 322-8741 Alternate Aaron Moses Delano Ambulance Service P.O. Box 280 Delano, CA 93216 (661) 725-3499	Kern County Ambulance Association
Kristopher Lyon, M.D. 1800 Mount Vernon Avenue, 2rd floor Bakersfield, CA 93306 (661) 321-3000	EMS Medical Director
Support Staff	
Jana Richardson, Senior EMS Coordiantor 1800 Mount Vernon Avenue, 2nd floor Bakersfield, CA 93306 (661) 321-3000	EMS Division
Karen Barnes, Chief Deputy 1115 Truxtun Avenue, 4th Floor Bakersfield, CA 93301 (661) 868-3800	County Counsel
Kaler Ayala 1115 Truxtun Avenue, 5th Floor Bakersfield, CA 93301 (661) 868-3164	County Administrative Office

V. Approval of Minutes

November 10, 2016

February 9, 2017

SUMMARY OF PROCEEDINGS
EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)
REGULAR MEETING

THURSDAY – November 10, 2016

4:00 P.M.

Location: Kern County Public Health Services Department

San Joaquin Room – 1st Floor

1800 Mount Vernon Avenue - Bakersfield, California 93306
(661) 321-3000

I. Call to Order
BOARD RECONVENED

II. Flag Salute
LED BY: Mary Barlow

III. Roll Call
ROLL CALL: All present

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 August 11, 2016 – approve
Peters-Greener: All ayes

VI. Subcommittee Reports: None

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 ONE HEARD

VIII. Public Requests: None

IX. Unfinished Business: None

X. New Business:

A. (CA) Pediatric Advisory Committee – approve
Peters-Greener: All ayes

B. (CA) EMS Quality Improvement Plan – approve
Peters-Greener: All ayes

C. (CA) Withholding Resuscitative Measures – approve
Peters-Greener: All ayes

D. (CA) Determination of Death Protocol – approve
Peters-Greener: All ayes

E. (CA) 2017 EMCAB Meeting Schedule – approve
Peters-Greener: All ayes

XI. Director's Report: Hear presentation: RECEIVE AND FILE
Barlow-Lyon: All ayes

XII. Miscellaneous Documents for Information:

A. (CA) EMS Fund Report – receive and file
Peters-Greener: All ayes

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.])
NO BOARD MEMBER ANNOUNCEMENTS OR REPORTS

XIV. Announcements:

A. Next regularly scheduled meeting: Thursday, February 9, 2017, 4:00 p.m., at the Kern County Public Health Services Department, Bakersfield, California.

B. The deadline for submitting public requests on the next EMCAB meeting agenda is Thursday, January 26, 2017, 5:00 p.m., to the Kern County EMS Division Senior Emergency Medical Services Coordinator.

XV. Adjournment
Surface

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.

AGENDA
EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)
REGULAR MEETING

THURSDAY – February 9, 2017

4:00 P.M.

Location: Kern County Public Health Services Department

San Joaquin Room – 1st Floor

1800 Mount Vernon Avenue - Bakersfield, California 93306

(661) 321-3000

I. Call to Order

II. Flag Salute
LED BY: Prout

III. Roll Call
ROLL CALL: Maggard, Lyon, Surface, Miller, Prout present. No quorum.

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 November 10, 2016 – approve
No action taken due to lack of quorum

VI. Subcommittee Reports: None

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 ONE HEARD

VIII. Public Requests: None

IX. Unfinished Business: None

X. New Business:

A. (CA) Ambulance Destination Decision Policies and Procedures – approve

No action taken due to lack of quorum

B. (CA) Patient Care Record Policies and Procedures – approve

No action taken due to lack of quorum

C. (CA) Burn Center Designation Policy – approve

No action taken due to lack of quorum

XI. Director's Report: Hear presentation: PRESENTATION HEARD

No action taken due to lack of quorum

XII. Miscellaneous Documents for Information:

A. (CA) EMS Fund Report – receive and file

No action taken due to lack of quorum

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 11, 2017, 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 27, 2017, 5:00 p.m., to the Kern County EMS Division Senior Emergency Medical Services Coordinator.

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. Ambulance Destination Decision Policies and Procedures

EMS Division Staff Report for EMCAB-May 11, 2017

Ambulance Destination Decision Policies and Procedures (4001.00)

Background

Health and Safety Code (HSC) 1797.120, effective January 1, 2016, mandated the State EMS Authority (EMSA) develop a statewide methodology to calculate and report ambulance patient off load time. Ambulance patient offload time, is the time interval from the arrival of an ambulance at an emergency department to the patient being placed in a bed and the emergency department assumes responsibility for the care of the patient.

Health and Safety Code 1797.225, effective January 1, 2016, allows for the Division to adopt policies and procedures for calculating and reporting ambulance patient offload time. This statute also requires that the Division use the adopted statewide methodology and develop quality indicators.

On December 14, 2016, the Commission on EMS approved the methodology developed by EMSA and an accompanying guideline document which assists the local EMS agencies in development of policies.

The Dilemma

It is not uncommon for an ambulance to be delayed at an emergency department for greater than thirty minutes to hours. When an ambulance is delayed at an emergency department, the ambulance is not available to respond to other emergency calls. This causes the ambulance providers to have to deploy additional ambulances to meet contractual obligations. This issue occurs all over the State of California and impacts EMS systems. The State has posted a toolkit to their website to help hospital facilities and local EMS agencies address these delays.

The EMS Division Plan of Action

The Division has revised the *Ambulance Destination Decision Policies and Procedures* to include measurement of ambulance patient offload time. The policy already had an appendix that addressed offload delays at the emergency department. The proposed changes are consistent with EMSA methodology and guidelines. The policy was discussed at two EMS System Collaborative meetings, and published for a thirty day public comment period.

Therefore IT IS RECOMMENDED, the Board approve the *Ambulance Destination Decision Policies and Procedures*, and set an implementation date of May 12, 2017.

Ambulance Destination Decision Policies and Procedures (4001.00)

I. INTENT

A. The intent of these policies and procedures is to provide appropriate emergency medical care for the public by ensuring ambulance personnel make appropriate destination decisions. Patients should be delivered to the most accessible emergency medical facility appropriately equipped, staffed, and prepared to administer care to the needs of the patient.

II. GENERAL PROVISIONS

A. This policy shall be used by and is applicable to ambulance services and hospital emergency departments for determining prehospital ambulance destinations within the County.

B. E.D. Closure Status shall only be applicable to: 1) areas served by two or more hospital emergency departments, and 2) where reasonable and timely alternatives exist for patient care, as authorized by the EMS Department. Centralized Ambulance Routing Status or Hospital Disaster Closure Status may be implemented for any area of the County as determined by EMS Department.

C. This policy shall not be applicable to transfers to a general acute care hospital under the provisions of Sections 1317, et al. of the California Health and Safety Code unless Hospital Disaster Closure Status is placed into effect.

D. The Division shall be responsible for maintaining policy compliance within the EMS system. The Division may at any time inspect availability of emergency medical services within the system. In conjunction with ambulance providers and hospital emergency departments, the Division may revise or modify this policy when necessary to protect public health and safety. Hospital E.D. Status categories shall not apply to mass casualty incidents or multi-casualty incidents when the Kern County Med-Alert system is activated.

E. Only the EMS Department may authorize E.D. Closure Status, authorize or cancel E.D. Rotation Status, authorize or cancel Centralized E.D. Routing Status, or authorize or cancel Hospital Disaster Closure Status within the EMS system.

F. An emergency department shall not order or direct ambulances to another emergency department or facility. Ambulance destinations shall be

determined under the full authority of the ambulance attendant or as specified by Division staff.

G. At the time of ambulance communications with a hospital emergency department, the hospital may advise the incoming ambulance of unavailable services normally provided.

H. The emergency department shall be the responsible contact source for Division staff when determining emergency department status. The Division may contact the hospital or conduct an on-site inspection at any time to validate, clarify or update emergency department status.

I. Rotor-Wing Air Ambulance destination decisions shall be in accordance with these policies for hospital emergency departments that have a State approved helipad. Hospitals without a State approved helipad shall not be an air ambulance destination.

J. Specific patient problems (Case Specific Hospitals) described in Section IV.D.1. (Orthopedic, Cardiac, Neonatal, Obstetrical, Sexual Assault, Trauma, Psychiatric, Prisoner, Stroke, STEMI, and Pediatric) shall be transported to one of the designated hospital emergency departments, on E.D. Open Status. Absolute patient refusals shall be left at the discretion of the attending ambulance personnel. Division on-call staff may be contacted for directions in these cases.

III. HOSPITAL EMERGENCY DEPARTMENT STATUS CATEGORIES

A. The status of each hospital shall be categorized as listed below. These status categories are explained further in Sections V, VI, VII, and VIII.

1. E.D. Open Status: the hospital emergency department is open and able to provide care for ambulance patients.

2. E.D. Rotation Status: ambulance patients are delivered to hospitals on a rotational basis. This condition will not be instituted except for declared disasters.

3. Centralized E.D. Routing Status: Division makes ambulance destination decisions; this is reserved for Med-Alert operations.

4. Hospital Disaster Closure Status: a hospital is closed to ambulance traffic due to an internal or external facility hazard. Internal and External disasters are defined as:

a. Any occurrence such as epidemic outbreak, poisoning, fire, major accident, disaster, other catastrophe or unusual

occurrence which threatens the welfare, safety or health of patients, personnel or visitors being reported to the local health officer and to the California Department of Public Health, in accordance with California Code of Regulations, Title 22, Division 5, Chapter 1, Article 7, Section 70737. In other words, the event must be significant enough to warrant report to CDPH Licensing and Certification and the local Health Officer.

B. Hospitals have the ability to issue Temporary Hospital Service Advisories to ambulance providers regarding a hospital's capability for serving patients, (example – E.D. C-T Scanner down), through the Hospital E.D. Status Web Site. Temporary hospital service advisories are provided as information only. Advisories should not directly influence destination decisions, but the advisories should be considered in the decision process. Emergency departments shall update the Hospital E.D. Status Web Site when the advisory is no longer needed.

IV. AMBULANCE DESTINATION DECISION PROCEDURES

A. Entire Kern County Area:

1. Ambulance companies providing service within metropolitan Bakersfield shall continually monitor current hospital status information and shall be responsible to provide that status to ambulance personnel staffing basic life support (BLS) ambulances and advanced life support (ALS) ambulances.

2. Ambulance companies providing service outside of the metropolitan Bakersfield that are transporting patients into metropolitan Bakersfield shall determine the status of hospital emergency departments prior to transport or as soon as possible thereafter. Contact ECC or check the Kern County Hospital E.D. Status Web Site to determine hospital status.

3. BLS and ALS ambulance personnel shall initiate hospital emergency department communications as soon as possible.

B. Decision Process - Transport to a Metropolitan Bakersfield Hospital Emergency Department:

1. The ambulance attendant is authorized to make the final decision regarding the destination in accordance with these policies. The destination decision shall be based upon a) current Hospital Emergency Department Status, b) any Case Specific Hospital category applicable to the patient problem, c) patient or patient

physician choice, and d) the current Hospital Emergency Department Overload Score as follows:

a. Current Hospital Emergency Department Status: if an emergency department is on E.D. Disaster Closure Status, the patient shall not be transported to that destination.

b. Case Specific Hospital: patient shall be transported to a Case Specific Hospital if the ambulance attendant determines the patient will be best served by capabilities of that facility, as specified in Section IV.D.

c. Patient or Patient's Physician Preference: patient choice shall be factored into the destination decision. But, patient choice shall not prevail over E.D. Disaster Closure Status or Case Specific Hospital criteria.

d. E.D. Overload Score: the E.D. Overload Score shall be used in making destination decisions as follows:

i. An E.D. Overload Score of 10 indicates that the hospital emergency department is operating at its optimum maximum capacity (factoring in licensed beds, staffing levels, and patient acuity). Scores above 10 indicate overload; scores significantly above 10 indicate varying levels of extreme overload.

ii. A significant difference in an E.D. Overload Score is five points or more. If transport is requested to an open E.D. that has a higher score by five points or more compared to another open E.D. (appropriate for the patient problem), the patient or physician shall be advised. If the requesting party continues to request the E.D. after being informed, the patient shall be transported to the requested E.D.

iii. If no particular request is applicable, the patient should be transported to the hospital appropriate for the patient problem that has the lowest E.D. Overload Score.

2. The paramedic attendant on a Paramedic Ambulance shall have the final decision over destination in accordance with these policies and procedures, except when directed otherwise by Division staff.

3. ALS Ambulance patients that meet ALS extremis criteria shall be transported to the most appropriate hospital emergency department based on the patient problem, which is not on E.D. Disaster Closure Status.

4. ALS Extremis Criteria shall include any one of the following:

   a. Unmanageable airway or respiratory arrest;
   b. Uncontrolled hemorrhage with signs of hypovolemic shock; or
   c. Cardiopulmonary arrest.

5. BLS Ambulance patients that meet BLS extremis criteria shall be transported to the most appropriate hospital emergency department based on the patient problem, within Bakersfield, that is not on E.D. Disaster Closure Status.

6. BLS Extremis Criteria shall include any one of the following:

   a. Unconscious, unresponsive;
   b. Respiratory arrest;
   c. Unmanageable airway;
   d. Uncontrolled hemorrhage; or
   e. Cardiopulmonary arrest.

7. Obstetrical Cases - ALS transports that meet ALS Extremis Criteria; or BLS transports that meet BLS Extremis Criteria or have 2nd or 3rd trimester altered mental status, trauma with abdominal pain, respiratory distress, vaginal hemorrhage, history of pregnancy problems, or no pre-natal care shall be transported to Kern Medical, CHW-Bakersfield Memorial Hospital, CHW-Mercy Southwest Hospital, or San Joaquin Community Hospital.

8. ALS transports that meet ALS Extremis Criteria, and BLS transports that meet BLS Extremis Criteria, that meet Case Specific Hospital criteria for Orthopedic, Cardiac, Neonatal, Sexual Assault, Trauma, Psychiatric, Prisoners, or Stroke shall be transported to a Case Specific Hospital as listed in Section IV. D. 1.

9. ALS and BLS pediatric extremis cases shall be transported to the closest Hospital Emergency Department not on E.D. Disaster Closure Status.

10. For BLS Ambulance transports into the Bakersfield area, the EMT-1 attendant may decide to bypass any hospital emergency department within the Bakersfield area to transport to a Bakersfield hospital that can provide more appropriate patient care based on the patient

problem, in accordance with destination criteria specified in Section IV.D., if applicable.

11. All patients meeting Kern County Trauma Care System Adult Trauma Triage Criteria (ATTC) or Pediatric Trauma Triage Criteria (PTTC) for Trauma Care System activation shall be transported in accordance with Kern County Prehospital Trauma Care System Policies and Procedures. If the designated Trauma Center emergency department is on E.D. Disaster Closure Status, trauma patients shall be transported to the most appropriate emergency department based on factors of travel time and capability of a hospital to meet patient needs.

12. All patients meeting Kern County Stroke Center Policies Activation Protocol criteria shall be transported in accordance with Stroke Center Policies. If designated Stroke Center emergency departments are on E.D. Disaster Closure Status, stroke patients shall be transported to the most appropriate emergency department based on the factors of travel time and capability of a hospital to meet patient needs.

C. Decision Process - Transports Outside the Metropolitan Bakersfield Area:

1. An ALS ambulance outside the Bakersfield area, transporting a patient meeting ALS Extremis Criteria shall be transported to the closest hospital emergency department in travel time from the incident location.

2. Outside of the Bakersfield area, a BLS Ambulance is required to provide transport to the closest hospital emergency department in travel time from the incident location.

D. Prehospital Transport to the Bakersfield area – Case Specific Hospitals:

1. One of the destination decision factors listed in Section IV.B.1. is Case Specific Hospital. Some hospitals are staffed and equipped to address specific ailments more comprehensively than others. It is advantageous to match a patient's problem with a hospital's specialty capabilities, when possible.

a. Orthopedic: Patients with orthopedic injuries or problems shall be transported to one of the following hospital emergency departments:

i. Mercy Hospital,
ii. Kern Medical,

iii. Bakersfield Memorial Hospital,
iv. San Joaquin Community Hospital, or
v. Mercy Southwest Hospital.

b. Cardiac: Patients presenting with symptoms of unstable angina pectoris or acute myocardial infarction shall be transported to one of the following hospital emergency departments:

i. Bakersfield Memorial Hospital,
ii. San Joaquin Community Hospital, or
iii. Bakersfield Heart Hospital.

c. Neonatal: Neonatal patients (less than 1 month of age or under 5 kilograms body weight) shall be transported to one of the following hospital emergency departments:

i. Bakersfield Memorial Hospital,
ii. Kern Medical,
iii. Mercy Southwest Hospital, or
iv. San Joaquin Community Hospital.

d. Obstetrical: Obstetrical patients shall be transported to one of the following hospital emergency departments:

i. Kern Medical,
ii. Bakersfield Memorial Hospital,
iii. Mercy Southwest Hospital, or
iv. San Joaquin Community Hospital.

e. Sexual Assault: Sexual assault patients shall be transported to the following hospital emergency department:

i. San Joaquin Community Hospital

f. Psychiatric Hold: Patients that have a psychiatric hold placed into effect by law enforcement that do not have an apparent emergency medical condition shall be transported to the following emergency department:

i. Kern Medical

g. Trauma: Patients that meet Kern County EMS Division Adult Trauma Triage Criteria or Pediatric Trauma Triage Criteria for Trauma Care System activation shall be transported in

accordance with Kern County EMS Division – Prehospital Trauma Care System Policies and Procedures.

h. Local, State or federal prisoners: patients that are local, State or federal prisoners shall be transported to the contracted hospital emergency department.

i. Stroke: Patients that meet Kern County Stroke Center Policies Activation Protocol criteria shall be transported to one of the following hospital emergency departments, further defined in Stroke Center Policies:

i. San Joaquin Community Hospital,
ii. Bakersfield Memorial Hospital,
iii. Mercy Hospital,
iv. Mercy Southwest Hospital, or
v. Kern Medical.

j. STEMI: Patients that meet STEMI Alert criteria, as specified in the *Kern County STEMI System of Care Policy* shall be transported to one of the following hospital emergency departments:

i. San Joaquin Community Hospital,
ii. Bakersfield Memorial Hospital, or
iii. Bakersfield Heart Hospital.

It may be appropriate to transport a STEMI patient into one of the designated STEMI centers from outlying areas and bypass the closest hospital if the patient meets the STEMI Referral Center Bypass criteria, as specified in the *Kern County STEMI System of Care Policy*.

k. Pediatric: Patients that are fourteen (14) years and younger with an emergent medical complaint shall be transported to a Level I or Level II Pediatric Receiving Center (Ped RC) if ground transport time is thirty (30) minutes or less. Ground transport times that are greater than thirty (30) minutes may be transported to the closest, most appropriate receiving hospital. The use of air ambulance transport shall be in accordance with *EMS Aircraft-Dispatch-Response-Utilization Policies*. Emergent medical complaints are defined as:

- Cardiac dysrhythmia
- Evidence of poor perfusion
- Severe respiratory distress

- Cyanosis
- Persistent altered mental status
- Status Epilepticus
- Any apparent life threatening event in less than one (1) year of age

Appropriate transport destinations for pediatric patients suffering emergent conditions are:

i. Bakersfield Memorial Hospital, (Level II), or
ii. Kern Medical (Level II).

Non-emergent Medical Pediatric Criteria: Patients that are fourteen (14) years and younger with a medical complaint who do not meet trauma, medical extremis or emergent medical criteria shall have the option of transport to the above listed hospitals as well as:

i. San Joaquin Community Hospital, (Level III)

2. If the specified hospital emergency department is on Hospital Disaster Closure Status, the ambulance shall provide transport to another appropriate emergency department based on the process specified in Section IV. B.

3. In a prehospital setting, in the Greater Bakersfield area, where a physician requests ambulance transport of an emergency patient to a specialty care center or tertiary care facility outside Kern County (e.g. amputation reimplantation), the patient should be transported to the nearest appropriate hospital emergency department in accordance with this policy. An exception may be granted to allow direct out-of-county prehospital transports to a specialty care center or tertiary care facility, in consultation with on-call EMS staff, on a case-by-case basis. Factors that will be considered in this decision are: the physician's arrangements for patient receipt at the destination facility, patient condition as assessed by the attending physician, and patient safety during travel as assessed by the attending Paramedic or EMT-1.

4. Upon activation of Centralized E.D. Routing Status, EMS Division will specify ambulance destinations, in accordance with Section VII.

V. E.D. OPEN STATUS

A. E.D. Open Status: the hospital emergency department is open and able to provide care for ambulance patients. Hospital emergency department staff or EMS Department staff activates E.D. Open Status. Open status is denoted on the Kern County Hospital E.D. Status Web Site. Open status becomes effective when shown on the web site. If the web site is not functioning or temporarily inaccessible, the status change is effective when ambulance providers receive notification from the EMS Division.

B. Ambulance services shall provide current hospital emergency department status updates to ambulance personnel upon confirmation that patient transport is to be provided.

VI. E.D. ROTATION STATUS

A. E.D. Rotation Status will only be implemented secondary to a declared disaster when medical resources are limited. The Division may activate E.D. Rotation Status for defined times and may deactivate when appropriate. Provisions for extremis patients and Case Specific Hospitals will be applied during E.D. Rotation Status.

B. The following standard E.D. Rotation Status sequence will be used:

1. San Joaquin Community Hospital
2. Mercy Hospital
3. Bakersfield Memorial Hospital
4. Kern Medical
5. Bakersfield Heart Hospital
6. Mercy Southwest Hospital

C. Division staff may deactivate E.D. Rotation Status when no longer indicated.

VII. *MULTI-CASUALTY AND MED-ALERT STATUS OPERATIONS*

A. The proper management of a large number of medical casualties following a natural or human induced event is imperative if morbidity and mortality are to be minimized. The recognition of the type and number of injured, and a rapid dissemination of known information are necessary elements to begin an effective response to a medical disaster.

B. Responsibility lies with responders to accurately report incident information and casualty data. Coordinators of EMS resources must have reliable situation awareness data. It is important for decision-makers to know the EMS system's capabilities at any given time during a medical incident response and recovery phase. Together, incident information and resource

knowledge can be combined to implement an appropriate medical response. ReddiNet, an Internet-based software application, shall be used to communicate casualty information for multi-casualty and Med-Alert incidents.

C. The number of patients and type of incident will govern the EMS system's medical response.

1. A MED-ALERT is an event with any of the following circumstances:

a. An incident with 5 or more patients/victims; or

b. Any incident involving exposure to hazardous materials, regardless of the number of victims; or

c. A serious and unusual overload of the EMS system, as determined by the Division, which is not necessarily related to a specific incident, and the use of centralized routing to manage ambulance destinations is necessary.

D. The procedure and sequence of events for using ReddiNet to communicate information about a MED-ALERT shall be as follows:

1. The first arriving unit, whether it be fire or ambulance shall declare a MED-ALERT upon determining that the criteria established in Section C, 1.a. or 1.b. above, have been met and notify their respective dispatch centers.

2. Once an ambulance dispatch center has been notified that a MED-ALERT has been declared, the dispatch center will initiate an MCI event in ReddiNet. Using the MCI tab in ReddiNet, ambulance dispatch center will:

a. Send general notification to all hospitals in the area,

b. Conduct a hospital poll to determine bed availability in the EMS system, and

c. Provide hospitals with any other pertinent information regarding the event.

3. Upon notification from an ambulance dispatch center that a MED-ALERT has been initiated, hospital staff will accomplish the following:

a. Begin to prepare for possible incoming patients.

b. Hospitals will receive a polling inquiry from the ambulance company through ReddiNet.

c. Hospitals must respond immediately to the poll inquiry, and provide the number of patients that can be reasonably accepted, by acuity level. This information assists the ambulance crews in making destination decisions.

4. Please note that hospitals may receive fewer or more patients than those listed in the response to the poll. Actual transport numbers to any hospital will be dependent upon the size of the incident and other factors. A hospital emergency department shall not refuse to accept an ambulance patient routed through the MED-ALERT process. During a Med-Alert, E.D. Closure Status shall not be applicable.

5. Ambulance dispatch center will forward bed availability information received from each hospital to the on-scene paramedic supervisor or lead paramedic, (or transportation coordinator if one has been assigned).

6. On-scene paramedic supervisor or lead paramedic, (or transportation coordinator if one has been assigned) will receive hospital availability information from their dispatch center. The on-scene paramedic supervisor or lead paramedic, (or transportation coordinator if one has been assigned) shall make the destination decision for each ambulance.

   a. Destination decisions shall be made in accordance with Section IV of this policy.

   b. It may be necessary to distribute traumatic injuries to a hospital other than the trauma center because the incident exceeds the trauma center capacity.

   c. Effort needs to be made to evenly disperse patients among closest appropriate hospitals as to avoid overloading one particular facility.

   d. To the extent possible, avoid transporting minor children to a hospital separate from the destination of both parents; parental consent may be needed by the hospital for care of the minor children later.

   e. The incident commander (IC) shall be informed of destinations decisions and ambulance assignments.

7. Ambulances shall transport patients in accordance with their destination instructions/assignment.

8. Each ambulance crew will notify their dispatch center when they begin transport and leave the scene. Notification will include:

   a. Unit identification;

   b. Number of patients, by acuity level; and

   c. Hospital destination/assignment.

9. Dispatch center will, upon receiving patient and hospital destination information from each ambulance crew, enter the information into ReddiNet. Dispatch will enter the "Send Patients" link and complete the "Destination", "Ambulance" and "Patients in this rig" sections.

10. As ambulances arrive at the assigned destination, hospital staff will update ReddiNet and reflect that the specific ambulance unit has arrived using the "Arrived" column within the "Ambulances" tab.

11. Once patients are registered in the emergency department, hospital staff will enter patient information into the "Patients" tab section of ReddiNet. Hospitals must enter the patient information as soon as possible into the ReddiNet system. In no case should this step be delayed greater than two hours from receiving the patient.

12. On-scene paramedic supervisor or lead paramedic, (or transportation coordinator if one has been assigned) will notify the ambulance dispatch center when all patients have been transported from the scene. He/she shall declare the on-scene phase of the MED-ALERT "Ended".

13. Upon notification from the on-scene paramedic supervisor or lead paramedic that all patients have been transported from the scene, the dispatch center will "END" the MED-ALERT in ReddiNet. Please note that "END" is different than "CLOSE". An incident should not be closed in ReddiNet until 2 to 3 days later.

14. After 48 to 72 hours following the MCI the initiating ambulance company dispatch center will "CLOSE" the MED-ALERT in ReddiNet.

E. All hospital emergency departments and ambulance dispatch centers will be continually logged into the ReddiNet system, and the computer shall be

configured to alert staff of incoming messages or activation of a MED-ALERT.

F. In the case of centralized routing by the EMS Division, all ambulance services shall comply with EMS Division destination orders.

1. When Centralized E.D. Routing Status is activated, each ambulance shall contact EMS Division when prepared for patient transport and provide the following:

a. Unit identification and location;

b. Patient age, sex, and paramedic impression;

c. Any patient request for a specific hospital, and if applicable the paramedic's recommendation.

2. EMS Division will route the ambulance to a specific emergency department based on the information provided and current system status. The process will be maintained until deactivated by EMS Division. The destination decision process used by EMS Division will follow the parameters of Section IV of this policy.

VIII. ***HOSPITAL DISASTER CLOSURE STATUS***

A. Hospital Disaster Closure Status may be authorized for a facility hazard constituting and internal or external disaster that threatens the health or safety of patients. Internal and external disasters are defined as:

1. Any occurrence such as epidemic outbreak, poisoning, fire, major accident, disaster, other catastrophe or unusual occurrence which threatens the welfare, safety or health of patients, personnel or visitors being reported to the local health officer and to the California Department of Public Health, in accordance with California Code of Regulations, Title 22, Division 5, Chapter 1, Article 7, Section 70737. In other words, the event must be significant enough to warrant report to CDPH Licensing and Certification and the local Health Officer.

B. Hospital Disaster Closure Status applies to the entire hospital facility, and no ambulance patient transports are to be received to any area of the hospital. Hospital Disaster Closure Status must be authorized by EMS Division. E.D. Disaster Closure Status is only authorized and valid if approved by EMS Division. The Division may deactivate Hospital Disaster Closure Status when appropriate.

IX. ***TRAINING AND MAINTENANCE***

A. All existing and new ambulance service EMT-1 personnel, paramedics, ambulance service dispatchers, and hospital emergency department nurses and physicians shall receive training consisting of policies review and practical exercises regarding ambulance destination decisions and hospital emergency department status.

B. The Division may specify on-going training requirements in hospital E.D. status for ambulance service or hospital emergency department personnel as needed.

X. ***DOCUMENTATION, DATA & MEDICAL CONTROL***

A. The Division shall maintain records of hospital emergency department status.

B. Hospital shall maintain records of emergency department status and define conditions that cause any status change. Records shall be available for Division review, upon request.

C. A valid copy of internal emergency department status policies, procedures, and protocols shall be submitted to the Division by each participating hospital.

D. The Division should be immediately contacted regarding any incident or issue regarding ambulance patient transportation that indicates any threat or risk to public health and safety. A written complaint and related records must be submitted to the Division for investigation of any incident or issue related to this policy.

E. The Division may contact the California EMS Authority and/or California Department Health Services to provide information regarding Hospital Emergency Department status in Kern County as appropriate.

F. The Division is available on a continuous basis through the EMS On-call Duty Officer.

G. EMS On-Call Duty Officer should only be contacted through the use of the E.D. Status Web Site using the “Contact EMS On-Call Staff” button. ECC is only to be contacted when access to the E.D. Status Web Site has been interrupted or during an emergency. ECC is not the regular contact for day-to-day issues.

H. The EMS On-call Duty Officer should be contacted after regular business hours only when immediate action is necessary. Routine inquiries,

questions about policies, complaints, and other matters not requiring immediate action shall only be brought to our attention during the EMS Division's regular business hours.

I. Hospital emergency departments shall enter E.D. status data timely and accurately into the Kern County Hospital E.D. Status Web Site.

G:_Active Policies\Pending-In Devleopment\Amb Hosp ED Policy 32 4-01-2013.doc

Revision Log:

07/01/1991 – Implemented
12/01/1994 – Revised
05/28/1999 – Revision Draft
06/25/1999 – Revision Draft #3 – Restructured
07/21/1999 – Revision Draft #4
08/05/1999 – Revision Draft #5
09/15/1999 – Final Revision #6 & Implemented
11/01/1999 – Revised (SJH Pediatric deleted & Neuro added – Case Specific Hospitals)
12/16/1999 – Revised (Orthopedic added as category for Case Specific Hospitals – BHH excluded)
07/20/2000 – Revised (Pediatric Extremis to Closest E.D., Spinal Cord Injury added under Case Specific for Neurosurgical, Previous E.D. Closure Addendum added, E.D. Rotation Revised)
11/01/2000 – Revised (SJH removed from Case Specific for Obstetrical until they have an NICU at request from SJH Administration)
04/25/2001 – Revised ED Saturation Criteria to ED Overload Scale & ED Web Site Functional Changes
05/04/2001 – Revised ED Saturation Criteria
08/31/2001 – Revised ED Closure & pre-arranged Transfers, revised Case Specific due to CHW-Mercy Changes
11/01/2002 – Eliminated ED Saturation post-trial study, eliminated Neurosurgical Case Specific, refined ED Overload Scale to be provided to the field, ED Rotation Refined.
01/20/2003 – BHH ED Reopened
01/25/2003 – Revised ED Closure, removing BHH wording, adding Cardiac Only Status
10/11/2004 – Clarified procedure for prehospital out-of-county transport
01/19/2005 – Mercy SW ED Opening/clarify policy verbiage, and reformat
05/01/2005 – Removed pediatric case specific from policy due to no pediatric call coverage at BMH
02/13/2006 – Added SJH to Orthopedic Case Specific
04/17/2007 – Added Ambulance Patient Off-Load Protocol and Time Standard (Appendix 4)
07/26/2007 – Refined Red, Yellow and Green Categories to match ESI Triage Algorithm
11/01/2008 – Added “Stroke Case Specific” to policies and “Stroke Only” status consistent with Stroke Center Policies to be effective November 1, 2008
11/01/2008 – Added SJH to Stroke Case Specific in Policies after application approval on September 24, 2008, effective 11/01/2008.
11/01/2008 – Added BMH to Stroke Case Specific in Policies after application approval on October 7, 2008, effective 11/01/2008.
03/01/2010 – Added SJH to OB Case Specific and Neonatal Case Specific based upon NICU and SJH request.
04/01/2010 – Added MSW to Orthopedic Case Specific based upon request from MSW.
08/15/2011 – Added Mercy and MSW to Stroke Case Specific based upon request from Mercy Hospitals.
12/12/2011 – Added Decision Summary protocol as Appendix 5 (as of 3/6/12 it is appendix 6)
03/01/2012 – Added MCI/MED-ALERT procedures into section VII and changed centralized routing procedures; to become effective this date.
03/06/2012 –Appendix 4 revised to change time limit from 20 to 15 minutes; Appendix 5 added to establish criteria for offloading patients to the ED waiting room
02/08/2013 – Draft changes: Changed definition of ED Closure Status to only apply to internal or external disasters reportable to CDPH L&C; changed “EMS Department” to “Division”
02/14/2013 – EMCAB approved proposed changes; endorsed elimination of Closure Status

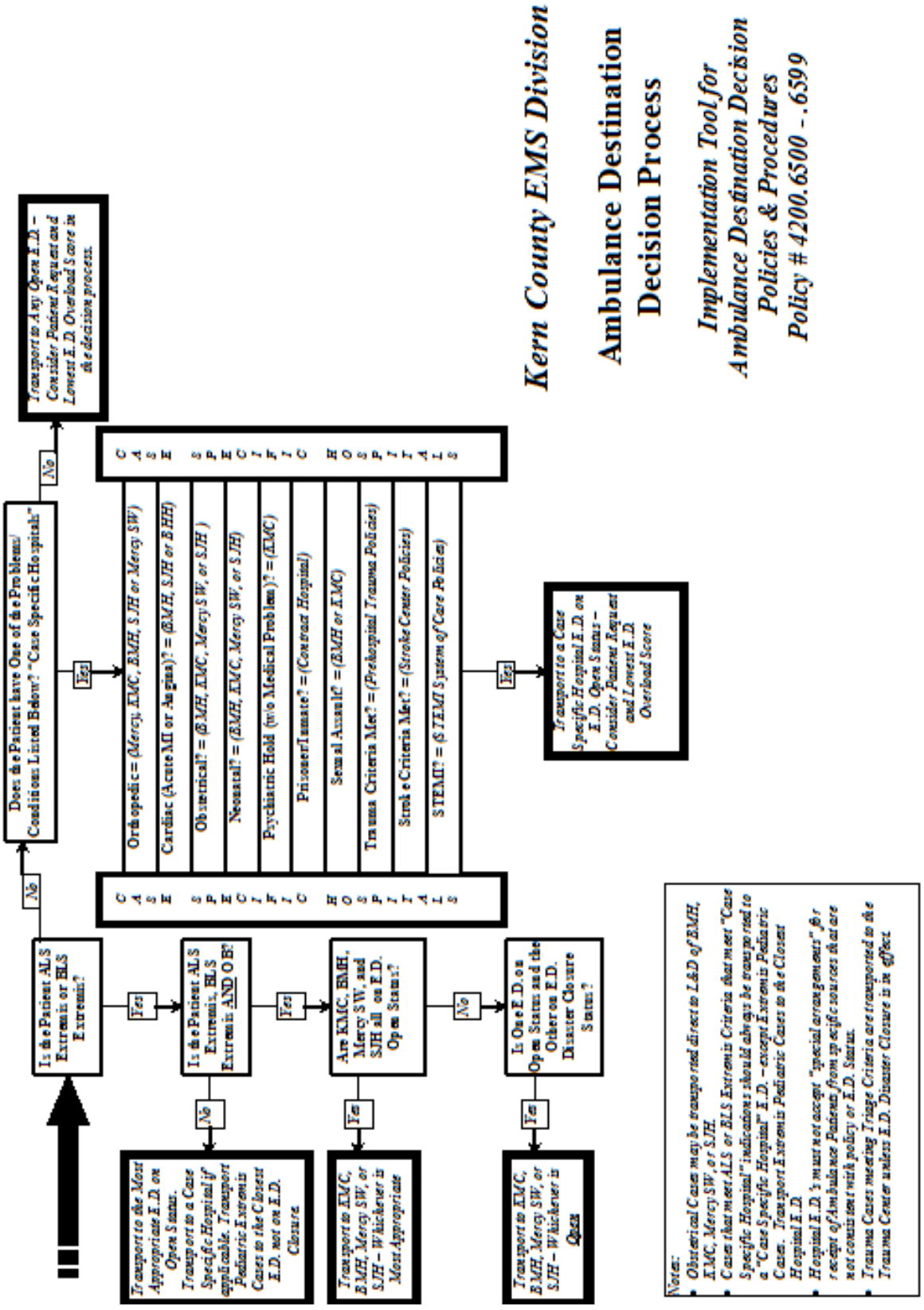
03/05/2013 – BOS approved proposed changes; approved elimination of Closure Status
04/01/2013 – Effective date of BOS-approved changes
06/03/2013 – Added Bakersfield Heart Hospital to Stroke Case Specific based upon request from BHH

06/18/2013 – Addition of STEMI designation as case-specific condition, and added Bakersfield Heart, San Joaquin Community and Bakersfield Memorial hospitals as STEMI Receiving Centers, per BOS approval of contracts

05/14/2014- Added San Joaquin Community Hospital as sexual assault destination. Removed Memorial Hospital and Kern Medical Center as sexual assault destinations.

04/26/2016- Added Kern Medical as Primary Stroke Center. Revised Kern Medical Center to Kern Medical. Added specialty designation of Pediatric Receiving Centers to be consistent with Paramedic Protocols and Pediatric Receiving Center Designation Policies and Procedures. Add Kern Medical, San Joaquin Community, and Bakersfield Memorial hospitals as Pediatric Receiving Centers, per BOS approval of contracts.

10/6/2016- Removed Bakersfield Heart Hospital as a Stroke Case Specific hospital due to lapse in certification as a Primary Stroke Center.


Kern County EMS Division
Ambulance Destination Decision Process
Implementation Tool for Ambulance Destination Decision Policies & Procedures Policy # 4200.6500 - .6599
Amb Hosp ED Model 31 01-30-20
Is the Patient ALS Extremis or BLS Extremis?
Is the Patient ALS Extremis, BLS Extremis AND OB?
Are KMC, BMH, Mercy SW, and SJH all on E.D. Open Status?
Is One E.D. on Open Status and the Other on E.D. Disaster Closure Status?
Yes
No
Does the Patient have One of the Problems/ Conditions Listed Below? "Case Specific Hospitals"
Yes
No
CASE SPECIFIC HOSPITALS
Orthopedic = (Mercy, KMC, BMH, SJH or Mercy SW)
Cardiac (Acute MI or Angina)? = (BMH, SJH or BHH)
Obstetrical? = (BMH, KMC, Mercy SW, or SJH)
Neonatal? = (BMH, KMC, Mercy SW, or SJH)
Psychiatric Hold (w/o Medical Problem)? = (KMC)
Prisoner/Inmate? = (Contract Hospital)
Sexual Assault? = (BMH or KMC)
Trauma Criteria Met? = (Prehospital Trauma Policies)
Stroke Criteria Met? = (Stroke Center Policies)
STEMI? = (STEMI System of Care Policies)
CASE SPECIFIC HOSPITALS
Yes
Transport to a Case Specific Hospital E.D. on E.D. Open Status – Consider Patient Request and Lowest E.D. Overload Score
Transport to Any Open E.D. – Consider Patient Request and Lowest E.D. Overload Score in the decision process.
Transport to the Most Appropriate E.D. on Open Status. Transport to a Case Specific Hospital if applicable. Transport Pediatric Extremis Cases to the Closest E.D. not on E.D. Closure.
Transport to KMC, BMH, Mercy SW, or SJH – Whichever is Most Appropriate
Transport to KMC, BMH, Mercy SW, or SJH – Whichever is Open
Notes:
Obstetrical Cases may be transported direct to L&D of BMH, KMC, Mercy SW, or SJH.
Cases that meet ALS or BLS Extremis Criteria that meet "Case Specific Hospital" indications should always be transported to a "Case Specific Hospital" E.D. – except Extremis Pediatric Cases. Transport Extremis Pediatric Cases to the Closest Hospital E.D.
Hospital E.D.'s must not accept "special arrangements" for receipt of Ambulance Patients from specific sources that are not consistent with policy or E.D. Status.
Trauma Cases meeting Triage Criteria are transported to the Trauma Center unless E.D. Disaster Closure is in effect.

Current Bed Capacity based on staffing: The number of beds (including chairs, cots, gurneys, hallway beds, etc.) the hospital can manage based on the number of licensed nurses available during the current shift. For example, based on a nurse to patient ratio of 1:4; if three nurses are available during the shift the current bed capacity is 12. Typically, the charge nurse and the triage nurse are not counted in calculating current bed capacity of the emergency department.

	Nurse Ratio	Percent Change	Relative Value (Multiplier)
Med-Surg Holds	0.33	24.2%	1.32
ICU/CCU holds (1:1)	1	75.0%	4
ICU/CCU holds (1:2)	0.5	50.0%	2
ESI Triage Level 1	2	87.5%	8
ESI Triage Level 2	1	75.0%	4
ESI Triage Level 3	0.25	0.0%	1
ESI Triage Level 4	0.25	0.0%	1
ESI Triage Level 5	0.25	0.0%	1

Equalization Scale - Overload Score based on Patient Volume and Staffed Bed Capacity

	Bed Capacity, based on staffing											
	1	2	3	4	5	6	7	8	9	10	11	12
Patient Volume	Multiplier 10	Multiplier 5	Multiplier 3.2	Multiplier 2.5	Multiplier 2	Multiplier 1.7	Multiplier 1.4	Multiplier 1.2	Multiplier 1.1	Multiplier 1	Multiplier 0.9	Multiplier 0.8
0	0	0	0	0	0	0	0	0	0	0	0	0
1	10	5	3	3	2	2	1	1	1	1	1	1
2	20	10	6	5	4	3	3	2	2	2	2	2
3	30	15	10	8	6	5	4	4	3	3	3	2
4	40	20	13	10	8	7	6	5	4	4	4	3
5	50	25	16	13	10	9	7	6	6	5	5	4
6	60	30	19	15	12	10	8	7	7	6	5	5
7	70	35	22	18	14	12	10	8	8	7	6	6
8	80	40	26	20	16	14	11	10	9	8	7	6
9	90	45	29	23	18	15	13	11	10	9	8	7
10	100	50	32	25	20	17	14	12	11	10	9	8
11	110	55	35	28	22	19	15	13	12	11	10	9
12	120	60	38	30	24	20	17	14	13	12	11	10
13	130	65	42	33	26	22	18	16	14	13	12	10
14	140	70	45	35	28	24	20	17	15	14	13	11
15	150	75	48	38	30	26	21	18	17	15	14	12
16	160	80	51	40	32	27	22	19	18	16	14	13
17	170	85	54	43	34	29	24	20	19	17	15	14
18	180	90	58	45	36	31	25	22	20	18	16	14
19	190	95	61	48	38	32	27	23	21	19	17	15
20	200	100	64	50	40	34	28	24	22	20	18	16
21	210	105	67	53	42	36	29	25	23	21	19	17
22	220	110	70	55	44	37	31	26	24	22	20	18
23	230	115	74	58	46	39	32	28	25	23	21	18
24	240	120	77	60	48	41	34	29	26	24	22	19
25	250	125	80	63	50	43	35	30	28	25	23	20

Appendix 3- E.D. Website Procedures

I. Overview

A. The objective of the Kern County Hospital E.D. Status Web Site is to provide for more efficient Hospital E.D. Status related communications, improve reaction time in management of E.D. Closure requests, and to provide users with a systemic E.D. Overload status view.

B. The Division may change, modify, revise or delete these procedures at any time.

C. The Division may change, modify, revise or remove the Kern County Hospital E.D. Status Web Site at any time.

II. Primary Use

A. The Kern County Hospital E.D. Status Web Site will be used as the primary means of Hospital E.D. Status communications for each Hospital E.D. Status change (Open, E.D. Closure, or E.D. Advisory) made on the Kern County Hospital E.D. Status Web Site.

B. Requests for E.D. Closure, Med-Alert or other issues requiring contact of On-Call EMS will be conducted through the E.D. Status Web Site. ECC will only be contacted if there is a disruption of service in the site or in response to an internal or external disaster. ECC can be reached at (661) 868-4055.

III. Kern County Hospital E.D. Status Web Site Functional Procedures

A. Each Hospital Emergency Department must have staff positions continuously assigned to enter changes and regular updates on the Kern County Hospital E.D. Status Web Site. Only Emergency Department staff should be allowed to enter E.D. Status changes or updates.

B. Passwords for Web Site access are permission controlled. A Hospital Emergency Department is only permitted to see and make changes to their Emergency Department's status information including: Hospital E.D. Status changes (Open, E.D. Advisories), detailed E.D. Overload scale data, evaluate change history or generate reports.

C. E.D. Staff shall enter regular updates based on the time intervals or an "Emergency Update Alert" issued by On-Call EMS Staff. E.D. Staff are held responsible for accuracy of the data and timeliness of the information. On-Call EMS Staff may conduct on-site verification of the data at any time.

D. E.D. Status Update Requests are timed for update entry. During normal periods, the update time will be set for 120 minutes. On-Call EMS Staff

may adjust update timing to shorter time frames during peak overload periods. On-Call EMS Staff may issue an Emergency Update Alert. An Emergency Update Alert is a prompt for rapid entry of update data to manage an E.D. Closure request or to manage a large scale Med-Alert incident. It is critical that Emergency Update Alerts are answered quickly. Update requests include entry of the following information:

1. Current Bed Capacity based on staffing: The number of beds (including chairs, cots, gurneys, hallway beds, etc.) the hospital can manage based on the number of licensed nurses available during the current shift. For example, based on a nurse to patient ratio of 1:4; if three nurses are available during the shift the current bed capacity is 12. Typically, the charge nurse and the triage nurse are not counted in calculating current bed capacity of the emergency department.

2. Med-Surg, Peds Tele Admit Holds:: Enter the total number of Medical/Surgical, Telemetry or Pediatric cases with admission orders, awaiting in-hospital admission within the Emergency Department. Do not include cases in this category that do not have specific admission orders by the E.D. or are potential admissions. Do not include cases within the E.D. Waiting Room that have private physician admission orders;

3. ICU/CCU/DOU Holds (1:1 ratio): Enter the total number of ICU, CCU or DOU cases with admission orders in which patient acuity is serious enough to warrant a nurse-to-patient ratio of 1:1 and is awaiting in-hospital admission within the Emergency Department. Do not include cases in this category that do not have specific admission orders by the E.D. or are potential admissions. Do not include cases within the E.D. Waiting Room that have private physician admission orders;

4. ICU/CCU/DOU Holds (1:2 ratio): Enter the total number of ICU, CCU, or DOU cases with admission orders in which patient acuity is serious enough to warrant a nurse-to-patient ratio of 1:2 and is awaiting in-hospital admission within the Emergency Department. Do not include cases in this category that do not have specific admission orders by the E.D. or are potential admissions. Do not include cases within the E.D. Waiting Room that have private physician admission orders;

5. Volume of Triaged Patients Pending Orders: Enter the total number of ESI Triage Level 1, 2, 3, 4, and 5 patients that have been triaged, but have not had orders issued. Do not include patients that have had orders issued by the E.D.

E. It is highly important that this data is accurate based on the time entered. Once the data is entered, input username and password, update the data and return to the main summary page.

F. Each change in E.D. status or E.D. overload score will result in an automated pager notification from the E.D. Status Web Site to field personnel to use in the transport destination decision process. Accuracy and timeliness of data updates by emergency department personnel are highly important.

G. E.D. Disaster Closure Requests: Requests for E.D. Disaster Closure will be conducted through the E.D. Status Web Site. ECC will only be contacted if there is a disruption of service in the site or in response to an internal or external disaster. ECC can be reached at (661) 868-4055. On-Call EMS Staff will verify that CDPH L&C has been notified. Upon verification, On-Call EMS Staff will grant E.D. Disaster Closure. E.D. Disaster Closure becomes effective when entered by EMS Staff and is shown on the E.D. Status Web Site.

H. Med-Alert Activation: EMS On-Call Staff may be contacted through ECC or through website notification.

IV. Troubleshooting

A. E.D. Status paging from ECC to EMS On-Call Staff will be maintained in place as a back-up to the Kern County Hospital E.D. Status Web Site for E.D. Open, E.D. Closure, or advisories if needed. If a Hospital E.D. loses access to the Web Site and cannot access after repeated attempts, contact ECC immediately for contact of On-Call EMS Staff. On-Call EMS Staff will go through a series of questions to validate the level of the problem.

B. If an E.D. cannot access the site and the problem cannot be corrected immediately, EMS Staff may direct the E.D. to call basic E.D. status changes (Open Status, E.D. Advisories) through ECC until the problem is corrected. On-Call EMS Staff will call regularly to update E.D. Status data. On-Call EMS Staff will make Kern County Hospital E.D. Status Web Site entries of the changes if accessible.

C. If a Hospital E.D. staff username or password is lost or forgotten, contact the EMS Division during normal business hours.

V. Data

A. Data and information on individual Hospital E.D. staffing, admission holds, ambulance volume received and total registered patients contained in the Kern County Hospital E.D. Status Web Site shall be maintained strictly confidential by the Division and all users of the Kern County Hospital E.D. Status Web Site.

B. Data and information on individual Hospital E.D. staffing, admission holds, ambulance volume received and total registered patients shall be considered the individual Hospital E.D.'s data and shall not be released to any person, organization or entity without the express written permission of the Division and the specific Hospital E.D.

C. The Department may change or modify permissions of any authorized user or delete access authorization of any user at any time.

D. Other data, information or reports contained, entered, or extracted from the Kern County Hospital E.D. Status Web Site that have been previously used by the Division as public information, records or reports shall be considered public information, records or reports by the Department.

Non-Disclosure Policies

Kern County Hospital Emergency Department Status Web Site

User Name:	**Provider Name:**
User ID:	
Password:	

The Kern County Emergency Medical Services Division ("Division") has developed an Internet based Hospital Emergency Department Status Web Site ("System") to which the User, as a staff person at the above named Hospital or Ambulance Company ("Provider"), is being given password secured access. The information maintained in the System is of a highly confidential nature, and therefore preserving the confidentiality of a User password is of the utmost importance in maintaining the confidentiality of the System. The following policies are applicable to User access, use and continued permission to use the System:

1. These policies are effective upon issuance and will continue at the discretion of the Division. These policies may be modified, revised or amended by the Division at any time. The Division shall control all username and password access to the System. The Division may, at any time, delete or block a username or password for access to the System.

2. The User password is a highly confidential piece of information and is paramount to maintaining the confidentiality of the System. User shall not give, transfer, distribute, relinquish or in any other way knowingly furnish their User password to another person and shall make every effort to preclude their User password from becoming known to another person.

3. Username and password shall be kept facility specific and the User agrees not to attempt to use the username and password at or for a Provider other than the one identified above.

4. User(s) shall only use a username and password when on duty for the Provider identified above.

5. User, if applicable, shall only enter accurate and current information into the System. The Division may validate such data or conduct an on-site check at any time to ensure accuracy.

6. Some of the information put into or contained within the System is of a confidential nature. User shall only disclose information put into or contained within the System to those Provider staff with a need-to-know and will not disclose any such information to a third party and shall protect the confidentiality of the System to the same extent as other confidential information maintained by Provider.

7. System hospital data, including staffing, admission holds, and potential admissions shall be maintained as confidential information by the Division. The Division will not publicly release such information unless approved by the specific provider. Hospital data and the accuracy of hospital data shall be the responsibility of the particular hospital.

8. Any suspected or actual violation in confidentiality, misuse of the System, misuse of System data or noncompliance with these policies will be grounds for deletion of username and password for access to the System. The Division may continue such action in accordance with provisions contained in California Health and Safety Code

Ambulance off-load delays at hospital emergency departments continues to be a critical and recurring problem. When a patient remains on the ambulance gurney within the emergency department, the ambulance is not available for additional responses, including emergency responses. This situation could negatively impact patient care, and it impacts response time performance, and the EMS system overall. The purpose of this protocol is to define the ambulance off-load process at hospital emergency departments and define maximum time limits pursuant to Health and Safety Code §1797.120 and 1797.225.

Definitions:

Ambulance arrival at the ED: the time the ambulance stops at the location outside the hospital ED where the patient is unloaded from the ambulance

Ambulance Patient Offload Time (APOT)- The time interval between the arrival of an ambulance patient at an ED and the time the patient is transferred to the ED gurney, bed, chair, or other acceptable location and the ED assumes responsibility for the care of the patient. This is defined by the following actions that must occur simultaneously:

1. The patient is removed from the ambulance gurney
2. Verbal report is given to appropriate ED Medical Personnel
3. The ED Medical Personnel sign the patient care report
4. Ambulance personnel time stamp the field “destination patient transfer of care”

Ambulance Patient Offload Time (APOT) Standard – the time interval standard established by the Division within which an ambulance patient that has arrived in an ED should be transferred to an emergency department gurney, bed, chair, or other acceptable location and the ED assumes the responsibility for the care of the patient. The Division has adopted the State recommended 20 minutes as the time standard.

Non-Standard Patient Offload Time- the APOT for a patient exceeds a period of twenty (20) minutes. This definition is synonymous with the definition of APOD.

APOT 1- an ambulance patient offload time process measure. This metric is a State defined continuous variable measured in minutes and seconds, aggregated and reported at the 90th percentile that will be displayed against the benchmark twenty (20) minutes or less. Aggregated values may be reported by County and facility. This metric may be reported by the Division publicly and to the State, as required.

APOT 2- an ambulance patient offload time process measure. This metric is a State defined metric that demonstrates the incidence of ambulance patient offload times that exceed the twenty (20) minute reporting benchmark reported in reference to sixty (60), one-hundred-twenty (120), and one-hundred-eighty (180) minute time intervals, expressed as a percentage of total emergency patient transports. Aggregated values may be reported by County and facility. This metric may be reported by the Division publicly and to the State, as required. There are four measurements for APOT 2:

1. Percentage of ED patient transfer occurring between twenty (20) and sixty (60) minutes
2. Percentage of ED patient transfer occurring between sixty-one (61) and one-hundred-twenty (120) minutes.
3. Percentage of ED patient transfer occurring between one-hundred-twenty-one (121) and one-hundred-eighty (180) minutes.
4. Percentage of ED patient transfer occurring over one-hundred-eighty-one (181) minutes.

Ambulance Patient Offload Delay (APOD)- The occurrence of a patient remaining on the ambulance gurney and/or the ED has not assumed responsibility for patient care beyond the twenty (20) minute standard.

Clock Start- The timestamp that captures when APOT begins. This is captured as the time the ambulance arrives at the destination/receiving hospital (NEMSIS 3.4 (eTimes.11)).

Clock Stop- The timestamp that captures when APOT ends. This is captured as the time of destination patient transfer of care (NEMSUS 3.4 (eTimes.12)).

Emergency Department (ED) Medical Personnel- An ED physician, mid-level practitioner, or Registered Nurse (RN).

Transfer of Patient Care- the transition of patient care responsibility from EMS personnel to the receiving hospital ED medical personnel.

Verbal Patient Report- The face to face verbal exchange of key patient information between EMS personnel and ED medical personnel provided that is presumed to indicate transfer of patient care.

Written Patient Report- The written electronic patient care report (ePCR) that is completed by EMS personnel. Requirements for ePCR are located in *Patient Care Report Policy*. Data for collection of APOT will be generated from ePCR data.

Time Standard:

A patient arriving by ambulance to a hospital emergency department shall be offloaded from the ambulance gurney and hospital staff shall assume patient care responsibility immediately upon entry into the ED. In no case shall this process exceed ~~fifteen~~ twenty (20) minutes from ED entry. Initial triage of patient by hospital personnel shall occur within one (1) to five (5) minutes from entry into ED. In such cases where ~~15~~ twenty (20) minutes has elapsed from ED entry and ambulance crew has not been released, ambulance supervisor should make contact, at their discretion, with the designated hospital manager to advise of the delay and request immediate action to release the crew.

Protocol:

1. Emergency Department Entry: Immediately upon ambulance crew entry to the emergency department, ~~ED staff will receive a verbal report from ambulance staff on the patient problem.~~ambulance crew shall notify ED medical personnel of their arrival.

2. Initial Triage Determination: ED ~~staff~~ medical personnel shall immediately (one to five minutes) determine if the patient can safely be referred to the ED waiting room. If not, ED staff will immediately determine if an open ED gurney is available and direct ambulance staff to the open gurney. ~~Ambulance staff shall provide hospital with written patient care record upon transfer of care~~The responsibility for patient care shall be transferred from EMS personnel to ED medical personnel as defined by the APOT process above.

3. Internal Actions to Accommodate Patient: 1) Triage of other ED patients to determine if space can be cleared for the ambulance patient; 2) Mobilize additional ED gurneys from other areas of the hospital; 3) Mobilize Temps Beds into the ED to off-load the ambulance patient; and 4) any other actions consistent with hospital's internal procedures to accommodate patient placement.

4. Administrative Contact: If the ambulance crew has not been released from the emergency department within ~~15~~ twenty (20) minutes of entry, the ambulance supervisor should contact the designated hospital manager and advise of the problem. Contact should be made initially with the manager of the emergency department, if during regular working hours. If after hours, contact should be made with the House Supervisor and/or the on-call hospital administrator.

Quality Assurance:

The Division will convene quality assurance committees on a quarterly basis for follow-up on non-standard patient offload times. The Division may further define quality assurance review in the *EMS Quality Improvement Program*. The Division may address sentinel events, which may include, but not limited to:

1. Occurrence of "never event": transfer of care greater than four (4) hours
2. Occurrence of individual APOD associated with APOT 2 metrics
3. Occurrence of APOD with the patient decompensating or worsening in condition
4. Occurrence of APOD associated with patient complaints
5. Occurrence of APOD associated with delayed ambulance response(s)
6. Facility or system performance below the established standard of twenty (20) minutes or less at the 90th percentile.

Appendix 5 Criteria for Offloading Patients to ED Waiting Room

When a patient is transported to a hospital by ambulance, the ambulance crew is responsible for that patient until arriving onto the hospital grounds, in accordance with 42. CFR 482.55, the Conditions of Participation for Hospitals for Emergency Services and the Emergency Medical Treatment and Labor Act (EMTALA). However, it is recognized that in practice it may take some time to physically transfer a patient from an ambulance to the care of hospital personnel. This policy establishes a target/goal that such delay in transfer of care shall not exceed ~~15~~ twenty (20) minutes. In situations where transfer of care exceeds ~~15~~ twenty (20) minutes, the following guidance for offloading a patient to the hospital emergency department waiting room is provided.

A. Ambulance personnel shall use the emergency department ambulance entrance for prehospital patients.

B. Ambulance personnel shall maintain care and treatment of the patient for a period of ~~15~~ twenty (20) minutes upon arriving to the emergency department ambulance entrance, unless earlier relieved by ~~hospital staff~~ ED medical personnel. Once ~~15~~ twenty (20) minutes has elapsed and no bed assignment or other placement directives have been given, the patient who meets the following criteria can be taken directly to the emergency department waiting room, after consulting with the ~~hospital personnel~~ED medical personnel responsible for triaging:

    1. At least 18 years old or minors accompanied by a responsible adult;
    2. Normal, age-appropriate blood pressure (± 10 points of mm/hg);
    3. Alert and oriented to person, place, time, and event;
    4. A Glasgow Coma Scale score of 15;
    5. Skin that is pink, warm, and dry;
    6. Can sit unassisted and has reasonable mobility (example: patient is not in spinal precautions);
    7. Does not require continuous monitoring (example: cardiac monitoring or breathing treatment);
    8. Is not on a psychiatric hold or in custody; and
    9. Patient does not have IV access started by EMS personnel.

C. Ambulance personnel must give a verbal report to the authorized ~~hospital personnel~~ED medical personnel, and ~~hospital personnel~~ ED medical personnel must ~~take possession~~ take over responsibility for the care of the patient. ~~The ambulance personnel must obtain a signature for transfer of patient care.~~ The transfer of responsibility for the care of the patient is defined in ambulance patient offload time

in Appendix 4 of this policy. If there is a difference of opinion as to the appropriate waiting area, or location of the patient, the emergency department manager or designee (charge nurse) will make the final decision.

D. At no time, will a critical patient- Severity Red and complex severity Yellow (such as chest pain or shortness of breath requiring frequent reevaluation and ongoing therapy), be left without paramedic or ~~hospital nurse~~ED medical personnel supervision.

IX. Unfinished Business

B. Patient Care Record

Policies and Procedures

EMS Division Staff Report for EMCAB- May 11, 2017

Patient Care Record Policies and Procedures

Background

On January 5, 2016 the California Emergency Medical Services Authority (EMSA) implemented statutes & regulations related to patient care data collection for emergency medical services throughout the state. AB 1129, became effective January 1, 2016, and requires, among other provisions, that each emergency medical care provider use an electronic health record; and the electronic record must be compliant with the current version of the National Emergency Medical Services Information System (NEMSIS) and the California Emergency Medical Services Information System (CEMSIS.) The deadline for implementation of AB 1129 was January 1, 2017.

The Dilemma

As January 1, 2017, Kern County EMS' Electronic Patient Care Report (ePCR) Policy became out dated. The ePCR policy provides direction for the collection, completion, and submission of data as well as identifies the specified elements mandated by the County of Kern, State of California, and Federal Government.

The EMS Division Plan of Action

The Kern County ePCR policy was revised to better align with the new mandate. The revised policy was opened for public comment on November 4, 2016, and closed on December 4th, 2016, with no comments being submitted. The proposed revisions were also discussed at two EMS system collaborative meetings.

Therefore, IT IS RECOMMENDED, the Board approves the revised ePCR Policy and set an effective date of May 12, 2017.

County of Kern

Emergency Medical Services

PATIENT CARE RECORD POLICIES AND PROCEDURES

~~August 8, 2013~~DRAFT

~~Ross Elliott~~
~~Director~~

~~Robert Barnes, M.D.~~
~~Medical Director~~

~~Table of Contents~~

~~*REVISION & ACTION LISTING:*~~

~~02/13/95 Complete Draft for Limited Trial Project~~
~~02/27/95 Draft revised for Full Scope Trial Project (to remain as authorized use draft until trial completed)~~
~~03/17/95 Revision - Consistent with Project Progression for Reference~~
~~07/15/95 Revision - Consistent with feedback to date, for full implementation.~~
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~~05/29/2012 Minor changes/edits per final staff review~~
~~06/01/2012 Effective date for revisions made in May 2012~~
~~10/10/2012 Defined "Preliminary Record"~~
~~08/02/2013 Updated Ambulance Report Form in Appendix Three~~

I. ~~Section 1 -~~ GENERAL PROVISIONS

A. This policy defines all requirements regarding electronic data collection (Electronic Patient Care Report) and their uses, completion, referral, retention and reporting within Kern County.

B. The patient care report (PCR) and mandatory electronic data elements (e-PCR), are established and maintained under the authority of the Emergency Medical Services Division (Division) in accordance with California Health and Safety Code, Division 2.5, Sections 1797.204 and 1797.227 and California Code of Regulations Title 22, section 100171(f).

C. The mandatory data elements, ~~,~~ and electronic records are official medical records and upon submission are the property of the Division. The ~~-~~mandatory electronic data elements shall be retained and maintained by the care provider's employer as the legal custodian of the medical record. Electronic Patient Care Records are confidential medical records and are limited to the possession of the Division, authorized EMS providers involved with response to the patient location or direct patient care, and authorized medical facilities that receive the patient if transported.

~~D.~~ The Division recognizes the current version of the National Highway Traffic Safety Administration (NHTSA) Uniform Pre-Hospital Emergency Medical Services Dataset, National Emergency Medical Services Information System (NEMSIS) for the collection and aggregation of all electronic data in the local EMS system. All references herein to "Mandatory Elements", "Data Elements", "Elements" or "Data" are taken directly from the NEMSIS Dataset and can be located and referenced in the NEMSIS Data Dictionary located at:

~~E.~~D. ~~-~~http://www.nemsis.org/media/nemsis_v3/release-3.4.0/DataDictionary/PDFHTML/DEMEMS/index.html

~~F.~~E. The electronic patient care report may be provided to other sources only in accordance with applicable state and/or federal laws; or may be provided to the patient or patient responsible party by valid written authorization.

~~G.~~F. The electronic patient care report shall be accurately completed in accordance with these policies and procedures. Willful falsification of a patient care record or failure to comply with these policies and procedures shall result in formal investigative action per 1798.200 of the California Health and Safety Code and Ordinance Code 8.12.190.

~~H.~~G. The mandatory data elements (e-PCR) listed in Appendix A ~~-,~~ below shall be generated by the service provider and transmitted to the Division in accordance with ~~ePCR Operational Procedures~~this policy.

~~I.~~H. The data obtained through an electronic patient care report will be used for, but not limited to, the following purposes:

1. Documentation of patient problem history, assessment findings, care, response to care and patient outcome for the purposes of effective continued patient care by responsible medical professionals; and medical-legal documentation.
2. Development of aggregate data reports of various topics determined by the Division to drive the continuous quality improvement (CQI) system action plan;
3. Evaluation of compliance with Ordinance Code 8.12;
4. Indicator for individual case evaluation; and
5. Divisional issue or case investigation.

~~J.~~I. The Division, in consultation with EMS providers, may revise these policies and procedures and mandatory data elements (e-PCR) as necessary.

~~K.~~J. Each agency is responsible for developing and maintaining a data collection back up plan.

~~L.~~K. Any agency that experiences a failure of its electronic data collection system shall immediately notify the Division of said failure. Said agency is responsible for maintaining the collection of all mandatory data elements should a failure occur. Said agency shall have 48 hours to correct the above mentioned electronic data collection failure and begin submitting all mandatory electronic data elements. All data elements collected during the above mentioned failure shall be maintained and entered into the electronic collection system immediately following the system's availability. In addition, any agency planning system maintenance or upgrades that could cause a delay in data transmission, will notify the division at least 24 hours in advance of said maintenance or upgrade.

II. ~~Section 2 -~~ DEFINITIONS

A. **"Division":** Kern County EMS Division of Public Health.
B. **"Ordinance":** Kern County Ordinance Code.
C. **National EMS Information System (NEMSIS**): The national data standard for emergency medical services as defined by the National Highway Traffic and Safety Administration (NHTSA) and the NEMSIS Technical Assistance Center (TAC).
D. **California EMS Information System (CEMSIS):** The California data standard for emergency medical services as defined by the California Emergency Medical Services Authority (EMSA). The data standard includes the NEMSIS standards and state defined data elements.
E. **Kern County Emergency Medical Data System (KCEMDS):** The Kern County EMS data standard for emergency medical services as managed and defined by Kern County Emergency Medical Services (KCEMS). The data standard includes the NEMSIS, CEMSIS, and Kern County specific data elements.
F. **Patient Care Reporting System (PCRS):** An electronic software platform that allows for real time collection of patient care information at the time of service.
G. **"Mandatory Element":** a data field identified by the EMS Division that must be completed and transmitted by EMS provider.
H. **"e-PCR":** the mandatory electronic data elements that as a whole make up the electronic patient care record that is completed by the EMS provider which shall serve as the permanent patient care report documenting patient condition, treatment, and all associated circumstances pertaining to a response.

III. Data Submission Process:

EMS Providers shall submit data using any third party PCRS that meets data submission requirements as defined in the Patient Care Reporting section of this policy. All data element requirements as set forth by the current versions of NEMSIS, CEMSIS, and KCEMDS must be met. To submit data, the EMS provider shall do all of the following:

A. The provider must be an approved Kern County EMS provider.
B. Private based EMS provider who is currently licensed by KCEMS as an Ambulance Provider.

C. Public or private based first responders (i.e. Fire Department, Oil Fields, Law Enforcement, etc.) in which response and patient care activities occur within the jurisdictional boundaries of Kern County.
D. The PCRS used by the EMS Provider shall be certified compliant with the current version of NEMSIS.
E. Submit a written request for access to the KCEMS NEMSIS Web Service. The request must include the following:
F. Provider Name and Agency ID
G. PCRS Vendor Information (including 24 hour technical support contact)
H. The request will be reviewed by KCEMS within 14 business days. If approved, access to the KCEMS NEMSIS Service will be granted to the PCRS vendor.
I. Once access to the KCEMS NEMSIS Service has been granted, KCEMS will work with the provider and the PCRS vendor to conduct data submission testing.
J. Provider Responsibilities:
    (1) Establish and continuously maintain a connection with the KCEMS NEMSIS Web Service.
        (a) The provider should be prepared to submit incident data for every completed Patient Care Report in real time immediately upon completion by the provider.
        (b) The provider shall immediately report any technical difficulties with establishing or maintaining a connection to the KCEMDS System Administrator.
    (2) Upon initially establishing a connection, submit dAgency data followed by at least five (5) test incident records that constitute a complete Patient Care Report for the following types of patients:
        (a) Cardiac Arrest
        (b) Chest pain/Acute Coronary Syndrome
        (c) Stroke
        (d) Trauma
        (e) Respiratory Distress
        (f) Adult
        (g) Pediatric
    (3) Inform KCEMS when test incident records have been submitted.
    (4) Address and correct technical and/or data validation issues that are identified
K. KCEMS Responsibilities:
    (1) Provide web service access information, including: web service URL, username and password.
    (2) Review test incidents submitted by the provider/vendor.
    (3) Provide guidance and support to address technical and/or data validation issues.

IV. PATIENT CARE REPORTING:

A. As of the effective date of this policy, the KCEMDS is compliant with and able to accept NEMSIS 3.4 data.

B. EMS providers who are already submitting data in the NEMSIS v2.2.1 or v3 format may continue to do so through December 31, 2016.

C. As of 0001hrs, January 1, 2017, EMS providers shall only submit data in the current NEMSIS v3.4 format, as per A.B.1129.

D. Provider agencies shall ensure that their PCRS complies with all national (NEMSIS), state (CEMSIS), and local (KCEMS) data elements and field values.

E. Provider agencies shall be responsible to ensure that their PCRS is able to establish and maintain a connection with the KCEMDS. Such responsibilities include but are not limited to:

(1) All costs associated with establishing and maintaining a connection with the KCEMDS up to the provider side of the interface.

(2) Initial and continued compliance with established data standards.

F. On occasion, changes to existing data elements may be needed as changes to the local EMS system occur. Such changes may include but are not limited to the addition of new procedures, medications, or changes to provider or facility names.

G. When changes described above are necessary, the PCRS used by the provider agency will need to be updated as soon as possible upon written notification from KCEMS.

H. A provider PCRS must transmit PCRs in the established format to the KCEMDS immediately upon completion by EMS personnel.

V. DOCUMENTATION STANDARDS:

A. PCRs shall be completed and submitted electronically to KCEMS.

B. Except in rare cases of system downtime or inoperability of electronic devices, the PCR shall be made available to the receiving center physicians and staff before leaving the receiving center.

C. It shall be the responsibility of EMS personnel to document accurately on their PCR.

~~**A.**~~ KCEMS may request specific documentation elements related to CQI, Field Study, Syndromic Surveillance or Emergency Management data collection. ~~**Section 3 – PCR OPERATIONAL PROCEDURES**~~

~~B.~~D. EMS providers shall accurately complete and submit all mandatory electronic data for each response to a call for service as described herein. This includes all emergency responses, non-emergency responses, responses that are canceled before scene arrival, ~~and~~ any pre-arranged stand-by~~ambulance standbys~~, and ~~ambulance~~ patient transfers originating in Kern County. In addition, any contact between an EMT, Paramedic, or CCT Nurse and a potential patient requires completion of a~~an ePCR or~~ PCR.

All mandatory ~~electronic~~ data elements ~~(e-PCR),~~ shall be completed by the EMT, Paramedic, or CCT Nurse responsible for patient care. (See Appendix A for Mandatory Data Elements)

Prior to submitting the mandatory data elements (e-PCR) to the Division, the EMT, Paramedic, or CCT Nurse responsible for patient care shall review in detail each mandatory data element to ensure its accuracy.

C. All electronic data elements (e-PCR), once submitted to the server, become a locked legal document and the contents cannot be modified. Kern County EMS uses a Secure Socket Layer system for transferring mandatory data elements which adheres to HIPPA and HITECH standards.

VI. PCR OPERATIONAL PROCEDURES

A. The mandatory data elements are contained in Appendix One.

B. The EMS report becomes part of the patient's medical record and as such is a legal and confidential document. In addition to serving an immediate medical communication purpose, the report also provides a historical record of this specific incident. In the event of future legal action, the report may also serve as a reminder to the author of the events and details surrounding this patient's medical event. Any detail or information which may benefit the patient's immediate medical care, or which may protect the patient from potential harm related to this incident, or that may prove useful in the event of a future legal action shall be included in the narrative portion of the ePCR.

Each patient contact (as described in section III, A.) made in the field will result in a completed ePCR that contains a narrative data element that includes, at minimum:

SUBJECTIVE – THE PATIENT'S STORY

1. Patient Description
2. Chief complaint
3. History of the Present Event: What happened? When did it happen? Where did it happen? Who was involved? How did it happen? How long did it occur? What was done to improve or change things?
4. Allergies, Current Medications, Past Medical History (Pertinent), and Last oral intake.

OBJECTIVE INFORMATION – THE Rescuer's STORY

1. The Rescuer's Initial Impression: Description of the scene. What was your first impression of the scene and patient?
2. Vital Signs
3. Physical Exam findings
4. General Observations: Other noteworthy information such as environmental conditions, patient location upon arrival, patient behavior, etc.

ASSESSMENT – THE Rescuer's IMPRESSION

1. Conclusions made based on chief complaint and physical exam findings
2. Often, this is the "narrowed-down" version of the differential diagnosis

PLAN – THE Rescuer's PLAN OF THERAPY(Treatment)

1. What was done for the patient. This should include treatment provided prior to your arrival as well as what you did for the patient.
2. Describe what you did with the patient – Disposition. This could be "patient loaded and prepared for transport", "patient handed off to flight crew", or "patient signed refusal of transport and is left home with family."

EN ROUTE – Re-Assessment(Patient Trending)

1. Information regarding therapies provided during transport as well as changes in the patient's condition during transport.
2. It may also include pertinent events surrounding the transfer of the patient at the hospital.

C. Use of abbreviations is permitted in the e-PCR narratives and comments elements. Acceptable abbreviations can be found in Appendix 2.

D.A. Times entered in Interventions, Vital Signs, and Assessments are considered estimates based on the approximate time the particular skill or procedure was completed.

E. **At minimum an e-PCR "PRELIMINARY RECORD" shall be printed, or a handwritten Kern County Ambulance Report Form shall be completed and filed with the physician, MICN, or RN immediately upon delivery of the patient to the base/receiving hospital emergency department.** Ambulance crews may use either a printout from electronic data collection hardware or the handwritten version of the Kern County Ambulance Report Form. **In no case shall a unit depart an emergency department without delivering a preliminary e-PCR, a completed e-PCR, or a completed Kern County Ambulance Report Form to emergency department staff.** The Division may consider an exception to this requirement on a case-by-case basis, if so requested by the ambulance provider for an unusual circumstance. However, normal procedures are to leave a PCR at the hospital, with the patient every time.

1. Hospitals shall be responsible for maintaining printer hardware (including paper, toner, etc.) compatible with electronic data collection devices being used, to facilitate the printing of the electronic record. Should printer hardware be temporarily unavailable, hospital shall allow the completed handwritten Kern County Ambulance Report Form to be submitted as the patient record and photocopied by ambulance crews.
2. Habitual non-maintenance of hospital printer equipment is problematic, failure by hospitals to maintain printer equipment or failure to provide ambulance crews with the ability to leave a printed record for greater than one week is deemed permission by the hospital to not leave a written report. Base and receiving hospitals will make every reasonable effort to maintain the ability to print the electronic preliminary patient care report, at all times.
3. It is understood that technological failures occur, and the hospital printer or the ambulance crew's electronic device may malfunction from time to time. The Kern County Ambulance Report Form will be used to leave a written patient report when technology fails. Hospitals shall be responsible for maintaining a supply of the Kern County Ambulance Report Form for use by ambulance crews. Failure by hospitals to provide ambulance crews with the ability to leave a handwritten record will be deemed permission by the hospital to not leave a written record. Ambulance Report Form can be found in Appendix 3.
4. The ambulance provider shall assure that the final electronic patient care record is delivered to the hospital within 15 hours of call time.

F.B. Patients who are transported to medical facilities or hospitals outside of Kern County or to medical facilities within Kern County other than hospital emergency departments, a print out of the electronic patient care report can be submitted via fax to the facility, if

requested by that facility. If written documentation is requested at time the patient is delivered, the attending EMT, Paramedic, or CCT Nurse shall provide a completed Kern County Ambulance Report Form. (See Appendix B)

~~G. Submission of each mandatory electronic data element (e-PCR) to the Division shall be completed as soon as possible, after transferring patient to care of hospital staff. In no case shall e-PCR submission to the Division be in excess of (15) hours from call time.~~

~~H.~~C. The Division may also request immediate submission of the e-PCR for a specific call or calls. EMS providers shall immediately submit requested e-PCR to the Division.

REVISION & ACTION LISTING:

02/13/95	Complete Draft for Limited Trial Project
02/27/95	Draft revised for Full Scope Trial Project (to remain as authorized use draft until trial completed)
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06/01/2012	Effective date for revisions made in May 2012
10/10/2012	Defined "Preliminary Record"
08/02/2013	Updated Ambulance Report Form in Appendix Three
Xx/xx/xxxx	Updated for NEMSIS 3.4 compliance.

~~I. Implementation of the e-PCR policy for those agencies (such as Fire/Law) that have yet to submit electronic patient care reports shall be accomplished in two (2) phases:~~

~~1. Agencies (Fire/Law) will immediately begin working with the EMS Division to send data already being collecting electronically, to match as many of the NEMSIS data elements and locally required data elements as possible. Target date for implementation of Phase 1 (submitting incomplete electronic data to EMS) is December 1, 2012.~~

~~2. Agencies (Fire/Law) will begin submitting complete NEMSIS compliant data locally required data by July 1, 2014.~~

APPENDIX A – MANDATORY DATA ELEMENTS

dAgency.01	EMS Agency Unique State ID	N	S
dAgency.02	EMS Agency Number	N	S
dAgency.03	EMS Agency Name		S
dAgency.04	EMS Agency State	N	S
dAgency.05	EMS Agency Service Area States	N	S
dAgency.06	EMS Agency Service Area County(ies)	N	S
dAgency.07	EMS Agency Census Tracts	N	S
dAgency.08	EMS Agency Service Area ZIP Codes	N	S

dAgency.09	Primary Type of Service	N	S
dAgency.10	Other Types of Service		S
dAgency.11	Level of Service	N	S
dAgency.12	Organization Status	N	S
dAgency.13	Organizational Type	N	S
dAgency.14	EMS Agency Organizational Tax Status	N	S
dAgency.15	Statistical Calendar Year	N	S
dAgency.16	Total Primary Service Area Size	N	S
dAgency.17	Total Service Area Population	N	S
dAgency.18	911 EMS Call Center Volume per Year	N	S
dAgency.19	EMS Dispatch Volume per Year	N	S
dAgency.20	EMS Patient Transport Volume per Year	N	S
dAgency.21	EMS Patient Contact Volume per Year	N	S
dAgency.22	EMS Billable Calls per Year		S
dAgency.25	National Provider Identifier	N	S
dAgency.26	Fire Department ID Number	N	S

dContact.01	Agency Contact Type		S
dContact.02	Agency Contact Last Name		S
dContact.03	Agency Contact First Name		S
dContact.05	Agency Contact Address		S
dContact.06	Agency Contact City		S
dContact.07	Agency Contact State		S
dContact.08	Agency Contact ZIP Code		S
dContact.10	Agency Contact Phone Number		S
dContact.11	Agency Contact Email Address		S
dContact.12	EMS Agency Contact Web Address		S
dContact.13	Agency Medical Director Degree		S
dContact.14	Agency Medical Director Board Certification Type		S

dConfiguration.01	State Associated with the Certification/Licensure Levels	N	S
dConfiguration.02	State Certification/Licensure Levels	N	S
dConfiguration.03	Procedures Permitted by the State	N	S
dConfiguration.04	Medications Permitted by the State	N	S
dConfiguration.05	Protocols Permitted by the State	N	S
dConfiguration.06	EMS Certification Levels Permitted to Perform Each Procedure	N	S
dConfiguration.07	EMS Agency Procedures	N	S
dConfiguration.08	EMS Certification Levels Permitted to Administer Each Medication	N	S

dConfiguration.09	EMS Agency Medications	N	S
dConfiguration.10	EMS Agency Protocols	N	S
dConfiguration.11	EMS Agency Specialty Service Capability	N	S
dConfiguration.13	Emergency Medical Dispatch (EMD) Provided to EMS Agency Service Area	N	S
dConfiguration.14	EMD Vendor	N	S
dConfiguration.15	Patient Monitoring Capability(ies)	N	S
dConfiguration.16	Crew Call Sign	N	S

dVehicle.01	Unit/Vehicle Number	S
dVehicle.04	Vehicle Type	S
dVehicle.10	Vehicle Model Year	S

dPersonnel.01	EMS Personnel's Last Name	S
dPersonnel.02	EMS Personnel's First Name	S
dPersonnel.03	EMS Personnel's Middle Name/Initial	S
dPersonnel.11	EMS Personnel's Date of Birth	S
dPersonnel.12	EMS Personnel's Gender	S
dPersonnel.13	EMS Personnel's Race	S
dPersonnel.22	EMS Personnel's State of Licensure	S
dPersonnel.23	EMS Personnel's State's Licensure ID Number	S
dPersonnel.24	EMS Personnel's State EMS Certification Licensure Level	S
dPersonnel.31	EMS Personnel's Employment Status	S
dPersonnel.32	EMS Personnel's Employment Status Date	S
dPersonnel.34	EMS Personnel's Primary EMS Job Role	S
dPersonnel.35	EMS Personnel's Other Job Responsibilities	S

eCustomConfiguration.01	Custom Data Element Title	KC
eCustomConfiguration.02	Custom Definition	KC
eCustomConfiguration.03	Custom Data Type	KC
eCustomConfiguration.04	Custom Data Element Recurrence	KC
eCustomConfiguration.05	Custom Data Element Usage	KC
eCustomConfiguration.06	Custom Data Element Potential Values	KC
eCustomConfiguration.07	Custom Data Element Potential NOT Values (NV)	KC
eCustomConfiguration.08	Custom Data Element Potential Pertinent Negative Values (PN)	KC
eCustomConfiguration.09	Custom Data Element Grouping ID	KC

eRecord.01	Patient Care Report Number	N	S	
eRecord.02	Software Creator	N	S	
eRecord.03	Software Name	N	S	
eRecord.04	Software Version	N	S	
eResponse.01	EMS Agency Number	N	S	
eResponse.02	EMS Agency Name		S	
eResponse.03	Incident Number	N	S	
eResponse.04	EMS Response Number	N	S	
eResponse.05	Type of Service Requested	N	S	
eResponse.07	Primary Role of the Unit	N	S	
eResponse.08	Type of Dispatch Delay	N	S	
eResponse.09	Type of Response Delay	N	S	
eResponse.10	Type of Scene Delay	N	S	
eResponse.11	Type of Transport Delay	N	S	
eResponse.12	Type of Turn-Around Delay	N	S	
eResponse.13	EMS Vehicle (Unit) Number	N	S	
eResponse.14	EMS Unit Call Sign	N	S	
eResponse.15	Level of Care of This Unit	N	S	
eResponse.19	Beginning Odometer Reading of Responding Vehicle		S	
eResponse.20	On-Scene Odometer Reading of Responding Vehicle		S	
eResponse.21	Patient Destination Odometer Reading of Responding Vehicle		S	
eResponse.22	Ending Odometer Reading of Responding Vehicle		S	
eResponse.23	Response Mode to Scene	N	S	
eResponse.24	Additional Response Mode Descriptors	N	S	
eDispatch.01	Complaint Reported by Dispatch	N	S	
eDispatch.02	EMD Performed	N	S	
eDispatch.03	EMD Card Number			KC
eDispatch.04	Dispatch Center Name or ID			KC
eCrew.01	Crew Member ID		S	
eCrew.02	Crew Member Level		S	
eCrew.03	Crew Member Response Role		S	

eTimes.01	PSAP Call Date/Time	N	S	
eTimes.02	Dispatch Notified Date/Time			KC
eTimes.03	Unit Notified by Dispatch Date/Time	N	S	
eTimes.05	Unit En Route Date/Time	N	S	
eTimes.06	Unit Arrived on Scene Date/Time	N	S	
eTimes.07	Arrived at Patient Date/Time	N	S	
eTimes.08	Transfer of EMS Patient Care Date/Time		S	
eTimes.09	Unit Left Scene Date/Time	N	S	
eTimes.11	Patient Arrived at Destination Date/Time	N	S	
eTimes.12	Destination Patient Transfer of Care Date/Time	N	S	
eTimes.13	Unit Back in Service Date/Time	N	S	
eTimes.14	Unit Canceled Date/Time		S	
eTimes.16	EMS Call Completed Date/Time			KC
ePatient.02	Last Name		S	
ePatient.03	First Name		S	
ePatient.04	Middle Initial/Name			KC
ePatient.05	Patient's Home Address		S	
ePatient.06	Patient's Home City		S	
ePatient.07	Patient's Home County	N	S	
ePatient.08	Patient's Home State	N	S	
ePatient.09	Patient's Home ZIP Code	N	S	
ePatient.10	Patient's Country of Residence		S	
ePatient.13	Gender	N	S	
ePatient.14	Race	N	S	
ePatient.15	Age	N	S	
ePatient.16	Age Units	N	S	
ePatient.17	Date of Birth		S	
ePatient.18	Patient's Phone Number			KC
ePayment.01	Primary Method of Payment	N	S	
ePayment.50	CMS Service Level	N	S	
eScene.01	First EMS Unit on Scene	N	S	
eScene.02	Other EMS or Public Safety Agencies at Scene			KC
eScene.03	Other EMS or Public Safety Agency ID Number			KC

eScene.04	Type of Other Service at Scene			KC
eScene.06	Number of Patients at Scene	N	S	
eScene.07	Mass Casualty Incident	N	S	
eScene.08	Triage Classification for MCI Patient	N	S	
eScene.09	Incident Location Type	N	S	
eScene.10	Incident Facility Code		S	
eScene.11	Scene GPS Location		S	
eScene.12	Scene US National Grid Coordinates		S	
eScene.13	Incident Facility or Location Name		S	
eScene.14	Mile Post or Major Roadway		S	
eScene.15	Incident Street Address		S	
eScene.16	Incident Apartment, Suite, or Room		S	
eScene.17	Incident City		S	
eScene.18	Incident State	N	S	
eScene.19	Incident ZIP Code	N	S	
eScene.20	Scene Cross Street or Directions		S	
eScene.21	Incident County	N	S	
eSituation.01	Date/Time of Symptom Onset	N	S	
eSituation.02	Possible Injury	N	S	
eSituation.03	Complaint Type		S	
eSituation.04	Complaint		S	
eSituation.05	Duration of Complaint		S	
eSituation.06	Time Units of Duration of Complaint		S	
eSituation.07	Chief Complaint Anatomic Location	N	S	
eSituation.08	Chief Complaint Organ System	N	S	
eSituation.09	Primary Symptom	N	S	
eSituation.10	Other Associated Symptoms	N	S	
eSituation.11	Provider's Primary Impression	N	S	
eSituation.12	Provider's Secondary Impressions	N	S	
eSituation.13	Initial Patient Acuity	N	S	
eSituation.14	Work-Related Illness/Injury		S	
eSituation.17	Patient Activity		S	
eSituation.18	Date/Time Last Known Well			KC
eInjury.01	Cause of Injury	N	S	
eInjury.02	Mechanism of Injury		S	
eInjury.03	Trauma Center Criteria	N	S	
eInjury.04	Vehicular, Pedestrian, or Other Injury Risk Factor	N	S	
eInjury.05	Main Area of the Vehicle Impacted by the		S	

	Collision			
eInjury.06	Location of Patient in Vehicle		S	
eInjury.07	Use of Occupant Safety Equipment		S	
eInjury.08	Airbag Deployment		S	
eInjury.09	Height of Fall (feet)		S	
eArrest.01	Cardiac Arrest	N	S	
eArrest.02	Cardiac Arrest Etiology	N	S	
eArrest.03	Resuscitation Attempted By EMS	N	S	
eArrest.04	Arrest Witnessed By	N	S	
eArrest.05	CPR Care Provided Prior to EMS Arrival	N	S	
eArrest.06	Who Provided CPR Prior to EMS Arrival		S	
eArrest.07	AED Use Prior to EMS Arrival	N	S	
eArrest.08	Who Used AED Prior to EMS Arrival		S	
eArrest.09	Type of CPR Provided	N	S	
eArrest.11	First Monitored Arrest Rhythm of the Patient	N	S	
eArrest.12	Any Return of Spontaneous Circulation	N	S	
eArrest.14	Date/Time of Cardiac Arrest	N	S	
eArrest.15	Date/Time Resuscitation Discontinued		S	
eArrest.16	Reason CPR/Resuscitation Discontinued	N	S	
eArrest.17	Cardiac Rhythm on Arrival at Destination	N	S	
eArrest.18	End of EMS Cardiac Arrest Event	N	S	
eArrest.19	Date/Time of Initial CPR			KC
eHistory.01	Barriers to Patient Care	N	S	
eHistory.05	Advance Directives		S	
eHistory.06	Medication Allergies		S	
eHistory.07	Environmental/Food Allergies			KC
eHistory.08	Medical/Surgical History		S	
eHistory.09	Medical History Obtained From			KC
eHistory.17	Alcohol/Drug Use Indicators	N	S	
eHistory.18	Pregnancy			KC
eHistory.19	Last Oral Intake			KC
eNarrative.01	Patient Care Report Narrative		S	
eVitals.01	Date/Time Vital Signs Taken	N	S	
eVitals.02	Obtained Prior to this Unit's EMS Care	N	S	

eVitals.03	Cardiac Rhythm / Electrocardiography (ECG)	N	S	
eVitals.04	ECG Type	N	S	
eVitals.05	Method of ECG Interpretation	N	S	
eVitals.06	SBP (Systolic Blood Pressure)	N	S	
eVitals.07	DBP (Diastolic Blood Pressure)		S	
eVitals.08	Method of Blood Pressure Measurement	N	S	
eVitals.09	Mean Arterial Pressure			KC
eVitals.10	Heart Rate	N	S	
eVitals.11	Method of Heart Rate Measurement			KC
eVitals.12	Pulse Oximetry	N	S	
eVitals.13	Pulse Rhythm			KC
eVitals.14	Respiratory Rate	N	S	
eVitals.15	Respiratory Effort			KC
eVitals.16	End Tidal Carbon Dioxide (ETCO2)	N	S	
eVitals.17	Carbon Monoxide (CO)		S	
eVitals.18	Blood Glucose Level	N	S	
eVitals.19	Glasgow Coma Score-Eye	N	S	
eVitals.20	Glasgow Coma Score-Verbal	N	S	
eVitals.21	Glasgow Coma Score-Motor	N	S	
eVitals.22	Glasgow Coma Score-Qualifier	N	S	
eVitals.23	Total Glasgow Coma Score		S	
eVitals.24	Temperature		S	
eVitals.25	Temperature Method			KC
eVitals.26	Level of Responsiveness (AVPU)	N	S	
eVitals.27	Pain Scale Score	N	S	
eVitals.28	Pain Scale Type		S	
eVitals.29	Stroke Scale Score	N	S	
eVitals.30	Stroke Scale Type	N	S	
eVitals.31	Reperfusion Checklist	N	S	
eVitals.32	APGAR			KC

eExam.01	Estimated Body Weight in Kilograms		S	
eExam.02	Length Based Tape Measure		S	
eExam.03	Date/Time of Assessment			KC
eExam.04	Skin Assessment			KC
eExam.05	Head Assessment			KC
eExam.06	Face Assessment			KC
eExam.07	Neck Assessment			KC
eExam.08	Chest/Lungs Assessment			KC
eExam.10	Abdominal Assessment Finding Location			KC
eExam.11	Abdomen Assessment			KC

eExam.12	Pelvis/Genitourinary Assessment			KC
eExam.13	Back and Spine Assessment Finding Location			KC
eExam.14	Back and Spine Assessment			KC
eExam.15	Extremity Assessment Finding Location			KC
eExam.16	Extremities Assessment			KC
eExam.17	Eye Assessment Finding Location			KC
eExam.18	Eye Assessment			KC
eExam.19	Mental Status Assessment			KC
eExam.20	Neurological Assessment			KC
eExam.21	Stroke/CVA Symptoms Resolved		S	
eProtocols..01	Protocols Used	N	S	
eProtocols..02	Protocol Age Category	N	S	
eMedications.01	Date/Time Medication Administered	N	S	
eMedications.02	Medication Administered Prior to this Unit's EMS Care	N	S	
eMedications.03	Medication Given	N	S	
eMedications.04	Medication Administered Route	N	S	
eMedications.05	Medication Dosage	N	S	
eMedications.06	Medication Dosage Units	N	S	
eMedications.07	Response to Medication	N	S	
eMedications.08	Medication Complication	N	S	
eMedications.09	Medication Crew (Healthcare Professionals) ID		S	
eMedications.10	Role/Type of Person Administering Medication	N	S	
eMedications.11	Medication Authorization			KC
eProcedures.01	Date/Time Procedure Performed	N	S	
eProcedures.02	Procedure Performed Prior to this Unit's EMS Care	N	S	
eProcedures.03	Procedure	N	S	
eProcedures.04	Size of Procedure Equipment			KC
eProcedures.05	Number of Procedure Attempts	N	S	
eProcedures.06	Procedure Successful	N	S	
eProcedures.07	Procedure Complication	N	S	
eProcedures.08	Response to Procedure	N	S	
eProcedures.09	Procedure Crew Members ID		S	
eProcedures.10	Role/Type of Person Performing the	N	S	

	Procedure			
eProcedures.11	Procedure Authorization			KC
eProcedures.13	Vascular Access Location		S	
eAirway.01	Indications for Invasive Airway		S	
eAirway.02	Date/Time Airway Device Placement Confirmation		S	
eAirway.03	Airway Device Being Confirmed		S	
eAirway.04	Airway Device Placement Confirmed Method		S	
eAirway.05	Tube Depth			KC
eAirway.06	Type of Individual Confirming Airway Device Placement		S	
eAirway.07	Crew Member ID		S	
eAirway.08	Airway Complications Encountered		S	
eAirway.09	Suspected Reasons for Failed Airway Management		S	
eDivice.02	Date/Time of Event (per Medical Device)			KC
eDivice.03	Medical Device Event Type			KC
eDivice.06	Medical Device Mode (Manual, AED, Pacing, CO2, O2, etc)			KC
eDivice.07	Medical Device ECG Lead			KC
eDivice.08	Medical Device ECG Interpretation			KC
eDivice.09	Type of Shock			KC
eDivice.10	Shock or Pacing Energy			KC
eDivice.11	Total Number of Shocks Delivered			KC
eDivice.12	Pacing Rate			KC
eDisposition.01	Destination/Transferred To, Name		S	
eDisposition.02	Destination/Transferred To, Code		S	
eDisposition.03	Destination Street Address		S	
eDisposition.04	Destination City		S	
eDisposition.05	Destination State	N	S	
eDisposition.06	Destination County	N	S	
eDisposition.07	Destination ZIP Code	N	S	
eDisposition.11	Number of Patients Transported in this EMS Unit		S	
eDisposition.12	Incident/Patient Disposition	N	S	
eDisposition.13	How Patient Was Moved to Ambulance			KC
eDisposition.14	Position of Patient During Transport			KC

eDisposition.15	How Patient Was Transported From Ambulance			KC
eDisposition.16	EMS Transport Method	N	S	
eDisposition.17	Transport Mode from Scene	N	S	
eDisposition.18	Additional Transport Mode Descriptors	N	S	
eDisposition.19	Final Patient Acuity	N	S	
eDisposition.20	Reason for Choosing Destination	N	S	
eDisposition.21	Type of Destination	N	S	
eDisposition.22	Hospital In-Patient Destination	N	S	
eDisposition.23	Hospital Capability	N	S	
eDisposition.24	Destination Team Pre-Arrival Alert or Activation	N	S	
eDisposition.25	Date/Time of Destination Prearrival Alert or Activation	N	S	
eDisposition.26	Disposition Instructions Provided			KC
eOutcome.01	Emergency Department Disposition	N	S	
eOutcome.02	Hospital Disposition	N	S	
eOther.02	Potential System of Care/Specialty/Registry Patient			KC
eOther.03	Personal Protective Equipment Used			KC
eOther.04	EMS Professional (Crew Member) ID			KC
eOther.05	Suspected EMS Work Related Exposure, Injury, or Death	N	S	
eOther.06	The Type of Work-Related Injury, Death or Suspected Exposure		S	
eOther.07	Natural, Suspected, Intentional, or Unintentional Disaster			KC
eOther.08	Crew Member Completing this Report		S	
eOther.12	Type of Person Signing			KC
eOther.13	Signature Reason			KC
eOther.14	Type Of Patient Representative			KC
eOther.15	Signature Status			KC
eOther.19	Date/Time of Signature			KC

APPENDIX **ONE** MANDATORY DATA ELEMENTS

Element Code	**Data Element**
D01_01	EMS Agency Number
D01_03	EMS Agency State
D01_04	EMS Agency County
D01_07	Level of Service
D01_08	Organizational Type
D01_09	Organization Status
D01_21	National Provider Identifier
D02_07	Agency Contact Zip Code
E01_01	Patient Care Report Number
E01_02	Software Creator
E01_03	Software Name
E01_04	Software Version
E02_01	EMS Agency Number
E02_02	Incident Number
E02_03	EMS Unit (Vehicle) Response Number
E02_04	Type of Service Requested
E02_05	Primary Role of the Unit
E02_06	Type of Dispatch Delay
E02_07	Type of Response Delay
E02_08	Type of Scene Delay
E02_09	Type of Transport Delay
E02_10	Type of Turn-Around Delay
E02_11	EMS Unit/Vehicle Number
E02_12	EMS Unit Call Sign (Radio Number)
E02_17	On-Scene Odometer Reading of Responding Vehicle
E02_18	Patient Destination Odometer Reading of Responding Vehicle
E02_20	Response Mode to Scene
E03_01	Complaint Reported by Dispatch
E03_02	EMD Performed

E04_01	Crew Member ID
E04_02	Crew Member Role
E04_03	Crew Member Level
E05_01	Incident or Onset Date/Time
E05_02	PSAP Call Date/Time
E05_03	Dispatch Notified Date/Time
E05_04	Unit Notified by Dispatch Date/Time
E05_05	Unit En Route Date/Time
E05_06	Unit Arrived on Scene Date/Time
E05_07	Arrived at Patient Date/Time
E05_09	Unit Left Scene Date/Time
E05_10	Patient Arrived at Destination Date/Time
E05_11	Unit Back in Service Date/Time
E06_01	Last Name
E06_02	First Name
E06_04	Patient's Home Address
E06_08	Patient's Home Zip Code
E06_10	Social Security Number
E06_11	Gender
E06_12	Race
E06_13	Ethnicity
E06_14	Age
E06_15	Age Units
E06_16	Date of Birth
E06_17	Primary or Home Telephone Number
E06_19	Driver's License Number
E07_01	Primary Method of Payment
E07_09	Insurance Group ID/Name
E07_10	Insurance Policy ID Number
E07_11	Last Name of the Insured
E07_12	First Name of the Insured
E07_14	Relationship to the Insured
E07_15	Work Related
E07_34	CMS Service Level
E07_35	Condition Code Number
E08_06	Mass Casualty Incident
E08_07	Incident Location Type
E08_08	Incident Facility Code

~~E08_11~~	~~Incident Address~~
~~E08_12~~	~~Incident City~~
~~E08_13~~	~~Incident County~~
~~E08_14~~	~~Incident State~~
~~E08_15~~	~~Incident ZIP Code~~
~~E09_01~~	~~Prior Aid~~
~~E09_02~~	~~Prior Aid Performed by~~
~~E09_03~~	~~Outcome of the Prior Aid~~
~~E09_04~~	~~Possible Injury~~
~~E09_05~~	~~Chief Complaint~~
~~E09_09~~	~~Duration of Secondary Complaint~~
~~E09_11~~	~~Chief Complaint Anatomic Location~~
~~E09_12~~	~~Chief Complaint Organ System~~
~~E09_13~~	~~Primary Symptom~~
~~E09_14~~	~~Other Associated Symptoms~~
~~E09_15~~	~~Providers Primary Impression~~
~~E09_16~~	~~Provider's Secondary Impression~~
~~E10_01~~	~~Cause of Injury~~
~~E10_02~~	~~Intent of the Injury~~
~~E10_03~~	~~Mechanism of Injury~~
~~E10_05~~	~~Area of the Vehicle impacted by the collision~~
~~E10_08~~	~~Use of Occupant Safety Equipment~~
~~E10_09~~	~~Airbag Deployment~~
~~E11_01~~	~~Cardiac Arrest~~
~~E11_02~~	~~Cardiac Arrest Etiology~~
~~E11_03~~	~~Resuscitation Attempted~~
~~E11_04~~	~~Arrest Witnessed by~~
~~E11_05~~	~~First Monitored Rhythm of the Patient~~
~~E11_06~~	~~Any Return of Spontaneous Circulation~~
~~E11_07~~	~~Neurological Outcome at Hospital Discharge~~
~~E11_08~~	~~Estimated Time of Arrest Prior to EMS Arrival~~
~~E11_09~~	~~Date/Time Resuscitation Discontinued~~
~~E11_10~~	~~Reason CPR Discontinued~~
~~E11_11~~	~~Cardiac Rhythm on Arrival at Destination~~
~~E12_01~~	~~Barriers to Patient Care~~
~~E12_08~~	~~Medication Allergies~~
~~E12_09~~	~~Environmental/Food Allergies~~
~~E12_10~~	~~Medical/Surgical History~~
~~E12_11~~	~~Medical History Obtained From~~

~~E12_19~~	~~Alcohol/Drug Use Indicators~~
~~E13_01~~	~~Run Report Narrative~~
~~E14_01~~	~~Date/Time Vital Signs Taken~~
~~E14_02~~	~~Obtained Prior to this Units EMS Care~~
~~E14_03~~	~~Cardiac Rhythm~~
~~E14_04~~	~~SBP (Systolic Blood Pressure)~~
~~E14_05~~	~~DBP (Diastolic Blood Pressure)~~
~~E14_06~~	~~Method of Blood Pressure Measurement~~
~~E14_07~~	~~Pulse Rate~~
~~E14_08~~	~~Electronic Monitor Rate~~
~~E14_09~~	~~Pulse Oximetry~~
~~E14_10~~	~~Pulse Rhythm~~
~~E14_11~~	~~Respiratory Rate~~
~~E14_12~~	~~Respiratory Effort~~
~~E14_13~~	~~Carbon Dioxide~~
~~E14_14~~	~~Blood Glucose Level~~
~~E14_15~~	~~Glasgow Coma Score-Eye~~
~~E14_16~~	~~Glasgow Coma Score-Verbal~~
~~E14_17~~	~~Glasgow Coma Score-Motor~~
~~E14_18~~	~~Glasgow Coma Score-Qualifier~~
~~E14_19~~	~~Total Glasgow Coma Score~~
~~E14_20~~	~~Temperature~~
~~E14_21~~	~~Temperature Method~~
~~E14_22~~	~~Level of Responsiveness~~
~~E14_23~~	~~Pain Scale~~
~~E14_24~~	~~Stroke Scale~~
~~E15_01~~	~~NHTSA Injury Matrix External/Skin~~
~~E15_02~~	~~NHTSA Injury Matrix Head~~
~~E15_03~~	~~NHTSA Injury Matrix Face~~
~~E15_04~~	~~NHTSA Injury Matrix Neck~~
~~E15_05~~	~~NHTSA Injury Matrix Thorax~~
~~E15_06~~	~~NHTSA Injury Matrix Abdomen~~
~~E15_07~~	~~NHTSA Injury Matrix Spine~~
~~E15_08~~	~~NHTSA Injury Matrix Upper Extremities~~
~~E15_09~~	~~NHTSA Injury Matrix Pelvis~~
~~E15_10~~	~~NHTSA Injury Matrix Lower Extremities~~
~~E15_11~~	~~NHTSA Injury Matrix Unspecified~~
~~E16_01~~	~~Estimated Body Weight~~
~~E16_03~~	~~Date/Time of Assessment~~

~~E16_04~~	~~Skin Assessment~~
~~E16_05~~	~~Head/Face Assessment~~
~~E16_06~~	~~Neck Assessment~~
~~E16_07~~	~~Chest/Lungs Assessment~~
~~E16_09~~	~~Abdomen Left Upper Assessment~~
~~E16_10~~	~~Abdomen Left Lower Assessment~~
~~E16_11~~	~~Abdomen Right Upper Assessment~~
~~E16_12~~	~~Abdomen Right Lower Assessment~~
~~E16_14~~	~~Back Cervical Assessment~~
~~E16_15~~	~~Back Thoracic Assessment~~
~~E16_16~~	~~Back Lumbar/Sacral Assessment~~
~~E16_17~~	~~Extremities Right Upper Assessment~~
~~E16_18~~	~~Extremities Right Lower Assessment~~
~~E16_19~~	~~Extremities Left Upper Assessment~~
~~E16_20~~	~~Extremities Left Lower Assessment~~
~~E16_21~~	~~Eyes Left Assessment~~
~~E16_22~~	~~Eyes Right Assessment~~
~~E16_23~~	~~Mental Status Assessment~~
~~E16_24~~	~~Neurological Assessment~~
~~E18_01~~	~~Date/Time Medication Administered~~
~~E18_02~~	~~Medication Administered Prior to this Units EMS Care~~
~~E18_03~~	~~Medication Given~~
~~E18_04~~	~~Medication Administered Route~~
~~E18_05~~	~~Medication Dosage~~
~~E18_06~~	~~Medication Dosage Units~~
~~E18_07~~	~~Response to Medication~~
~~E18_08~~	~~Medication Complication~~
~~E18_09~~	~~Medication Crew Member ID~~
~~E18_10~~	~~Medication Authorization~~
~~E18_11~~	~~Medication Authorizing Physician~~
~~E19_01~~	~~Date/Time Procedure Performed Successfully~~
~~E19_02~~	~~Procedure Performed Prior to this Units EMS Care~~
~~E19_03~~	~~Procedure~~
~~E19_04~~	~~Size of Procedure Equipment~~
~~E19_05~~	~~Number of Procedure Attempts~~
~~E19_06~~	~~Procedure Successful~~
~~E19_07~~	~~Procedure Complication~~
~~E19_08~~	~~Response to Procedure~~
~~E19_09~~	~~Procedure Crew Members ID~~
~~E19_10~~	~~Procedure Authorization~~
~~E19_12~~	~~Successful IV Site~~

~~E19_13~~	~~Tube Confirmation~~
~~E19_14~~	~~Destination Confirmation of Tube Placement~~
~~E20_01~~	~~Destination/Transferred To, Name~~
~~E20_02~~	~~Destination/Transferred To, Code~~
~~E20_03~~	~~Destination Street Address~~
~~E20_07~~	~~Destination Zip Code~~
~~E20_10~~	~~Incident/Patient Disposition~~
~~E20_14~~	~~Transport Mode from Scene~~
~~E20_15~~	~~Condition of Patient at Destination~~
~~E20_16~~	~~Reason for Choosing Destination~~
~~E20_17~~	~~Type of Destination~~
~~E22_01~~	~~Emergency Department Disposition~~
~~E23_03~~	~~Personal Protective Equipment Used~~
~~E23_05~~	~~Suspected Contact with Blood/Body Fluids of EMS Injury or Death~~
~~E23_06~~	~~Type of Suspected Blood/Body Fluid Exposure, Injury, or Death~~
~~E23_10~~	~~Who Generated this Report?~~

~~**Plus Data**~~	~~**Name / Value**~~
~~EMD~~	~~CardNumber~~
	~~Level~~
	~~Determinant~~
	~~Suffix~~
~~Mapping~~	~~Key~~
	~~Section~~
	~~Quarter Section~~
~~Trauma~~	~~Trauma 1~~
	~~Trauma 2~~
	~~Trauma 3~~
	~~Trauma 4~~
	~~Trauma 5~~

APPENDIX TWO – ACCEPTABLE ABBREVIATION LIST

-	Negative, without, decrease
&	And
?	Possible, questionable
+	Positive, with, increase
<	Less than
=	Equal
>	Greater than
5150	Danger to self, others, gravely disabled with mental illness
A/OX1,2,3,4	Alert, and (1) Oriented to Person, (2) Place, (3) Time, and (4) Event.
Abd	Abdomen
Abr	Abrasion
ACE	Angiotension converting enzyme
AED	Automated External Defibrillator
A-fib	Atrial Fibrillation
A-flutter	Atril Flutter
AICD	Automatic Internal Cardiac Defibrillator
AIDS	Acquired immunodeficiency syndrome
ALOC	Altered level of consciousness
ALS	Advanced life support
AM	Morning
AMI	Acute myocardial infarction
AOS	Arrived On Scene
AMS	Altered mental status
A-P	Anteroposterior (front to back)
APAP	Acetaminophen
APGAR	Appearance, Pulse, Grimace, Activity, Respiration
ASA	Acetylsalicylic acid
ASHD	Arteriosclerotic heart disease
AV	Atrioventricular
BG	Blood glucose
BID	Twice a day
BLS	Basic life support
BM	Bowel movement
BP	Blood pressure
BVM	Bag-valve-mask
C/C	Chief complaint
C/o	Complains of
C1, C2	First, Second, etc., cervical vertebra
CA	Cancer or Carcinoma
Ca++	Calcium
CABG	Coronary artery bypass graft
CAD	Coronary artery disease

~~CALF — CalFire*~~
~~Cap — Capsule~~
~~CBC — Complete blood count~~
~~cc — Cubic centimeter~~
~~CCU — Coronary care unit~~
~~Chemo — Chemotherapy~~
~~CHF — Congestive heart failure~~
~~CHP — California Highway Patrol*~~
~~cm — Centimeter~~
~~CNS — Central nervous system~~
~~CO — Carbon monoxide~~
~~CO2 — Carbon dioxide~~
~~COPD — Chronic obstructive pulmonary disease~~
~~CP — Chest Pain~~
~~CPAP — Continuous Positive Airway Pressure~~
~~CPR — Cardiopulmonary resuscitation~~
~~CSF — Cerebral spinal fluid~~
~~CSMT — Circulation, sensation, movement, temperature~~
~~C-spine — Cervical precautions applied~~
~~CT or CAT — Computed tomography (Scan)~~
~~CVA — Cerebrovascular accident~~
~~D/C — Discontinue~~
~~DNR — Do not resuscitate~~
~~DOB — Date of birth~~
~~DOE — Dyspnea on exertion~~
~~DT — Delirium tremens~~
~~DVT — Deep vein thrombosis~~
~~Dx — Diagnosis~~
~~ECG or EKG — Electrocardiogram~~
~~ED — Emergency Department~~
~~EMS — Emergency Medical Services~~
~~EMT — Emergency Medical Technician~~
~~EMT-P — Emergency Medical Technician - Paramedic~~
~~ENT — Ears, nose, throat~~
~~ET or ETT — Endotracheal tube~~
~~ETCO2 — End-Tidal Carbon Dioxide (level)~~
~~ETOH — Ethyl alcohol~~
~~FHR — Fetal heart rate~~
~~FHx — Family history~~
~~FR — First responder or French sizing~~
~~FTB — Full-Thickness Burn~~
~~Fx — Fracture~~
~~gm — Gram~~
~~g — Gauge~~
~~GB — Gallbladder~~
~~GCS — Glasgow coma score~~
~~GERD — Gastroesophageal reflux disease~~
~~GI — Gastrointestinal~~

~~GPA~~	~~Gravida, Para, Abortus (i.e., G2, P1, A1)~~
~~GSW~~	~~Gunshot wound~~
~~gtt(s)~~	~~Drop(s)~~
~~GYN~~	~~Gynecology~~
~~H2O~~	~~Water~~
~~HA~~	~~Headache~~
~~HBV~~	~~Hepatitis B virus~~
~~HCV~~	~~Hepatitis C virus~~
~~HIV~~	~~Human immunodeficiency virus~~
~~HPI~~	~~History of present illness~~
~~HSV-1, HSV-2~~	~~Herpes simplex virus type 1 or 2.~~
~~HTN~~	~~Hypertension~~
~~Hx~~	~~History~~
~~IC~~	~~Incident Commander~~
~~ICP~~	~~Incident Command Post~~
~~ICU~~	~~Intensive care unit~~
~~IDDM~~	~~Insulin-dependent diabetes mellitus~~
~~IM~~	~~Intramuscular~~
~~IO~~	~~Intraosseous~~
~~IV~~	~~Intravenous~~
~~IVDU~~	~~Intravenous drug use~~
~~JVD~~	~~Juggler vein distention~~
~~K+~~	~~Potassium~~
~~KED~~	~~Kendrick Extrication Device~~
~~Kg~~	~~Kilogram (1000 grams)~~
~~L1, L2~~	~~First, second, etc., lumbar vertebra~~
~~Lat~~	~~Lateral~~
~~LBBB~~	~~Left bundle branch block~~
~~LLE~~	~~Left lower extremity~~
~~LLQ~~	~~Left lower quadrant~~
~~LNMP~~	~~Last normal menstrual period~~
~~LOC~~	~~Loss of consciousness~~
~~LP~~	~~Lumbar puncture~~
~~LR~~	~~Lactated ringers~~
~~Lt~~	~~Left~~
~~LUE~~	~~Left upper extremity~~
~~LUQ~~	~~Left upper quadrant~~
~~LV~~	~~Left ventricle~~
~~LVH~~	~~Left ventricular hypertrophy~~
~~LVN~~	~~Licensed vocational nurse~~
~~MAE~~	~~Moves all extremities~~
~~MCC~~	~~Motor cycle collision~~
~~mcg~~	~~Micrograms~~
~~MD~~	~~Medical Doctor~~
~~Meds or Med~~	~~Medications~~
~~meth~~	~~Methamphetamine~~
~~mg~~	~~Milligram (1/1000 gram)~~
~~MI~~	~~Myocardial infarction~~

ml	Milliliter (1/1000 liter)
mm	Millimeter (1/1000 meter)
MOI	Mechanism of injury
MRI	Magnetic resonance imaging
MRSA	Methicillin-resistant Staphylococcus aureus
MS	Morphine sulfate
MVC	Motor vehicle collision
N/V/D	Nausea, vomiting, diarrhea
Na+	Sodium
NC	Nasal cannula
NIDDM	Non-insulin dependent diabetes
NKA	No known allergies
NKDA	No known drug allergies
NP or FNP	Nurse practitioner / family nurse practitioner
NPA	Nasal pharyngeal airway
NPO	Nothing by mouth
NRB	Non-rebreather
NRS	Numeric Rating Scale (1-10) (1= Low, 10=High)
NS	Normal saline
NSAID	Non-steroidal anti-inflammatory drug
NSR	Normal sinus rhythm
NTG	Nitroglycerin
O2	Oxygen
OA	Osteoarthritis
OD	Overdose
OOS	Out of Service
OPA	Oral pharyngeal airway
OPQRST	Mnemonic for: Onset, Provoke, Quality, Radiates, Severity, and Time.
P	Pulse
PA	Physician assistant
PAC	Premature atrial contraction
PE	Physical examination or pulmonary embolism
PEA	Pulseless electrical activity
PERRL	Pupils equal, round, and reactive to light
PID	Pelvic inflammatory disease
PM	Afternoon
PMD	Primary medical doctor
PMH	Past medical history
PN	Pain
PNS	Peripheral nervous system
POP	Pain on palpation
PRN	As needed
Pt	Patient
PTA	Prior to arrival
PTB	Partial-Thickness Burn
PVC	Premature ventricular contraction
Q	Every
QH	Each hour

~~QID — Four times a day~~
~~Resp. — Respirations~~
~~RR — Respiratory Rate~~
~~R/O — Rule out~~
~~RA — Rheumatoid arthritis or Right Atrium~~
~~RBBB — Right bundle branch block~~
~~RBC — Red blood cell~~
~~RLE — Right lower extremity~~
~~RLQ — Right lower quadrant~~
~~RMCT — Refusal of medical care and/or transport~~
~~RN — Registered nurse~~
~~ROM — Range of motion~~
~~ROS — Review of symptoms~~
~~RSV — Respiratory syncytial virus~~
~~Rt — Right~~
~~RUE — Right upper extremity~~
~~RUQ — Right upper quadrant~~
~~RV — Right ventricle~~
~~Rx — Prescription~~
~~S/S — Signs and symptoms~~
~~SA — Sinoatrial node~~
~~SAMPLE — Mnemonic for: Signs and symptoms, Allergies, Medications, Past history, Last oral intake, Events leading up to.~~
~~Sc or Sq — Subcutaneous~~
~~SL — Sublingual~~
~~SNF — Skilled nursing facility~~
~~SOAP — Mnemonic for: Subjective, Objective, Assessment, and Plan.~~
~~SOB — Shortness of breath~~
~~SpO2 — Oxygen Saturation of peripheral Hgb~~
~~START — Simple Triage and Rapid Treatment~~
~~Stat — Immediately~~
~~STB — Superficial Thickness Burn~~
~~STD — Sexually transmitted disease~~
~~STEMI — S-T elevation myocardial infarction~~
~~Strep — Streptococci (bacteria)~~
~~Sx — Symptoms~~
~~T or Temp. — Temperature~~
~~T1, T2 — First, second, etc., thoracic vertebra~~
~~TA — Traffic Accident~~
~~Tab — Tablet~~
~~TB — Tuberculosis~~
~~TC — Traffic Collision~~
~~TIA — Transient ischemic attack~~
~~TID — Three times a day~~
~~TKO — To keep open~~
~~Trans — Transport~~
~~Tx — Treatment~~
~~Unk — Unknown~~

~~URI — Upper respiratory infection~~
~~UTL — Unable to locate~~
~~V/S — Vital signs~~
~~VF — Ventricular fibrillation~~
~~VT or V-Tach — Ventricular tachycardia~~
~~WBC — White blood cell~~
~~WMD — Weapon of mass destruction~~
~~WNL — Within normal limits~~
~~X Times — (used as multiplication sign)~~
~~Y/O — Year(s) old~~

APPENDIX B~~THREE~~ - KERN COUNTY AMBULANCE REPORT FORM

See form on next page.

KERN COUNTY
AMBULANCE REPORT FORM

INCIDENT #:	**STEMI** ☐	**At Pt. Time:**	**12 LEAD TIME:**	**At Hosp time:**		
Date:	**Amb Provider:**	**Unit #:**	**INCIDENT LOCATION:**	**STROKE** ☐	**LAST NORM TIME:**	**Face Arm Drift Speech**
Call Time:	**Patient Age:**	**Patient Sex:**	**Weight (Kg):**	**DESTINATION FACILITY:**	**TRAUMA ACTIVATION** ☐	**ACTIVATION LEVEL** 1 2 3 4
Patient Name-Last	**First**	**MI**				

CHIEF COMPLAINT:

SKIN VITAL SIGNS:

COLOR:
Normal
Pale
Ashen
Peripheral Cyanosis
Central Cyanosis
Jaundice
Flushed

TEMPERATURE:
Normal
Cool
Cold
Warm
Hot

MOISTURE:
Normal
Dry
Moist
Diaphoretic

CAPILLARY REFILL:
Normal
Delayed >2 Seconds
None

GLASGOW COMA SCALE:

BEST EYE RESPONSE:
4 Opens Spontaneously
3 Open to Command
2 Open to Pain
1 Never

BEST VERBAL RESPONSE:
5 Oriented
4 Confused
3 Inappropriate Words
2 Garbled
1 No Response

BEST MOTOR RESPONSE:
6 Obeys Command
5 Localizes to Pain
4 Withdraw to Pain
3 Abnormal Flexion
2 Extension to Pain
1 No Response to Pain

_____ **Total GCS**

REVISED TRAUMA SCORE:

B/P SYSTOLIC:
4 90 or Greater
3 76 to 89
2 50 to 75
1 1 to 49
0 No Pulse

RESPIRATION/MIN:
4 10 to 29
3 30 or Greater
2 6 to 9
1 1 to 5
0 None

GCS TOTAL:
4 13 to 15
3 9 to 12
2 6 to 8
1 4 to 5
0 3

_____ **Total RTS**

PUPILS:

P.E.R.L. Unreactive/Fixed Pin-Point Unequal Dilated

MEDICAL HX:

MEDICATIONS:

ALLERGY(S):

ECG RHYTHM: TIME:	**ECG INTERPRETATION:**

EMERGENCY CARE:
BLS: Oral Airway Ventilation Oxygen _____ Liters/min NRB/Nasal Cannula Suction C-Spine CPR King Airway
ALS: Blood Glucose _____ E.T. Intubation Size_____ Defibrillation/Cardiovert/Pacing-Capture @: _____
Other: _____

VITAL SIGNS:

TIME	B/P	RESP RATE	PULSE RATE	O2 SAT%

IV ADMIN:

LOCATION	CATH SIZE	SOLUTION	RATE

MEDICATION ADMINISTRATION:

TIME	MEDICATION	DOSE	ROUTE/RATE

MICU NARCOTIC USE RE-SUPPLY:

NARCOTIC	AMT USED	AMT WASTED	PARAMEDIC SIGNATURE	R.N. SIGNATURE

NARRATIVE:

BASE HOSPITAL:	**TRANSPORT TYPE:** CODE 2 GROUND CODE 3 AIR	**RECEIVING R.N./MICN/M.D. NAME:**	**RECEIVING R.N./MICN/M.D. SIGNATURE:**	**SIGN TIME:**

ATTENDANT NAME:	**LIC/CERT#:**	**ARR ED TIME:**	**OFF LOAD TIME:**	**ATTENDANT SIGNATURE:**	**SIGN TIME:**

IX. Unfinished Business

C. Burn Center Designation Policy

EMS Division Staff Report for EMCAB- May 11, 2017

Burn Center Designation (####.##)

Background

Health and Safety Code 1797.220 and 1797.222 allows for the Division to implement policies and procedures in order to maintain medical control of the EMS System, which includes patient destination policies relating to burn. Several years ago a local hospital established a burn unit within the facility; however, the interest in becoming a burn receiving center for ambulance traffic was not expressed. Recently, a second hospital in Kern County has expanded services to include a burn unit which brought about an interest in seeking designation by the Division as a Burn Center for ambulance destination.

The Dilemma

Kern County did not have a policy to designate a Burn Center, nor were there any established standards for designation. By designating a hospital as a Burn Center, changes would affect the destination decision of pre-hospital personnel and patients suffering from burn injuries. These patients would be directed to hospitals which provide for specialized burn care for the most severely burned patients.

The EMS Division Plan of Action

The Division sought to bridge the gap in burn care by establishing standards for designation, data collection, education and quality assurance participation. The Division created the *Burn Designation Policy* for hospitals to have the opportunity to apply for designation. The policy was discussed at five EMS System Collaborative meetings, and published for three separate public comment periods. The policy has been reviewed and approved by the Division Medical Director.

Therefore IT IS RECOMMENDED, the Board approve the *Burn Designation Policy*, authorize Division staff to make necessary adjustments to related policies for consistency with the *Burn Designation Policy,* and set an implementation date of May 12, 2017.

Burn Center Designation (Number)

I. PURPOSE:

This policy defines the requirements for designation as a Burn Center in Kern County. Burn Center designation establishes that burn patients are transported to the most appropriate facility, which is staffed, equipped, and prepared to administer emergency and/or definitive care appropriate to the needs of burn patients.

II. AUTHORITY:

California Health and Safety Code, Division 2.5, Section(s) 1797.103, 1797.204, 1797.220, 1797.250, 1797.252, 1798.150, 1798.170

III. DEFINITIONS:

A. Burn Center means an intensive care unit in which there are specially trained physicians, physician assistants (PA), nurse practitioners (NP), nursing and supportive personnel and the necessary monitoring and therapeutic equipment needed to provide specialized medical and nursing care to burned patients.
B. Kern County EMS Division (Division) means the Kern County Public Health Services Department, Emergency Medical Services Division. The Division is the Local Emergency Medical Services Agency or LEMSA for Kern County.
C. Interfacility transfer means the transfer of an admitted or non-admitted burn patient from one licensed healthcare facility to another.
D. Pediatric patient means children fourteen (14) years of age or younger.
E. Pediatric Receiving Center (PedRC) means a hospital that has been formally designed by the Division that meets requirements as set forth in the *Pediatric Receiving Center Designation Policies and Procedures*.
F. Trauma Center means a hospital that has been formally designated by the Division that meets requirements as set forth in the *Trauma Policies and Procedures*.

IV. BURN CENTER GENERAL REQUIREMENTS:

A. Burn centers must meet all requirements of California Code of Regulations (CCR), Title 22, Division 5, commencing with Section 70421.
B. In order for a hospital to be designated as a Burn Center for pre-hospital emergency medical services, the hospital must first be licensed by California Department of Public Health, Licensing and Certification Division, as a Burn Center. Licensing as a Burn Center shall be sufficient evidence the Burn Center meets all State requirements for personnel, space, and equipment.

C. Designated Burn Centers shall receive Burn Center Verification from the American Burn Association (ABA) within three years of designation. To maintain designation beyond three years, Burn Centers shall maintain verification.
D. Burn Center designation shall be in accordance with regulations and these policies. Re-designation shall be on three (3) year cycles and include written agreements between the Burn Center and the County of Kern.
E. Designated Burn Centers shall be an approved pre-hospital continuing education provider and provide training and education relating to burn care for EMS personnel and MICNs. Continuing education programs shall be conducted in compliance with Division *Pre-Hospital Continuing Education Provider Policies and Procedures*.
F. Burn Centers shall be designated Base Hospitals. These facilities shall provide on-line medical direction in burn care to pre-hospital personnel regardless of patient destination either in County or transports out of County.
G. All Burn Centers shall participate in community education activities relating to burn prevention efforts.
H. Air transport for burn patients within Kern County shall be in accordance with *EMS Aircraft Dispatch-Response-Utilization Policies*.
I. The Division will charge for regulatory costs incurred as a result of burn center application review, designation, and re-designation. The specific fees are based on Division costs. Fee amounts shall be specified in the County Fee Ordinance Chapter 8.13, if applicable.
J. The Burn Center shall have a representative present at Division sponsored meetings, such as the EMS System Collaborative meetings. Representation at the Trauma Evaluation Committee (TEC) and the Pediatric Advisory Committee (PAC) is recommended, but at a minimum shall be on an as needed basis.
K. At least one physician and one registered nurse in the Emergency Department shall be on duty with current certification in Advanced Burn Life Support (ABLS) or equivalent specialized training in burn care (Board Certification in Emergency Medicine is acceptable).
L. At least one physician shall be on-call at all times with advanced training in burn care, to include:
    1. One year fellowship training in burn treatment and/or two or more years' experience in caring for burns within previous five years.
    2. Board certified or board eligible physician for plastic or general surgery.

V. DATA REQUIREMENTS:

The Burn Center shall submit, at a minimum, the following data to the Division on a quarterly basis. This data will facilitate system management, allow for evaluation of system performance, and community intervention projects, as necessary. Data will be collected on an approved Division reporting tool. De-identified, aggregated data will be reported as numerical measurements for Countywide evaluation. Reports

may be shared with TEC, PAC, EMS System Collaborative, Emergency Medical Care Advisory Board, Kern County Board of Supervisors, or posted for public viewing, if applicable. If mandated by regulation, data may be reported to the Emergency Medical Services Authority of the State of California. The following data elements shall be included:

A. Baseline data, including ambulance transports, to describe the system, including, but not limited to:
    1. Arrival time/date to ED
    2. Date of birth
    3. Gender
    4. Ethnicity
    5. Mode of arrival
    6. Residence zip code
B. Cause of burn, and basic outcomes for CQI to include, but not limited to, the following:
    1. Discharge or transfer diagnosis
    2. Burn location
    3. Burn severity
    4. Cause of burn
    5. Disposition
    6. Discharge or transfer time and date from ED
    7. Admitting facility name, if applicable

VI. PROGRAM MANAGEMENT:

All Burn Centers shall identify personnel who will be responsible for primary interaction with the Division regarding burn specialty care.

A. A Physician Coordinator for burn specialty care
B. A Nursing Coordinator for burn specialty care

VII. INTERCOUNTY COORDINATION:

A. Burn Centers shall plan and implement ongoing outreach to Kern County hospitals for collaboration for education in emergency care of burn patients and consultation via telephone, telemedicine, or onsite regarding emergency care and stabilization, transfer and transport.
B. Accept patients from Kern County who require specialized care not available at non-burn center hospitals within the County through pre-arranged transfer agreements for patients needing specialized burn care.
C. Serve as a county referral center for the specialized care of burn patients or in special circumstances provide safe and timely transfer of patients to other resources for specialized care (trauma, pediatrics, etc..)

VIII. PREHOSPITAL DESTINATION DECISION:

A. Patients with Step 1 or Step 2 trauma triage criteria for injuries in addition to burns shall be transported to a Level I or II trauma center in accordance with *Trauma Policies and Procedures*.
B. Patients meeting Step 3 or Step 4 trauma triage criteria for injuries in addition to burns should consider consult with a Level I or II trauma center for assistance with destination decision in accordance with *Trauma Policies and Procedures*.
C. Patients who meet extremis criteria shall be transported in accordance with *Ambulance Destination Decision Policies and Procedures.*
D. With the exceptions stated above, patients should be transported directly to the closest most appropriate Burn Center bypassing other hospitals if:
    1. Partial thickness (2°) or full thickness (3°) burns that are more than ten percent (10%) total body surface area
    2. Partial thickness (2°) or full thickness (3°) circumferential burns of any part
    3. Partial thickness (2°) or full thickness (3°) burns to face, hands, feet, major joints, perineum, or genitals
    4. Electrical burns with voltage greater than 120 volts
    5. Chemical burns greater than five percent (5%) total body surface area. For transport times to a Burn Center greater than sixty (60) minutes, pre-hospital personnel may consult with a Burn Center for consideration of closest destination.
E. Pre-hospital personnel may consider base contact with a Burn Center to assist in destination decision.

IX. APPLICATION PROCESS FOR BURN CENTER DESIGNATION:

The following milestones outlines the application process for a hospital to become designated as a Burn Center.

A. Submit letter of application to the Division. The letter shall:
    1. Specify the intent to obtain Burn Center designation
    2. Identify names and contact information, including email addresses for the Physician Coordinator and Nursing Coordinator for burn specialty care
    3. Identify the anticipated target date for Burn Center designation
B. Submit copy of California Department of Public Health license as a general acute care hospital showing Burn Center status.
C. Current designation as a paramedic base station in Kern County.
D. Approved pre-hospital continuing education provider.
E. Provide evidence of emergency department and on-call coverage as outlined in section IV.
F. Provide evidence of community education participation relating to burn prevention.

G. Document agreeing to submit data elements as requested by the Division in accordance with section V. above.
H. All application materials will be reviewed for completeness. Additional information may be requested, if needed. Upon determination the application is complete, the Division and the applicant will work towards execution of an agreement.
I. Burn Center designation agreement will be presented to the Kern County Board of Supervisors for approval and formal designation.
J. Upon formal designation the Division will update *Ambulance Destination Decision Policies and Procedures* and *Paramedic Protocols* to reflect the designation and destination changes.

X. RE-DESIGNATION:

The process for re-designation will require submission of the information above. Re-designation of Burn Centers shall be every three (3) years. Re-designation materials must be submitted to the Division ninety (90) days in advance of the expiration date of the designation.

XI. LOSS OF DESIGNATION:

A. Any designated Burn Center which is unable to meet the following requirements shall be subject to termination or loss of Burn Center designation:
    1. Inability to maintain designation requirements as stated in this policy
    2. Failure to comply with any policy, procedure, or regulation mandate by local, state or federal government
B. If the Division finds a Burn Center to be deficient in meeting the above criteria, the Division will issue the Burn Center a written notice, return receipt requested, setting forth with reasonable specificity the nature of the apparent deficiency.
C. Within ten (10) calendar days of receipt of such notice, the Burn Center must deliver to the Division, in writing, a plan to cure the deficiency, or a statement of reasons why the Burn Center disagrees with the Division notice.
D. The Burn Center shall cure the deficiency within thirty (30) calendar days of receipt of notice of violation.
E. If the Burn Center fails to cure the deficient within the allowed period or disputes the validity of the alleged deficiency, the issue will be brought to the Emergency Medical Care Advisory Board (EMCAB) for adjudication. EMCAB may make a recommendation to the Division for resolving the issue.

X. New Business

A. Annual ALS Provider Performance Reports

EMS Division Staff Report for EMCAB- May 11, 2017

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, outline the requirements that ambulance services must meet in order to remain in compliance with performance contracts. Additionally, the Kern County Fire Department implemented paramedic services in the operational area of Pine Mountain Club (PMC), which were Board of Supervisors approved for implementation on March 1, 2009. The implementation of this advanced life support program created *Paramedic First Responder Policies and Procedures Kern County Fire Department Station 58- Pine Mountain Club* policy which also includes performance-based standards. On a monthly basis each ambulance provider and the Kern County Fire Department 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 EMS Division Plan of Action

The Division has finalized the following Annual Performance Reports: EOA 1 – Hall Ambulance Service, Inc; EOAs 2,4,5,8,9 – Hall Ambulance Service, Inc.; EOA 11 – Hall Ambulance Service, Inc.; EOA 3 – Delano Ambulance Service; EOA 6 – Liberty Ambulance Service; EOA 7 – Liberty Ambulance Service; and OA58 – Kern County Fire Department. Each provider has been given an opportunity to review their respective reports and provide feedback.

Therefore IT IS RECOMMENDED, the Board receives and files these reports.

2016 Annual Performance Report Summary for Hall Ambulance Service, Inc. – EOA 1

Operations and Geography

Hall Ambulance Service, Inc. is responsible for providing all ambulance services within exclusive operating area (EOA) number 1. Located at the northwest part of the County, EOA 1 encompasses an area from Highway 65 to the east, the San Luis Obispo County line to the west, Kimberlina Road to the south, and Kings County line to the north. Included within EOA 1 are long stretches of Interstate 5, Highway 99, and the Highway 46 corridor as well as the communities of Wasco and Lost Hills.

Hall Ambulance Service Inc.'s base of operations in 2016 was located at 1001 21st Street in Bakersfield with a station located at 2324 7th Street in Wasco. Hall Ambulance Service, Inc. operated a fleet of 91 ambulances and seven supervisor units and employed 363 emergency medical technicians, paramedics, dispatchers, nurses and support staff. The owner/president of Hall Ambulance Service, Inc. is Harvey Hall, and John Surface is the Vice President of Corporate Operations.

Sub-contracts

Hall Ambulance Service, Inc. does not have any sub-contract agreements with other providers for EOA 1.

Response Compliance

Response time compliance is complex; there are 25 categories of response time compliance that must be met each month. In addition, there are three other categories of response compliance we measure to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls. Hall Ambulance Service Inc. met the response standards for every category for every month in 2016.

- Hall Ambulance EOA 1: 2,758 responses; all response compliance standards were met; 6 *turned calls*; 46 *mutual aid* calls

Mutual aid occurs when Hall Ambulance Service provides services to another ambulance company outside of the EOA. Hall Ambulance Service provided 46 separate instances of *mutual aid* to surrounding operating areas, 44 of which were in EOA 3 - Delano Ambulance Service's area. The demand for services from EOA 3 exceeded each the company's capability; Hall Ambulance Service, Inc. provided resources to meet the demand. Three of these calls may have been unintentional *mutual aid* as the dispatch location is on the border of the two EOA's. When this occurs the provider who's EOA the call is in is not notified of the call. The other two calls occurred in Kings County and Hall Ambulance Service, Inc. resources were requested.

A *turned call* occurs when Kern Ambulance Service fails to respond to a call within its EOA and another agency must respond from outside of the area. During 2016, Hall Ambulance Service reported six *turned calls* in EOA 1. Three of these calls were serviced by Delano Ambulance Service. One call was dispatched to Delano Ambulance in error; Hall Ambulance Service, Inc. canceled Delano and responded to the call. The remaining two calls were originally turned to Delano Ambulance Service; however, when a Hall Ambulance Service, Inc. unit became available the units were responded to the calls.

Data Reporting

The EMS Division relies on each ambulance company to submit compliance data to allow monitoring of performance. Hall Ambulance Service, Inc. has submitted compliance data on time for each month.

Complaints/Investigations

In 2016, there were no formal complaints filed with the EMS Division against Hall Ambulance Service, Inc. for services provided within EOA 1.

Community Services

In 2016, Hall Ambulance Service, Inc. participated in two community events. The company provided an ambulance demonstration, and participated in a parade.

Dispatch

Hall Ambulance Service, Inc. operates a dispatch center located at the Bakersfield address. This dispatch center provides emergency medical dispatch capabilities for Hall Ambulance Service, Inc. The County requires each dispatch center to have "EMD" capabilities. "EMD" indicates that the dispatchers are specially trained and programs are in place to medically prioritize each call and provide instructions to callers over the phone to provide emergency medical care to the patient. The quality of "EMD" service is closely monitored. Hall Ambulance Service, Inc. processed over 11,100 calls for emergency requests in the dispatch center for 2016, and maintained accreditation with the International Academies of Emergency Dispatch (IAED) as an Accredited Center of Excellence. The IAED standards in which calls are evaluated for compliance to protocol is to be in one of five categories ranging from "high compliance" to "non-compliant." In 2016, Hall Ambulance Service, Inc. maintained 96.4 percent of evaluated calls in the "high compliance" and "compliance" categories. This is a high level of quality and well beyond the IAED standard of 73 percent.

Summary

Hall Ambulance Service, Inc. met all of the requirements of the ambulance ordinance, ambulance service performance standards, ambulance service agreement, emergency medical dispatch standards, and all other policies, procedures, and standards.

2016 Annual Performance Report Summary for Hall Ambulance Service, Inc. – EOAs 2, 4, 5, 8, and 9

Operations and Geography

Hall Ambulance Service, Inc. is responsible for all responses within five exclusive operating areas (EOA) that are covered under one agreement. Hall Ambulance Service, Inc.'s base of operations is located at 1001 21st Street, Bakersfield. Hall Ambulance Service, Inc. operates a fleet that includes 91 ambulances and seven Supervisor units, and employs 363 emergency medical technicians, paramedics, nurses, dispatchers, and support personnel. The owner/president of Hall Ambulance Service, Inc. is Harvey Hall, and John Surface is the Vice President of Corporate Operations.

Hall Ambulance Service, Inc. uses a combination of two operational methods to deploy ambulance resources. In EOAs 2, 8, and 9 the deployment method is mostly static. That is, there is a traditional base of operation from which the ambulances respond. The other method is termed *system status management* which is used in the Bakersfield Metro Area (EOA 4 and 5). This method keeps the resources fluid and moving at all times to provide the best possible response at any given time, based on the number of available ambulances and historical system demands. Consequently, traditional stations are not used; ambulances are moved throughout the area to position the units for the next anticipated call.

EOA 2 - Located north of Bakersfield, EOA 2 encompasses an area from Highway 33 on the east to Quality Road on the west, Merced Avenue to the north and Stockdale Highway to the south. Included within EOA 2 are long stretches of Interstate 5 and Highway 99 as well as the communities Shafter and Buttonwillow. Hall Ambulance Service, Inc. maintains a station located on Lerdo Highway in Shafter where they station two ambulances with twelve employees to cover the area.

EOA 4 - Located in and around the greater Bakersfield area, EOA 4 encompasses an area from Woody to the north, Panama Road to the south, Interstate 5 to the west and Weedpatch Highway to the east. *System status management* is used in this EOA.

EOA 5 - Located to the north east of the Bakersfield area, EOA 5 encompasses an area from the township of Glennville to the north, Brundage lane to the south, Highway 99 to the west and Breckenridge road to the east. *System status management* is used in this EOA.

EOA 8 - Located at the south end of the County, EOA 8 encompasses an area from Sand Canyon on the east to the Interstate 5 to the west and Los Angeles County line from the south to Highway 58 to the north. Included within the area are the communities of Pine Mountain Club, Frazier Park, Lebec, Mettler, Lamont, Arvin, Stallion Springs, Golden Hills, Tehachapi and Sand Canyon. Hall Ambulance Service, Inc. maintains a station in Frazier Park, Arvin, Lamont, Golden Hills, and two stations in Tehachapi to serve EOA 8.

EOA 9 - Located at the west end of Kern County, EOA 9 encompasses an area from Interstate 5 on the east to the San Luis Obispo County line to the west and Laval Road from the south to Lerdo Hwy to the north. Included within the area are the communities of Maricopa, Taft, McKittrick, Fellows, Valley Acres and Dustin Acres. Hall Ambulance Service, Inc. maintains a station in Taft to serve EOA 9, with two ambulances and twelve employees.

Sub-contracts

During 2016, Hall Ambulance Service, Inc. had an agreement Delano Ambulance Service, allowing them to provide service within one or more of Hall Ambulance Service, Inc.'s assigned areas. The agreement with Delano Ambulance Service included performance of specific transports for inmates originating in Bakersfield and returning to North Kern and Kern Valley State Prisons.

Response Compliance

Response time compliance is complex. There are 25 categories of response time compliance that must be met for each EOA per 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. Hall Ambulance Service, Inc. met the response standards for every category for every month in 2016 for four of the five EOAs covered by the contract. The other EOA had one month where one of the 25 categories was not met. EOA 4 during the month of July was not met for the category of priority one responses in the metro zone.

- EOA 2: 2,535 responses; all response compliance standards were met; 0 *turned calls*; 0 *mutual aid* calls

- EOA 4: 46,528 responses; all but one response compliance standards were met; 0 *turned calls*; 6 *mutual aid* calls

- EOA 5: 26,001 responses; all response compliance standards were met; 0 *turned call*; 0 *mutual aid* calls

- EOA 8: 8,196 responses; all response compliance standards were met; 35 *turned calls*; 33 *mutual aid* calls

- EOA 9: 2,781 responses; all response compliance standards were met; 0 *turned calls*; 3 *mutual aid* calls

Mutual aid occurs when Hall Ambulance Service, Inc. provides services to another ambulance company outside of the EOA. Hall Ambulance Service, Inc. provided 42 separate instances of *mutual aid* to surrounding areas. The demand for services in other areas exceeded the capability of the existing ambulance service providers and Hall Ambulance Service, Inc. provided resources to meet the demand. Hall Ambulance was pivotal in the evacuation of Kern Valley

Hospital during the June 2016 Erskine Creek Fire. This event was an excellent example of two companies working together to provide for the needs of the residents of Kern County.

A *turned call* occurs when the contracted agency fails to respond to a call within its EOA and another agency must respond from outside of the area. During 2016, Hall Ambulance Service, Inc. reported no *turned calls* in EOAs 2, 4 and 9. This is an indication that Hall Ambulance is providing the necessary resources to meet the demands of these EOAs.

In EOA 8, there were 35 *turned calls* and these occurred in the Frazier Park area. With this many *turned calls,* it typically would indicate that the provider may not be supplying sufficient resources to cover the demand. But, the situation in this area is unique. American Medical Response (AMR) provides ambulance service in the adjacent Los Angeles and Ventura counties, with a unit stationed near the Frazier Park area. With no hospital in the Frazier Park area, turnaround times for returning to service can be lengthy and additional back-up units from Hall Ambulance Service, Inc. will come from a distance, with the next closest station being Arvin. Making frequent use of the AMR unit is smart use of available resources. It provides rapid service to the public; it is better to use a mutual aid resource that is nearby than force the public to wait for a Hall Ambulance Service, Inc. response from Arvin or further. AMR takes advantage of the resources that Hall Ambulance Service, Inc. has nearby as well. Hall Ambulance Service, Inc. provided 33 *mutual aid* responses into Los Angeles and Ventura Counties when the AMR ambulance was unavailable.

Data Reporting

The EMS Division relies on each ambulance company to submit compliance data to allow monitoring of performance. Hall Ambulance Service, Inc. was in compliance with all data reporting requirements for 2016 in EOA 2, 4, 5, 8 and 9.

Complaints/Investigations

There was one formal complaint made against Hall Ambulance Service, Inc. for EOA 2, 4, 5, 8, or 9 in 2016 to prompt the EMS Division to conduct an investigation. The complaint alleged the paramedic attempted to start an IV on the patient against the patient wishes. The complaint is currently undergoing extensive and thorough investigation, and as such is not completed.

Community Services

In 2016, Hall Ambulance Service, Inc. participated in many community service events as well as public education programs. It is estimated that Hall Ambulance Service, Inc. interacted with approximately 24,300 members of the community in 2016 through their outreach efforts. The following is a summary of the types of community service events Hall Ambulance Service, Inc. participated in during the year:

- Blood pressure clinics
- Health fairs

- First Aid or ambulance demonstrations for community events or walks
- Ambulance demonstrations for local schools
- Safety lectures
- Career day lectures
- CPR or AED classes performed for the community
- CPR or AED classes performed for local high schools
- Tours of Post 1 for various community and school groups
- Community service events for highway cleanup efforts
- Community parades

Dispatch

Hall Ambulance Service, Inc. operates a dispatch center located at the Bakersfield address. This dispatch center provides emergency medical dispatch capabilities for Hall Ambulance Service, Inc. The County requires each dispatch center to have "EMD" capabilities. "EMD" indicates that the dispatchers are specially trained and programs are in place to medically prioritize each call and provide instructions to callers over the phone to provide emergency medical care to the patient. The quality of "EMD" service is closely monitored. Hall Ambulance Service, Inc. processed over 11,100 calls for emergency requests in the dispatch center for 2016, and maintained accreditation with the International Academies of Emergency Dispatch (IAED) as an Accredited Center of Excellence. The IAED standards in which calls are evaluated for compliance to protocol is to be in one of five categories ranging from "high compliance" to "non-compliant." In 2016, Hall Ambulance Service, Inc. maintained 96.4 percent of evaluated calls in the "high compliance" and "compliance" categories. This is a high level of quality and well beyond the IAED standard of 73 percent.

Summary

Hall Ambulance Service, Inc. met all of the requirements of the ambulance ordinance, ambulance service agreement, emergency medical dispatch standards, and ambulance service performance standards for EOAs 2, 5, 8, and 9. All requirements but one were met for EOA 4 in 2016. This is noted in the response compliance section above.

2016 Annual Performance Report Summary for Hall Ambulance Service, Inc. – EOA 11

Operations and Geography

Hall Ambulance Service, Inc. is responsible for providing all ambulance service within exclusive operating area (EOA) number 11. Located at the southeast end of the County, EOA 11 encompasses an area from the San Bernardino County line on the east to Sand Canyon to the west and the Los Angeles County line from the south to Red Rock Canyon to the north. Included within EOA 11 are the communities of Rosamond, Willow Springs, Mojave, California City, North Edwards, and Boron.

Hall Ambulance Service, Inc.'s base of operations is located at 1001 21st Street, Bakersfield; however, satellite stations are located in Mojave, California City, Boron and Rosamond. . Hall Ambulance Service, Inc. operated a fleet of 91 ambulances and seven supervisor units and employed 363 emergency medical technicians, paramedics, dispatchers, nurses and support staff. The owner/president of Hall Ambulance Service, Inc. is Harvey Hall, and John Surface is the Vice President of Corporate Operations.

Response Compliance

Response time compliance is complex. There are 25 categories of response time compliance that must be met per 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. Hall Ambulance Service, Inc. met the response standards for every category for every month.

- EOA 11: 6,281 responses; all response compliance standards were met; 0 *turned calls*; 55 *mutual aid* calls

Mutual aid occurs when Hall Ambulance Service, Inc. provides services to another ambulance company outside of the EOA. Hall Ambulance Service, Inc. provided 55 separate instances of *mutual aid* to surrounding operating areas. The demand for services in other areas exceeded the capability of the other existing ambulance providers and Hall Ambulance Service, Inc. provided resources to meet the demand. All of these calls occurred in San Bernardino County.

A *turned call* occurs when the contracted agency fails to respond to a call within its EOA and another agency must respond from outside of the area. During 2016, Hall Ambulance Service, Inc. reported no *turned calls*. This is an indication that Hall Ambulance Service, Inc. is providing the necessary resources to meet the demands of this EOA.

Data Reporting

The EMS Division relies on each ambulance company to submit compliance data to allow monitoring of performance. Hall Ambulance Service, Inc. was in compliance with all data reporting requirements for 2016.

Complaints/Investigations

In 2016, there were two formal complaints filed with the Division for Hall Ambulance Service, Inc. in EOA 11. Complaint number one was filed in February of 2016, this complaint alleged a Hall paramedic delayed treatment of a patient. Complaint number was filed in June of 2016, this complaint alleged a Hall paramedic allowed a non-licensed person to perform a procedure that is beyond the scope of practice. After a thorough investigation it was determined that both these allegations were unfounded.

Community Services

In 2016, Hall Ambulance Service, Inc. participated in numerous community events. The company provided twenty seven blood pressure clinics in all communities serviced. In addition Hall Ambulance Service, Inc. provided first aid standbys, ambulance demonstrations, and participated in a parade.

Dispatch

Hall Ambulance Service, Inc. operates a dispatch center located at the Bakersfield address. This dispatch center provides emergency medical dispatch capabilities for Hall Ambulance Service, Inc. The County requires each dispatch center to have "EMD" capabilities. "EMD" indicates that the dispatchers are specially trained and programs are in place to medically prioritize each call and provide instructions to callers over the phone to provide emergency medical care to the patient. The quality of "EMD" service is closely monitored. Hall Ambulance Service, Inc. processed over 11,100 calls for emergency requests in the dispatch center for 2016, and maintained accreditation with the International Academies of Emergency Dispatch (IAED) as an Accredited Center of Excellence. The IAED standards in which calls are evaluated for compliance to protocol is to be in one of five categories ranging from "high compliance" to "non-compliant." In 2016, Hall Ambulance Service, Inc. maintained 96.4 percent of evaluated calls in the "high compliance" and "compliance" categories. This is a high level of quality and well beyond the IAED standard of 73 percent.

Summary

Hall Ambulance Service, Inc. met all of the requirements of the ambulance service performance standards, ambulance ordinance, ambulance service agreement, emergency medical dispatch standards, and all other policies, procedures, and standards for EOA 11.

2016 Annual Performance Report Summary for Delano Ambulance Service – EOA 3

Operations and Geography

Delano Ambulance Service is responsible for all ambulance services within exclusive operating area (EOA) number 3. Located at the north end of the County, EOA 3 encompasses an area from the Tulare County line to the south, Woody to the west, Lost Hills Road to the east and Whistler Road to the north. Included within EOA 3 are 10-mile stretches of the Highway 99 and Highway 65, as well as Delano and McFarland.

Delano Ambulance Service's base of operations in 2016 is located at 403 Main Street, Delano. Delano Ambulance Service runs a fleet including 5 ambulances and employs 13 emergency medical technicians, and paramedics. The owner of Delano Ambulance is Aaron Moses.

Sub-contracts

During 2016, Delano Ambulance Service had an agreement with Hall Ambulance Service, Inc. to allow for the transport of inmates originating from Bakersfield hospitals and return them to North Kern and Kern Valley State Prisons. Additionally, Tulare County will regularly request Delano Ambulance Service to respond into Richgrove, Earlimart, or other parts of southern Tulare County for medical calls and other emergencies. However; these calls are on a mutual aid basis, and a formal contract that requires Delano Ambulance Service to cover parts of Tulare County has not been executed.

Response Compliance

Response time compliance is complex; there are 25 categories of response time compliance that must be met each month. In addition, there are three other categories of response compliance we measure to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls. Delano Ambulance Service met the response standards for every category for every month in 2016.

- EOA 3: 4,638 responses; all response compliance standards were met; 38 *turned calls*; 143 *mutual aid* calls.

Mutual aid occurs when Delano Ambulance Service provides services for another ambulance company outside of the EOA. Delano Ambulance provided 135 *mutual aid* responses to Tulare County. The demand for services in other areas exceeded the capability of the other existing ambulance providers and Delano Ambulance Service provided resources to meet the demand. Further, Delano Ambulance Service provided eight separate instances of *mutual aid* to surrounding operating areas in the County. Six of these were in EOA 1 and two were in EOA 6–Liberty Ambulance Service's operating area to help provide standby services for the Erskine Fire. Delano Ambulance Service conducted seven inmate transfers originating from Bakersfield area hospitals and clinics to one of the State prisons in EOA 3.

A *turned call* occurs when Delano Ambulance Service fails to respond to a call within its EOA and another agency must respond from outside of the area. During 2016, Delano Ambulance Service reported 38 *turned call*s. Hall Ambulance Service, Inc. responded to all of the requests. Of the *turned calls* that were reported, Delano Ambulance Service was able to take the calls back on eight occasions. A Delano Ambulance Service unit became available for the call and was able to respond, thereby canceling the mutual aid resource.

Data Reporting

The EMS Division relies on each ambulance company to submit compliance data to allow monitoring of performance. Delano Ambulance Service was compliant for all months with data reporting requirements for its ambulance response compliance reporting in 2016. This is an improvement over the previous year.

Complaints/Investigations

In 2016, there were no formal complaints filed with the Division against Delano Ambulance Service. The Division issued a Notice of Violation to Delano Ambulance Service in October. Delano Ambulance Service violated *MICU Policies and Procedures* by failing to have 12-lead EKG transmission capabilities. Delano Ambulance Service cured the violation in November. The October EOA 3 compliance report reflects this action. Please see attached for copies of the notice and cure.

Community Services

Delano Ambulance Service reports participation in six community service events for 2016. These events include ambulance demonstrations for children and participation in National Night Out with Delano Police Department. In 2016, Delano Ambulance Service interacted with approximately 600 people.

Dispatch

Delano Ambulance Service contracts with Hall Ambulance Service, Inc. to provide EMD and dispatch services.

Summary

Delano Ambulance Service did meet all but one of the requirements of the ambulance ordinance, ambulance service performance standards, and ambulance service agreement. Delano Ambulance Service violated the *MICU Policies and Procedures* and subsequently cured the violation within thirty (30) days.

KERN COUNTY
Public Health Services
DEPARTMENT

MATTHEW CONSTANTINE
DIRECTOR

1800 MT. VERNON AVENUE BAKERSFIELD, CALIFORNIA, 93306-3302 661-321-3000 WWW.KERNPUBLICHEALTH.COM

CERTIFIED MAIL

October 20, 2016

Aaron Moses, President
Delano Ambulance Service
403 Main Street
Delano, CA 93215

NOTICE OF VIOLATION

Dear Mr. Moses:

It has come to the attention of the Division that your agency is in violation of policy. Delano Ambulance paramedics are unable to transmit 12-lead EKG patient data to STEMI Receiving Centers. This constitutes a violation of *MICU Policies and Procedures* Section I.N.3. As a result of this violation, Delano Ambulance is indicated as "non-compliant" on the Exclusive Operational Area 3, October 2016 report under the category of "Compliance with all local, State and federal requirements."

The Division is issuing this "Notice of Violation" in accordance with *Investigation-Regulatory-Discipline Procedures (1001.00)* Section XII. You are required to submit to the Division, in writing, a plan to cure the deficiency within ten (10) days of receipt of this notice. You have thirty (30) days from receipt of this notice to cure the deficiency.

Should you disagree with the findings of this notice, you must submit a statement of reasons why you disagree with the Division and/or actions of the Division within ten (10) days of the receipt of this notice. Failure to respond to this notice, or continued violation, may result in further disciplinary actions.

Please send your correspondence to the address above, attention: Jana Richardson. You may contact me by email at richardsonj@co.kern.ca.us or by phone at (661) 868-5215, if you have any questions.

Sincerely,

JANA RICHARDSON
Senior EMS Coordinator

G:_Amb Perf Compliance\Call Data\EOA3\EOA-3-2016\Notice of Violation.docx

From: Aaron Moses <delanoambulance@icloud.com>
To: Jana Richardson <richardsonj@co.kern.ca.us>
Date: 11/4/2016 1:22 PM
Subject: Delano Ambulance

Hi Jana,

I recieved a letter for noncompliance due to our EKG's not being able to transmit. The problem was a faulty bluetooth connection to our on board wifi devices. All the monitors are now working without issues. Going forward every day when the ambulances are checked out by the paramedics and emts they will be checking these devices to assure they are still working properly. If you have any questions or I need to provide further documentation in regards to this issue please let me know.

Aaron Moses
President
Delano Ambulance Service, Inc

Sent from my iPhone

2016 Annual Performance Report Summary for Liberty Ambulance Service – EOA 6

Operations and Geography

Progressive Ambulance, Inc., doing business as Liberty Ambulance Service, is responsible for all ambulance services within exclusive operating area (EOA) number 6. Located in the Sierra Nevada Mountains northeast of Bakersfield, EOA 6 encompasses the communities of Kernville, Riverkern, Wofford Heights, Alta Sierra, Lake Isabella, Bodfish, Havilah, Mountain Mesa, Onyx, Weldon, and parts of Walker Basin.

Liberty Ambulance Service headquarters is located at 1325 W. Ridgecrest Boulevard, Ridgecrest. They operate satellite ambulance stations at 11345 Kernville Road, Kernville, and at 3640 Golden Spur Drive, Lake Isabella. Liberty Ambulance Service operates a fleet of 10 ambulances and employs 46 emergency medical technicians and paramedics. The Owner/President is Cheryl Poulin and the chief executive officer is Peter Brandon.

Sub-contracts

None.

Response Compliance

Response time compliance is complex; there are 25 categories of response time compliance that must be met each month. In addition, there are three other categories of response compliance measured to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls. Liberty Ambulance Service had ten months in which one or more response categories were not met in 2016. The response category for priority 1 calls in a metro response zone was not met in the months of October and November. The response category for priority 3 and 4 calls in urban zone was not met in the months of May, June, July and August. The final response category that was not met is priority six, seven and eight calls in the urban response zone for the months of March, April, May, June, July, August, September, October, November and December. A Notice of Non-Compliance was sent to Liberty Ambulance Service on March 8, 2017 outlining the response time violations in EOA 6. Liberty Ambulance Service was given thirty (30) days to cure the violations. Liberty Ambulance was to submit weekly reports to the Division outlining the plan to cure the violations and updates to the progress of those activities. The Notice of Non-Compliance and Liberty Ambulance Service's plan and updates are attached.

- EOA 6: 3,748 responses; all response compliance standards were met; 2 *turned call*; 40 calls outside of the EOA.

Mutual aid occurs when Liberty Ambulance Service provides services to another ambulance company outside of the EOA. Liberty Ambulance Service provided 40 separate instances of *mutual aid* to surrounding operating areas; 34 of the *mutual aid* responses were to Tulare County. Mountain 99, the road north of Riverkern, travels along the upper Kern River and into remote parts of the Sequoia National Monument. Liberty is the closest ambulance service to cover Mountain 99. Although this area is in Tulare County and technically falls within the response area of a volunteer service in Camp Nelson, the response times from Camp Nelson exceed one hour. Liberty Ambulance Service is also the closest ambulance service for the upper Kern River area. Consequently, Liberty Ambulance Service is called frequently to provide emergency services to that region.

Three instance of *mutual aid* occurred when a Liberty Ambulance was given a call in Hall Ambulance Service, Inc. EOA 5. EOA 5 and EOA 6 share a border. These types of instances highlight the good relationship the ambulance providers have within the County and to provide appropriate resources to all citizens in the County regardless of the service areas.

A *turned call* occurs when Liberty Ambulance Service fails to respond to a call within its EOA and another agency must respond from outside of the area. Liberty Ambulance Service reported two *turned calls* for 2016. Liberty Ambulance sought assistance from Delano Ambulance and Hall Ambulance Service, Inc. to help provide ambulance coverage for the Erskine Fire.

Data Reporting

The EMS Division relies on each ambulance company to submit compliance data to allow monitoring of performance. Liberty Ambulance Service was non-compliant with data reporting requirements for multiple months in 2016. Liberty Ambulance Service submitted reports late, between one and three days, in the months of April, May, July, August, October and November. The Division sent an email to Mr. Brandon on September 23, 2016 advising him that reports were being submitted late. Mr. Davis responded that he was aware of the late submission of reports and that it would not happen again. Liberty Ambulance Service submitted reports late to the Division on two more occasions. In addition to late reporting, Liberty Ambulance Service data reporting contained errors in reporting format and data. In April, the raw data fields were incomplete and submitted data did not match EMD codes, priorities, or response locations. In October, map key data on the raw call data report was not in the correct format. These reporting and format errors cause compliance reporting to be inaccurate.

Complaints/Investigations

In 2016, there were no formal complaints filed with the EMS Division against Liberty Ambulance Service for EOA 6.

Community Services

Liberty Ambulance Service participated in community events by providing an ambulance for stand-by at Whiskey Flats Days, provided an educational talk to the Exchange Club, participated in Sidewalk CPR by training over 180 individuals in hands-only CPR, and sponsored food for the needy during Thanksgiving and Christmas.

Dispatch

Liberty Ambulance Service does not operate its own dispatch center. Rather, dispatch service is provided by Hall Ambulance Service, Inc.

Summary

Liberty Ambulance Service met all of the requirements of the ambulance ordinance, ambulance service performance standards, ambulance service agreement, and all other policies, procedures, and standards for only two months in 2016. The Response Compliance and Data Reporting sections above outline the areas of non-compliance. Liberty Ambulance Service is working to correct the issues outlined in this report.

KERN COUNTY
Public Health Services
DEPARTMENT

MATTHEW CONSTANTINE
DIRECTOR

1800 MT. VERNON AVENUE BAKERSFIELD, CALIFORNIA, 93306-3302 661-321-3000 WWW.KERNPUBLICHEALTH.COM

March 8, 2017

Mr. Peter Brandon
Liberty Ambulance Service
1325 W. Ridgecrest Blvd.
Ridgecrest, CA 93555

NOTICE OF NON-COMPLIANCE EOA 6

Dear Mr. Brandon:

The EMS Division (Division) has identified that Liberty Ambulance Service, is non-compliant with County Ordinance, contractual obligations, and *Ambulance Service Performance Standards (1005.00)* for the exclusive operating area (EOA) 6.

Liberty Ambulance Service has failed to meet the response time standards as specified in the *Ambulance Service Performance Standards*, in two categories, for three consecutive months and four months in 2016 for the same zone. Liberty Ambulance has failed to meet the response time standard for the Urban Zone- Priority 3 &4, and Urban Zone- Priority 6, 7 & 8. Please see attached.

These failures constitute a violation of:

- 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."
- *Ambulance Service Performance Standards* IX.G.2.: "Aggregate monthly response time performance will be applied to each priority code and response time zone in each EOA. Any priority code, by zone, resulting in less than the 90 percent response time performance is non-compliant with the Standards."
- Agreement # 873-2006 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".

Additionally, failure on the part of Liberty Ambulance Service to submit ambulance provider performance reports completely and on time constitute an additional violation of *Ambulance Service Performance Standards* X.D.1. "...All monthly reports shall be submitted to the Department before the 20th of the current month for the previous month." Reports were submitted on the 20th or later for the following months of 2016: April, May, July, August, October and November.

The Division is requesting immediate action on the part of Liberty Ambulance Service to come into compliance with the above stated provisions. Liberty Ambulance Service shall, within ten (10) calendar days of receipt of this notice, deliver to the Division in writing a plan to cure the violations stated above. Liberty Ambulance Service's plan shall be updated every seven (7) calendar days until the violations are cured. Liberty Ambulance Service shall cure the violations within thirty (30) calendar days of receipt of this notice.

Failure to abide by this notice within the timeframes allowed, may result in a finding of guilty of an infraction and assessment of a penalty pursuant to Chapter 8.12.200 of Ordinance.

If Liberty Ambulance Service disagrees with the notice of non-compliance, a written statement of reasons why Liberty Ambulance Service disagrees with the Division shall be delivered to the Division within ten (10) calendar days of receipt of this notice.

Sincerely,

Jana Richardson

JANA RICHARDSON
Senior EMS Coordinator

Kern County EMS Department
Ambulance Provider Performance Compliance Report - 2016
EOA 6 -LIBERTY AMBULANCE SERVICE

January	February	March	April	May	June	July	August	September	October	November	December	#	Standard
												1	Priority 1:
MET	MET	MET	MET	MET	MET	MET	MET	MET	NOT MET	NOT MET	MET	2	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	3	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	4	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	5	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	6	Wilderness
												7	Priority 2:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	8	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	9	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	10	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	11	Rural
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	12	Wilderness
												13	Priority 3 and Priority 4:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	14	Metro
MET	MET	MET	MET	NOT MET	NOT MET	NOT MET	NOT MET	MET	MET	MET	MET	15	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	16	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	17	Rural
<100 (77)	<100 (78)	<100 (81)	<100 (81)	<100 (84)	<100 (85)	<100 (85)	<100 (87)	<100 (88)	<100 (88)	<100 (88)	<100 (89)	18	Wilderness
												19	Priority 5:
<100 (3)	<100 (3)	<100 (3)	<100 (3)	<100 (3)	<100 (3)	<100 (3)	<100 (3)	<100 (3)	<100 (3)	<100 (3)	<100 (3)	20	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	21	Urban
<100 (10)	<100 (10)	<100 (9)	<100 (10)	<100 (10)	<100 (10)	<100 (10)	<100 (10)	<100 (10)	<100 (10)	<100 (12)	<100 (12)	22	Suburban
<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	23	Rural
<100 (2)	<100 (2)	<100 (2)	<100 (2)	<100 (2)	<100 (2)	<100 (2)	<100 (2)	<100 (2)	<100 (2)	<100 (2)	<100 (2)	24	Wilderness
												25	Priority 6, Priority 7, Priority 8:
<100 (68)	<100 (68)	<100 (68)	<100 (68)	<100 (69)	<100 (75)	<100 (78)	<100 (79)	<100 (84)	<100 (89)	<100 (89)	<100 (89)	26	Metro
MET	MET	NOT MET	NOT MET	NOT MET	NOT MET	NOT MET	NOT MET	NOT MET	NOT MET	NOT MET	NOT MET	27	Urban
<100 (2)	<100 (2)	<100 (2)	<100 (7)	<100 (9)	<100 (12)	<100 (12)	<100 (12)	<100 (12)	<100 (14)	<100 (60)	<100 (60)	28	Suburban
<100 (15)	<100 (17)	<100 (17)	<100 (19)	<100 (19)	<100 (19)	<100 (19)	<100 (19)	<100 (19)	<100 (19)	<100 (19)	<100 (19)	29	Rural
<100 (2)	<100 (2)	<100 (2)	<100 (11)	<100 (11)	<100 (11)	<100 (11)	<100 (11)	<100 (11)	<100 (11)	<100 (11)	<100 (11)	30	Wilderness
												31	Appropriate BLS Use
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	32	Priority 1
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	33	Priority 2
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	34	Priority 3

January		February		March		April		May		June		July		August		September		October		November		December			
Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met		
x		x		x			x		x	x			x		x	x			x		x	x		35	Raw Call Data with All Report Fields Submitted Completely and On Time
x		x		x			x		x	x			x		x	x			x		x	x		36	Turned Call report Submitted Completely and On Time
x		x		x		x		x		x		x		x		x		x		x		x		37	EMD Activity/QI Report Submitted Completely and On Time
x		x		x			x		x	x			x		x	x			x		x	x		38	Continuing Education Report Submitted Completely and On Time
x		x		x			x		x	x			x		x	x			x		x	x		39	Community Service/Education Report Submitted Completely and On Time
x		x		x			x		x	x			x		x	x			x		x	x		40	Customer Service Tracking Database Report Submitted Completely and On Time

LIBERTY AMBULANCE

"Caring for Life"

1325 W. Ridgecrest Boulevard • Ridgecrest, CA 93555
Office: (760) 375-6531 • Fax: (760) 371-1115

March 29, 2017

Ms. Jana Richardson
Senior EMS Coordinator
Kern County EMS Division
Kern County Public Health Department
1800 Mount Vernon Ave., 2nd Floor
Bakersfield, CA 93306-3302

RE: Your letter of March 8, 2017, regarding Notice of Non-Compliance for Exclusive Operating Area (EOA) 6.

Dear Ms. Richardson,

Liberty Ambulance received your above referenced letter via certified US Mail on Thursday, March 16th. As I was out of town that week, the letters were set-aside until I returned on Monday, March 20th. I sent you an email (see Attachment A) requesting the due date for our written Plan to Cure Violations noted in your letter be changed. On Wednesday, March 22nd, you replied to my email and granted the necessary due date modification to March 30th (also in Attachment A).

The first violation the County is claiming is that Liberty Ambulance violated the *County Ordinance 8.12*, the *Ambulance Service Performance Standards* and the *County Agreement #873-2006*, as stated below:

> ***"Liberty Ambulance has failed to meet response time standards as specified in the Ambulance Service Performance Standards, in two categories, for three consecutive months and four months in 2016 for the same zone. Liberty Ambulance has failed to meet the response standard for the Urban Zone- Priority 3 & 4, and Urban Zone- Priority 6,7 & 8."*** (Emphasis added)

The following are the steps we have taken to investigate the County's claims and to identify any areas of failure or weakness that caused these issues to occur.

Actions to Cure Violations

A. In the email dated March 20th, I also listed the five (5) steps I was initiating immediately to investigate the County's claims. For simplicity, here are the items listed in the email:

   1) I met with Steve Davis and he has begun to pull all the electronic reports for 2016.
   2) Steve will review all the raw data for 2016 against the submitted monthly performance reports.
   3) Steve said he found a reporting issue in January, for the December 2016 monthly report, but we failed to notify you of the reporting issues.
   4) Steve will recalculate all the monthly performance reports to ensure accuracy.
   5) There were several months the reports were submitted past the mandated time and those are being handled as an internal personnel matter.
   6) Steve will be out of state the next week.

B. On March 22nd. I sent you an email stating I asked Jennifer LaFavor, Communications Manager of Hall Ambulance, to review the monthly data for the months the County is claiming Liberty Ambulance is non-compliant for Priorities 3 & 4. Please see Attachment 2. Ms. LaFavor will be acting as an outside third party for this project.

C. Investigate why COO and staff failed to adhere to EMS Division Policies regarding the required reporting format.

D. Once all reports are reviewed or recalculated (by Hall) a thorough report shall be filed with the Kern EMS Division. This shall include any errors or omissions found and provide an explanation on how any such errors or omissions occurred.

E. The COO and Supervisors shall undergo remedial training on how to create the EMS Compliance Report.

F. Create a system of having all EMS related reporting reviewed for accuracy and completeness prior to submission.

G. Assign the Chief Information Officer to the investigation and training group.

H. Submit weekly written updates of these Actions to Cure Violations to the Kern EMS Division.

The second violation the County claims Liberty Ambulance committed was a violation of the *Ambulance Service Performance Standards*.

> ***Additionally, failure on the part of Liberty Ambulance to submit ambulance provider performance reports completely and on time constitutes an additional violation of the Ambulance Service Performance Standards X.D.1 "...All monthly reports shall be submitted to the Department before the 20th of the current month for the previous month." Reports were submitted on the 20th or later for the following months of 2016: April, May, July, August, October and November.***

The following are the steps we have taken to investigate the County's claims and to identify any areas of failure or weakness that caused these issues to occur.

Actions to Cure Violations

A. Review all emails showing submission dates of the monthly compliance reports

B. Interview COO and Supervisors to determine their understanding of the *Ambulance Service Performance Standards*.

C. Remedial training for COO and Supervisors on the *Ambulance Ordinance 8.12*, the *Ground Ambulance Providers' Agreement* and the *Ambulance Service Performance Standards.*

D. Establish a strict policy on submission deadlines and all reports must be reviewed and signed off on by at least two supervisory or higher personnel.

E. A thorough report shall be filed with the Kern EMS Division. This shall include any errors or omissions found and provide an explanation on how any such errors or omissions occurred.

F. Submit weekly written updates of these Actions to Cure Violations to the Kern EMS Division.

I want to assure your Division that Liberty Ambulance is taking this Notice of Non-Compliance very seriously and we are working diligently to correct any problems identified. Should you have comments regarding our plan to Cure Violations please contact me.

Sincerely,

Peter W. Brandon
CEO

Enclosures:
Attachment A: Email to Jana Richardson dated March 22, 2017
Attachment B: Email to Jana Richardson dated March 22, 2017

Attachment A

Peter Brandon

From: Jana Richardson <richardsonj@co.kern.ca.us>
Sent: Wednesday, March 22, 2017 11:41 AM
To: Peter Brandon
Cc: Steve Davis
Subject: Re: Notice of non-compliance letters dated March 8th
Attachments: Jana Richardson.vcf

Peter,

We will accept March 30th as the deadline for submission of your written plan.

Thanks,
Jana

Jana Richardson
Senior EMS Coordinator
Kern County EMS Division
Public Health Services Department
1800 Mount Vernon Ave.
Bakersfield, CA 93306
E-Mail: richardsonj@co.kern.ca.us
Phone: (661) 868-5215
FAX: (661) 868-0225

>>>

> **From:** Peter Brandon <PBrandon@LibertyEMS.com>
> **To:** "Jana Richardson (richardsonj@co.kern.ca.us)" <richardsonj@co.kern.ca.us>
> **CC:** Steve Davis <SDavis@LibertyEMS.com>
> **Date:** 3/20/2017 8:08 AM
> **Subject:** Notice of non-compliance letters dated March 8th

Morning Jana,

I opened your two Notices of Non-compliance for EOA 6 and EOA 7 this morning. As you are aware, I was out of the office all last week attending various EMS meetings in Anaheim and Bakersfield. I am asking that your office accept today, March 20th, as the official receipt of notices which will make March 30th the deadline for our submission of a written plan to cure the violations.

As of 0700 hours this morning:

1. I met with Steve Davis and he has begun to pull all the electronic reports for 2016.
2. Steve will review all the raw data for 2016 against the submitted monthly performance reports
3. Steve said he found a reporting issue in January, for the December 2016 monthly report, but we failed to notify you of the reporting issues.

4. Steve will recalculate all the monthly performance reports to ensure accuracy.
5. There were several months the reports were submitted past the mandated time and those are being handled as an internal personnel matter.
6. Steve will be out of state the next week. I would like to schedule a meeting of the three of us for Thursday, March 30th.

I will be calling you today to address this matter.

In closing, I am dismayed to learn of reporting issues for all of 2016 today and not when they had occurred.

Thank you,

Peter Brandon, CEO
Liberty Ambulance
1325 W. Ridgecrest Blvd.
Ridgecrest, CA 93555
(760) 375-6531
pbrandon@libertyems.com

Attachment B

Peter Brandon

From:	Peter Brandon
Sent:	Wednesday, March 22, 2017 11:31 AM
To:	Jana Richardson (richardsonj@co.kern.ca.us)
Cc:	Jennifer L. LaFavor (LaFavorJ@HallAmb.com); Steve Davis (SDavis@LibertyEMS.com); Matthew Constantine (mattc@co.kern.ca.us)
Subject:	Hall Ambulance will handle review of 2016 data

Tracking:	**Recipient**	**Delivery**	**Read**
	Jana Richardson (richardsonj@co.kern.ca.us)		
	Jennifer L. LaFavor (LaFavorJ@HallAmb.com)		
	Steve Davis (SDavis@LibertyEMS.com)	Delivered: 3/22/2017 11:31 AM	Read: 3/22/2017 11:43 AM
	Matthew Constantine (mattc@co.kern.ca.us)		

Hi Jana,

I just want to let you know Jennifer LaFavor has agreed to review and recalculate Liberty Ambulances monthly performance reports. These will be compared to our submitted documents to demonstrate our true compliance.

Thank you,

Peter Brandon, CEO
Liberty Ambulance
1325 W. Ridgecrest Blvd.
Ridgecrest, CA 93555
(760) 375-6531
pbrandon@libertyems.com

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April 5, 2017

Ms. Jana Richardson
Senior EMS Coordinator
Kern County EMS Division
Kern County Public Health Department
1800 Mount Vernon Ave., 2nd Floor
Bakersfield, CA 93306-3302

RE: Weekly update regarding cure actions reporting issues which caused a finding of Notice of Non-Compliance for Exclusive Operating Area (EOA) 6.

Dear Ms. Richardson,

Liberty Ambulance has been actively working to meet the goals and standards established in our March 29th letter regarding the non-compliance issues found in EOA-6. Below are the initial five steps listed on page 2 and their status:

1) I met with Steve Davis and he has begun to pull all the electronic reports for 2016.
** ***Done and completed***

2) Steve will review all the raw data for 2016 against the submitted monthly performance reports.
** ***Done and completed***

3) Steve said he found a reporting issue in January, for the December 2016 monthly report, but we failed to notify you of the reporting issues.
** ***This error was the cause of the previous performance reports' erroneous data.***

4) Steve will recalculate all the monthly performance reports to ensure accuracy.
** ***Done and completed. Please see the attached reports for Priorities 6, 7 & 8.***

5) There were several months the reports were submitted past the mandated time and those are being handled as an internal personnel matter.
** ***Review is still being conducted***

Actions to Cure Violations

A. On March 22nd, I sent you an email stating I asked Jennifer LaFavor, Communications Manager of Hall Ambulance, to review the monthly data for the months the County is claiming Liberty Ambulance is non-compliant for Priorities 3 & 4.
   ** ***Done and completed. Please see attached recalculated reports prepared by Ms. Jennifer LaFavor and Ms. Carol Dean. All priority 3 and 4 responses met the response times set forth in the Ambulance Performance Standards***

B. Investigate why COO and staff failed to adhere to EMS Division Policies regarding the required reporting format.
   ** ***Management and Supervisory staff did not have a clear and concise picture of how the reports were to be completed. Additionally, the wrong reporting tool was taken from the EMS Division website and was used to submit monthly compliance reports. Remedial training is being scheduled, hopefully with EMS staff.***

C. Once all reports are reviewed or recalculated (by Hall) a thorough report shall be filed with the Kern EMS Division. This shall include any errors or omissions found and provide an explanation on how any such errors or omissions occurred.
   ** ***Being compiled.***

D. The COO and Supervisors shall undergo remedial training on how to create the EMS Compliance Report.
   ** ***Remedial training will occur as soon as we can get it scheduled.***

E. Create a system of having all EMS related reporting reviewed for accuracy and completeness prior to submission.
   ** ***Beginning this month, a redundancy accuracy check will be done prior to submission***

F. Assign the Chief Information Officer to the investigation and training group.
   ** ***Done and completed***

G. Submit weekly written updates of these Actions to Cure Violations to the Kern EMS Division.
   ** ***This is the first weekly update to the EMS Division***

The second violation the County claims Liberty Ambulance committed was a violation of the *Ambulance Service Performance Standards*.

> ***Additionally, failure on the part of Liberty Ambulance to submit ambulance provider performance reports completely and on time constitutes an additional violation of the Ambulance Service Performance Standards X.D.1 "…All monthly reports shall be submitted to the Department before the 20th of the current month for the previous month." Reports were submitted on the 20th or later for the following months of 2016: April, May, July, August, October and November.***

The following are the steps we have taken to investigate the County's claims and to identify any areas of failure or weakness that caused these issues to occur.

Actions to Cure Violations

A. Review all emails showing submission dates of the monthly compliance reports

   ** ***Done and completed***

B. Interview COO and Supervisors to determine their understanding of the *Ambulance Service Performance Standards*.

   ** ***Done and completed***

C. Remedial training for COO and Supervisors on the *Ambulance Ordinance 8.12*, the *Ground Ambulance Providers' Agreement* and the *Ambulance Service Performance Standards.*

   ** ***Being scheduled***

D. Establish a strict policy on submission deadlines and all reports must be reviewed and signed off on by at least two supervisory or higher personnel.

   ** ***Being drafted.***

E. A thorough report shall be filed with the Kern EMS Division. This shall include any errors or omissions found and provide an explanation on how any such errors or omissions occurred.
** ***Being compiled***

F. Submit weekly written updates of these Actions to Cure Violations to the Kern EMS Division.
** ***This is the first weekly update to the EMS Division***

After reviewing all the reports from both Hall Ambulance staff and Liberty Ambulance's management, there were no response time violations of the Ambulance Provider Performance Standards. I have uncovered nothing but reporting errors which caused the response times data to reflect inaccurately.

I want to assure your Division that Liberty Ambulance is taking this Notice of Non-Compliance very seriously and we are working diligently to correct any problems identified. Should you have comments regarding our progress to the plan to Cure Violations, please contact me.

Sincerely,

Peter W. Brandon
CEO

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April 12, 2017

Ms. Jana Richardson
Senior EMS Coordinator
Kern County EMS Division
Kern County Public Health Department
1800 Mount Vernon Ave., 2nd Floor
Bakersfield, CA 93306-3302

SENT VIA EMAIL
richardsonj@co.kern.ca.us

RE: Weekly update regarding cure actions reporting issues which caused a finding of Notice of Non-Compliance for Exclusive Operating Area (EOA) 6.

Dear Ms. Richardson,

Liberty Ambulance has been actively working to meet the goals and standards established in our March 29th letter regarding the non-compliance issues found in EOA-6. Below is the one remaining item of the initial five steps listed on page 2 and their status:

1) There were several months the reports were submitted past the mandated time and those are being handled as an internal personnel matter.
** ***Review is still being conducted***

Actions to Cure Violations

A. Investigate why COO and staff failed to adhere to EMS Division Policies regarding the required reporting format.

** ***Management and Supervisory staff did not have a clear and concise picture of how the reports were to be completed. Additionally, the wrong reporting tool was taken from the EMS Division website and was used to submit monthly compliance reports. Remedial training is being scheduled, hopefully with EMS staff.***

B. Once all reports are reviewed or recalculated (by Hall) a thorough report shall be filed with the Kern EMS Division. This shall include any errors or omissions found and provide an explanation on how any such errors or omissions occurred.
** ***Being compiled.***

C. The COO and Supervisors shall undergo remedial training on how to create the EMS Compliance Report.
** ***Remedial training will occur as soon as we can get it scheduled.***

D. Create a system of having all EMS related reporting reviewed for accuracy and completeness prior to submission.
** ***Beginning this month, a redundancy accuracy check will be done prior to submission***

E. Submit weekly written updates of these Actions to Cure Violations to the Kern EMS Division.
** ***This is the second weekly update to the EMS Division***

The second violation Liberty Ambulance committed was a violation of the *Ambulance Service Performance Standards*.

Additionally, failure on the part of Liberty Ambulance to submit ambulance provider performance reports completely and on time constitutes an additional violation of the Ambulance Service Performance Standards X.D.1 "…All monthly reports shall be submitted to the Department before the 20th of the current month for the previous month." Reports were submitted on the 20th or later for the following months of 2016: April, May, July, August, October and November.

The following are the steps we have taken to investigate the County's claims and to identify any areas of failure or weakness that caused these issues to occur.

Actions to Cure Violations

A. Remedial training for COO and Supervisors on the *Ambulance Ordinance 8.12*, the *Ground Ambulance Providers' Agreement* and the *Ambulance Service Performance Standards.*

** ***Being scheduled***

B. Establish a strict policy on submission deadlines and all reports must be reviewed and signed off on by at least two supervisory or higher personnel.

** ***Completed and attached.***

C. A thorough report shall be filed with the Kern EMS Division. This shall include any errors or omissions found and provide an explanation on how any such errors or omissions occurred.

** ***Being compiled***

D. Submit weekly written updates of these Actions to Cure Violations to the Kern EMS Division.

** ***This is the second weekly update to the EMS Division***

After reviewing all the reports from both Hall Ambulance staff and Liberty Ambulance's management, there were no response time violations of the Ambulance Provider Performance Standards. I have uncovered nothing but reporting errors which caused the response times data to reflect inaccurately.

I want to assure your Division that Liberty Ambulance is taking this Notice of Non-Compliance very seriously and we are working diligently to correct any problems identified. Should you have comments regarding our progress to the plan to Cure Violations, please contact me.

Sincerely,

Peter W. Brandon
CEO

LIBERTY AMBULANCE

"Caring for Life"

1325 W. Ridgecrest Boulevard • Ridgecrest, CA 93555
Office: (760) 375-6531 • Fax: (760) 371-1115

DATE: April 12, 2017

TO: Steve Davis, COO
Craig Poulin, CIO

FROM: Peter Brandon, CEO

RE: Policy statement pertaining to reporting of data as required per the Ambulance Service Performance Standards to the Kern County EMS Division

CC: Jana Richardson, Senior EMS Coordinator

It is the policy of Liberty Ambulance that all reporting of required data shall be sent to the EMS Division at a minimum of 2 days (48 hours) prior to the due dates of these reports.

A) Monthly response time data is due to the EMS Division by the 19th of each month for the previous month's information.

B) The annual performance reports shall be sent to the EMS Division by April 15th of each calendar year.

If for any reason this policy cannot be adhered to you are to notify me as soon as you are aware of an issue.

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April 20, 2017

Ms. Jana Richardson
Senior EMS Coordinator
Kern County EMS Division
Kern County Public Health Department
1800 Mount Vernon Ave., 2nd Floor
Bakersfield, CA 93306-3302

SENT VIA EMAIL
richardsonj@co.kern.ca.us

RE: Third weekly update regarding cure actions reporting issues which caused a finding of Notice of Non-Compliance for Exclusive Operating Area (EOA) 6.

Dear Ms. Richardson,

Liberty Ambulance has been actively working to meet the goals and standards established in our March 29th letter regarding the non-compliance issues found in EOA-6. Below is the one remaining item of the initial five steps listed on page 2 and their status:

1) There were several months the reports were submitted past the mandated time and those are being handled as an internal personnel matter.
** ***Review is completed, internal personnel matters are confidential***

Actions to Cure Violations

A. Investigate why COO and staff failed to adhere to EMS Division Policies regarding the required reporting format.

** ***Found a lack of understanding of the purpose of the reporting and Supervisory personnel had different understanding of the requirements of time reporting for inter-facility transfers. These are the Priority 6 and 7 responses.***

B. Once all reports are reviewed or recalculated (by Hall) a thorough report shall be filed with the Kern EMS Division. This shall include any errors or omissions found and provide an explanation on how any such errors or omissions occurred.
** ***Being compiled***

C. The COO and Supervisors shall undergo remedial training on how to create the EMS Compliance Report.
** ***Remedial training has been started for Shift Supervisors and Management level remedial training is scheduled with Ms. Jana Richardson, for May 3rd, at EMS.***

D. Create a system of having all EMS related reporting reviewed for accuracy and completeness prior to submission.
** ***System is in place.***

E. Submit weekly written updates of these Actions to Cure Violations to the Kern EMS Division.
** ***This is the third weekly update to the EMS Division***

The second violation Liberty Ambulance committed was a violation of the *Ambulance Service Performance Standards*.

> ***Additionally, failure on the part of Liberty Ambulance to submit ambulance provider performance reports completely and on time constitutes an additional violation of the Ambulance Service Performance Standards X.D.1 "…All monthly reports shall be submitted to the Department before the 20th of the current month for the previous month." Reports were submitted on the 20th or later for the following months of 2016: April, May, July, August, October and November.***

The following are the steps we have taken to investigate the County's claims and to identify any areas of failure or weakness that caused these issues to occur.

Actions to Cure Violations

A. Remedial training for COO and Supervisors on the *Ambulance Ordinance 8.12*, the *Ground Ambulance Providers' Agreement* and the *Ambulance Service Performance Standards.*

** ***Remedial training has started***

B. A thorough report shall be filed with the Kern EMS Division. This shall include any errors or omissions found and provide an explanation on how any such errors or omissions occurred.
** ***Being compiled***

C. Submit weekly written updates of these Actions to Cure Violations to the Kern EMS Division.
** ***This is the third weekly update to the EMS Division***

Following our meeting last Tuesday, April 18th, we have implemented a policy change in how Priority 6 and 7 responses are handled. By making this change, all agreed upon pickup times will be entered and subsequently tracked through OCD in the same manner the pre-hospital responses are. Please see attached Policy Statement.

I want to assure your Division that Liberty Ambulance is taking this Notice of Non-Compliance very seriously and we are working diligently to correct any problems identified. Should you have comments regarding our progress to the plan to Cure Violations, please contact me.

Sincerely,

Peter W. Brandon
CEO

Enclosure: Liberty Ambulance Policy Statement on handling of Priority 6 and 7 responses, Dated April 20, 2017

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1325 W. Ridgecrest Boulevard • Ridgecrest, CA 93555
Office: (760) 375-6531 • Fax: (760) 371-1115

DATE: April 19, 2017

TO: Steve Davis, COO

FROM: Peter Brandon, CEO

RE: Policy statement pertaining to handling of Priority 6, 7 and 8 level calls

CC: Jana Richardson, Senior EMS Coordinator, Kern County EMS Division

---

Effective midnight tonight, it is the policy of Liberty Ambulance that all Priority 6 and 7 responses will be handled in the following manner:

A) All requests for service shall be handled by Hall Ambulance Dispatch Center (OCD)

B) The OCD staff will receive the call and obtain the necessary information in regard to what the level of service is being requested, what (if any) equipment is needed, patient's condition and what pickup time the facility is requesting.

C) OCD shall contact the on-duty Shift Supervisor (Supervisor) and relay the above information. It is the responsibility of the Supervisor to contact the requesting facility and determine what the level of urgency is and give an estimated arrival time of the requested ambulance.

D) The Supervisor will contact OCD and relay the agreed upon pickup time and which on-duty ambulance will handle the transport.

E) OCD shall enter the agreed upon pickup time into the CAD and notify the appropriate crew of the assignment.

The Policy of allowing the on-duty Supervisors to divert resources between the EOAs shall remain in place as currently practiced.

If for any reason this policy cannot be adhered to you are to notify me as soon as you are aware of an issue.

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April 27, 2017

Ms. Jana Richardson
Senior EMS Coordinator
Kern County EMS Division
Kern County Public Health Department
1800 Mount Vernon Ave., 2nd Floor
Bakersfield, CA 93306-3302

SENT VIA EMAIL
richardsonj@co.kern.ca.us

RE: Fourth weekly update regarding cure actions reporting issues which caused a finding of Notice of Non-Compliance for Exclusive Operating Area (EOA) 6.

Dear Ms. Richardson,

Liberty Ambulance has been actively working to meet the goals and standards established in our March 29th letter regarding the non-compliance issues found in EOA-6. On March 29, Liberty Ambulance submitted its Plan to Cure Violations. Under the '**Actions to Cure Violations"** (listed at top of page 2), Subsection A., Items 1-5, listed the immediate actions we were taking in response to your letter. All of those items have been completed. Below are the items still to be completed

Actions to Cure Violations

A. Once all reports are reviewed or recalculated (by Hall) a thorough report shall be filed with the Kern EMS Division. This shall include any errors or omissions found and provide an explanation on how any such errors or omissions occurred.

** ***Being compiled.***

B. The COO and Supervisors shall undergo remedial training on how to create the EMS Compliance Report.

** ***Remedial training has been started for Shift Supervisors and Management level remedial training is scheduled with Ms. Jana Richardson, for May 3rd, at EMS.***

C. Submit weekly written updates of these Actions to Cure Violations to the Kern EMS Division.

** ***This is the fourth weekly update to the EMS Division***

The second violation Liberty Ambulance committed was a violation of the *Ambulance Service Performance Standards*.

> ***Additionally, failure on the part of Liberty Ambulance to submit ambulance provider performance reports completely and on time constitutes an additional violation of the Ambulance Service Performance Standards X.D.1 "...All monthly reports shall be submitted to the Department before the 20th of the current month for the previous month." Reports were submitted on the 20th or later for the following months of 2016: April, May, July, August, October and November.***

The following are the steps we have taken to investigate the County's claims and to identify any areas of failure or weakness that caused these issues to occur.

Actions to Cure Violations

A. Remedial training for COO and Supervisors on the *Ambulance Ordinance 8.12*, the *Ground Ambulance Providers' Agreement* and the *Ambulance Service Performance Standards.*

** ***Remedial Training has started***

B. A thorough report shall be filed with the Kern EMS Division. This shall include any errors or omissions found and provide an explanation on how any such errors or omissions occurred.

** ***Being compiled***

C. Submit weekly written updates of these Actions to Cure Violations to the Kern EMS Division.

** ***This is the fourth weekly update to the EMS Division***

I want to assure your Division that Liberty Ambulance is taking this Notice of Non-Compliance very seriously and we are working diligently to correct all problems identified. Should you have comments regarding our progress to the plan to Cure Violations, please contact me.

Sincerely,

Peter W. Brandon
CEO

LIBERTY AMBULANCE
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1325 W. Ridgecrest Boulevard • Ridgecrest, CA 93555
Office: (760) 375-6531 • Fax: (760) 371-1115

May 4, 2017

Ms. Jana Richardson
Senior EMS Coordinator
Kern County EMS Division
Kern County Public Health Department
1800 Mount Vernon Ave., 2nd Floor
Bakersfield, CA 93306-3302

HAND DELIVERED

RE: Fifth weekly update regarding cure actions reporting issues which caused a finding of Notice of Non-Compliance for Exclusive Operating Area (EOA) 6.

Dear Ms. Richardson,

Liberty Ambulance has been actively working to meet the goals and standards established in our March 29th letter regarding the non-compliance issues found in EOA-6. On March 29, Liberty Ambulance submitted its Plan to Cure Violations. Under the '**Actions to Cure Violations"** (listed at top of page 2), Subsection A., Items 1-5, listed the immediate actions we were taking in response to your letter. All of those items have been completed. Below are the items still to be completed

Actions to Cure Violations

A. Once all reports are reviewed or recalculated (by Hall) a thorough report shall be filed with the Kern EMS Division. This shall include any errors or omissions found and provide an explanation on how any such errors or omissions occurred.

** ***Being compiled.***

B. The COO and Supervisors shall undergo remedial training on how to create the EMS Compliance Report.

** ***Completed by Ms. Jana Richardsononr May 3rd, at EMS.***

C. Submit weekly written updates of these Actions to Cure Violations to the Kern EMS Division.

** ***This is the fifth weekly update to the EMS Division***

The second violation Liberty Ambulance committed was a violation of the *Ambulance Service Performance Standards*.

> ***Additionally, failure on the part of Liberty Ambulance to submit ambulance provider performance reports completely and on time constitutes an additional violation of the Ambulance Service Performance Standards X.D.1 "...All monthly reports shall be submitted to the Department before the 20th of the current month for the previous month." Reports were submitted on the 20th or later for the following months of 2016: April, May, July, August, October and November.***

The following are the steps we have taken to investigate the County's claims and to identify any areas of failure or weakness that caused these issues to occur.

Actions to Cure Violations

A. Remedial training for COO and Supervisors on the *Ambulance Ordinance 8.12*, the *Ground Ambulance Providers' Agreement* and the *Ambulance Service Performance Standards.*

** ***Remedial Training has started***

B. A thorough report shall be filed with the Kern EMS Division. This shall include any errors or omissions found and provide an explanation on how any such errors or omissions occurred.

** ***Being compiled***

C. Submit weekly written updates of these Actions to Cure Violations to the Kern EMS Division.

** ***This is the fifth weekly update to the EMS Division***

I want to assure your Division that Liberty Ambulance is taking this Notice of Non-Compliance very seriously and we are working diligently to correct all problems identified. Should you have comments regarding our progress to the plan to Cure Violations, please contact me.

Sincerely,

Peter W. Brandon
CEO

2016 Annual Performance Report Summary for Liberty Ambulance Service – EOA 7

Operations and Geography

Progressive Ambulance, Inc., doing business as Liberty Ambulance Service, is responsible for all ambulance services within exclusive operating area (EOA) number 7. Located in the north east region of the County, EOA 7 encompasses an area in the high desert that includes the communities of Ridgecrest, Inyokern, and Randsburg and a 30 to 40 mile stretch of both Highway 14 and Highway 395. Additionally, there are popular off-road motorcycle recreational areas within EOA 7.

Liberty Ambulance Service's base of operations is located at 1325 W. Ridgecrest Boulevard, Ridgecrest. Liberty Ambulance Service operates a fleet of 10 ambulances and employs 46 emergency medical technicians and paramedics. The Owner/President is Cheryl Poulin and the chief executive officer is Peter Brandon.

Sub-contracts

None.

Response Compliance

Response time compliance is complex; there are 25 categories of response time compliance that must be met each month. In addition, there are three other categories of response compliance measured to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls. Liberty Ambulance Service had nine months in which one category was not met for 2016. The response category of priority 6,7 and 8 calls in the metro response zone were not met for the months of March, April, June, July, August, September, October, November and December. A Notice of Non-Compliance was sent to Liberty Ambulance Service on March 8, 2017 outlining the response time violation in EOA 7. Liberty Ambulance Service was given thirty (30) days to cure the violation. Liberty Ambulance was to submit weekly reports to the Division outlining the plan to cure the violations and updates to the progress of those activities. The Notice of Non-Compliance and Liberty Ambulance Service's plan and updates are attached.

- EOA 7: 4,126 responses; most response compliance standards were met, priority 6,7,8 calls were not met in the metro zone for nine months as described above ; 7 *turned calls*; 261 *mutual aid* calls.

Mutual aid occurs when Liberty Ambulance Service provides services to another ambulance company outside of the EOA. Liberty Ambulance Service provided 261 separate instances of *mutual aid* to surrounding areas. All but four were to areas outside

of the County. The towns of Trona and Red Mountain are in San Bernardino County, but Liberty Ambulance Service is the closest ambulance resource to these communities. Liberty Ambulance Service routinely responds to Inyo County for services along Highway 395 and Death Valley National Park. It is not uncommon for Liberty Ambulance Service to also respond into the Kennedy Meadow area of Tulare County. There were four instances of *mutual aid* response to China Lake Naval Air Weapons Station. China Lake operates their own ambulance service; however, when the demand for services exceeds available resources, Liberty Ambulance Service responds onto the base.

A *turned call* occurs when Liberty Ambulance Service fails to respond to a call within its EOA and another agency must respond from outside of the area. Liberty Ambulance Service reported seven *turned calls* for 2016. This indicates that Liberty Ambulance Service is providing sufficient resources to adequately serve EOA 7, without reliance upon other companies. The seven *turned calls* that were reported were given to China Lake Naval Weapons Station. Liberty Ambulance Service and China Lake Naval Weapons Station have an excellent relationship with one another, and often times train with one another.

Data Reporting

The EMS Division relies on each ambulance company to submit compliance data to allow monitoring of performance. Liberty Ambulance Service was non-compliant with data reporting requirements for multiple months in 2016. Liberty Ambulance Service submitted reports late, between one and three days, in the months of April, May, July, August, October, and November. The Division sent an email to Mr. Brandon on September 23, 2016 advising him that reports were being submitted late. Mr. Davis responded that he was aware of the late submission of reports and that it would not happen again. Liberty Ambulance Service submitted reports late to the Division on two more occasions. In addition to late reporting, Liberty Ambulance Service data reporting contained errors in reporting format and data. This occurred in the months of April and July.

Complaints/Investigations

In 2016, there were no formal complaints filed with the EMS Division against Liberty Ambulance Service.

Community Services

Liberty Ambulance Service participated in community service events. Public education events, attendance and emergency service council, and participation in EMS awards are some of the events Liberty Ambulance participated in. In addition, Liberty Ambulance Service sponsored Food for the Needy programs for Thanksgiving and Christmas holidays. On Sidewalk CPR Day in Kern County, Liberty Ambulance Service provided

hands-only CPR training to 185 individuals.

The County purchased and outfitted a disaster response trailer with trauma supplies for a multi-casualty incident. If a large incident (bus accident, plane crash, building collapse, etc.) were to occur, the trailer contains supplies that would allow many people to be treated at the scene. Liberty Ambulance Service has agreed to deploy this resource to anywhere in east Kern, on behalf of the County. Liberty Ambulance Service maintains the trailer and equipment in good working order, without compensation.

Dispatch

Liberty Ambulance Service does not operate its own dispatch center. Rather, dispatch service is provided by Hall Ambulance Service, Inc. in Bakersfield.

Summary

Liberty Ambulance Service met most of the requirements of the ambulance ordinance, ambulance service performance standards, ambulance service agreement, emergency medical dispatch standards, and all other policies, procedures, and standards. There are two documented areas of non-compliance for 2016. As described above, the response time standards for the metro zone, priority 6, 7, and 8 calls were not met in nine of twelve months. Additionally, data reporting issues as described above included late reporting to the Division, and formatting issues.

KERN COUNTY
Public Health Services
DEPARTMENT

MATTHEW CONSTANTINE
DIRECTOR

1800 MT. VERNON AVENUE BAKERSFIELD, CALIFORNIA, 93306-3302 661-321-3000 WWW.KERNPUBLICHEALTH.COM

March 8, 2017

Mr. Peter Brandon
Liberty Ambulance Service
1325 W. Ridgecrest Blvd.
Ridgecrest, CA 93555

NOTICE OF NON-COMPLIANCE EOA 7

Dear Mr. Brandon:

The EMS Division (Division) has identified that Liberty Ambulance Service, is non-compliant with County Ordinance, contractual obligations, and *Ambulance Service Performance Standards (1005.00)* for the exclusive operating area (EOA) 6.

Liberty Ambulance Service has failed to meet the response time standards as specified in the *Ambulance Service Performance Standards*, for three consecutive months and four months in 2016 for the same zone. Liberty Ambulance has failed to meet the response time standard for the Urban Zone- Priority 6, 7 & 8. Please see attached.

These failures constitute a violation of:

- 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."
- *Ambulance Service Performance Standards* IX.G.2.: "Aggregate monthly response time performance will be applied to each priority code and response time zone in each EOA. Any priority code, by zone, resulting in less than the 90 percent response time performance is non-compliant with the Standards."
- Agreement # 874-2006 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".

Additionally, failure on the part of Liberty Ambulance Service to submit ambulance provider performance reports completely and on time constitute an additional violation of *Ambulance Service Performance Standards* X.D.1. "...All monthly reports shall be submitted to the Department before the 20th of the current month for the previous month." Reports were submitted on the 20th or later for the following months: April, May, July, August, October and November.

The Division is requesting immediate action on the part of Liberty Ambulance Service to come into compliance with the above stated provisions. Liberty Ambulance Service shall, within ten (10) calendar days of receipt of this notice, deliver to the Division, in writing, a plan to cure the violations stated above. Liberty Ambulance Service's plan shall be updated every seven (7) calendar days until the violations are cured. Liberty Ambulance Service shall cure the violations within thirty (30) calendar days of receipt of this notice.

Failure to abide by this notice within the timeframes allowed, may result in a finding of guilty of an infraction and assessment of a penalty pursuant to Chapter 8.12.200 of Ordinance.

If Liberty Ambulance Service disagrees with the notice of non-compliance, a written statement of reasons why Liberty Ambulance Service disagrees with the Division shall be delivered to the Division within ten (10) calendar days of receipt of this notice.

Sincerely,

Jana Richardson

JANA RICHARDSON
Senior EMS Coordinator

Kern County EMS Department
Ambulance Provider Performance Compliance Report - 2016
EOA 7 - LIBERTY AMBULANCE

January	February	March	April	May	June	July	August	September	October	November	December	#	Standard
												1	Priority 1:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	2	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	3	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	4	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	5	Rural
<100 (58)	<100 (58)	<100 (58)	<100 (58)	<100 (58)	<100 (58)	<100 (58)	<100 (58)	<100 (58)	<100 (58)	<100 (58)	<100 (58)	6	Wilderness
												7	Priority 2:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	8	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	9	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	10	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	11	Rural
<100 (21)	<100 (21)	<100 (21)	<100 (21)	<100 (21)	<100 (21)	<100 (22)	<100 (22)	<100 (22)	<100 (22)	<100 (22)	<100 (22)	12	Wilderness
												13	Priority 3 and Priority 4:
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	14	Metro
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	15	Urban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	16	Suburban
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	17	Rural
<100 (5)	<100 (5)	<100 (5)	<100 (5)	<100 (5)	<100 (5)	<100 (5)	<100 (5)	<100 (5)	<100 (5)	<100 (5)	<100 (5)	18	Wilderness
												19	Priority 5:
<100 (64)	<100 (65)	<100 (68)	<100 (69)	<100 (69)	<100 (69)	<100 (69)	<100 (70)	<100 (70)	<100 (70)	<100 (70)	<100 (71)	20	Metro
<100 (1)	<100 (1)	<100 (1)	<100 (1)	<100 (1)	<100 (1)	<100 (1)	<100 (1)	<100 (1)	<100 (1)	<100 (1)	<100 (1)	21	Urban
<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	22	Suburban
<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	23	Rural
<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	24	Wilderness
												25	Priority 6, Priority 7, Priority 8:
MET	MET	NOT MET	NOT MET	MET	NOT MET	NOT MET	NOT MET	NOT MET	NOT MET	NOT MET	NOT MET	26	Metro
<100 (59)	<100 (60)	<100 (60)	<100 (61)	<100 (61)	<100 (61)	<100 (61)	<100 (61)	<100 (61)	<100 (61)	<100 (61)	<100 (61)	27	Urban
<100 (10)	<100 (10)	<100 (10)	<100 (10)	<100 (10)	<100 (10)	<100 (10)	<100 (10)	<100 (10)	<100 (10)	<100 (10)	<100 (10)	28	Suburban
<100 (23)	<100 (23)	<100 (25)	<100 (26)	<100 (26)	<100 (26)	<100 (26)	<100 (26)	<100 (26)	<100 (26)	<100 (26)	<100 (26)	29	Rural
<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	<100 (0)	30	Wilderness
												31	Appropriate BLS Use
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	32	Priority 1
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	33	Priority 2
MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	MET	34	Priority 3

January		February		March		April		May		June		July		August		September		October		November		December			
Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met		
X		X		X			X		X	X			X		X	X			X		X	X		35	Raw Call Data with All Report Fields Submitted Completely and On Time
X		X		X			X		X	X			X		X	X			X		X	X		36	Turned Call report Submitted Completely and On Time
X		X		X		X		X		X		X		X		X		X		X		X		37	EMD Activity/QI Report Submitted Completely and On Time
X		X		X			X		X	X			X		X	X			X		X	X		38	Continuing Education Report Submitted Completely and On Time
X		X		X			X		X	X			X		X	X			X		X	X		39	Community Service/Education Report Submitted Completely and On Time
X		X		X			X		X	X			X		X	X			X		X	X		40	Customer Service Tracking Database Report Submitted Completely and On Time

LIBERTY AMBULANCE

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1325 W. Ridgecrest Boulevard • Ridgecrest, CA 93555
Office: (760) 375-6531 • Fax: (760) 371-1115

March 29, 2017

Ms. Jana Richardson
Senior EMS Coordinator
Kern County EMS Division
Kern County Public Health Department
1800 Mount Vernon Ave., 2nd Floor
Bakersfield, CA 93306-3302

RE: Your letter of March 8, 2017, regarding Notice of Non-Compliance for Exclusive Operating Area (EOA) 7.

Dear Ms. Richardson,

Liberty Ambulance received your above referenced letter via certified US Mail on Thursday, March 16th. As I was out of town that week, the letters were set-aside until I returned on Monday, March 20th. I sent you an email (see Attachment A) requesting the due date for our written Plan to Cure Violations noted in your letter be changed. On Wednesday, March 22nd, you replied to my email and granted the necessary due date modification to March 30th (also in Attachment A).

The first violation the County is claiming is that Liberty Ambulance violated the *County Ordinance 8.12*, the *Ambulance Performance Standards* and the *County Agreement #873-2006*, as stated below:

> ***"Liberty Ambulance has failed to meet response time standards as specified in the Ambulance Service Performance Standards, for three consecutive months and four months in 2016 for the same zone. Liberty Ambulance has failed to meet the response standard for the Urban Zone- Priority 6,7 & 8."*** (Emphasis added)

The following are the steps we have taken to investigate the County's claims and to identify any areas of failure or weakness that caused these issues to occur.

Actions to Cure Violations

A. In the email dated March 20th, I also listed the five (5) steps I was initiating immediately to investigate the County's claims. For simplicity, here are the items listed in the email:

   1) I met with Steve Davis and he has begun to pull all the electronic reports for 2016.
   2) Steve will review all the raw data for 2016 against the submitted monthly performance reports
   3) Steve said he found a reporting issue in January, for the December 2016 monthly report, but we failed to notify you of the reporting issues.
   4) Steve will recalculate all the monthly performance reports to ensure accuracy.
   5) There were several months the reports were submitted past the mandated time and those are being handled as an internal personnel matter.
   6) Steve will be out of state the next week.

B. On March 22nd. I sent you an email stating I asked Jennifer LaFavor, Communications Manager of Hall Ambulance, to review the monthly data for the months the County is claiming Liberty Ambulance is non-compliant for Priorities 6, 7 &8. Please see Attachment 2. Ms. LaFavor will be acting as an outside third party for this project.

C. Investigate why COO and staff failed to adhere to EMS Division Policies regarding the required reporting format.

D. Once all reports are reviewed or recalculated (by Hall) a thorough report shall be filed with the Kern EMS Division. This shall include any errors or omissions found and provide an explanation on how any such errors or omissions occurred.

E. The COO and Supervisors shall undergo remedial training on how to create the EMS Compliance Report.

F. Create a system of having all EMS related reporting reviewed for accuracy and completeness prior to submission.

G. Assign the Chief Information Officer to the investigation and training group.

H. Submit weekly written updates of these Actions to Cure Violations to the Kern EMS Division.

The second violation the County claims Liberty Ambulance committed was a violation of the *Ambulance Service Performance Standards*.

> ***Additionally, failure on the part of Liberty Ambulance to submit ambulance provider performance reports completely and on time constitutes an additional violation of the Ambulance Service Performance Standards X.D.1 "...All monthly reports shall be submitted to the Department before the 20th of the current month for the previous month." Reports were submitted on the 20th or later for the following months of 2016: April, May, July, August, October and November.***

The following are the steps we have taken to investigate the County's claims and to identify any areas of failure or weakness that caused these issues to occur.

Actions to Cure Violations

A. Review all emails showing submission dates of the monthly compliance reports

B. Interview COO and Supervisors to determine their understanding of the *Ambulance Service Performance Standards*.

C. Remedial training for COO and Supervisors on the *Ambulance Ordinance 8.12*, the *Ground Ambulance Providers' Agreement* and the *Ambulance Service Performance Standards.*

D. Establish a strict policy on submission deadlines and all reports must be reviewed and signed off on by at least two supervisory or higher personnel.

E. A thorough report shall be filed with the Kern EMS Division. This shall include any errors or omissions found and provide an explanation on how any such errors or omissions occurred.

F. Submit weekly written updates of these Actions to Cure Violations to the Kern EMS Division.

I want to assure your Division that Liberty Ambulance is taking this Notice of Non-Compliance very seriously and we are working diligently to correct any problems identified. Should you have comments regarding our plan to Cure Violations please contact me.

Sincerely,

Peter W. Brandon
CEO

Enclosures:
Attachment A: Email to Jana Richardson dated March 22, 2017
Attachment B: Email to Jana Richardson dated March 22, 2017

Attachment A

Peter Brandon

From: Jana Richardson <richardsonj@co.kern.ca.us>
Sent: Wednesday, March 22, 2017 11:41 AM
To: Peter Brandon
Cc: Steve Davis
Subject: Re: Notice of non-compliance letters dated March 8th
Attachments: Jana Richardson.vcf

Peter,

We will accept March 30th as the deadline for submission of your written plan.

Thanks,
Jana

Jana Richardson
Senior EMS Coordinator
Kern County EMS Division
Public Health Services Department
1800 Mount Vernon Ave.
Bakersfield, CA 93306
E-Mail: richardsonj@co.kern.ca.us
Phone: (661) 868-5215
FAX: (661) 868-0225

>>>

> **From:** Peter Brandon <PBrandon@LibertyEMS.com>
> **To:** "Jana Richardson (richardsonj@co.kern.ca.us)" <richardsonj@co.kern.ca.us>
> **CC:** Steve Davis <SDavis@LibertyEMS.com>
> **Date:** 3/20/2017 8:08 AM
> **Subject:** Notice of non-compliance letters dated March 8th

Morning Jana,

I opened your two Notices of Non-compliance for EOA 6 and EOA 7 this morning. As you are aware, I was out of the office all last week attending various EMS meetings in Anaheim and Bakersfield. I am asking that your office accept today, March 20th, as the official receipt of notices which will make March 30th the deadline for our submission of a written plan to cure the violations.

As of 0700 hours this morning:

1. I met with Steve Davis and he has begun to pull all the electronic reports for 2016.
2. Steve will review all the raw data for 2016 against the submitted monthly performance reports
3. Steve said he found a reporting issue in January, for the December 2016 monthly report, but we failed to notify you of the reporting issues.

4. Steve will recalculate all the monthly performance reports to ensure accuracy.
5. There were several months the reports were submitted past the mandated time and those are being handled as an internal personnel matter.
6. Steve will be out of state the next week. I would like to schedule a meeting of the three of us for Thursday, March 30th.

I will be calling you today to address this matter.

In closing, I am dismayed to learn of reporting issues for all of 2016 today and not when they had occurred.

Thank you,

Peter Brandon, CEO
Liberty Ambulance
1325 W. Ridgecrest Blvd.
Ridgecrest, CA 93555
(760) 375-6531
pbrandon@libertyems.com

Attachment B

Peter Brandon

From: Peter Brandon
Sent: Wednesday, March 22, 2017 11:31 AM
To: Jana Richardson (richardsonj@co.kern.ca.us)
Cc: Jennifer L. LaFavor (LaFavorJ@HallAmb.com); Steve Davis (SDavis@LibertyEMS.com); Matthew Constantine (mattc@co.kern.ca.us)
Subject: Hall Ambulance will handle review of 2016 data

Tracking:

Recipient	Delivery	Read
Jana Richardson (richardsonj@co.kern.ca.us)		
Jennifer L. LaFavor (LaFavorJ@HallAmb.com)		
Steve Davis (SDavis@LibertyEMS.com)	Delivered: 3/22/2017 11:31 AM	Read: 3/22/2017 11:43 AM
Matthew Constantine (mattc@co.kern.ca.us)		

Hi Jana,

I just want to let you know Jennifer LaFavor has agreed to review and recalculate Liberty Ambulances monthly performance reports. These will be compared to our submitted documents to demonstrate our true compliance.

Thank you,

Peter Brandon, CEO
Liberty Ambulance
1325 W. Ridgecrest Blvd.
Ridgecrest, CA 93555
(760) 375-6531
pbrandon@libertyems.com

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April 5, 2017

Ms. Jana Richardson
Senior EMS Coordinator
Kern County EMS Division
Kern County Public Health Department
1800 Mount Vernon Ave., 2nd Floor
Bakersfield, CA 93306-3302

RE: Weekly update regarding cure actions reporting issues which caused a finding of Notice of Non-Compliance for Exclusive Operating Area (EOA) 7.

Dear Ms. Richardson,

Liberty Ambulance has been actively working to meet the goals and standards established in our March 29th letter regarding the non-compliance issues found in EOA-7. Below are the initial five steps listed on page 2 and their status:

1) I met with Steve Davis and he has begun to pull all the electronic reports for 2016.
** ***Done and completed***

2) Steve will review all the raw data for 2016 against the submitted monthly performance reports.
** ***Done and completed***

3) Steve said he found a reporting issue in January, for the December 2016 monthly report, but we failed to notify you of the reporting issues.
** ***This error was the cause of the previous performance reports' erroneous data.***

4) Steve will recalculate all the monthly performance reports to ensure accuracy.
** ***Done and completed. Please see the attached reports for Priorities 6, 7 & 8.***

5) There were several months the reports were submitted past the mandated time and those are being handled as an internal personnel matter.
** ***Review is still being conducted***

Actions to Cure Violations

A. On March 22nd, I sent you an email stating I asked Jennifer LaFavor, Communications Manager of Hall Ambulance, to review the monthly data for the months the County is claiming Liberty Ambulance is non-compliant for Priorities 6, 7 &8.
   ** ***Hall Ambulance is unable to recalculate Priorities 6, 7 & 8 as they are handled by Liberty Ambulance Supervisors. Please see Item 4 above.***

B. Investigate why COO and staff failed to adhere to EMS Division Policies regarding the required reporting format.
   ** ***Management and Supervisory staff did not have a clear and concise picture of how the reports were to be completed. Additionally, the wrong reporting tool was taken from the EMS Division website and was used to submit monthly compliance reports. Remedial training is being scheduled.***

C. Once all reports are reviewed or recalculated (by Hall) a thorough report shall be filed with the Kern EMS Division. This shall include any errors or omissions found and provide an explanation on how any such errors or omissions occurred.
   ** ***Being compiled***

D. The COO and Supervisors shall undergo remedial training on how to create the EMS Compliance Report.
   ** ***Remedial training will occur as soon as we can get it scheduled.***

E. Create a system of having all EMS related reporting reviewed for accuracy and completeness prior to submission.
   ** ***Beginning this month, a redundancy accuracy check will be done prior to submission***

F. Assign the Chief Information Officer to the investigation and training group.
** ***Done and completed***

G. Submit weekly written updates of these Actions to Cure Violations to the Kern EMS Division.
   ** ***This is the first weekly update to the EMS Division***

The second violation the County claims Liberty Ambulance committed was a violation of the *Ambulance Service Performance Standards*.

> ***Additionally, failure on the part of Liberty Ambulance to submit ambulance provider performance reports completely and on time constitutes an additional violation of the Ambulance Service Performance Standards X.D.1 "…All monthly reports shall be submitted to the Department before the 20th of the current month for the previous month." Reports were submitted on the 20th or later for the following months of 2016: April, May, July, August, October and November.***

The following are the steps we have taken to investigate the County's claims and to identify any areas of failure or weakness that caused these issues to occur.

Actions to Cure Violations

A. Review all emails showing submission dates of the monthly compliance reports
** ***Done and completed***

B. Interview COO and Supervisors to determine their understanding of the *Ambulance Service Performance Standards*.
** ***Done and completed***

C. Remedial training for COO and Supervisors on the *Ambulance Ordinance 8.12*, the *Ground Ambulance Providers' Agreement* and the *Ambulance Service Performance Standards.*

** ***Being scheduled***

D. Establish a strict policy on submission deadlines and all reports must be reviewed and signed off on by at least two supervisory or higher personnel.
E. ** ***Being drafted.***

F. A thorough report shall be filed with the Kern EMS Division. This shall include any errors or omissions found and provide an explanation on how any such errors or omissions occurred.

** ***Being compiled***

G. Submit weekly written updates of these Actions to Cure Violations to the Kern EMS Division.

** ***<u>This is the first weekly update to the EMS Division</u>***

After reviewing all the reports from both Hall Ambulance staff and Liberty Ambulance's management, there were no response time violations of the Ambulance Provider Performance Standards. I have uncovered nothing but reporting errors which caused the response times data to reflect inaccurately.

I want to assure your Division that Liberty Ambulance is taking this Notice of Non-Compliance very seriously and we are working diligently to correct any problems identified. Should you have comments regarding our progress to the plan to Cure Violations, please contact me.

Sincerely,

Peter W. Brandon
CEO

LIBERTY AMBULANCE

"Caring for Life"

1325 W. Ridgecrest Boulevard • Ridgecrest, CA 93555
Office: (760) 375-6531 • Fax: (760) 371-1115

April 12, 2017

Ms. Jana Richardson
Senior EMS Coordinator
Kern County EMS Division
Kern County Public Health Department
1800 Mount Vernon Ave., 2nd Floor
Bakersfield, CA 93306-3302

SENT VIA EMAIL
richardsonj@co.kern.ca.us

RE: Weekly update regarding cure actions reporting issues which caused a finding of Notice of Non-Compliance for Exclusive Operating Area (EOA) 7.

Dear Ms. Richardson,

Liberty Ambulance has been actively working to meet the goals and standards established in our March 29th letter regarding the non-compliance issues found in EOA-7. Below is the one remaining item of the initial five steps listed on page 2 and their status:

1) There were several months the reports were submitted past the mandated time and those are being handled as an internal personnel matter.
** ***Review is still being conducted***

Actions to Cure Violations

A. Investigate why COO and staff failed to adhere to EMS Division Policies regarding the required reporting format.
** ***Management and Supervisory staff did not have a clear and concise picture of how the reports were to be completed. Additionally, the wrong reporting tool was taken from the EMS Division website and was used to submit monthly compliance reports. Remedial training is being scheduled.***

B. Once all reports are reviewed or recalculated (by Hall) a thorough report shall be filed with the Kern EMS Division. This shall include any errors or omissions found and provide an explanation on how any such errors or omissions occurred.
** ***Being compiled***

C. The COO and Supervisors shall undergo remedial training on how to create the EMS Compliance Report.
** ***Remedial training will occur as soon as we can get it scheduled.***

D. Create a system of having all EMS related reporting reviewed for accuracy and completeness prior to submission.
** ***Beginning this month, a redundancy accuracy check will be done prior to submission***

E. Submit weekly written updates of these Actions to Cure Violations to the Kern EMS Division.
** ***This is the second weekly update to the EMS Division***

The second violation Liberty Ambulance committed was a violation of the *Ambulance Service Performance Standards*.

Additionally, failure on the part of Liberty Ambulance to submit ambulance provider performance reports completely and on time constitutes an additional violation of the Ambulance Service Performance Standards X.D.1 "…All monthly reports shall be submitted to the Department before the 20th of the current month for the previous month." Reports were submitted on the 20th or later for the following months of 2016: April, May, July, August, October and November.

The following are the steps we have taken to investigate the County's claims and to identify any areas of failure or weakness that caused these issues to occur.

Actions to Cure Violations

A. Remedial training for COO and Supervisors on the *Ambulance Ordinance 8.12*, the *Ground Ambulance Providers' Agreement* and the *Ambulance Service Performance Standards.*

** ***Being scheduled***

B. Establish a strict policy on submission deadlines and all reports must be reviewed and signed off on by at least two supervisory or higher personnel.

** ***Completed and attached.***

C. A thorough report shall be filed with the Kern EMS Division. This shall include any errors or omissions found and provide an explanation on how any such errors or omissions occurred.
** ***Being compiled***

D. Submit weekly written updates of these Actions to Cure Violations to the Kern EMS Division.
** ***This is the second weekly update to the EMS Division***

After reviewing all the reports from both Hall Ambulance staff and Liberty Ambulance's management, there were no response time violations of the Ambulance Provider Performance Standards. I have uncovered nothing but reporting errors which caused the response times data to reflect inaccurately.

I want to assure your Division that Liberty Ambulance is taking this Notice of Non-Compliance very seriously and we are working diligently to correct any problems identified. Should you have comments regarding our progress to the plan to Cure Violations, please contact me.

Sincerely,

Peter W. Brandon
CEO

LIBERTY AMBULANCE

"Caring for Life"

1325 W. Ridgecrest Boulevard • Ridgecrest, CA 93555
Office: (760) 375-6531 • Fax: (760) 371-1115

DATE: April 12, 2017

TO: Steve Davis, COO
Craig Poulin, CIO

FROM: Peter Brandon, CEO

RE: Policy statement pertaining to reporting of data as required per the Ambulance Service Performance Standards to the Kern County EMS Division

CC: Jana Richardson, Senior EMS Coordinator

It is the policy of Liberty Ambulance that all reporting of required data shall be sent to the EMS Division at a minimum of 2 days (48 hours) prior to the due dates of these reports.

A) Monthly response time data is due to the EMS Division by the 19th of each month for the previous month's information.

B) The annual performance reports shall be sent to the EMS Division by April 15th of each calendar year.

If for any reason this policy cannot be adhered to you are to notify me as soon as you are aware of an issue.

LIBERTY AMBULANCE
"Caring for Life"

1325 W. Ridgecrest Boulevard • Ridgecrest, CA 93555
Office: (760) 375-6531 • Fax: (760) 371-1115

April 20, 2017

Ms. Jana Richardson
Senior EMS Coordinator
Kern County EMS Division
Kern County Public Health Department
1800 Mount Vernon Ave., 2nd Floor
Bakersfield, CA 93306-3302

SENT VIA EMAIL
richardsonj@co.kern.ca.us

RE: Third weekly update regarding cure actions reporting issues which caused a finding of Notice of Non-Compliance for Exclusive Operating Area (EOA) 7.

Dear Ms. Richardson,

Liberty Ambulance has been actively working to meet the goals and standards established in our March 29th letter regarding the non-compliance issues found in EOA-7. Below is the one remaining item of the initial five steps listed on page 2 and their status:

1) There were several months the reports were submitted past the mandated time and those are being handled as an internal personnel matter.
** ***Review is completed, internal management personnel matters are confidential***

Actions to Cure Violations

A. Investigate why COO and staff failed to adhere to EMS Division Policies regarding the required reporting format.
** ***Found a lack of understanding of the purpose of the reporting and Supervisory personnel had different understanding of the requirements of time reporting for inter-facility transfers. These are the Priority 6 and 7 responses.***

B. Once all reports are reviewed or recalculated (by Hall) a thorough report shall be filed with the Kern EMS Division. This shall include any errors or omissions found and provide an explanation on how any such errors or omissions occurred.
** ***Being compiled***

C. The COO and Supervisors shall undergo remedial training on how to create the EMS Compliance Report.
** ***Remedial training has been started for Shift Supervisors and Management level remedial training is scheduled with Ms. Jana Richardson, for May 3rd, at EMS.***

D. Create a system of having all EMS related reporting reviewed for accuracy and completeness prior to submission.
** ***System is in place.***

E. Submit weekly written updates of these Actions to Cure Violations to the Kern EMS Division.
** ***This is the third weekly update to the EMS Division***

The second violation Liberty Ambulance committed was a violation of the *Ambulance Service Performance Standards*.

> ***Additionally, failure on the part of Liberty Ambulance to submit ambulance provider performance reports completely and on time constitutes an additional violation of the Ambulance Service Performance Standards X.D.1 "…All monthly reports shall be submitted to the Department before the 20th of the current month for the previous month." Reports were submitted on the 20th or later for the following months of 2016: April, May, July, August, October and November.***

The following are the steps we have taken to investigate the County's claims and to identify any areas of failure or weakness that caused these issues to occur.

Actions to Cure Violations

A. Remedial training for COO and Supervisors on the *Ambulance Ordinance 8.12*, the *Ground Ambulance Providers' Agreement* and the *Ambulance Service Performance Standards.*

** ***Remedial training has started***

B. A thorough report shall be filed with the Kern EMS Division. This shall include any errors or omissions found and provide an explanation on how any such errors or omissions occurred.

** ***Being compiled***

C. Submit weekly written updates of these Actions to Cure Violations to the Kern EMS Division.

** ***This is the third weekly update to the EMS Division***

Following our meeting last Tuesday, April 18th, we have implemented a policy change in how Priority 6 and 7 responses are handled. By making this change, all agreed upon pickup times will be entered and subsequently tracked through OCD in the same manner the pre-hospital responses are. Please see attached Policy Statement.

I want to assure your Division that Liberty Ambulance is taking this Notice of Non-Compliance very seriously and we are working diligently to correct any problems identified. Should you have comments regarding our progress to the plan to Cure Violations, please contact me.

Sincerely,

Peter W. Brandon
CEO

Enclosure: Liberty Ambulance Policy Statement on handling of Priority 6 and 7 responses, Dated April 20, 2017

LIBERTY AMBULANCE
"Caring for Life"

1325 W. Ridgecrest Boulevard • Ridgecrest, CA 93555
Office: (760) 375-6531 • Fax: (760) 371-1115

DATE: April 19, 2017

TO: Steve Davis, COO

FROM: Peter Brandon, CEO

RE: Policy statement pertaining to handling of Priority 6, 7 and 8 level calls

CC: Jana Richardson, Senior EMS Coordinator, Kern County EMS Division

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Effective midnight tonight, it is the policy of Liberty Ambulance that all Priority 6 and 7 responses will be handled in the following manner:

A) All requests for service shall be handled by Hall Ambulance Dispatch Center (OCD)

B) The OCD staff will receive the call and obtain the necessary information in regard to what the level of service is being requested, what (if any) equipment is needed, patient's condition and what pickup time the facility is requesting.

C) OCD shall contact the on-duty Shift Supervisor (Supervisor) and relay the above information. It is the responsibility of the Supervisor to contact the requesting facility and determine what the level of urgency is and give an estimated arrival time of the requested ambulance.

D) The Supervisor will contact OCD and relay the agreed upon pickup time and which on-duty ambulance will handle the transport.

E) OCD shall enter the agreed upon pickup time into the CAD and notify the appropriate crew of the assignment.

The Policy of allowing the on-duty Supervisors to divert resources between the EOAs shall remain in place as currently practiced.

If for any reason this policy cannot be adhered to you are to notify me as soon as you are aware of an issue.

LIBERTY AMBULANCE

"Caring for Life"

1325 W. Ridgecrest Boulevard • Ridgecrest, CA 93555
Office: (760) 375-6531 • Fax: (760) 371-1115

April 27, 2017

Ms. Jana Richardson
Senior EMS Coordinator
Kern County EMS Division
Kern County Public Health Department
1800 Mount Vernon Ave., 2nd Floor
Bakersfield, CA 93306-3302

SENT VIA EMAIL
richardsonj@co.kern.ca.us

RE: Fourth weekly update regarding cure actions reporting issues which caused a finding of Notice of Non-Compliance for Exclusive Operating Area (EOA) 7.

Dear Ms. Richardson,

Liberty Ambulance has been actively working to meet the goals and standards established in our March 29th letter regarding the non-compliance issues found in EOA-7. On March 29, Liberty Ambulance submitted its Plan to Cure Violations. Under the "**Actions to Cure Violations"** (listed at top of page 2), Subsection A., Items 1-5, listed the immediate actions we were taking in response to your letter. All of those items have been completed. Below are the items still to be completed

Actions to Cure Violations

A. Once all reports are reviewed or recalculated (by Hall) a thorough report shall be filed with the Kern EMS Division. This shall include any errors or omissions found and provide an explanation on how any such errors or omissions occurred.
   ** ***Being compiled***

B. The COO and Supervisors shall undergo remedial training on how to create the EMS Compliance Report.
   ** ***Remedial training has been started for Shift Supervisors and Management level remedial training is scheduled with Ms. Jana Richardson, for May 3rd, at EMS.***

C. Submit weekly written updates of these Actions to Cure Violations to the Kern EMS Division.

** ***This is the fourth weekly update to the EMS Division***

The second violation Liberty Ambulance committed was a violation of the *Ambulance Service Performance Standards*.

> ***Additionally, failure on the part of Liberty Ambulance to submit ambulance provider performance reports completely and on time constitutes an additional violation of the Ambulance Service Performance Standards X.D.1 "...All monthly reports shall be submitted to the Department before the 20th of the current month for the previous month." Reports were submitted on the 20th or later for the following months of 2016: April, May, July, August, October and November.***

The following are the steps we have taken to investigate the County's claims and to identify any areas of failure or weakness that caused these issues to occur.

Actions to Cure Violations

A. Remedial training for COO and Supervisors on the *Ambulance Ordinance 8.12*, the *Ground Ambulance Providers' Agreement* and the *Ambulance Service Performance Standards.*

** ***Remedial training has started***

B. A thorough report shall be filed with the Kern EMS Division. This shall include any errors or omissions found and provide an explanation on how any such errors or omissions occurred.

** ***Being compiled***

C. Submit weekly written updates of these Actions to Cure Violations to the Kern EMS Division.

** ***This is the fourth weekly update to the EMS Division***

I want to assure your Division that Liberty Ambulance is taking this Notice of Non-Compliance very seriously and we are working diligently to correct all problems identified. Should you have comments regarding our progress to the plan to Cure Violations, please contact me.

Sincerely,

Peter W. Brandon
CEO

LIBERTY AMBULANCE
"Caring for Life"

1325 W. Ridgecrest Boulevard • Ridgecrest, CA 93555
Office: (760) 375-6531 • Fax: (760) 371-1115

May 4, 2017

Ms. Jana Richardson
Senior EMS Coordinator
Kern County EMS Division
Kern County Public Health Department
1800 Mount Vernon Ave., 2nd Floor
Bakersfield, CA 93306-3302

HAND DELIVERED

RE: Fifth weekly update regarding cure actions reporting issues which caused a finding of Notice of Non-Compliance for Exclusive Operating Area (EOA) 7.

Dear Ms. Richardson,

Liberty Ambulance has been actively working to meet the goals and standards established in our March 29th letter regarding the non-compliance issues found in EOA-7. On March 29, Liberty Ambulance submitted its Plan to Cure Violations. Under the '**Actions to Cure Violations"** (listed at top of page 2), Subsection A., Items 1-5, listed the immediate actions we were taking in response to your letter. All of those items have been completed. Below are the items still to be completed

Actions to Cure Violations

A. Once all reports are reviewed or recalculated (by Hall) a thorough report shall be filed with the Kern EMS Division. This shall include any errors or omissions found and provide an explanation on how any such errors or omissions occurred.
** ***Being compiled***

B. The COO and Supervisors shall undergo remedial training on how to create the EMS Compliance Report.
** ***Completed by Ms. Jana Richardson on May 3rd, at EMS.***

C. Submit weekly written updates of these Actions to Cure Violations to the Kern EMS Division.

** ***This is the fifth weekly update to the EMS Division***

The second violation Liberty Ambulance committed was a violation of the *Ambulance Service Performance Standards*.

> ***Additionally, failure on the part of Liberty Ambulance to submit ambulance provider performance reports completely and on time constitutes an additional violation of the Ambulance Service Performance Standards X.D.1 "…All monthly reports shall be submitted to the Department before the 20th of the current month for the previous month." Reports were submitted on the 20th or later for the following months of 2016: April, May, July, August, October and November.***

The following are the steps we have taken to investigate the County's claims and to identify any areas of failure or weakness that caused these issues to occur.

Actions to Cure Violations

A. Remedial training for COO and Supervisors on the *Ambulance Ordinance 8.12*, the *Ground Ambulance Providers' Agreement* and the *Ambulance Service Performance Standards.*

** ***Remedial training has started***

B. A thorough report shall be filed with the Kern EMS Division. This shall include any errors or omissions found and provide an explanation on how any such errors or omissions occurred.

** ***Being compiled***

C. Submit weekly written updates of these Actions to Cure Violations to the Kern EMS Division.

** ***This is the fifth weekly update to the EMS Division***

I want to assure your Division that Liberty Ambulance is taking this Notice of Non-Compliance very seriously and we are working diligently to correct all problems identified. Should you have comments regarding our progress to the plan to Cure Violations, please contact me.

Sincerely,

Peter W. Brandon
CEO

ANNUAL REPORT ON FIRST-RESPONDER PARAMEDIC PROGRAM
FOR PINE MOUNTAIN CLUB
(Fiscal Impact: None)

This is the annual report regarding the Kern County Fire Department's first-responder paramedic program serving Pine Mountain Club. This program was established on February 17, 2009. Below is a summary of operations from January 2016 through December 2016.

Response Times

As with most first-responder paramedic programs, response times can be an effective measure of the program. Two time zones with four standards were set as measurements for this program. The standards for Zone A are 8 minutes, 59 seconds, ninety percent (90%) of the time per month, and 12 minutes, 59 seconds, one hundred percent (100%) of the time per month. The standards for Zone B are 15 minutes, 59 seconds, ninety percent (90%) of the time per month, and 20 minutes, 59 seconds, one hundred percent (100%) of the time per month. In other words, most calls occurring close to the fire station will be responded to in less than nine minutes and in no case shall the response be longer than 13 minutes. Calls occurring further away from the fire station will be responded to in less than 15 minutes most of the time and in no case shall the response be longer than 21 minutes. Responses are measured from call time to scene arrival, and the time standards are only applicable for those calls that require a hot response (lights and siren) to an EMS-related incident.

From January 2016 through December 2016, the Kern County Fire Department response performance compliance was measured on a monthly basis as shown in Figure 1 below. The Kern County Fire Department was in compliance in all four categories during the months of January, February, March, July, August, September, October, November, and December. The Kern County Fire Department was out of compliance for one category in April and June, Time Zone A at 100 percent. The months of May and June also had two categories of non- compliance in both time standards for Zone B. The Kern County Fire Department has shown a slight decline in response compliance over the last few years. In 2013 the Fire Department did not have any months of non-compliance.

Figure 1.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Standard
												90% Time Standard
MET	**MET**	**MET**	**MET**	**MET**	**MET**	**MET**	**MET**	**MET**	**MET**	**MET**	**MET**	Time Zone A 8:59
MET	**MET**	**MET**	**MET**	**NOT MET**	**NOT MET**	**MET**	**MET**	**MET**	**MET**	**MET**	**MET**	Time Zone B 15:59
												100% Time Standard
MET	**MET**	**MET**	**NOT MET**	**MET**	**NOT MET**	**MET**	**MET**	**MET**	**MET**	**MET**	**MET**	Time Zone A 12:59
MET	**MET**	**MET**	**MET**	**NOT MET**	**MET**	**MET**	**MET**	**MET**	**MET**	**MET**	**MET**	Time Zone B 20:59

Program Effectiveness

From January 2016 to December 2016, the Fire Department had contact with 224 patients. The types of medical emergencies encountered are listed in Figure 2.

Figure 2 - Type of Medical Problem by Volume

28	Abdominal pain/problems	21	Ill/ Weakness
1	Allergic reaction	7	Poisoning/ Drug ingestion
11	Altered level of consciousness	12	Respiratory problems
3	Cardiac arrest	8	Stroke
4	Cardiac rhythm disturbance	6	Seizure
19	Chest pain	8	Syncope
3	Diabetic problems	64	Trauma
28	Not Available/Other	1	Vaginal hemorrhage
		224	Total

The Fire Department is capable of providing advanced life support (ALS) or basic life support (BLS) depending on the severity of the patient encountered. The Fire Department provided ALS level care in 54.9 percent of the patients encountered as shown in Figure 3. Of the 54.9 percent of patients who received ALS level of care, 71.5 percent received precautionary ALS care as depicted in Figure 4. Precautionary ALS services involve advanced monitoring and typically starting an IV. Such precautionary action is the expected standard of care in many cases because it allows the paramedic to effectively monitor the patient and react quickly if the patient condition deteriorates. In 189 cases or 84.4 percent of the time, the Fire Department provided either BLS levels of service or precautionary ALS services. This statistic indicates that a high percentage of the cases encountered are less serious; not life threatening.

Figure 3 - LEVEL OF CARE PROVIDED

Volume	Percent	Level of Care
123	54.9%	ALS
101	45.1%	BLS Only
224	100%	

Figure 4 - REASON FOR ALS LEVEL CARE

Volume	Percent	Reason
88	71.5%	ALS Precautionary (of ALS cases)
35	28.5%	ALS treatment had a direct positive effect
123	100.0%	

Overall Assessment of the Program

The first-responder paramedic program operated by the Kern County Fire Department is in compliance with EMS rules and regulations, with the exception of response times. There have been no complaints filed with the EMS Division about the Kern County Fire Department's paramedic program. In previous years the Fire Department worked diligently at improving response time performance in the Pine Mountain Club area. It is anticipated that the Kern County Fire Department will continue efforts to address response time compliance in the coming year.

X. New Business

B. Annual EMS System Activity Report

EMS Division Staff Report for EMCAB- May 11th, 2017

Annual EMS System Report 2016

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.

Health and Safety Code 1797.276, requires the Division to report the state annually regarding the activities of this Board. Furthermore, it requires the report be submitted to the County Board of Supervisors.

The Dilemma

The EMS Division needed to develop an annual report that compiled all the Quality Improvement activities we are involved in and ensure they meet all the quality indicators required in Health & Safety Code and Title 22. This required the Division to compile numerous data elements from over 100,000 EMS electronic patient care records. It also required cooperation with local hospitals to ensure an accurate and complete analysis of our system is presented.

The EMS Division Plan of Action

The Division as 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 report contains a multitude of statistics regarding our EMS system that includes everything from demographics to a demand analysis based on volume of calls every hour of the day. 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 - 2016*.

KERN COUNTY
Public Health Services
DEPARTMENT

MATTHEW CONSTANTINE
DIRECTOR

1800 MT. VERNON AVENUE BAKERSFIELD, CALIFORNIA, 93306-3302 661-321-3000 WWW.KERNPUBLICHEALTH.COM

Kern County EMS Division Report on Activities 2016

The Kern County Emergency Medical Services Division (Division) is the agency designed by the Board of Supervisors as the local EMS agency serving Kern County. The Division is responsible to the people of Kern County as the regulatory agency which oversees all aspects of pre-hospital emergency medical care. The mission of the Division is:

> To assure the safety and health of Kern County residents by setting and enforcing standards; providing training, outreach, and education; establishing partnerships; and encouraging continual quality improvement in emergency medical care.

The Division strives to meet our mission by working through our vision. The vision of the Emergency Medical Services Division is to provide structure for our agency by describing what will need to be accomplished to continue to advance the quality of emergency medical services delivered in Kern County. We will accomplish this vision through the following goals:

- Strengthening clinical capabilities of field personnel to meet the needs of each and every patient, whose care is our primary purpose and mission.
- Develop a vigorous QI program that evolves and is proactive with the communities that we serve.
- Identifying new and novel sources of external funding.
- Capitalizing on innovative and emerging technology.
- Strengthening collaborative relationships with public safety agencies, basic and advanced life support providers, hospitals, and educational partners to better serve the healthcare needs of our communities.
- Improve standardized data systems.
- Forge strong partnerships with all EMS stakeholders to provide public education campaigns.
- Achieve cultural change of current interoperable communications system.
- Continuity of operations for disaster planning, response, and mitigation.

This annual report is dedicated to the men and women of EMS that dedicate their lives and careers to providing prehospital emergency care in an ever-changing world. These men and women do their best to provide quality patient care in a challenging, difficult and dangerous environment. We humbly thank them for their service to the community and hope that we can continue to provide support and leadership to each one of these men and women.

This past year has been an exciting and challenging year. The Division was in the flux of leadership changes, and with that has embraced the opportunity to change the focus of the Division in the future. By embracing current research and increasing understanding of prehospital emergency care, the Division is shifting focus to that of clinical care and achieving positive effects on patient outcomes.

With the help of Dr. Kristopher Lyon, M.D., the Division policies, procedures, and protocols are constantly updated to reflect current best practice standards across the nation. By leveraging the increasing amount of prehospital research, the Division can ensure that Kern County stays on the forefront of prehospital emergency medical care. One major area of focus that started in 2016, and will continue through next year is making improvements to cardiac resuscitation procedures. The Division is looking to nationwide leaders to help guide us in development of cardiac resuscitation guidelines designed to improve patient survivability. We want Kern County to be a heart smart community. This past year, the Division has taken the following steps toward this goal:

- Collaborate with community partners to conduct a Sidewalk CPR Day
- Provide training to Kern County government departments in hands-only CPR
- Provide training to community in hands-only CPR
- Implement PulsePoint Respond and AED in Kern County
- Attendance at Resuscitation Academy in Washington
- Increasing the availability of AEDs in shelter operations in times of disaster

While the focus of clinical and cardiac care is certainly at the top of the Division priority list, community education is also right up at the top. Using data submitted by EMS providers and hospital specialty care centers, the Division is focusing attention on identifying trends in data and opportunities to improve the health and safety of the community. The Division has been working with stakeholder and partner agencies to plan community intervention projects in Kern County. One of these projects started the planning phase in 2016, and will be completed in 2017. Using available trauma data an issue was identified with regard to childhood injury prevention. Children who were victims of car accidents were being injured due to improper or no child safety restraints. The Trauma Evaluation Committee, took on this issue and started to plan a car seat safety check event to be conducted in March 2017.

The 2016 year ended with the initiation of the Pediatric Advisory Committee and the designation of two additional hospitals as pediatric receiving centers. The Kern

County Emergency Medical Services for Children (EMSC) program is officially up and running. We are excited about changes will be brought in the coming year to pediatric care in Kern County.

This summer brought devastating wildland fires to Kern County and surrounding areas. The Erskine Fire tested the Division and partner agencies on readiness. The Division was very pleased with stakeholders' willingness to help the residents of the Kern River Valley in such a time of dire need. The fire caused destruction of critical infrastructure in the area and necessitated the evacuation of a hospital and skilled nursing facility. Hospitals and skilled nursing facilities all over Kern County opened doors and volunteered to help with the safe evacuation of patients. Kern Regional Transit, Hall Ambulance Service, Inc. and Liberty Ambulance worked together to provide transportation and continuity of essential emergency ambulance services to the patients and residents affected by the fire. Every patient and resident of the evacuated facility had a place to go to. We are grateful for the community we work in and the endless desire to help in times of emergency. The community is the greatest asset in emergency and disaster preparedness and response.

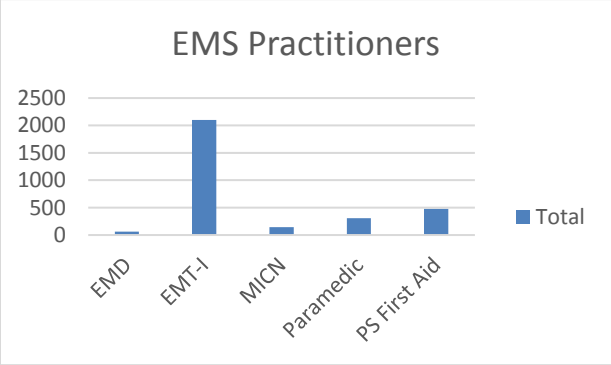
The remainder of this report serves to provide a summary of Division activities for the 2016 year. Included in this report is demographic information, specialty care information, and quality improvement initiatives for the 2016 calendar year. This report satisfies requirements for annual reporting.

KERN COUNTY
Public Health Services
DEPARTMENT

Kern County EMS Division

2016 System Demographics

EMS Practitioners	3092
Emergency Medical Dispatchers	60
Emergency Medical Technicians	2098
Mobile Intensive Care Nurses	146
Paramedics	310
Public Safety First Aid	478



Training Programs	28
Paramedic Training Programs	1
EMT Training Programs	6
Continuing Education Providers	19
First Aid	2

Emergency Receiving Hospitals	10
Base Hospitals	8
Trauma Centers	2
STEMI Receiving Centers	3
Stroke Centers	5
Pediatric Receiving Centers	5

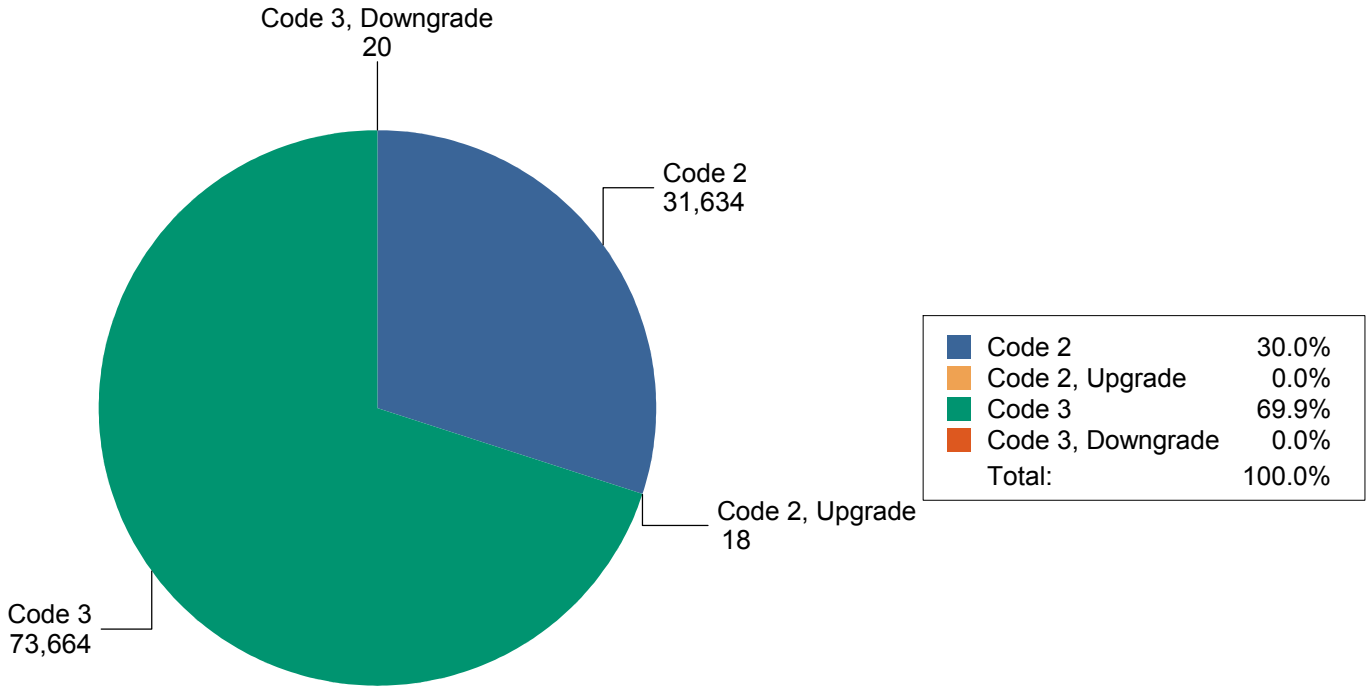
EMS Provider Agencies	13
Air Ambulance	2
ALS Ambulance	3
ALS Non-Transport	1
ALS Fire Department	3
BLS Non-Transport	2
Public Safety First Aid O.S.	1

KERN COUNTY Public Health Services DEPARTMENT

Kern County EMS Division

Response Mode to Scene

2016



Type of Service Requested = 30 (911 Response)

KERN COUNTY
Public Health Services
DEPARTMENT

Kern County Emergency Medical Services Division

Average Times per Community by ALS and Transporting BLS Resources
(Lights and Sirens Response)

4/19/2017		Total	2014	2015	2016
Total	On Scene Time	13.44	13.69	13.48	13.10
	Transport Time	18.01	17.58	18.30	18.20
	Total Time	30.94	30.73	31.04	31.08
		123,975	45,305	38,845	39,825
ARVIN		13.02	13.59	12.42	12.96
		29.88	29.61	30.01	30.06
		42.91	43.21	42.39	43.08
		1,934	723	613	598
BAKERSFIELD		13.32	13.64	13.40	12.87
		13.20	13.24	13.21	13.12
		25.98	26.26	25.91	25.71
		80,080	30,258	24,584	25,238
BORON		13.50	13.05	12.80	14.72
		61.74	52.61	66.29	67.67
		72.29	65.37	70.08	82.48
		505	184	162	159
BUTTONWILLOW		12.54	13.22	11.70	12.71
		34.52	32.94	33.92	36.49
		46.98	45.98	45.62	49.13
		350	110	116	124
CALIENTE		15.43	16.50	14.78	15.00
		49.97	44.53	53.00	52.41
		65.19	61.03	67.08	67.41
		218	73	68	77
CALIFORNIA CITY		13.09	13.54	12.65	13.04
		43.48	43.33	43.70	43.41
		56.49	56.71	56.29	56.43
		3,648	1,299	1,210	1,139
CANTIL		19.34	17.88	21.83	19.02
		43.20	44.19	42.07	42.93
		60.52	60.64	63.90	57.49
		42	18	11	13
DELANO		15.65	14.95	15.95	16.06
		12.73	11.72	12.40	13.95
		28.38	26.66	28.35	30.01
		5,888	1,969	1,814	2,105
EDWARDS		15.26	14.49	16.08	15.15
		44.50	41.58	42.22	48.93
		57.70	56.02	58.30	58.53
		706	211	235	260
FELLOWS		13.29	14.12	12.39	13.13
		45.46	45.09	43.98	47.32
		58.76	59.21	56.37	60.45
		109	42	32	35

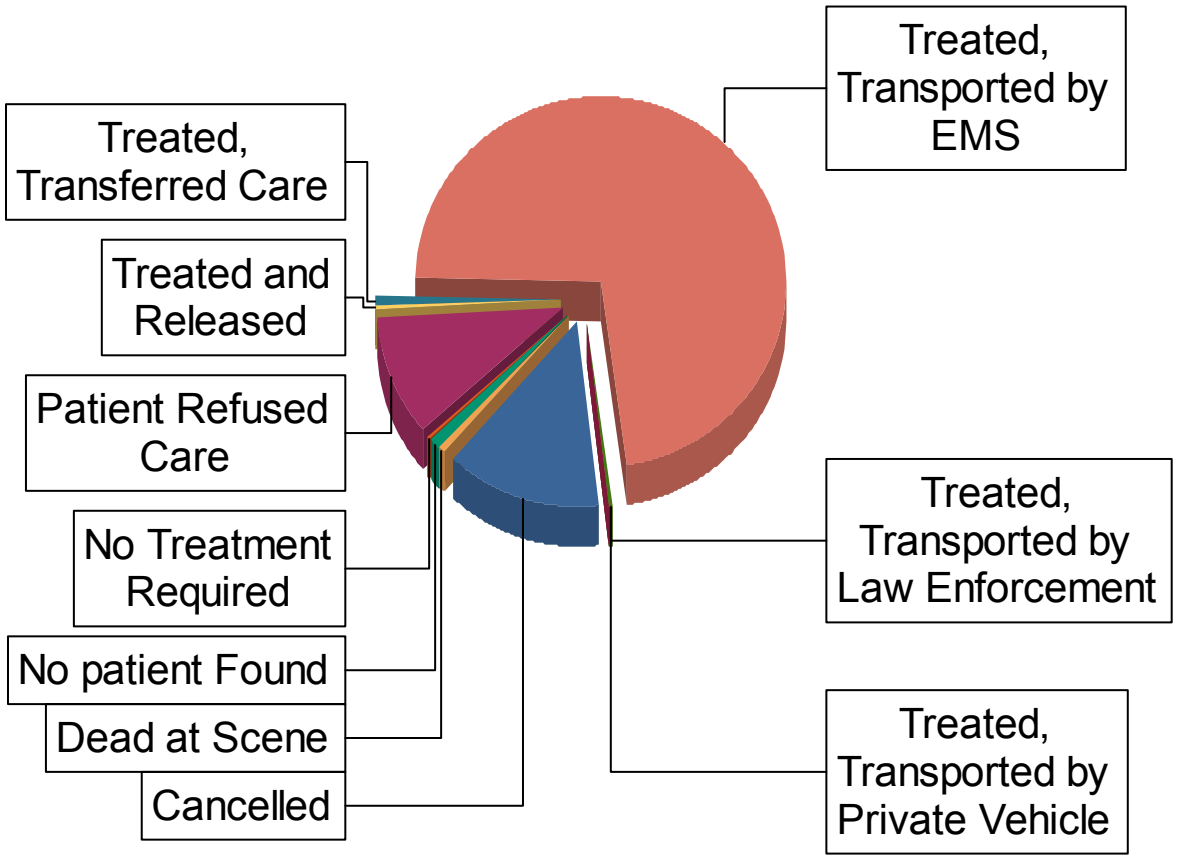
	Total	2014	2015	2016
FRAZIER PARK	15.38 54.28 69.65 1,005	15.90 53.53 69.40 318	14.87 56.69 71.56 348	15.41 52.53 67.94 339
GLENNVILLE	22.59 55.18 77.77 29	16.04 58.61 74.64 13	33.58 44.94 78.52 8	22.24 59.86 82.10 8
INYOKERN	13.39 17.51 30.89 555	14.81 17.76 32.53 180	12.91 16.07 28.98 162	12.57 18.40 30.98 213
JOHANNESBURG	14.90 31.71 46.45 81	15.58 34.08 49.28 33	11.85 28.85 40.70 23	16.80 31.31 48.11 25
KEENE	15.14 29.68 44.83 57	14.71 26.22 40.94 24	14.00 38.47 52.48 12	16.34 28.56 44.90 21
KERNVILLE	12.81 35.95 48.77 464	13.39 32.90 46.29 153	12.42 36.37 48.79 142	12.63 38.37 50.99 169
LAKE ISABELLA	11.66 19.71 31.37 2,258	11.00 18.17 29.16 812	11.65 19.78 31.43 704	12.40 21.32 33.73 742
LAMONT	12.18 24.15 36.33 1,474	12.59 24.43 37.02 506	12.37 24.06 36.44 517	11.50 23.93 35.42 451
LEBEC	18.83 40.88 59.66 487	15.58 41.64 57.09 125	16.68 40.35 57.03 195	23.72 40.94 64.66 167
LOST HILLS	13.22 49.04 61.99 468	11.57 45.90 56.88 150	14.89 51.24 65.95 172	12.98 49.74 62.69 146
MARICOPA	16.96 44.91 57.16 320	12.06 46.73 58.48 96	26.84 43.30 55.74 100	12.69 44.81 57.27 124
MC FARLAND	13.29 15.02 28.30 1,412	13.54 14.03 27.57 412	13.56 15.29 28.87 494	12.81 15.56 28.33 506
MC KITTRICK	13.92 47.17 61.90 102	14.74 50.05 63.55 34	14.76 47.96 61.34 34	12.20 43.37 60.78 34

	Total	2014	2015	2016
MOJAVE	12.55 29.24 41.73 1,835	12.20 29.64 41.77 666	12.63 28.67 41.21 541	12.86 29.29 42.15 628
ONYX	12.10 27.17 39.27 186	12.28 25.51 37.79 47	11.32 26.32 37.65 62	12.61 28.87 41.48 77
RED MOUNTAIN	11.16 30.11 41.26 19	11.81 27.63 39.44 16	6.00 33.00 39.00 1	8.50 48.50 57.00 2
RIDGECREST	13.11 8.29 21.39 4,755	13.54 7.58 21.12 1,500	13.01 8.69 21.69 1,588	12.81 8.54 21.35 1,667
ROSAMOND	13.13 19.57 32.04 2,190	13.87 19.46 33.33 738	12.70 20.43 31.13 723	12.81 18.81 31.62 729
SHAFTER	11.40 26.53 37.27 2,202	10.95 25.59 36.54 895	12.30 27.94 37.95 646	11.13 26.45 37.61 661
TAFT	12.13 39.79 50.47 3,060	12.99 39.91 51.43 1,029	12.66 39.65 49.63 1,076	10.61 39.80 50.39 955
TEHACHAPI	15.77 28.51 43.82 3,330	15.30 26.42 41.70 1,051	16.16 28.73 43.51 1,085	15.84 30.15 45.96 1,194
WASCO	14.57 32.22 44.60 2,682	17.86 33.40 47.43 1,154	12.14 32.09 42.49 830	12.05 30.42 42.46 698
WELDON	11.95 21.64 33.55 665	12.12 19.07 31.08 211	11.75 20.95 32.71 237	12.00 24.87 36.87 217
WOFFORD HEIGHTS	12.58 29.56 42.14 843	11.32 28.44 39.76 251	13.55 27.30 40.85 293	12.67 32.72 45.39 299
WOODY	15.52 46.92 62.44 16	14.60 49.85 64.45 4	15.76 49.33 65.09 7	15.91 41.19 57.11 5

KERN COUNTY Public Health Services DEPARTMENT

Emergency Medical Services Division
Patient Disposition (Emergency Calls)
2016

911 Patient Disposition



Cancelled	13108	13.6%
Dead at Scene	577	0.6%
No patient Found	963	1.0%
No Treatment Required	188	0.2%
Patient Refused Care	10273	10.7%
Treated and Released	253	0.3%
Treated, Transferred Care	835	0.9%
Treated, Transported by EMS	69775	72.6%
Treated, Transported by Law Enforcement	184	0.2%
Treated, Transported by Private Vehicle	6	0.0%
Total:	96162	100.0%

KERN COUNTY
Public Health Services
DEPARTMENT

Emergency Medical Services Division

Destination by Hospital- Demand Analysis

Year End 2016

	Total	1-Sunday	2-Monday	3-Tuesday	4-Wednesday	5-Thursday	6-Friday	7-Saturday
Total	70,493	9,542	10,400	10,039	10,042	9,999	10,608	9,863
Antelope Valley Hospital Medical C	245	22	48	31	32	55	37	20
Bakersfield Heart Hospital	92	11	10	14	17	20	13	7
Bakersfield Memorial Hospital- 34th	281	46	37	19	42	48	53	36
BARSTOW COMM HOSP	154	30	20	17	27	19	21	20
Barstow Community Hospital	1	0	0	0	0	0	1	0
BKFLD HEART HOSP	3,034	365	468	426	435	448	466	426
DELANO REG MED CNTR	674	89	104	113	113	89	80	86
Delano Regional Medical Center	2,370	338	347	357	322	345	336	325
HENRY MAYO HOSPITAL	371	58	57	58	43	46	52	57
Henry Mayo Newhall Memorial Hos	76	16	10	8	9	14	10	9
Kern County Med Center	169	26	26	14	26	19	23	35
KERN MEDICAL	6,582	938	909	869	926	920	967	1,053
KERN MEDICAL CENTER	4,149	586	610	579	534	550	681	609
Kern Valley Healthcare District	1,677	242	263	244	243	199	230	256
MEMORIAL HOSPITAL	14,173	1,946	2,056	2,001	2,020	2,074	2,140	1,936
MERCY HOSPITAL	6,603	893	994	980	873	935	1,031	897
Mercy Hospital - Bakersfield	113	6	11	29	22	12	20	13

*Hospitals are listed twice due to variances in ePCR software in use by providers

	Total	1-Sunday	2-Monday	3-Tuesday	4-Wednesday	5-Thursday	6-Friday	7-Saturday
Mercy Southwest Hospital	22	2	5	2	3	2	4	4
MERCY SW HOSPITAL	6,308	842	936	889	949	891	912	889
RIDGECREST REG HOSP	17	2	3	3	0	1	5	3
Ridgecrest Regional Hospital	2,565	355	371	358	357	340	396	388
SAN JOAQUIN COMM HOSP	18,383	2,406	2,783	2,686	2,700	2,621	2,725	2,462
San Joaquin Community Hospital	908	129	126	141	118	127	154	113
TEHACHAPI HOSPITAL	1,526	194	206	201	231	224	251	219

Bakersfield Heart Hospital

	Total	0.00	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00
Total	3,205	79	66	60	40	47	83	78	120	162	184	192	230	184	203	194	176	196	173	144	145	127	112	118	92
1-Sunday	390	20	7	12	4	7	11	7	11	15	18	22	19	14	25	21	26	25	23	20	22	15	13	13	20
2-Monday	492	13	5	16	5	8	11	14	13	30	33	36	39	31	27	32	24	28	21	23	23	23	10	17	10
3-Tuesday	452	9	9	10	5	8	9	11	26	32	25	34	37	23	24	23	18	33	20	18	17	24	13	14	10
4-Wednesday	459	8	11	4	4	6	7	11	19	20	27	19	34	32	40	28	23	31	33	14	17	14	23	21	13
5-Thursday	481	8	10	3	8	4	17	12	16	19	29	32	33	35	35	32	37	27	23	23	24	12	18	12	12
6-Friday	491	13	8	6	8	5	11	11	12	27	29	22	38	26	36	31	29	31	30	23	21	18	18	25	13
7-Saturday	440	8	16	9	6	9	17	12	23	19	23	27	30	23	16	27	19	21	23	23	21	21	17	16	14

Delano Regional Medical Center

	Total	0.00	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00
Total	3,125	79	71	69	47	56	63	95	108	138	158	145	166	182	171	170	181	158	199	167	165	156	155	124	102
1-Sunday	435	14	19	17	7	8	11	11	12	16	19	18	20	22	26	15	27	15	29	20	23	24	29	18	15
2-Monday	457	14	14	7	6	7	7	14	20	18	20	27	23	23	20	31	30	24	27	17	29	26	17	23	13
3-Tuesday	475	9	7	12	9	10	9	21	21	19	26	24	26	33	18	25	24	22	39	31	27	17	21	14	11
4-Wednesday	449	8	4	10	4	11	9	12	18	25	21	26	22	31	22	32	27	16	40	21	26	21	21	12	10
5-Thursday	447	6	10	8	5	9	8	12	4	21	30	20	30	32	30	22	24	27	19	24	24	25	20	17	20
6-Friday	435	11	9	6	9	3	8	18	21	20	22	19	24	18	28	24	27	26	19	28	20	26	18	17	14
7-Saturday	427	17	8	9	7	8	11	7	12	19	20	11	21	23	27	21	22	28	26	26	16	17	29	23	19

Kern Medical Center

	Total	0.00	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00
Total	11,256	351	345	320	221	228	264	290	336	395	412	459	501	552	598	599	657	673	663	625	633	619	579	496	440
1-Sunday	1,583	50	76	55	59	42	26	39	31	46	43	61	69	83	83	73	93	81	81	83	82	100	76	86	65
2-Monday	1,589	54	37	37	35	29	45	37	55	70	64	77	68	80	90	86	93	96	100	72	95	75	68	65	61
3-Tuesday	1,502	33	39	42	25	32	36	49	45	44	63	62	66	79	84	77	94	88	106	92	93	73	69	62	49
4-Wednesday	1,549	46	40	36	14	37	29	30	45	50	62	70	79	79	90	93	99	102	92	91	85	81	73	73	53
5-Thursday	1,550	42	39	31	18	27	41	49	61	68	60	57	75	77	80	76	88	101	95	97	83	77	86	65	57
6-Friday	1,734	57	43	55	26	32	40	50	62	65	52	60	72	72	91	95	90	112	108	96	103	116	96	66	75
7-Saturday	1,749	69	71	64	44	29	47	36	37	52	68	72	72	82	80	99	100	93	81	94	92	97	111	79	80

Bakersfield Memorial Hospital

	Total	0.00	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00
Total	15,295	454	411	366	339	323	326	391	467	678	781	781	863	862	942	850	814	849	876	780	792	696	650	538	466
1-Sunday	2,086	62	64	56	47	49	51	58	54	82	99	101	107	104	121	106	103	121	114	120	99	106	96	90	76
2-Monday	2,231	64	57	42	56	46	58	51	80	110	102	125	123	132	142	120	106	127	115	121	128	97	91	74	64
3-Tuesday	2,152	71	57	52	44	38	46	61	61	108	138	94	120	108	134	127	120	116	124	119	129	87	81	57	60
4-Wednesday	2,173	63	70	44	43	48	32	54	75	93	105	104	148	147	135	126	111	123	110	113	95	101	90	76	67
5-Thursday	2,256	50	52	60	44	38	43	62	70	88	116	130	147	133	139	152	127	118	127	104	114	103	89	85	65
6-Friday	2,326	76	47	53	51	54	58	52	65	113	116	133	104	141	154	119	145	132	150	106	121	110	98	68	60
7-Saturday	2,071	68	64	59	54	50	38	53	62	84	105	94	114	97	117	100	102	112	136	97	106	92	105	88	74

Mercy Hospital

	Total	0.00	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00
Total	7,072	203	168	138	145	122	140	156	211	282	355	366	387	374	405	396	423	461	423	378	360	358	323	265	233
1-Sunday	936	40	28	20	23	20	23	20	37	31	55	52	37	47	51	43	55	54	54	51	45	45	49	23	33
2-Monday	1,061	26	25	22	19	18	25	20	27	39	57	55	65	62	57	58	56	71	78	47	55	61	52	37	29
3-Tuesday	1,085	20	23	23	23	14	16	24	33	50	40	64	64	55	59	81	74	75	73	54	51	49	50	39	31
4-Wednesday	954	26	17	16	20	13	10	25	27	34	48	51	54	47	61	53	54	75	48	63	51	48	40	42	31
5-Thursday	991	21	22	15	19	15	18	12	34	49	53	52	47	63	57	59	69	62	59	54	56	53	44	34	24
6-Friday	1,106	33	24	24	21	19	24	25	24	39	64	57	67	52	71	71	69	74	67	67	47	44	39	43	41
7-Saturday	939	37	29	18	20	23	24	30	29	40	38	35	53	48	49	31	46	50	44	42	55	58	49	47	44

Mercy Southwest Hospital

	Total	0.00	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00
Total	6,455	179	174	142	126	112	126	148	215	292	354	358	353	334	349	372	345	376	333	336	348	324	284	268	207
1-Sunday	857	32	29	23	23	16	18	21	24	38	39	45	47	33	38	55	48	48	45	38	49	50	36	37	25
2-Monday	959	26	22	22	18	20	24	18	43	37	43	53	54	65	50	58	53	53	49	48	54	45	43	34	27
3-Tuesday	912	27	31	18	12	15	18	22	26	37	59	57	49	52	60	56	43	50	45	49	44	30	40	45	27
4-Wednesday	974	30	27	12	15	15	23	22	33	43	61	62	65	49	54	60	44	56	56	46	50	44	33	36	38
5-Thursday	914	21	20	19	17	13	22	22	29	44	51	43	47	40	47	51	61	64	47	55	45	47	43	32	34
6-Friday	932	21	18	26	23	12	13	26	32	49	50	52	57	50	50	46	49	50	45	51	56	57	44	37	18
7-Saturday	907	22	27	22	18	21	8	17	28	44	51	46	34	45	50	46	47	55	46	49	50	51	45	47	38

San Joaquin Community Hospital

	Total	0.00	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00
Total	20,101	559	462	427	408	383	378	469	629	822	1,000	1,133	1,163	1,190	1,156	1,085	1,186	1,231	1,166	1,068	944	956	907	761	618
1-Sunday	2,640	90	64	69	75	56	58	52	73	105	120	127	119	149	138	143	162	157	152	147	124	155	134	96	75
2-Monday	3,002	65	77	70	57	55	51	74	110	109	167	183	171	176	175	155	188	185	169	148	150	137	142	99	89
3-Tuesday	2,955	91	84	62	51	47	50	65	79	125	157	174	173	176	175	150	162	183	193	170	136	137	123	104	88
4-Wednesday	2,943	72	51	50	57	62	47	75	106	118	167	173	180	188	173	169	173	179	172	155	131	119	116	117	93
5-Thursday	2,865	80	56	56	67	41	43	66	87	138	134	173	169	158	165	155	150	202	174	160	139	139	121	106	86
6-Friday	3,007	81	54	61	48	53	63	66	85	116	132	167	194	181	193	188	199	177	173	143	130	150	128	122	103
7-Saturday	2,689	80	76	59	53	69	66	71	89	111	123	136	157	162	137	125	152	148	133	145	134	119	143	117	84

KERN COUNTY
Public Health Services
DEPARTMENT

Kern County EMS Division

Core Measures Report for EMSA 2016

Measure ID (Reporting Units)	Denominator Value (Population)	Numerator Value	Reporting Value	Measure Run Exactly As Written? (Yes or No) If "No" please fill out the NOTES field	NOTES If you answered "NO" to the column to the left, please provide data elements and relevant values in this column. Be sure to add in any inclusion or exclusion criteria.
TRA-1: Scene time for trauma patients (90th %ile	347		21.28	No	Run using level 1 trauma triage criteria trigger
TRA-2: Direct transport to trauma center (Percentage)	347	318	92%	No	Run using level 1 trauma triage criteria trigger
ACS-1: Aspirin admin for chest pain/discomfort (Percentage)	4731	1732	37%	No	**Please be advised this is not an accurate portrayal of ASA administration for patients with chest pain with suspected cardiac origin within the 911 system. Many patients receive ASA by first responders or by EMD pre-arrival instructions and these are not captured using the mandatory data fields.**
ACS-2:12 lead ECG (Percentage)	4731	539	11%	Yes	
ACS-3: Scene time for heart attack patients (90th %ile in	17		38.35	Yes	
ACS-5: Direct transport to STEMI center (Percentage)	17	14	82.35%	Yes	
CAR-2: Cardiac arrest- ROSC (Percentage)	135	50	37.04%	Yes	
CAR-3: Cardiac arrest survival to ED discharge					Kern County has no mechanism for tracking patient condition once they are placed in the care of the hospital.
CAR-4: Cardiac arrest survival to hospital					Kern County has no mechanism for tracking patient condition once they are placed in the care of the hospital.
STR-2:Glucose testing for stroke patients	1077	927	86.07%	Yes	
STR-3: Scene time for stroke patients (90th %ile	1077		21		
STR-5: Direct transport to stroke center (Percentage)	1077	912	85%	Yes	
RES-2:Beta2 agonist admin for adult patients (Percentage)	5749	2369	41.24%	No	**Please be advised Kern County has no mechanism for determining wet/dry lung sounds. "Respiratory Distress" is selected for a multitude of etiologies and with no distinction between wet and dry lungs sounds this number cannot be considered accurate.**
PED-1: Beta2 agonist admin for pediatric patients (Percentage)	480	181	37.31%	No	**Please be advised Kern County has no mechanism for determining wet/dry lung sounds. "Respiratory Distress" is selected for a multitude of etiologies and with no distinction between wet and dry lungs sounds this number cannot be considered accurate.**
PAI-1: Pain intervention (Percentage)	17816	9451	53.05%	Yes	
SKL-1: Endotracheal intubation success	595	559	78.89%	Yes	
SKL-2: Capnography on successful intubation	595	441	74.12%	Yes	

KERN COUNTY
Public Health Services
DEPARTMENT

Kern County EMS Division

Kern County EMS QI Measures 2016

Cricothyrotomy

- 1 attempt*
    - Successful (100%)

Intraosseous

- 421 patients
- 435 attempts
- 330 successful
    - 78.4% success per patient
    - 75.9% success per attempt

Thoracic Decompression

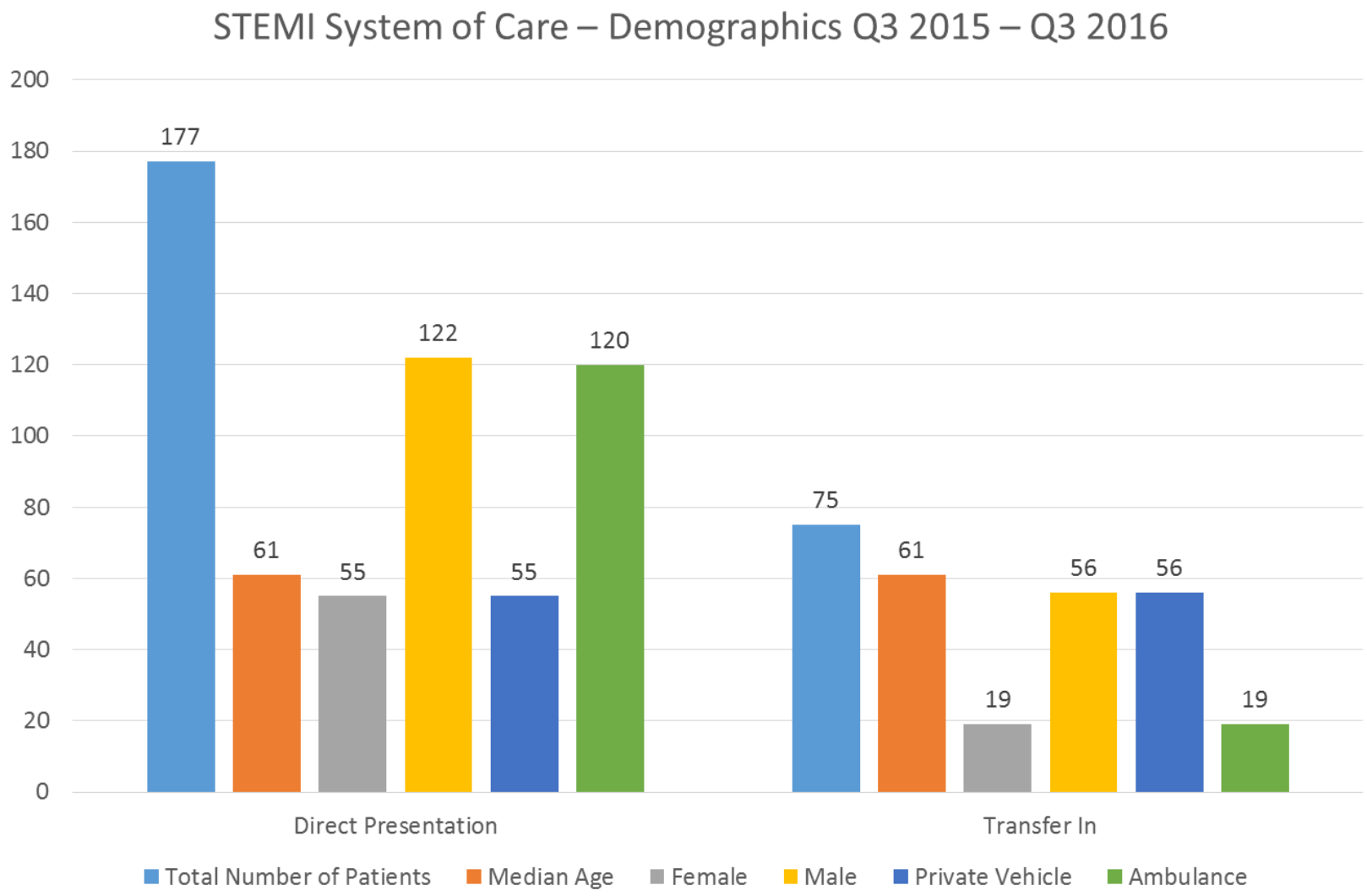
- 1 patient*
- 2 attempts
- 1 successful
    - 100% success per patient
    - 50% success per attempt

*Hall Ambulance data not reported

KERN COUNTY
Public Health Services
DEPARTMENT

Kern County EMS Division

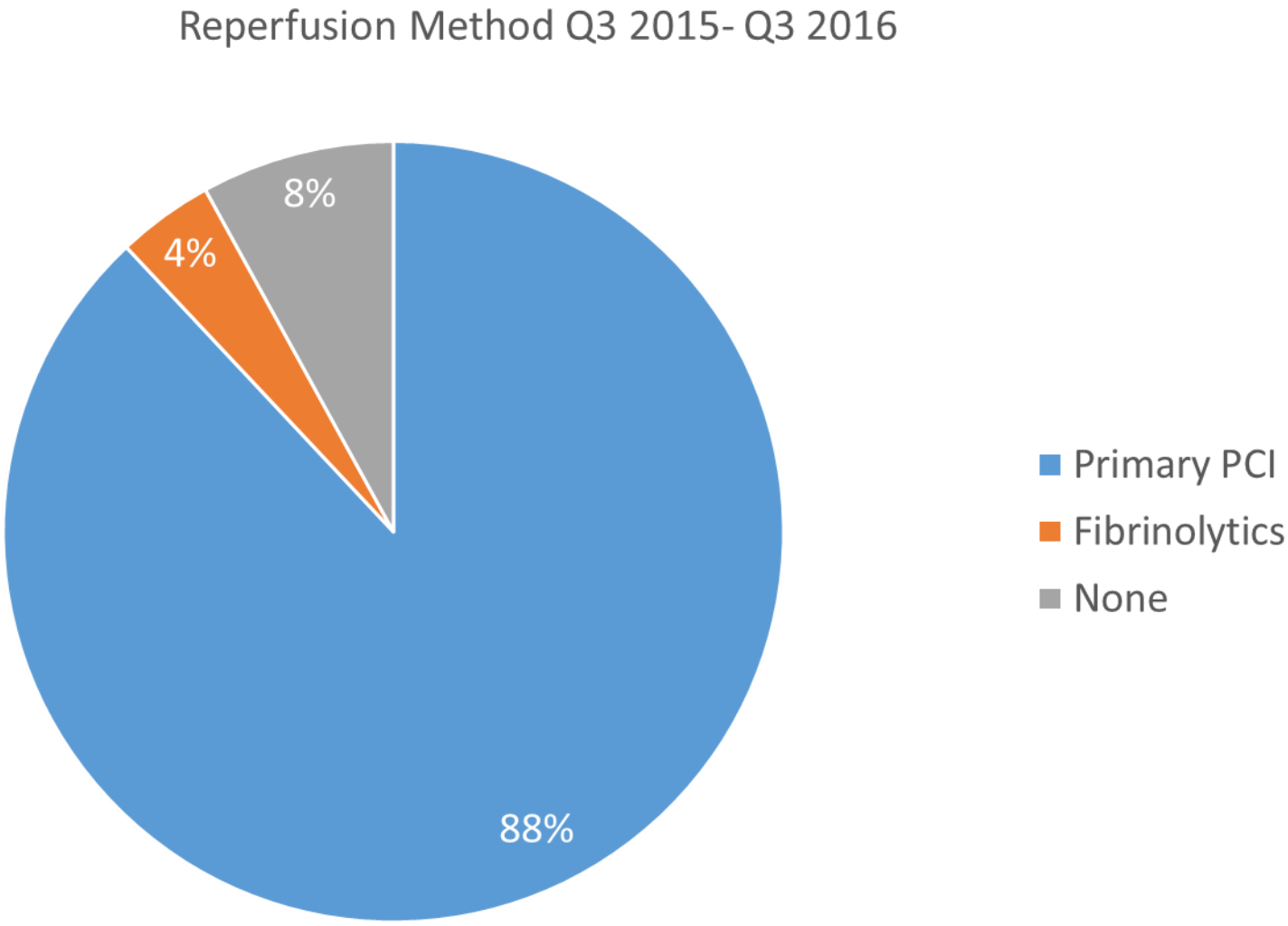
STEMI System of Care



KERN COUNTY
Public Health Services
DEPARTMENT

Kern County EMS Division

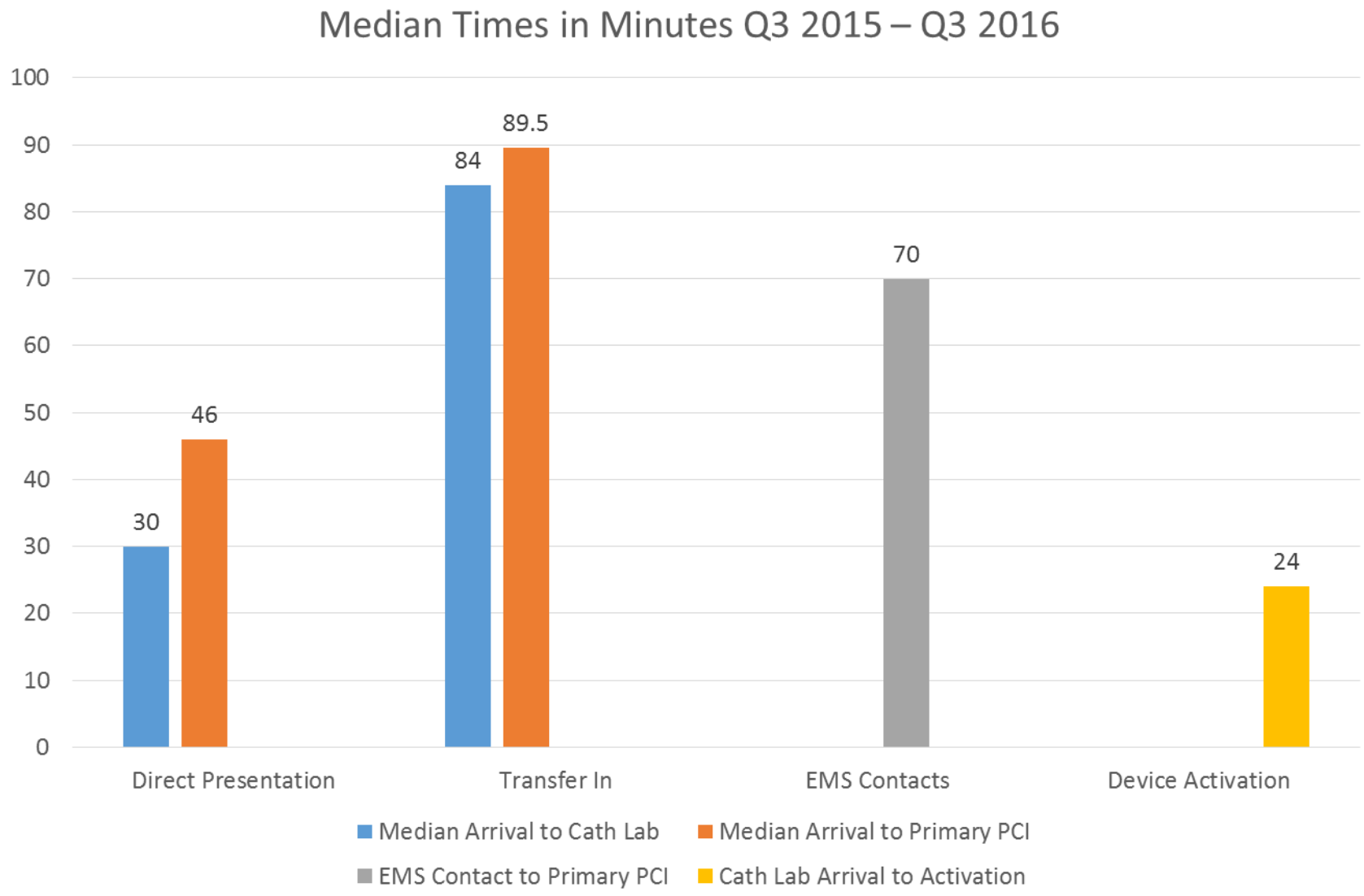
STEMI System of Care



KERN COUNTY
Public Health Services
DEPARTMENT

Kern County EMS Division

STEMI System of Care



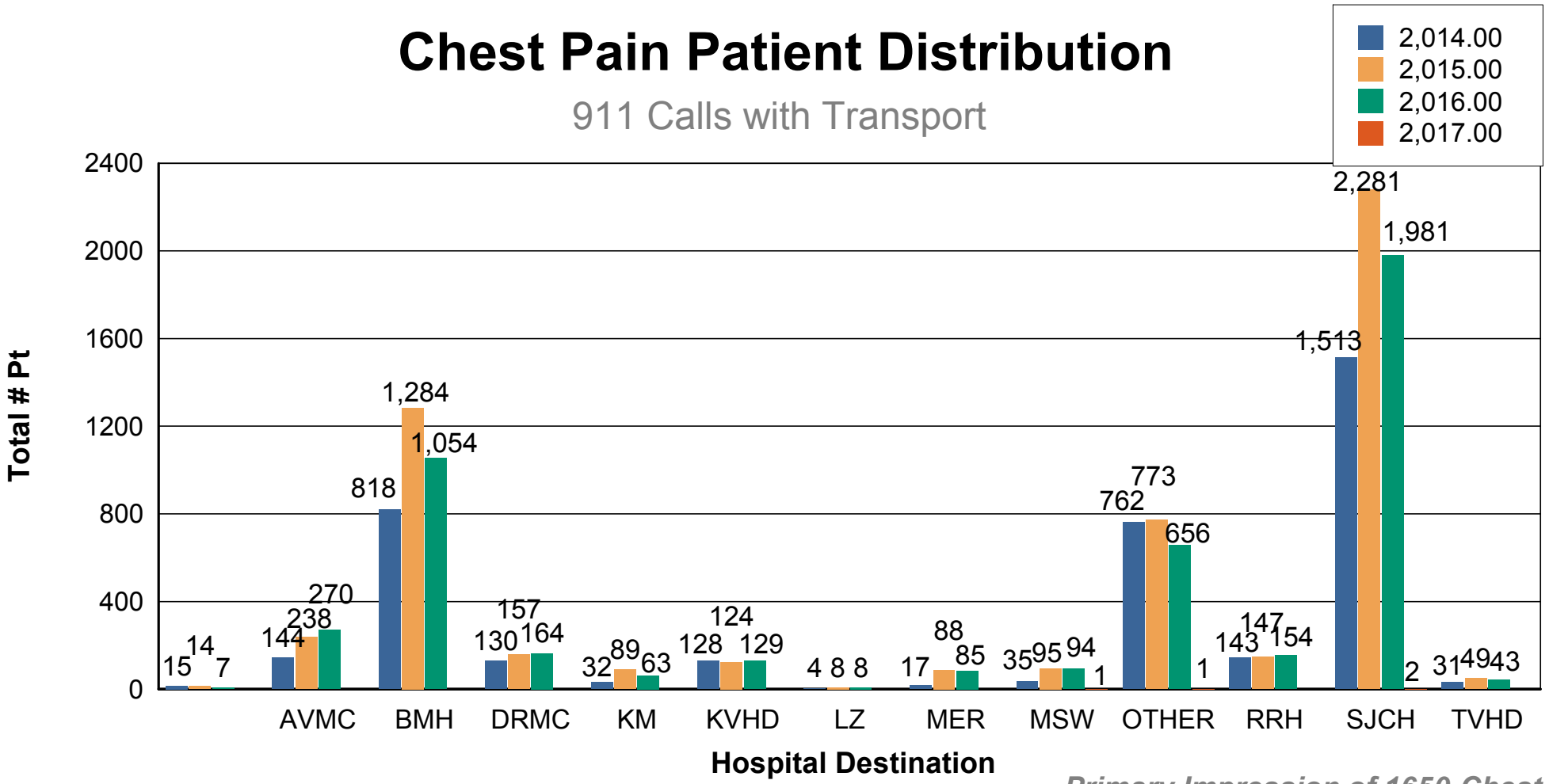
KERN COUNTY
Public Health Services
DEPARTMENT

Emergency Medical Services Division

2014 - 2016

Chest Pain Patient Distribution

911 Calls with Transport



Primary Impression of 1650-Chest pain/discomfort

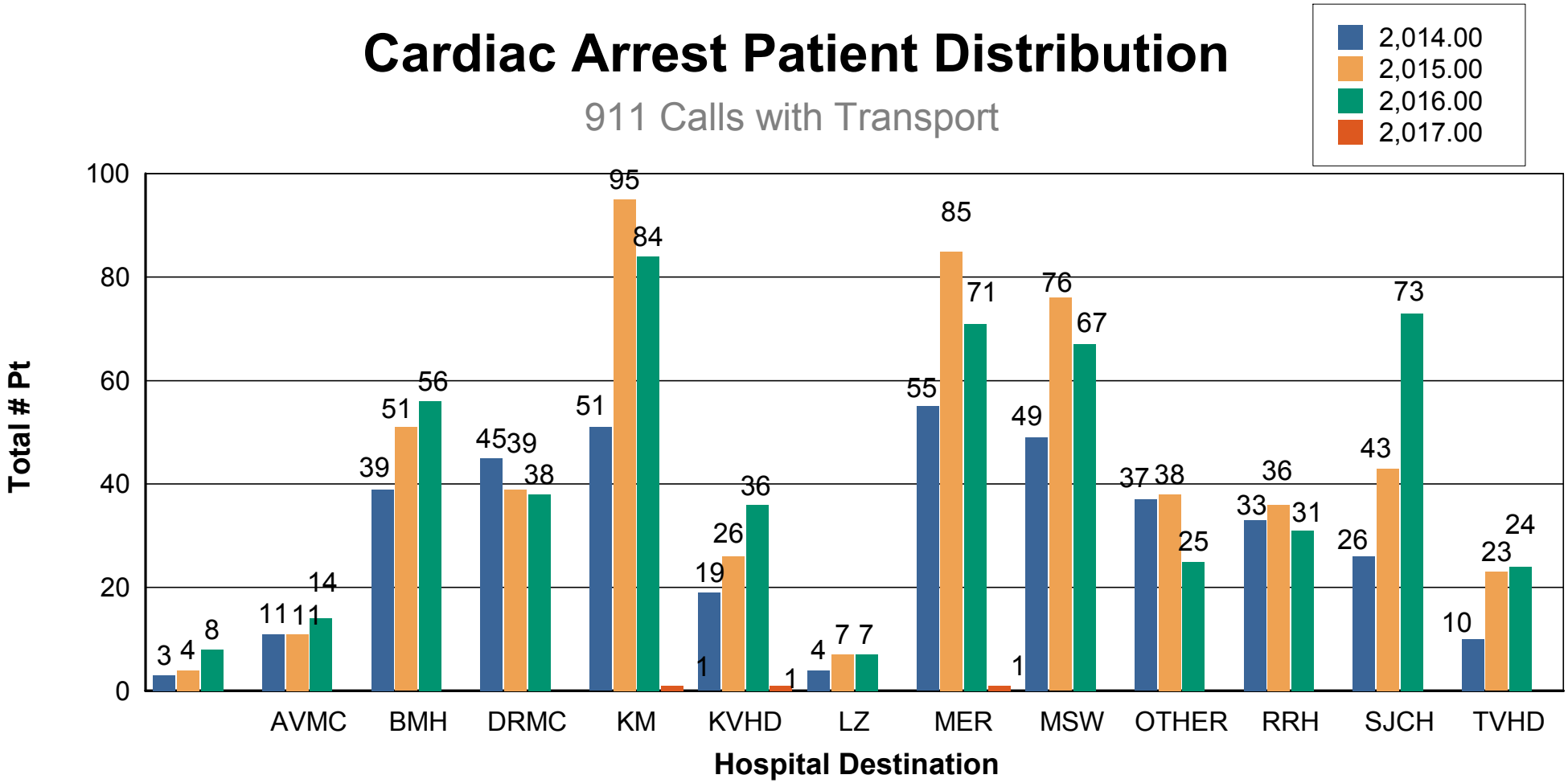
KERN COUNTY Public Health Services DEPARTMENT

Emergency Medical Services Division

2014 - 2016

Cardiac Arrest Patient Distribution

911 Calls with Transport



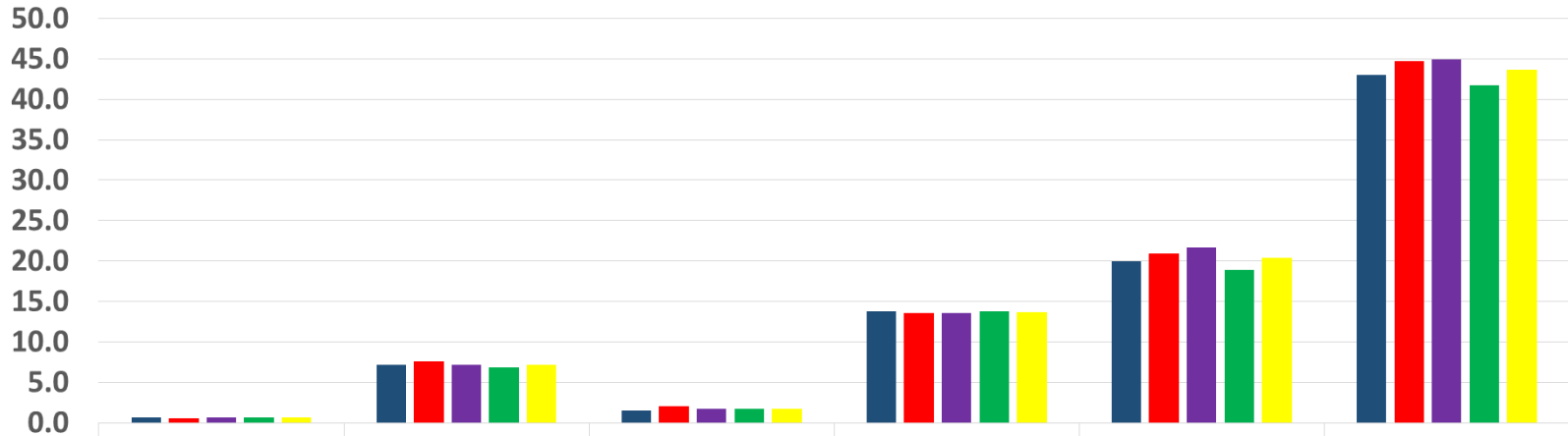
Primary Impression of 1640- Cardiac Arrest

KERN COUNTY
Public Health Services
DEPARTMENT

Kern County EMS Division

Stroke System of Care

Call Times

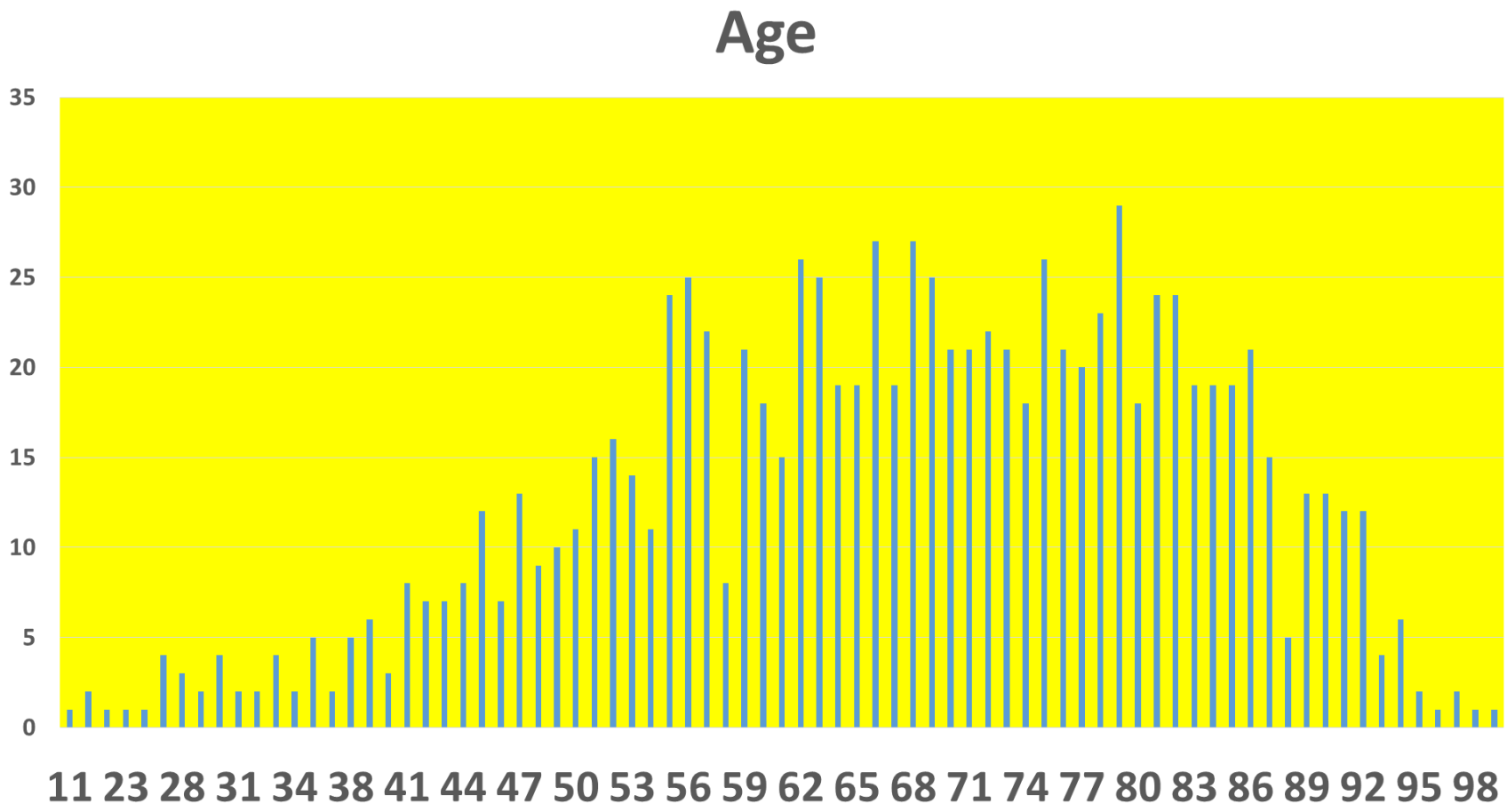


	Call Time To Dispatch	Dispatch to On Scene	On Scene to Patient Contact	On Scene Time	Transport Time	Totals
2016 Q1	0.6	7.2	1.5	13.8	19.9	43.0
2016 Q2	0.6	7.6	2.1	13.6	20.9	44.7
2016 Q3	0.7	7.2	1.7	13.6	21.7	44.9
2016 Q4	0.6	6.8	1.7	13.7	18.9	41.8
2016	0.6	7.2	1.7	13.7	20.4	43.6

KERN COUNTY
Public Health Services
DEPARTMENT

Kern County EMS Division

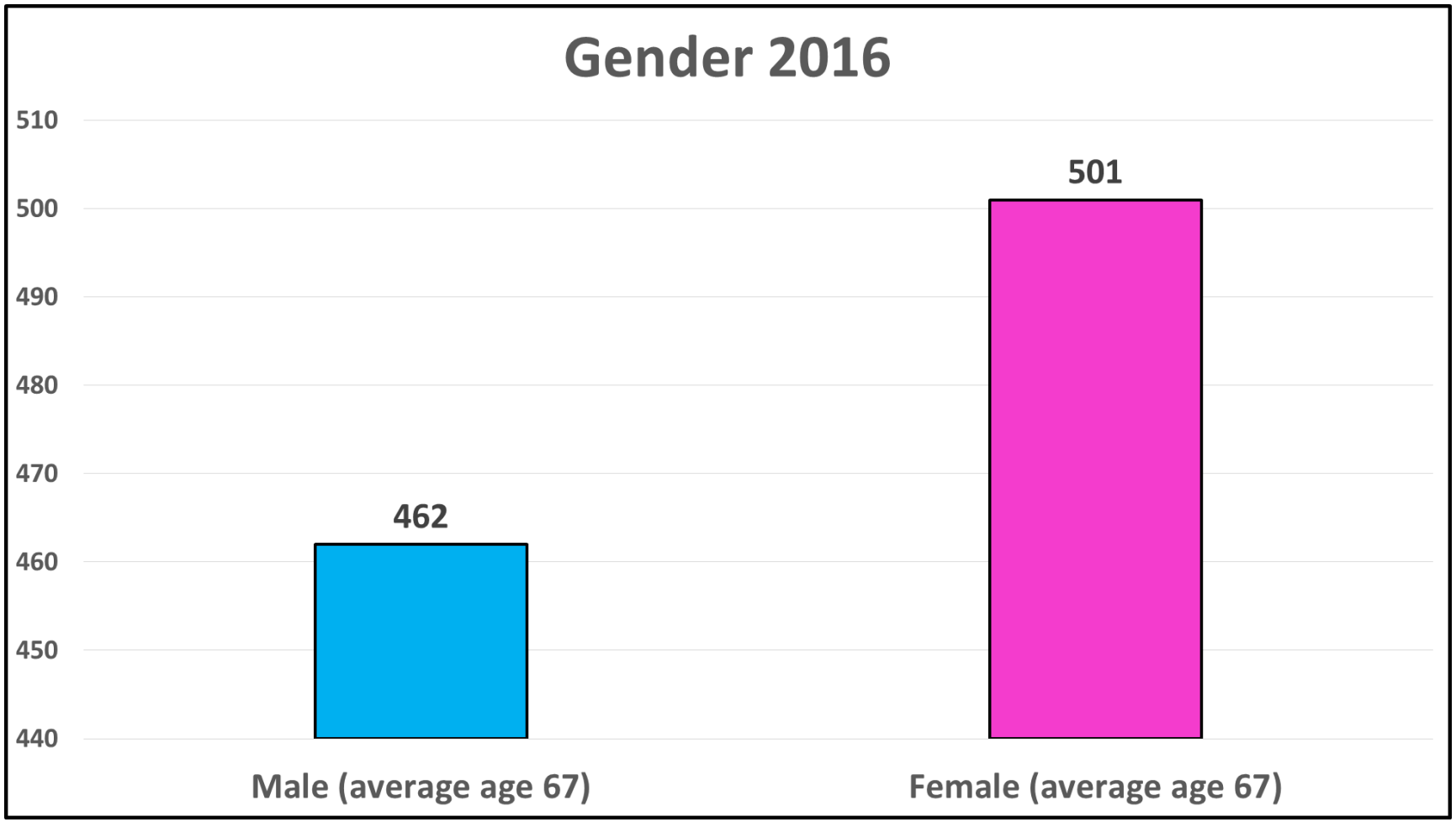
Stroke System of Care



KERN COUNTY
Public Health Services
DEPARTMENT

Kern County EMS Division

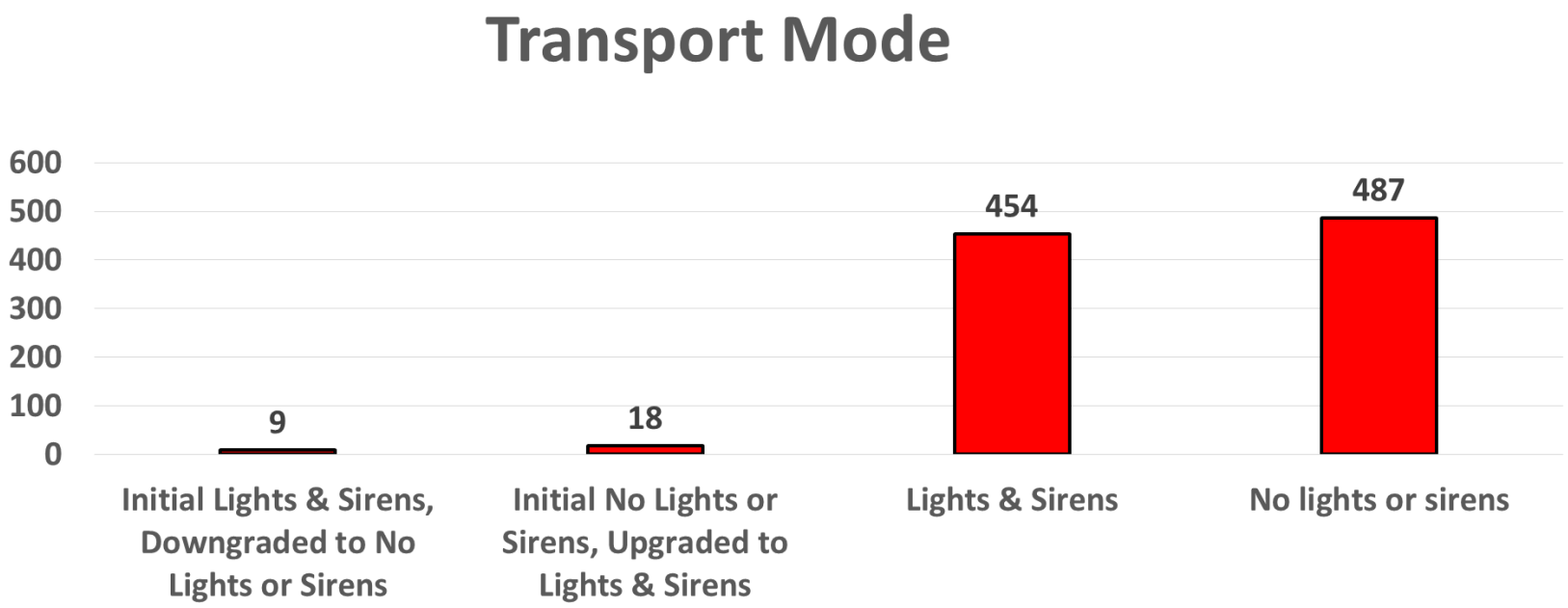
Stroke System of Care



KERN COUNTY
Public Health Services
DEPARTMENT

Kern County EMS Division

Stroke System of Care



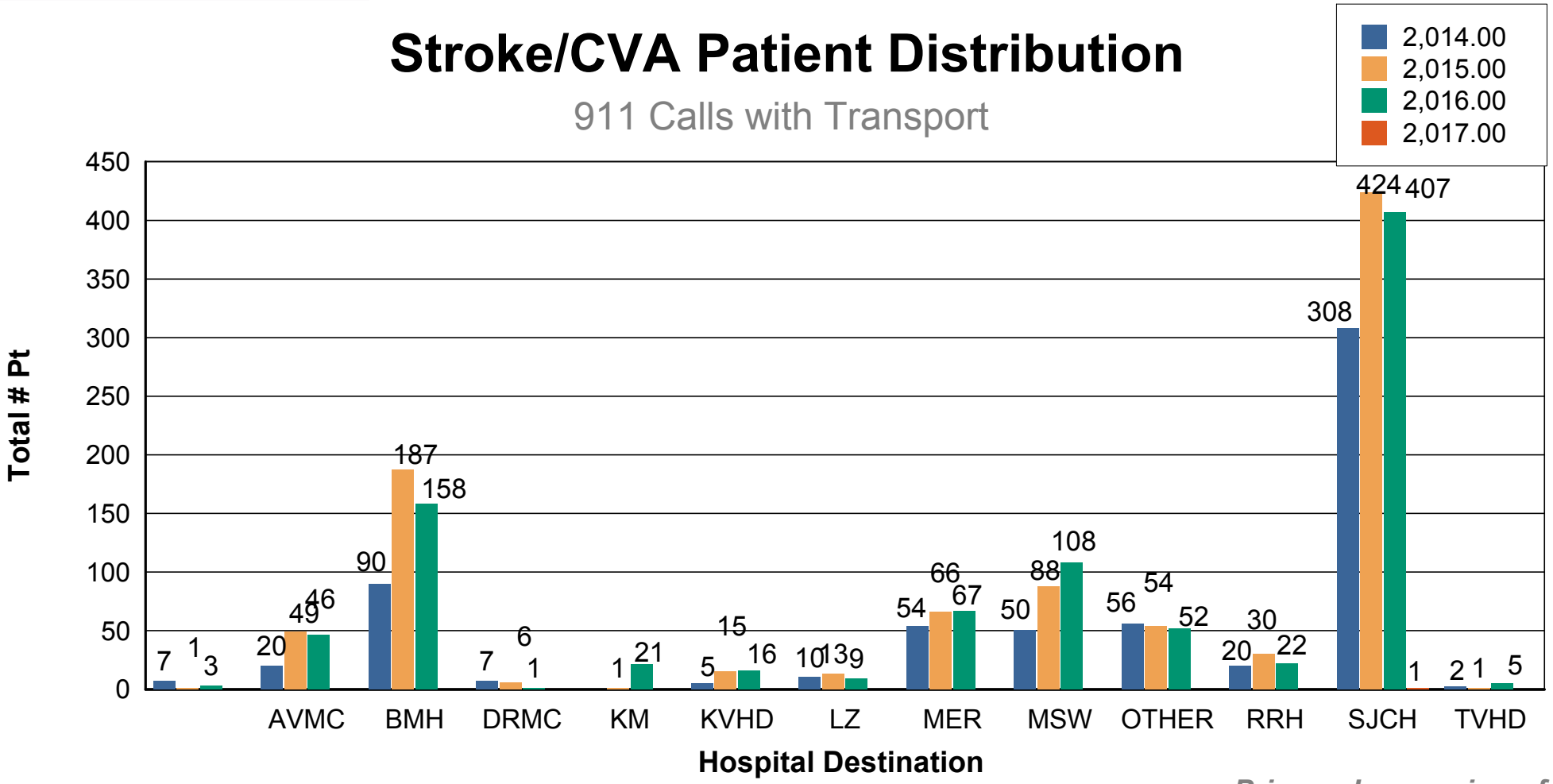
KERN COUNTY
Public Health Services
DEPARTMENT

Emergency Medical Services Division

2014 - 2016

Stroke/CVA Patient Distribution

911 Calls with Transport



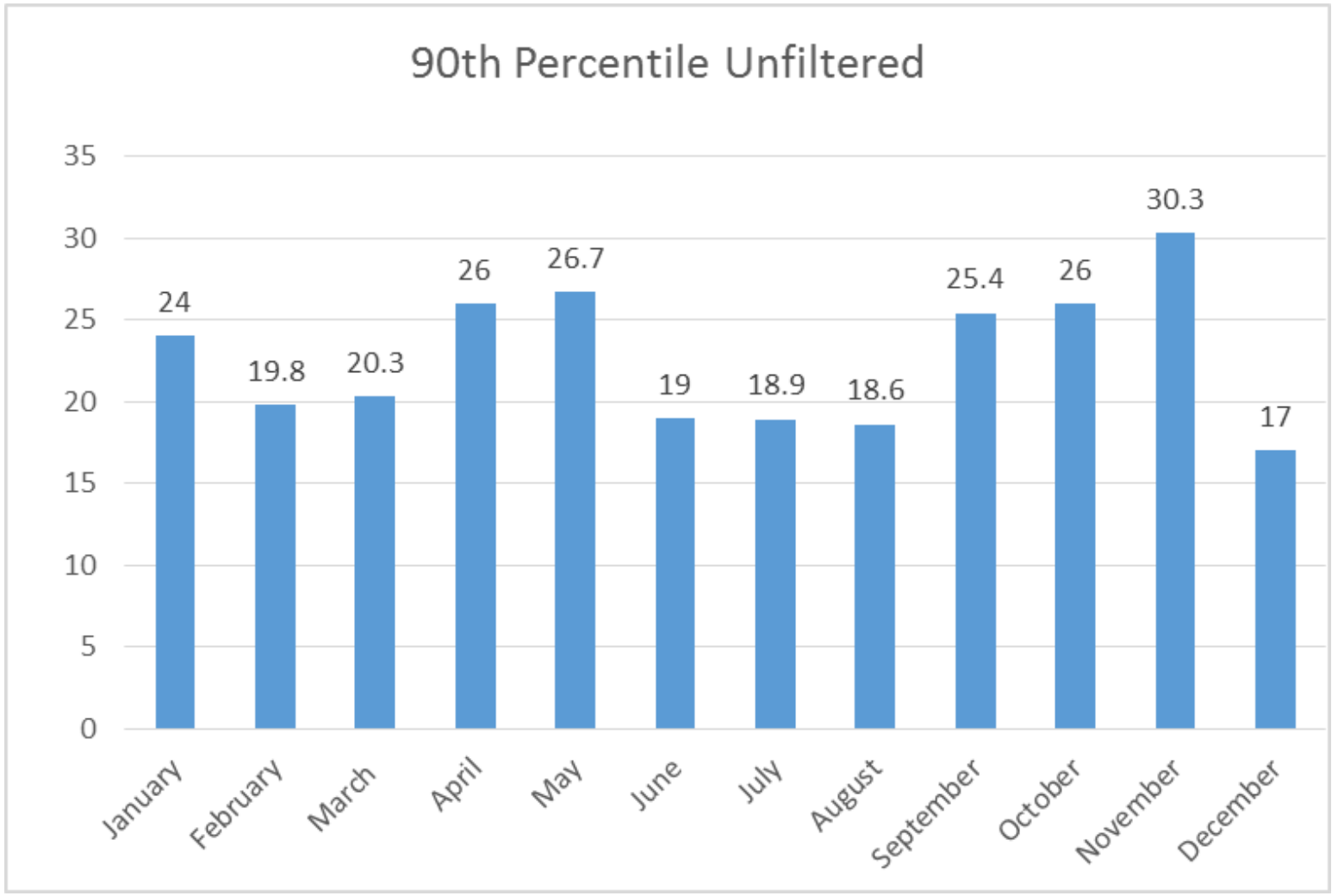
Primary Impression of 1730-Stroke/CVA

Kern County EMS Division

KERN COUNTY Public Health Services DEPARTMENT

Trauma System of Care

Trauma Scene Times- In minutes- Step 1 and 2 Trauma Triage Criteria

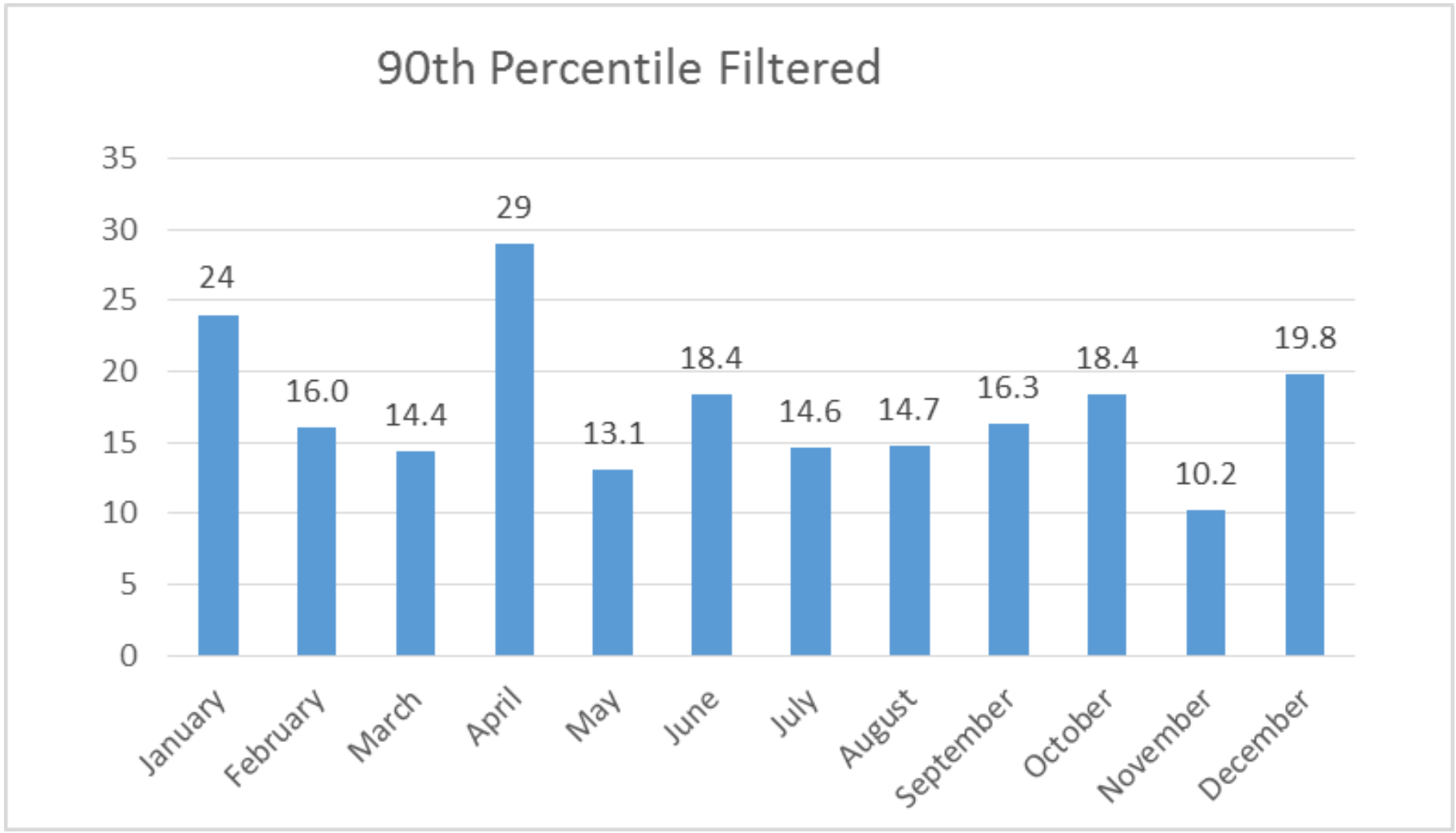


Kern County EMS Division

KERN COUNTY Public Health Services DEPARTMENT

Trauma System of Care

Trauma Scene Time – In minutes- Step 1 and 2 Trauma Triage Criteria

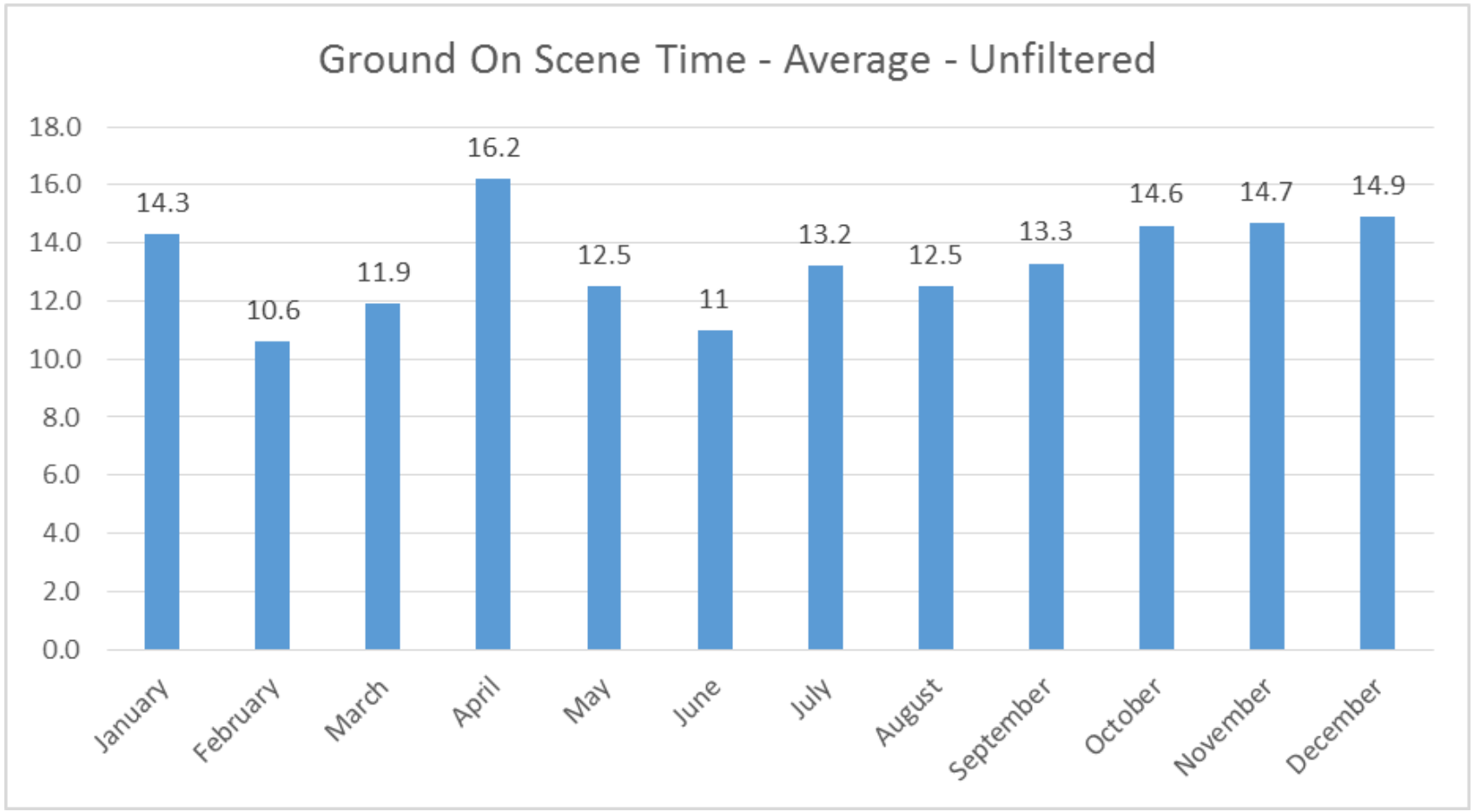


KERN COUNTY
Public Health Services
DEPARTMENT

Kern County EMS Division

Trauma System of Care

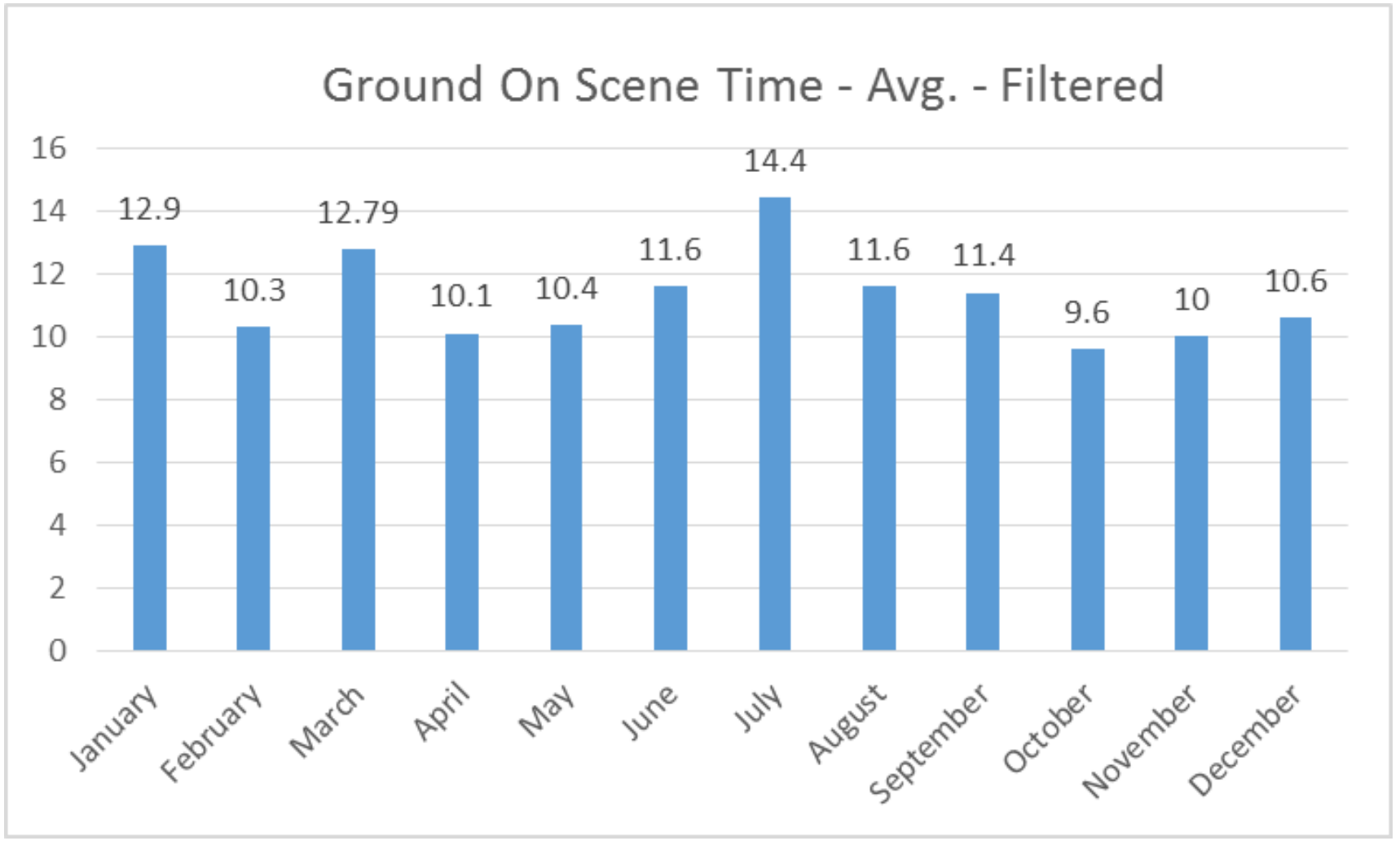
Trauma Scene Time- In minutes- Step 1 and 2 Trauma Triage Criteria



Kern County EMS Division

Trauma System of Care

Trauma Scene Time- In minutes – Step 1 and 2 Trauma Triage Criteria



KERN COUNTY
Public Health Services
DEPARTMENT

Kern County EMS Division

Trauma System of Care

Transport to Trauma Center – Step 1 and 2 Trauma Triage Criteria

	Trauma Center	Landing Zone	Other Hospital
January	45	3	2
February	26	3	1
March	39	7	1
April	24	4	0
May	34	4	0
June	27	6	0
July	43	5	2
August	23	4	0
September	29	1	0
October	43	10	1
November	43	0	1
December	29	1	1
Total	405	48	9

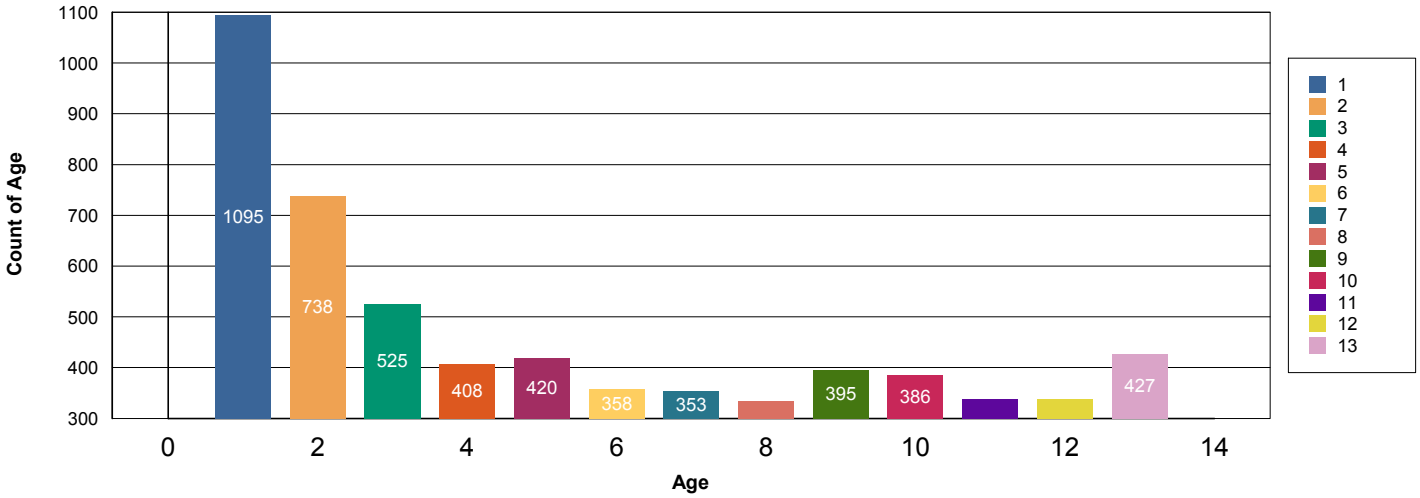
KERN COUNTY
Public Health Services
DEPARTMENT

EMS Division

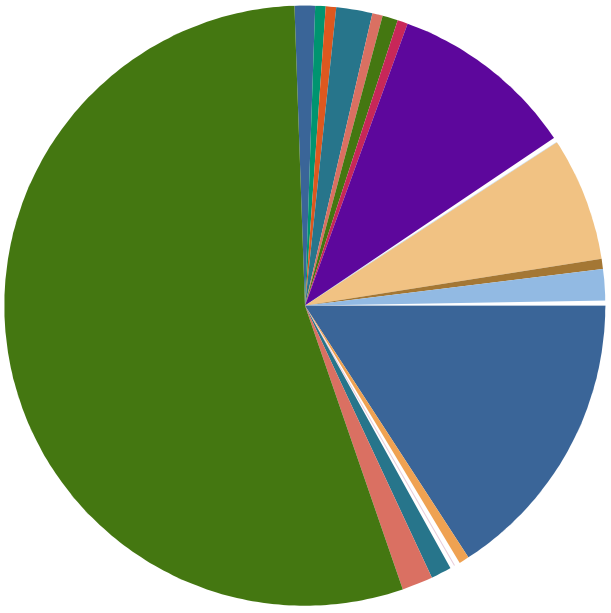
2016 Pediatric Report

Total number of pediatric patients in 2016: **6,117**

Pediatric Patient by Age



Pediatric Primary Impression



	0	0.0%
250.90- Diabetic symptoms (hypoglycemia)	8	0.1%
312.90- Behavioral / psychiatric disorder	28	0.5%
427.50- Cardiac arrest	27	0.4%
427.90- Cardiac rhythm disturbance	1	0.0%
436.00- Stroke / CVA	1	0.0%
519.80- Airway obstruction	114	1.9%
659.90- Pregnancy / OB delivery	36	0.6%
780.09- Altered level of consciousness	57	0.9%
780.20- Syncope / fainting	36	0.6%
780.30- Seizure	607	10.0%
780.60- Hyperthermia	6	0.1%
780.90- Hypothermia	2	0.0%
785.59- Hypovolemia / shock	9	0.1%
786.09- Respiratory distress	400	6.6%
786.50- Chest pain / discomfort	43	0.7%
789.00- Abdominal pain / problems	101	1.7%
798.99- Obvious death	6	0.1%
799.10- Respiratory arrest	1	0.0%
959.90- Sexual assault / rape	2	0.0%
959.90- Traumatic injury	964	15.8%
977.90- Poisoning / drug ingestion	46	0.8%
987.90- Inhalation injury (toxic gas)	1	0.0%
987.90- Smoke inhalation	6	0.1%
989.50- Stings / venomous bites	11	0.2%
994.80- Electrocution	2	0.0%
995.30- Allergic reaction	71	1.2%
Not Applicable	109	1.8%
Not Available	3338	54.8%
Not Known	63	1.0%
Total:	6096	100.0%

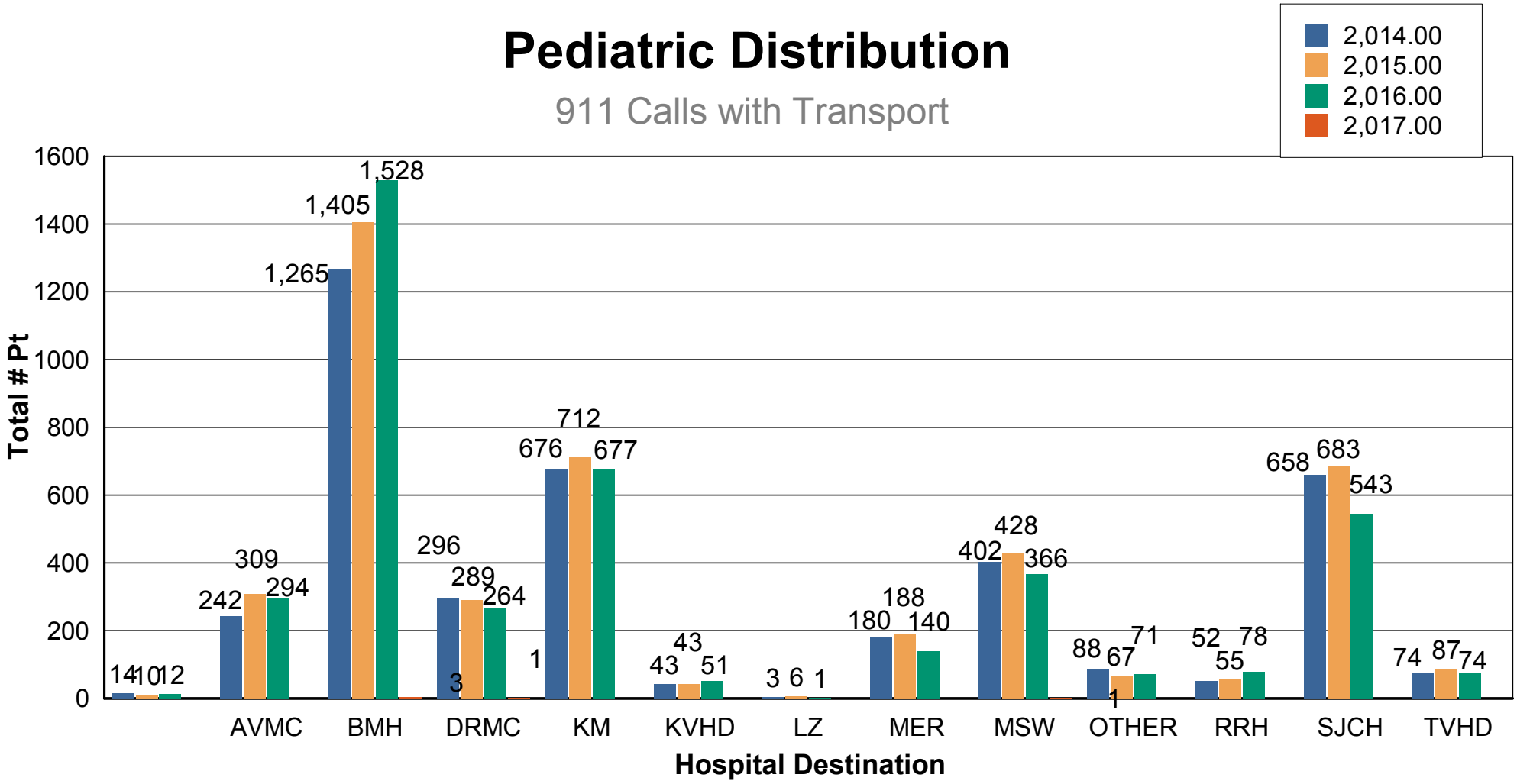
KERN COUNTY
Public Health Services
DEPARTMENT

Emergency Medical Services Division

2014 - 2016

Pediatric Distribution

911 Calls with Transport



KERN COUNTY
Public Health Services
DEPARTMENT

MATTHEW CONSTANTINE
DIRECTOR

1800 MT. VERNON AVENUE BAKERSFIELD, CALIFORNIA, 93306-3302 661-321-3000 WWW.KERNPUBLICHEALTH.COM

Emergency Medical Care Advisory Board Summary 2016

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 www.kernpublichealth.com/ems

The following offers a summary of EMCAB actions for the calendar year 2016:

February 11, 2016		
Issue	Suggested Action	EMCAB Action
Subcommittee report on the Exploration of the Need for a Wilderness Paramedic Program	Receive and file	Received
Fireline Paramedic Policies and Procedures	Approve changes to the *Fireline Paramedic Policies and Procedures* and set an implementation date of July 1, 2016	Approve
Pediatric Receiving Center Designation Policy	Approve proposed plan of action	Approve
Six Sigma	Receive and file	Received
Annual meeting	Receive and file	Received
EMS Fund Report	Receive and file	Received
May 12, 2016		
Issue	Suggested Action	EMCAB Action
Public Request- Scene Control Policy	None	Refer to staff
Paramedic Protocols	Approve additions to *Paramedic Protocols* and set an implementation date of June 1, 2016	Approve
Annual Performance Reports	Receive and file	Received
Specialty Care Center Update	Receive and file	Received
Sidewalk CPR	Receive and file	Received
EMS Staffing	Receive and file	Received
EMS Fund Report	Receive and file	Received

August 11, 2016		
Issue	Suggested Action	EMCAB Action
Scene Control Policy	Receive and file	Received
Paramedic Protocols	Approve *Paramedic Protocols* and set effective date of September 1, 2016	Approved
Emergency Medical Dispatch Policies and Procedures	Approve revisions to *Emergency Medical Dispatch Policies and Procedures* and set an effective date of September 1, 2016	Approved
Investigation-Regulatory-Discipline Procedures	Approve *Investigation-Regulatory-Discipline Procedures* and set an effective date of August 12, 2016	Approved
Director's Report	Hear presentation; Receive and file	Received
EMS Fund Report	Receive and file	Received
November 10, 2016		
Issue	Suggested Action	EMCAB Action
Pediatric Advisory Committee	Approve Pediatric Advisory Committee addition as Appendix C to the *Pediatric Receiving Center Designation Policy* and set an implementation date of November 11, 2016	Approved
EMS Quality Improvement Plan	Approve *EMS Quality Improvement Program* and set an implementation date of November 10, 2016	Approved
Withholding Resuscitative Measures	Approve *Withholding Resuscitative Measures* policy to replace the Do Not Resuscitate Guidelines and set an effective date of January 1, 2017	Approved
Determination of Death	Approve the Determination of Death protocol to be added to *Paramedic Protocols* and *Emergency Medical Technician Protocols* and set an effective date of January 1, 2017	Approved
2017 EMCAB Meeting Schedule	Approve the 2017 EMCAB meeting dates	Approved
Director's Report	Receive and file	Received
EMS Fund Report	Receive and file	Received

X. New Business

C. EMT Provider Policies- James Miller, Urban Consumer Representative on EMCAB

From: "Miller JC (Chris) at Aera" <JCMiller@aeraenergy.com>
To: Jana Richardson <richardsonj@co.kern.ca.us>
Date: 2/15/2017 8:53 AM
Subject: May EMCAB Meeting Agenda

Jana:

I would like to request 10 minutes on the May EMCAB meeting agenda to discuss the EMT Provider Policy and the cease and desist order some of the local oil producers received from the division.

Thank you,

Chris

Chris Miller, CSP
661.978.1200

Sent from my iPad

XII. Misc. Documents for Information

A. EMS Fund Report

EMS DIVISION
KERN COUNTY PUBLIC HEALTH SERVICES DEPARTMENT
MADDY EMS FUND

FISCAL YEAR 2017-17 ACTIVITY

	MADDY Deposits + Interest	RICHIE'S Deposits + Interest	Admin 10% of Each Fund	Richie's Fund (15%) Distribution	Total Physician Claims Submitted In Quarter	Physicians 58% both funds Balance	Physician Payments in Quarter	Percent Paid to Physcians	Hospitals 25% of Both Fund Balance	Hospital Payments in Quarter	Other EMS 17% MADDY Balance	Other EMS 17% RICHIE"S Balance
JULY 2016	114,276.92	98,595.32	21,287.22	14,789.30		102,812.15			44,198.93		17,484.37	12,570.90
AUGUST 2016	113,434.27	98,749.04	21,218.33	14,812.36		102,651.34			44,038.16		17,355.44	12,590.50
SEPTEMBER 2016	117,282.12	105,288.08	22,257.02	15,793.21		109,018.52			46,129.99		17,944.16	13,424.23
Total for Quarter 1	344,993.31	302,632.44	64,762.57	45,394.87	325,697.10	314,482.01	-	0%	134,367.08	218,347.58	52,783.97	38,585.63
OCTOBER 2016	115,540.42	99,860.13	21,540.05	14,979.02		104,565.67			44,720.37		17,677.68	12,732.17
NOVEMBER 2016	109,773.28	98,570.63	20,834.39	14,785.59		100,866.60			43,180.98		16,795.31	12,567.76
DECEMBER 2016	99,534.26	89,981.32	18,951.56	13,497.20		93,272.09			39,266.71		15,228.74	11,472.62
Total for Quarter 2	324,847.96	288,412.08	61,326.00	43,261.81	313,884.13	298,704.36	-	0%	127,168.06	207,202.42	49,701.73	36,772.55
JANUARY 2017	104,087.04	87,625.21	19,171.23	13,143.78		92,697.07			39,849.31		15,925.32	11,172.21
FEBRUARY 2017	104,973.01	93,700.93	19,867.39	14,055.14		96,350.98			41,187.85		16,060.87	11,946.87
MARCH 2017	102,348.00	89,452.11	19,180.01	13,417.82		92,624.71			39,800.57		15,659.24	11,405.14
Total for Quarter 3	311,408.05	270,778.25	58,218.63	40,616.74	359,730.52	281,672.76	-	0%	120,837.73	195,978.69	47,645.43	34,524.22
APRIL 2017	-	-	-	-		-			-		-	-
MAY 2017	-	-	-	-		-			-		-	-
JUNE 2017	-	-	-	-		-			-		-	-
Total for Quarter 4	-	-	-	-	-	-	-	#DIV/0!	-	#DIV/0!	-	-
YEAR-END SUP.		-	-								-	
YEAR TO DATE	981,249.32	861,822.77	184,307.20	129,273.42	999,311.75	894,859.13	-	0%	382,372.87	#DIV/0!	150,131.13	109,882.40

MADDY EMS FUND -- PAYMENTS TO HOSPITALS

QUARTERLY HOSPITAL INFORMATION

FY 2016-2017
3rd QUARTER
(Jan-March 2017)

FAC. ID:	120000526	120000181	120000526	120000182	120000188	120000184	120000184	120000180	120000187	120000186	
	BHH	**BMH**	**DRMC**	**KMC**	**KVH**	**MERCY**	**MSW**	**RRH**	**SJCH**	**TH**	**TOTALS**
NUMBER OF EMERGENCY DEPARTMENT VISITS											
January 2017	1,087	7,256	2,655	4,268	584			1,080	5,795	1,209	23,934
February 2017	895	6,006	2,443	3,524	507			1,036	4,854	995	20,260
March 2017	953	6,551	2,704	3,931	566			1,029	5,462	1,131	22,327
TOTAL FOR QUARTER	2,935	19,813	7,802	11,723	1,657	0	0	3,145	16,111	3,335	66,521
TOTAL MONIES AVAILABLE FOR QUARTER	$ 120,837.73										
RICHIE'S FUND PORTION				$ 75,140.96							
HOSPITAL'S % OF TOTAL ER VISITS PER QUARTER (ROUNDED)	4.0%	30.0%	12.0%	18.0%	2.0%	0.0%	0.0%	5.0%	24.0%	5.0%	100.0%
HOSPITAL'S SHARE OF MONIES FOR QUARTER	**$ 4,833.51**	**$ 36,251.32**	**$ 14,500.53**	**$ 21,750.79**	**$ 2,416.75**	**$ -**	**$ -**	**$ 6,041.89**	**$ 29,001.06**	**$ 6,041.89**	**$ 120,837.73**

XII. Misc. Documents for Information

B. EMS Fund Annual Report

Maddy Emergency Medical Services (EMS) Fund Report

REPORTING ENTITY

County: Kern County

Fiscal Year Reported: 2015-2016 **Date Submitted:** 04/14/2017

A. FINES AND FORFEITURES COLLECTED (Note: As reported to County by State operated courts)

1. **Enter total amount of fines and forfeitures collected by County during the fiscal year being reported.** $ 49,969,716.00
2. **Enter total amount of penalty assessments collected by County and penalty assessments deposited into the Maddy EMS Fund, by individual statute, during the fiscal year being reported.**

Statute	Collected	Deposited
a. Government Code Section 76000	$ 972,843.58	$ 972,843.58
b. Government Code Section 76000.5	$ 1,046,077.47	$ 1,046,077.47
c. Government Code Section 76000.5 for purposes of subdivision (e) of Health and Safety Code Section 1797.98a		
d. Government Code Section 76104	$ 389,129.26	$ 389,129.26
e. Vehicle Code Section 42007 (e)		
f. Totals	$ 2,408,050.31	$ 2,408,050.31

3. **Total penalty assessments deposited into Maddy EMS Fund during fiscal year being reported.*** $ 2,408,050.31
   **** If no monies were deposited during the fiscal year being reported, please attach the reason(s) to this report.***
4. **Enter contact information of individual or entity responsible for collection of fines, forfeitures, and penalties.**
   Entity: Superior Court of California, County of Kern, Metropolitan Division
   Contact: Gina Fisher Telephone: (661) 868-4668
   Title: Fiscal Officer Email: Gina.Fisher@kern.courts.ca.gov
5. **Enter contact information of individual or entity responsible for distribution of penalty assessments into the EMS Fund.**
   Entity: Kern County Public Health Services Department, EMS Division
   Contact: Brynn Carrigan Telephone: (661) 321-3000
   Title: Assistant Director Email: Brynn@co.kern.ca.us

B. MADDY EMS FUND

1. **Enter Maddy EMS Fund balance as of first day of fiscal year being reported.** ***(Note: Include interest earned)*** $ 1,165,418.17
2. **Penalty assessments deposited into Maddy EMS fund during fiscal year being reported.** ***(Note: Data from A3)*** $ 2,408,050.31
3. **Total Maddy EMS Funds available for disbursement.** ***(Note: B1 + B2)*** $ 3,573,468.48
4. **For each category listed enter disbursements during the fiscal year being reported.**

Category	Disbursements
a. Administration	$ 241,704.11
b. Other Emergency Medical Services*	$ 209,757.38
c. Hospitals	$ 504,606.28
d. Physicians/Surgeons	$ 691,074.32
e. Reserve	
f. Totals	$ 1,647,142.09

5. **Maddy EMS Fund disbursements during fiscal year being reported.** ***(Note: Data from B4f)*** $ 1,647,142.09
6. **Maddy EMS Fund balance on last day of the fiscal year being reported.** ***(Note: B3 - B5)*** $ 1,926,326.39
   **** If funds were disbursed for other emergency medical services, pursuant to subparagraph (C) of paragraph (5) of subdivision (b) of Section 1797.98a, please attach a description of each of those services to this report.***

Maddy Emergency Medical Services (EMS) Fund Report

REPORTING ENTITY

County: Kern County

Fiscal Year Reported: 2015-2016 **Date Submitted:** 04/14/2017

C. RICHIE's FUND

1. **Has the reporting entity established a Richie Fund?** (●) Yes ( ) No
2. **If yes, what date was the fund established?** 02/01/2015

D. REIMBURSEMENT TO PHYSICIANS/SURGEONS

1. **Enter available funding to be disbursed to physicians and surgeons during the fiscal year being reported.** $ 1,185,791.28
2. **Enter data on claims submitted and paid during the fiscal year being reported.**

Physicians/Surgeons Claims	Number	Amount	% Claims
a. Claims Submitted	14,152	$ 1,382,853.95	100%
b. Allowable Claims Submitted	14,152	$ 691,074.32	100%
c. Allowable Claims Reimbursed	14,152	$ 691,074.32	100%

3. **Please confirm the following required documents are attached to this report:**

- ☑ Descriptions of the physician and surgeon claim payment methodologies
- ☑ Statement of the policies, procedures, and regulatory action taken to implement and administer the fund
- ☑ Name(s) of physician and hospital administrator organizations, or names of specific physicians/surgeons and hospital administrators, the county contacted to review claims payment methodologies
- ☑ Description of the process used to solicit input from physicians and surgeons and hospitals to review payment distribution methodology as described in subdivision (a) of Section 1797.98e
- ☑ Identification of the fee schedule used by the county pursuant to subdivision (e) of Section 1797.98c

4. **Enter information of individual or entity responsible for distribution of funding to physicians/surgeons.**

Entity: Kern County Public Health Services Department, EMS Division
Contact: Brynn Carrigan Telephone: (661) 321-3000
Title: Assistant Director Email: Brynn@co.kern.ca.us

E. REIMBURSEMENT TO HOSPITALS

1. **Enter available funding to be disbursed during the fiscal year being reported.** $ 504,606.28
2. **Are funds disbursed to hospitals on a claims basis?** ***(Note: If no, go to E4.)*** ( ) Yes (●) No
3. **Enter data on claims submitted and reimbursements during the fiscal year being reported.**

Hospital Claims	Number	Amount	% Claims
a. Claims Submitted			0%
b. Allowable Claims Submitted			0%
c. Allowable Claims Reimbursed			0%

4. **Please attach a description of the methodology used to disburse moneys to hospitals pursuant to subparagraph (B) of paragraph (5) of subdivision (b) of Section 1797.98a to this report.**

5. **Enter contact information individual or entity responsible for distribution of Maddy EMS Funds to hospitals.**

Entity: Kern County Public Health Services Department, EMS Division
Contact: Brynn Carrigan Telephone: (661) 321-3000
Title: Assistant Director Email: Brynn@co.kern.ca.us