



KERN COUNTY
Public Health Services
DEPARTMENT

BRYNN CARRIGAN
DIRECTOR

KRISTOPHER LYON, MD
HEALTH OFFICER

1800 MT. VERNON AVENUE

BAKERSFIELD, CALIFORNIA 93306-3302

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AGENDA

EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)

REGULAR MEETING

THURSDAY – August 11th, 2022

4:00 P.M.

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

- I. **Call to Order**
- II. **Flag Salute**
- III. **Roll Call**
- IV. **Consent Agenda (CA):** Consideration of the consent agenda.
All items listed with a “CA” are considered by Division staff to be routine and non-controversial. Consent items may be considered first and approved in one motion if no member of the Board or audience wishes to comment or discuss an item. If comment or discussion is desired, the item will be removed from consent and heard in its listed sequence with an opportunity for any member of the public to address the Board concerning the item before action is taken.
- V. **(CA) Approval of Minutes: EMCAB Meeting May 12th, 2022– approve**
- VI. **Subcommittee Reports:**
APOT Task Force – Jeff Fariss
- VII. **Public Comments:**
This portion of the meeting is reserved for persons desiring to address the Board on any matter not on this Agenda and over which the Board has jurisdiction. Members of the public will also have the opportunity to comment as agenda items are discussed.
- VIII. **Public Requests: None**
- IX. **Unfinished Business: None**

- X. New Business:**
- a) (CA) Maddy Fund Quarterly Report – receive and file
 - b) (CA) Legislation Report – receive and file
 - c) (CA) Quarterly APOT Report – receive and file
 - d) (CA) Quarterly Response Time Compliance – receive and file
 - e) (CA) Annual EOA Reports for 2021 – receive and file

XI. Manager’s Report: - Receive and File

XII. Miscellaneous Documents for Information: None

XIII. Board Member Announcements or Reports:

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

XIV. Announcements:

- A. Next regularly scheduled meeting: Thursday, November 10th, 2022, 4:00 p.m., at the Kern County Public Health Services Department, Bakersfield, California.
- B. The deadline for submitting public requests on the next EMCAB meeting agenda is Thursday, November 3rd, 2022, 5:00 p.m., to the Kern County EMS Program Manager.

XV. Adjournment

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

EMERGENCY MEDICAL CARE ADVISORY BOARD
Membership Roster

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

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

City Selection Committee

Alternate

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

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

Kern Mayors and City Managers Group

Alternate

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

Kern County Medical Society

Alternate

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

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

Kern County Hospital Administrators

Alternate

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

Kern County Ambulance Association

Alternate

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

EMS Medical Director

Support Staff

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

EMS Division

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

County Counsel

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

County Administrative Office

V. Approval of Minutes

AGENDA/MINUTES
EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)
REGULAR MEETING
THURSDAY – May 12th, 2022
4:00 P.M.
Location:

I. Call to Order

II. Flag Salute

III. Roll Call – Jeff Fariss

Attending	Roll Call
Leslie Wilmer	y
Chief Wells	y
John Surface	y
Dr. Lyon	y
Cathy Prout - Tenative	a
Chairman Peters	y
Tyler Whitezell	y

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.

Attending	Consent Agenda
Leslie Wilmer	y
Chief Wells	s
John Surface	y
Dr. Lyon	m
Cathy Prout - Tenative	a
Chairman Peters	y
Tyler Whitezell	y

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

VI. Subcommittee Reports:

APOT Task Force – Jeff Fariss – receive and file

Dr. Lyon began discussion on APOT issue – Request made for direction by EMCAB to address APOT –

John Surface spoke about APOT throughout the state and encouraged legislature to take up the issue – Ambulance members have filed multiple EMTALA violations in the past 180 days – Possible sanctions levied by CMS/CDPH – John voiced concerns about removing designations as a sanction –

Tyler Whitezell stated that task force is the correct approach – asked about findings during meetings and engagement – Teams meetings do not work – Mr. Whitzell wanted to know opinions of task force ED directions regarding the APOT teams –

Chief Wells – agrees that TEAMS is not effective – believes that face to face meetings is the correct option –

Dr. Lyon stated that the time has come for public reporting of APOT data

Attending	APOT Task Force
Leslie Wilmer	Aye
Chief Wells	Aye
John Surface	m
Dr. Lyon	Aye
Cathy Prout - Tenative	a
Chairman Peters	Aye
Tyler Whitezell	s

VII. Public Comments:

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VIII. Public Requests: None

IX. Unfinished Business: None

X. New Business:

- a) (CA) Maddy Fund Annual Report – receive and file
- b) (CA) Legislation Report – receive and file
- c) (CA) Annual Core Measure and APOT Report – receive and file
- d) (CA) EMCAB Agenda Summary for 2021 – receive and file

- e) (CA) Annual EOA Reports for 2021 – Extension to August 11 - approve
- f) (CA) Annual EMS System Report for 2021 – receive and file
- g) (CA) Annual Response Compliance for 2021 – receive and file
- h) (CA) EMCAB Member Update – received and file
- i) (CA) Stroke System of Care Update - approve

XI. Manager's Report: - Receive and File

John Surface spoke about the “Hot Map” that has created for tracking narcotic overdoses.

He also spoke about the devastation COVID-19 has had on the system.

Attending	Managers Report
Leslie Wilmer	m
Chief Wells	Aye
John Surface	Aye
Dr. Lyon	s
Cathy Prout - Tenative	a
Chairman Peters	Aye
Tyler Whitezell	Aye

XII. Miscellaneous Documents for Information: None

XIII. Board Member Announcements or Reports: None

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XIV. Announcements:

- A. Next regularly scheduled meeting: Thursday, August 11th, 2022, 4:00 p.m., at the Kern County Public Health Services Department, Bakersfield, California.
- B. The deadline for submitting public requests on the next EMCAB meeting agenda is Thursday, July 28th, 2022, 5:00 p.m., to the Kern County EMS Program Manager.

XV. Adjournment

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VI. Subcommittee Report

Ambulance Patient Offload Time (APOT) Committee Report

*Solutions-based recommendations for mitigation of
Ambulance Patient Offload Delays (APOD)*

June 29, 2022

Voting Package

Background

The Ambulance Patient Offload Time (APOT) Committee was established on November 1, 2021 for key stakeholders across the state to provide advisory recommendations to the California Department of Public Health (CDPH) and the Emergency Medical Services Authority (EMSA) on how best to mitigate ambulance patient offload delays (APOD). Those recommendations are collated in the below report.

The recommendations in this report are those of the APOT committee and do not necessarily represent the views or opinions of EMSA or CDPH.

Mission

The mission of the APOT Committee is to develop advisory recommendations, including legislative or regulatory changes, that will assist in the preservation of the Hospital and Emergency Medical Services (EMS) system. The committee will seek to protect California's healthcare consumers through the identification and sharing of successful pre-hospital and hospital system efficiencies that reduce or eliminate APOD in the transfer of care from EMS providers to receiving hospital emergency clinicians.

Ultimately, all future decisions should be based on patient care and patient care outcomes.

Purpose and Timeline

The stakeholders who participated on the committee provided advisory recommendations to inform potential future actions for the mitigation of APOD beyond twenty (20) minutes. EMSA established June 30, 2022, for completion of the committee's work, and the committee members voted on June 29, 2022.

Voting Members

Non-Voting Member		
Committee Chair	Sean Trask	
California Department of Public Health-LNC-HQ	Cassie Dunham	
Voting Members		Attendance
Affiliation	Primary Representative	
Ambulance Alliance	Brian Henricksen	x
California Fire Chiefs Association	Ray Gayk	x
California Metropolitan Fire Chiefs Association	Todd Harms	x
California Ambulance Association	Carley Alley	x
California American College of Emergency Physicians	Larry Stock	x

California Hospital Association	Sheree Lowe	x
California Professional Firefighters	Kevin Greene	x
Children's Hospital Representative	Frank Maas	x
Emergency Medical Services Commission	Atila Uner	x
Emergency Nurses Association	Stephanie Jensen	x
EMS Medical Directors Association of California	Kevin Mackey	x
EMS Administrators' Association of California	Trevor Douville	x
Hospital Association of Southern California	George Greene/Adena Tessler	x
Hospital Council of Northern and Central California	Bryan Bucklew	x
HMO Hospital Organization - Kaiser	Gregory Smith	x
California Nurses Association/National Nurses United	Victoria Bermudez	x

Definitions

- **Definition of APOT:** “ambulance patient offload time” is defined as the interval between the arrival of an ambulance patient at an emergency department and the time that the patient is transferred to an emergency department gurney, bed, chair, or other acceptable location and the emergency department assumes responsibility for care of the patient.
- **Definition of APOD:** a “nonstandard patient offload time” means that the ambulance patient offload time for a patient exceeds a period of time designated in the criteria established by the local EMS agency pursuant to policies and procedures for calculating and reporting ambulance patient offload time.

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Planning Assumptions

- Extended APOT time ties up ambulances in the Emergency Department, during which time they are unavailable to respond to 9-1-1 calls, and therefore impacts the EMS provider agency's ability to respond to 911 calls in a timely manner.
- Extended response times may increase morbidity and mortality of critical care patients.
- Emergency department and hospital overcrowding with all associated and underlying causes is the basis of the problem for APOT and extended APOT in California.
- There is a cost to extended APOT times for EMS providers.
- Retrospectively, not all patients transported by ambulance to the emergency department need emergency care. However, Emergency Medical Treatment and Labor Act (EMTALA)¹ allows the patient to dictate if they have an emergency or not.
- Lack of health care services and timely access to those services across the continuum of care significantly impacts the crowded hospitals, emergency departments and APOT. This is particularly true for behavioral health services and services for the uninsured and Medi-Cal patients.

Rules of Engagement for Recommendations

- There were 16 voting members on the APOT committee.
- Each recommendation was discussed at length, and given to each voting member to review and provide written feedback every two weeks.
- The recommendations were finalized when the official vote was cast, and a majority or tie of votes were received for the recommendation.
- The final vote for all recommendations was held on the last day of the APOT committee meetings (June 29, 2022).
- Every recommendation included in the final package, notes the vote count next to the recommendation.
- If there are major implementation considerations, a tie or discord, these are noted under the recommendations.

¹ The Emergency Medical Treatment and Labor Act (EMTALA) is a federal law that requires anyone coming to an emergency department to be stabilized and treated, regardless of their insurance status or ability to pay.

Voting Summary

Emergency Medical Services Systems Recommendations				
Recommendation	Yes	No	Abstain	Decision
Recommendation 1: Electronic Signature Documentation	16	0	0	Endorsed
Recommendation 2: Implement Multiple Options for Patient Transport	14	2	0	Endorsed
Recommendation 3: Promulgation of Statewide APOT Standard	9	6	1	Endorsed
Recommendation 4: Enforcement of the Emergency Medical Treatment and Labor Act (EMTALA) and Other State and Federal Patient Safety Protections Regulation Creation	10	6	0	Endorsed
Recommendation 5: Federal Advocacy for Reimbursement of Transport to Alternate Destination	13	2	1	Endorsed
Recommendation 6: Operational Monitoring	13	3	0	Endorsed
Hospital System Recommendations				
Recommendation	Yes	No	Abstain	Decision
Recommendation 1: Modify Legislation to Allow Paramedics to Work in General Acute Care Hospitals (GACH)	10	6	0	Endorsed
Recommendation 2: Increase Throughput Efficiency by Reducing Door-To-First Provider (DTFP) and APOT Times	15	1	0	Endorsed
Recommendation 3: Public Data Reporting	7	9	0	Not Endorsed
Recommendation 4: General Acute Care Hospital Should Staff EMS Arrival Team	11	5	0	Endorsed
Recommendation 5: Hospital Reimbursement to Providers	9	7	0	Endorsed
Recommendation 6: Rescheduling of Elective Surgeries	1	15	0	Not Endorsed
Other Recommendations				
Recommendation	Yes	No	Abstain	Decision
Recommendation 1: Develop Local APOT Committees	15	1	0	Endorsed
Recommendation 2: Joint Plans	16	0	0	Endorsed
Recommendation 3: Health Information Exchange	14	2	0	Endorsed
Recommendation 4: Workforce Development Program	14	1	1	Endorsed
Recommendation 5: Community ED RN Training Program	16	0	0	Endorsed
Recommendation 6: Community Education	16	0	0	Endorsed
Recommendation 7: Review and Update the "Toolkit"	16	0	0	Endorsed

Recommendations

Emergency Medical Services System Recommendations

Recommendation #1: Electronic Signature Documentation

- A CEMSIS definition requirement should be established to have an electronic signature between the emergency department medical personnel at the receiving facility and the EMT, AEMT or EMT-P, which captures the points in time when the hospital receives notification of ambulance arrival, and when transfer of care is executed for documentation of APOT.
 - *The signature would be collected when physical transfer of the patient occurs and the report is given to hospital staff, while notating ambulance arrival time at the hospital.*
 - *Bilateral data transfers are critical to this recommendation (i.e., ePCR and HIE) and should be considered in any subsequent implementation.*
 - *Technology is available – ReddiNet, First Watch, and Image Trend, for example, allow for better tracking and should be encouraged. EMSA encouraging the use of technology will improve the accuracy of the data and remove subjectivity.*
 - *EMSA should develop an audit tool/program to improve data accuracy of transfer of care (TOC) with validation from both hospitals and LEMSAs.*
 - *A funding source may be needed for small rural hospitals and (volunteer) EMS providers to finance.*

Non-Voting Member		Yes	No	Abstain
Committee Chair	Sean Trask	N/A	N/A	N/A
California Department of Public Health-LNC-HQ	Cassie Dunham	N/A	N/A	N/A
Voting Members		Yes	No	Abstain
Affiliation	Primary Representative			
Ambulance Alliance	Brian Henricksen	x		
California Fire Chiefs Association	Ray Gayk	x		
California Metropolitan Fire Chiefs Association	Todd Harms	x		
California Ambulance Association	Carley Alley	x		
California American College of Emergency Physicians	Larry Stock	x		
California Hospital Association	Sheree Lowe	x		
California Professional Firefighters	Kevin Greene	x		
Children's Hospital Representative	Frank Maas	x		
Emergency Medical Services Commission	Atilla Uner	x		
Emergency Nurses Association	Stephanie Jensen	x		
EMS Medical Directors Association of California	Kevin Mackey	x		
EMS Administrators' Association of California	Trevor Douville	x		

Hospital Association of Southern California	George Greene	x		
Hospital Council of Northern and Central California	Bryan Bucklew	x		
HMO Hospital Organization - Kaiser	Gregory Smith	x		
California Nurses Association/National Nurses United	Victoria Bermudez	x		

Recommendation #2: Implement Multiple Options for Patient Transport

- The state should open/update or create regulations/pilot programs which directly impact ambulance patient offload time, including but not limited to:
 - Community Paramedicine & Alternate Destinations
 - *In its current form, the regulation limits CP and triage to AD. The state should expand the scope to allow triage to other alternative destinations and provide other options for CP.*
 - Assess and Refer
 - *Safety and efficacy of Assess and Refer policies needs to be studied to ensure community safety. Once determined to be safe, implementation should be accomplished by creating local optional scope of practice and an equity metric which can be reported during implementation.*
 - *There should be clear articulation around which patients are qualified for assess and refer.*
 - Telemedicine Programs
 - *Telemedicine technology exists which could allow direct, online evaluation by a physician while still in the field. This could provide services to patients without requiring transportation to an emergency department. These patient interactions should be billable as physician services.*
 - Nurse Navigation Services
 - *Create a pathway for pilot programs (similar to nurse triage line).*

Non-Voting Member		Yes	No	Abstain
Committee Chair	Sean Trask	N/A	N/A	N/A
California Department of Public Health-LNC-HQ	Cassie Dunham	N/A	N/A	N/A
Voting Members		Yes	No	Abstain
Affiliation	Primary Representative			
Ambulance Alliance	Brian Henricksen	x		
California Fire Chiefs Association	Ray Gayk	x		
California Metropolitan Fire Chiefs Association	Todd Harms	x		
California Ambulance Association	Carley Alley	x		
California American College of Emergency Physicians	Larry Stock		x	
California Hospital Association	Sheree Lowe	x		
California Professional Firefighters	Kevin Greene	x		
Children's Hospital Representative	Frank Maas	x		
Emergency Medical Services Commission	Atila Uner	x		
Emergency Nurses Association	Stephanie Jensen	x		
EMS Medical Directors Association of California	Kevin Mackey	x		
EMS Administrators' Association of California	Trevor Douville	x		
Hospital Association of Southern California	George Greene	x		

Hospital Council of Northern and Central California	Bryan Bucklew	x		
HMO Hospital Organization - Kaiser	Gregory Smith	x		
California Nurses Association/National Nurses United	Victoria Bermudez		x	

Recommendation #3: Promulgation of Statewide APOT Standard

- Legislation should be considered authorizing a statewide standard of 20 minutes 90 percent of the time for APOT calculations of all California LEMSAs.
 - *Subsequent actions still need to be delineated for penalties, fines, etc. and waivers or flexibilities should be considered for long-term implementation.*
 - *Recommendations #1 & #3 should be implemented in coordination in order to standardize the "time stamp" for APOT.*

Non-Voting Member		Yes	No	Abstain
Committee Chair	Sean Trask	N/A	N/A	N/A
California Department of Public Health-LNC-HQ	Cassie Dunham	N/A	N/A	N/A
Voting Members		Yes	No	Abstain
Affiliation	Primary Representative			
Ambulance Alliance	Brian Henricksen	x		
California Fire Chiefs Association	Ray Gayk	x		
California Metropolitan Fire Chiefs Association	Todd Harms	x		
California Ambulance Association	Carley Alley	x		
California American College of Emergency Physicians	Larry Stock	x		
California Hospital Association	Sheree Lowe		x	
California Professional Firefighters	Kevin Greene	x		
Children's Hospital Representative	Frank Maas		x	
Emergency Medical Services Commission	Atilla Uner	x		
Emergency Nurses Association	Stephanie Jensen		x	
EMS Medical Directors Association of California	Kevin Mackey	x		
EMS Administrators' Association of California	Trevor Douville	x		
Hospital Association of Southern California	George Greene		x	
Hospital Council of Northern and Central California	Bryan Bucklew		x	
HMO Hospital Organization - Kaiser	Gregory Smith		x	
California Nurses Association/National Nurses United	Victoria Bermudez			x

Recommendation #4: Enforcement of the Emergency Medical Treatment and Labor Act (EMTALA) and Other State and Federal Patient Safety Protections Regulation Creation

- EMSA, in coordination with CDPH, should develop in regulation an EMTALA reporting standard, as well as reporting other patient safety violations that may be observed in the transport and handoff process for ambulance personnel and develop a standard document for submission to CDPH. The document should allow for easy submission of the complaint, in the event of an APOD that does not meet the regulatory guidance standards.

Non-Voting Member		Yes	No	Abstain
Committee Chair	Sean Trask	N/A	N/A	N/A
California Department of Public Health-LNC-HQ	Cassie Dunham	N/A	N/A	N/A
Voting Members		Yes	No	Abstain
Affiliation	Primary Representative			
Ambulance Alliance	Brian Henricksen	x		
California Fire Chiefs Association	Ray Gayk	x		
California Metropolitan Fire Chiefs Association	Todd Harms	x		
California Ambulance Association	Carley Alley	x		
California American College of Emergency Physicians	Larry Stock	x		
California Hospital Association	Sheree Lowe		x	
California Professional Firefighters	Kevin Greene	x		
Children's Hospital Representative	Frank Maas		x	
Emergency Medical Services Commission	Atilla Uner	x		
Emergency Nurses Association	Stephanie Jensen		x	
EMS Medical Directors Association of California	Kevin Mackey	x		
EMS Administrators' Association of California	Trevor Douville	x		
Hospital Association of Southern California	George Greene		x	
Hospital Council of Northern and Central California	Bryan Bucklew		x	
HMO Hospital Organization - Kaiser	Gregory Smith		x	
California Nurses Association/National Nurses United	Victoria Bermudez	x		

Recommendation #5: Federal Advocacy for Reimbursement of Transport to Alternate Destination

- The state should work with Centers for Medicaid and Medicare Services (CMS) for reimbursement of patient transport to an alternate destination.

Non-Voting Member		Yes	No	Abstain
Committee Chair	Sean Trask	N/A	N/A	N/A
California Department of Public Health-LNC-HQ	Cassie Dunham	N/A	N/A	N/A
Voting Members		Yes	No	Abstain
Affiliation	Primary Representative			
Ambulance Alliance	Brian Henricksen	x		
California Fire Chiefs Association	Ray Gayk	x		
California Metropolitan Fire Chiefs Association	Todd Harms	x		
California Ambulance Association	Carley Alley	x		
California American College of Emergency Physicians	Larry Stock	x		
California Hospital Association	Sheree Lowe	x		
California Professional Firefighters	Kevin Greene	x		
Children's Hospital Representative	Frank Maas	x		
Emergency Medical Services Commission	Atila Uner	x		
Emergency Nurses Association	Stephanie Jensen	x		
EMS Medical Directors Association of California	Kevin Mackey		x	
EMS Administrators' Association of California	Trevor Douville			x
Hospital Association of Southern California	George Greene	x		
Hospital Council of Northern and Central California	Bryan Bucklew	x		
HMO Hospital Organization - Kaiser	Gregory Smith	x		
California Nurses Association/National Nurses United	Victoria Bermudez		x	

Recommendation #6: Operational Monitoring

- The Regional Disaster Medical Health Coordinators and Specialist (RDMHS) needs to monitor real-time emergency department and ambulance patient offload times (APOT) so that ambulances can be directed to ensure one facility is not being inundated while others are operating under capacity.
 - Consider the model used by Labor & Delivery and Neonatal Intensive Care Units.
 - A technological challenge exists for real time data in making informed decisions.
 - Explore technology that can provide real time APOT data which can be utilized by hospitals, LEMSAs and providers which enables real-time, informed decision making.
 - This data should include availability at all possible destinations including sobering centers and psychiatric facilities, not just emergency departments.

Non-Voting Member		Yes	No	Abstain
Committee Chair	Sean Trask	N/A	N/A	N/A
California Department of Public Health-LNC-HQ	Cassie Dunham	N/A	N/A	N/A
Voting Members		Yes	No	Abstain
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California American College of Emergency Physicians	Larry Stock	x		
California Hospital Association	Sheree Lowe	x		
California Professional Firefighters	Kevin Greene	x		
Children's Hospital Representative	Frank Maas	x		
Emergency Medical Services Commission	Atilla Uner		x	
Emergency Nurses Association	Stephanie Jensen		x	
EMS Medical Directors Association of California	Kevin Mackey	x		
EMS Administrators' Association of California	Trevor Douville		x	
Hospital Association of Southern California	George Greene	x		
Hospital Council of Northern and Central California	Bryan Bucklew	x		
HMO Hospital Organization - Kaiser	Gregory Smith	x		
California Nurses Association/National Nurses United	Victoria Bermudez	x		

Hospital System Recommendations

Recommendation #1: Modify Legislation to Allow Paramedics to Work in General Acute Care Hospitals (GACH)

- There should be a change in legislation to permanently allow paramedics to work in all hospitals (as hospital staff) not just those GACHs with a rural designation, specifically in emergency departments.
 - *Paramedics should be allowed to work at their full scope of practice in a hospital ED environment and are currently prohibited from doing so by their licensure regulations.*

Non-Voting Member		Yes	No	Abstain
Committee Chair	Sean Trask	N/A	N/A	N/A
California Department of Public Health-LNC-HQ	Cassie Dunham	N/A	N/A	N/A
Voting Members		Yes	No	Abstain
Affiliation	Primary Representative			
Ambulance Alliance	Brian Henricksen		x	
California Fire Chiefs Association	Ray Gayk	x		
California Metropolitan Fire Chiefs Association	Todd Harms	x		
California Ambulance Association	Carley Alley		x	
California American College of Emergency Physicians	Larry Stock	x		
California Hospital Association	Sheree Lowe	x		
California Professional Firefighters	Kevin Greene	x		
Children's Hospital Representative	Frank Maas		x	
Emergency Medical Services Commission	Atila Uner	x		
Emergency Nurses Association	Stephanie Jensen		x	
EMS Medical Directors Association of California	Kevin Mackey	x		
EMS Administrators' Association of California	Trevor Douville		x	
Hospital Association of Southern California	George Greene	x		
Hospital Council of Northern and Central California	Bryan Bucklew	x		
HMO Hospital Organization - Kaiser	Gregory Smith	x		
California Nurses Association/National Nurses United	Victoria Bermudez		x	

Recommendation #2: Increase Throughput Efficiency by Reducing Door-To-First Provider (DTFP) and APOT Times

- The state should provide targeted funding in the state budget for hospitals to implement evidence-based strategies to improve emergency department wait time, throughput and output including but not limited to:
 - Funding for cost of space expansion for Rapid Medical Evaluation and/or Fast-track ED of patients triaged as low acuity for care by Nurse Practitioners, Physicians, or PAs.
 - Funding for cost of building co-located offices for 24-hour primary, geriatric, and pediatric nurse to address the low-acuity needs of both the under one-year population as well as elderly persons who present to the ED for care.
 - Funding for expansion or conversion of emergency department space and laboratory equipment for 24-hour point-of-care lab testing in the emergency department.
 - Funding for expansion of Acute Psychiatric Hospital and Psychiatric Health Facilities for the creation and provision of Psychiatric Emergency Services.
 - Funding for standby emergency medicine specialists and backup panel specialists that can be called in during times of surge
- Hospitals should develop standards and training of ED RNs for Nurse Initiated Protocol Standardized Procedures based on a patient's chief complaint so that lab testing, x-rays, EKGs, etc. can be ordered before examination by a physician, nurse practitioner, or physician assistant.

Non-Voting Member		Yes	No	Abstain
Committee Chair	Sean Trask	N/A	N/A	N/A
California Department of Public Health-LNC-HQ	Cassie Dunham	N/A	N/A	N/A
Voting Members		Yes	No	Abstain
Affiliation	Primary Representative			
Ambulance Alliance	Brian Henricksen	x		
California Fire Chiefs Association	Ray Gayk	x		
California Metropolitan Fire Chiefs Association	Todd Harms	x		
California Ambulance Association	Carley Alley	x		
California American College of Emergency Physicians	Larry Stock	x		
California Hospital Association	Sheree Lowe	x		
California Professional Firefighters	Kevin Greene	x		
Children's Hospital Representative	Frank Maas	x		
Emergency Medical Services Commission	Atilla Uner	x		
Emergency Nurses Association	Stephanie Jensen	x		
EMS Medical Directors Association of California	Kevin Mackey	x		

EMS Administrators' Association of California	Trevor Douville			x
Hospital Association of Southern California	George Greene	x		
Hospital Council of Northern and Central California	Bryan Bucklew	x		
HMO Hospital Organization - Kaiser	Gregory Smith	x		
California Nurses Association/National Nurses United	Victoria Bermudez	x		

Recommendation #3: Public Data Reporting

- The state should require GACHs to post ED wait times.
 - EMSA should review HCAI/CHA data and collect any additional data needed to understand who is utilizing EDs and why, or obtain access to this data if collected locally/regionally. Retrospective data and analysis should be made available to all government and commercial insurance plans and public health offices semi-annually.

Non-Voting Member		Yes	No	Abstain
Committee Chair	Sean Trask	N/A	N/A	N/A
California Department of Public Health-LNC-HQ	Cassie Dunham	N/A	N/A	N/A
Voting Members		Yes	No	Abstain
Affiliation	Primary Representative			
Ambulance Alliance	Brian Henricksen	x		
California Fire Chiefs Association	Ray Gayk	x		
California Metropolitan Fire Chiefs Association	Todd Harms	x		
California Ambulance Association	Carley Alley	x		
California American College of Emergency Physicians	Larry Stock		x	
California Hospital Association	Sheree Lowe		x	
California Professional Firefighters	Kevin Greene	x		
Children's Hospital Representative	Frank Maas		x	
Emergency Medical Services Commission	Atilla Uner		x	
Emergency Nurses Association	Stephanie Jensen		x	
EMS Medical Directors Association of California	Kevin Mackey		x	
EMS Administrators' Association of California	Trevor Douville	x		
Hospital Association of Southern California	George Greene		x	
Hospital Council of Northern and Central California	Bryan Bucklew		x	
HMO Hospital Organization - Kaiser	Gregory Smith		x	
California Nurses Association/National Nurses United	Victoria Bermudez	x		

Recommendation #4: General Acute Care Hospital Should Staff EMS Arrival Team

- Receiving hospitals should establish a policy for triage of ambulance arrivals to facilitate offload and continue care in compliance with regulation under Title 22, Division 5, and Chapter 1 General Acute Care Hospitals until bed is available.
 - *Transfer of care to a rapid medical evaluation team made up of a physician, NP, or PA following triage would relieve ambulance personnel of responsibility for the patient, allow the ambulance to return to service, and reduce wait time to treatment for low acuity emergency department patients as well as patients who will require placement in an emergency department bed for stabilization medical and nursing care.*

Non-Voting Member		Yes	No	Abstain
Committee Chair	Sean Trask	N/A	N/A	N/A
California Department of Public Health-LNC-HQ	Cassie Dunham	N/A	N/A	N/A
Voting Members		Yes	No	Abstain
Affiliation	Primary Representative			
Ambulance Alliance	Brian Henricksen	x		
California Fire Chiefs Association	Ray Gayk	x		
California Metropolitan Fire Chiefs Association	Todd Harms	x		
California Ambulance Association	Carley Alley	x		
California American College of Emergency Physicians	Larry Stock	x		
California Hospital Association	Sheree Lowe		x	
California Professional Firefighters	Kevin Greene	x		
Children's Hospital Representative	Frank Maas		x	
Emergency Medical Services Commission	Atilla Uner	x		
Emergency Nurses Association	Stephanie Jensen		x	
EMS Medical Directors Association of California	Kevin Mackey	x		
EMS Administrators' Association of California	Trevor Douville	x		
Hospital Association of Southern California	George Greene		x	
Hospital Council of Northern and Central California	Bryan Bucklew		x	
HMO Hospital Organization - Kaiser	Gregory Smith	x		
California Nurses Association/National Nurses United	Victoria Bermudez	x		

Recommendation #5: Hospital Reimbursement to Providers

- CDPH and EMSA should establish a joint oversight program which requires hospitals to reimburse ambulance providers for wait times exceeding the current standard.
 - Reimbursement should be provided at the current EMSA ambulance strike team rate schedule.

Non-Voting Member		Yes	No	Abstain
Committee Chair	Sean Trask	N/A	N/A	N/A
California Department of Public Health-LNC-HQ	Cassie Dunham	N/A	N/A	N/A
Voting Members		Yes	No	Abstain
Affiliation	Primary Representative			
Ambulance Alliance	Brian Henricksen	x		
California Fire Chiefs Association	Ray Gayk	x		
California Metropolitan Fire Chiefs Association	Todd Harms	x		
California Ambulance Association	Carley Alley	x		
California American College of Emergency Physicians	Larry Stock		x	
California Hospital Association	Sheree Lowe		x	
California Professional Firefighters	Kevin Greene	x		
Children's Hospital Representative	Frank Maas		x	
Emergency Medical Services Commission	Atilla Uner	x		
Emergency Nurses Association	Stephanie Jensen		x	
EMS Medical Directors Association of California	Kevin Mackey	x		
EMS Administrators' Association of California	Trevor Douville	x		
Hospital Association of Southern California	George Greene		x	
Hospital Council of Northern and Central California	Bryan Bucklew		x	
HMO Hospital Organization - Kaiser	Gregory Smith		x	
California Nurses Association/National Nurses United	Victoria Bermudez	x		

Recommendation #6: Rescheduling of Elective Surgeries

- CDPH and EMSA should establish a joint program which requires the rescheduling of elective surgeries for patients who would require post-procedure inpatient care when boarded emergency department patients are repeatedly linked to APODs and/or hospitals are consistently unable to meet ambulance patient offload time minimum standards.
 - *This recommendation should be a part of the local surge plan and should be implemented in accordance with Recommendation #2: Joint Plans.*

Non-Voting Member		Yes	No	Abstain
Committee Chair	Sean Trask	N/A	N/A	N/A
California Department of Public Health-LNC-HQ	Cassie Dunham	N/A	N/A	N/A
Voting Members		Yes	No	Abstain
Affiliation	Primary Representative			
Ambulance Alliance	Brian Henricksen		x	
California Fire Chiefs Association	Ray Gayk		x	
California Metropolitan Fire Chiefs Association	Todd Harms		x	
California Ambulance Association	Carley Alley		x	
California American College of Emergency Physicians	Larry Stock		x	
California Hospital Association	Sheree Lowe		x	
California Professional Firefighters	Kevin Greene		x	
Children's Hospital Representative	Frank Maas		x	
Emergency Medical Services Commission	Atilla Uner		x	
Emergency Nurses Association	Stephanie Jensen		x	
EMS Medical Directors Association of California	Kevin Mackey		x	
EMS Administrators' Association of California	Trevor Douville		x	
Hospital Association of Southern California	George Greene		x	
Hospital Council of Northern and Central California	Bryan Bucklew		x	
HMO Hospital Organization - Kaiser	Gregory Smith		x	
California Nurses Association/National Nurses United	Victoria Bermudez	x		

Other Recommendations

Recommendation #1: Develop Local APOT Committees

- Require local APOT subcommittees to be established between LEMSA Administrators, LEMSA Medical Directors, all EMS provider administrators within a LEMSA, Emergency Department Medical Directors, and hospital CEO/Executive Leadership to address APOT within each LEMSA.
 - *The local Emergency Medical Care Committee (EMCC) shall be mandatory and the APOT subcommittee shall report to the EMCC as a long-term implementation consideration.*
 - *At any time, an APOT subcommittee meeting can be called with two weeks' notice by any one member. Any one member/group can call no more than two additional meetings per year, and total additional meetings can be no more than four per year.*
 - *APOT findings broken down by hospital and EMS providers within each LEMSA must be made available to the public in regular intervals, e.g., semi-annually.*
 - *Low EMS staffing and number of rigs in the field would also need to be captured.*
 - *Additionally, data on the number of patients awaiting transfer to lower levels of care – inter-facility transfer delays - which impact the availability of inpatient beds to decompress the emergency department will need to be tracked and reported.*

Non-Voting Member		Yes	No	Abstain
Committee Chair	Sean Trask	N/A	N/A	N/A
California Department of Public Health-LNC-HQ	Cassie Dunham	N/A	N/A	N/A
Voting Members		Yes	No	Abstain
Affiliation	Primary Representative			
Ambulance Alliance	Brian Henricksen	x		
California Fire Chiefs Association	Ray Gayk	x		
California Metropolitan Fire Chiefs Association	Todd Harms	x		
California Ambulance Association	Carley Alley	x		
California American College of Emergency Physicians	Larry Stock	x		
California Hospital Association	Sheree Lowe	x		
California Professional Firefighters	Kevin Greene	x		
Children's Hospital Representative	Frank Maas	x		
Emergency Medical Services Commission	Atila Uner	x		
Emergency Nurses Association	Stephanie Jensen	x		
EMS Medical Directors Association of California	Kevin Mackey	x		
EMS Administrators' Association of California	Trevor Douville		x	
Hospital Association of Southern California	George Greene	x		

Hospital Council of Northern and Central California	Bryan Bucklew	x		
HMO Hospital Organization - Kaiser	Gregory Smith	x		
California Nurses Association/National Nurses United	Victoria Bermudez	x		

Recommendation #2: Joint Plans

- CDPH and EMSA should require the development of a joint LEMSA/Hospitals surge plan.

Non-Voting Member		Yes	No	Abstain
Committee Chair	Sean Trask	N/A	N/A	N/A
California Department of Public Health-LNC-HQ	Cassie Dunham	N/A	N/A	N/A
Voting Members		Yes	No	Abstain
Affiliation	Primary Representative			
Ambulance Alliance	Brian Henricksen	x		
California Fire Chiefs Association	Ray Gayk	x		
California Metropolitan Fire Chiefs Association	Todd Harms	x		
California Ambulance Association	Carley Alley	x		
California American College of Emergency Physicians	Larry Stock	x		
California Hospital Association	Sheree Lowe	x		
California Professional Firefighters	Kevin Greene	x		
Children's Hospital Representative	Frank Maas	x		
Emergency Medical Services Commission	Atilla Uner	x		
Emergency Nurses Association	Stephanie Jensen	x		
EMS Medical Directors Association of California	Kevin Mackey	x		
EMS Administrators' Association of California	Trevor Douville	x		
Hospital Association of Southern California	George Greene	x		
Hospital Council of Northern and Central California	Bryan Bucklew	x		
HMO Hospital Organization - Kaiser	Gregory Smith	x		
California Nurses Association/National Nurses United	Victoria Bermudez	x		

Recommendation #3: Health Information Exchange

- The state should require each LEMSA to use electronic platforms (such as SAFR) to improve communication to hospitals on patients that are being transported so a hospital can pre-register or provide expedited care of patients in each ambulance.

Non-Voting Member		Yes	No	Abstain
Committee Chair	Sean Trask	N/A	N/A	N/A
California Department of Public Health-LNC-HQ	Cassie Dunham	N/A	N/A	N/A
Voting Members		Yes	No	Abstain
Affiliation	Primary Representative			
Ambulance Alliance	Brian Henricksen	x		
California Fire Chiefs Association	Ray Gayk	x		
California Metropolitan Fire Chiefs Association	Todd Harms	x		
California Ambulance Association	Carley Alley	x		
California American College of Emergency Physicians	Larry Stock	x		
California Hospital Association	Sheree Lowe	x		
California Professional Firefighters	Kevin Greene	x		
Children's Hospital Representative	Frank Maas	x		
Emergency Medical Services Commission	Atila Uner		x	
Emergency Nurses Association	Stephanie Jensen	x		
EMS Medical Directors Association of California	Kevin Mackey	x		
EMS Administrators' Association of California	Trevor Douville	x		
Hospital Association of Southern California	George Greene	x		
Hospital Council of Northern and Central California	Bryan Bucklew	x		
HMO Hospital Organization - Kaiser	Gregory Smith		x	
California Nurses Association/National Nurses United	Victoria Bermudez	x		

Recommendation #4: Workforce Development Program

- The CDPH and EMSA should collaborate with local EMS training programs and EMS providers to establish a workforce development program through the schools (and other) system to mitigate the medical and mental health staffing workforce issue in California.

Non-Voting Member		Yes	No	Abstain
Committee Chair	Sean Trask	N/A	N/A	N/A
California Department of Public Health-LNC-HQ	Cassie Dunham	N/A	N/A	N/A
Voting Members		Yes	No	Abstain
Affiliation	Primary Representative			
Ambulance Alliance	Brian Henricksen	x		
California Fire Chiefs Association	Ray Gayk	x		
California Metropolitan Fire Chiefs Association	Todd Harms	x		
California Ambulance Association	Carley Alley	x		
California American College of Emergency Physicians	Larry Stock	x		
California Hospital Association	Sheree Lowe	x		
California Professional Firefighters	Kevin Greene	x		
Children's Hospital Representative	Frank Maas	x		
Emergency Medical Services Commission	Atila Uner	x		
Emergency Nurses Association	Stephanie Jensen	x		
EMS Medical Directors Association of California	Kevin Mackey		x	
EMS Administrators' Association of California	Trevor Douville			x
Hospital Association of Southern California	George Greene	x		
Hospital Council of Northern and Central California	Bryan Bucklew	x		
HMO Hospital Organization - Kaiser	Gregory Smith	x		
California Nurses Association/National Nurses United	Victoria Bermudez	x		

Recommendation #5: Community ED RN Training Program

- Increase hospital emergency department registered nurse staffing by establishing and sponsoring regional community emergency department registered nurse training programs (similar to community ICU training programs).
 - Such a program could be open to any RN, if space is available, who is interested in receiving a certificate of completion in the didactic and skills training portion of the ED training. An RN who completes the didactic and skills training portion of the ED program could seek employment at a GACH where supervised clinical experience would complete training as a specialty emergency department RN.

Non-Voting Member		Yes	No	Abstain
Committee Chair	Sean Trask	N/A	N/A	N/A
California Department of Public Health-LNC-HQ	Cassie Dunham	N/A	N/A	N/A
Voting Members		Yes	No	Abstain
Affiliation	Primary Representative			
Ambulance Alliance	Brian Henricksen	x		
California Fire Chiefs Association	Ray Gayk	x		
California Metropolitan Fire Chiefs Association	Todd Harms	x		
California Ambulance Association	Carley Alley	x		
California American College of Emergency Physicians	Larry Stock	x		
California Hospital Association	Sheree Lowe	x		
California Professional Firefighters	Kevin Greene	x		
Children's Hospital Representative	Frank Maas	x		
Emergency Medical Services Commission	Atilla Uner	x		
Emergency Nurses Association	Stephanie Jensen	x		
EMS Medical Directors Association of California	Kevin Mackey	x		
EMS Administrators' Association of California	Trevor Douville	x		
Hospital Association of Southern California	George Greene	x		
Hospital Council of Northern and Central California	Bryan Bucklew	x		
HMO Hospital Organization - Kaiser	Gregory Smith	x		
California Nurses Association/National Nurses United	Victoria Bermudez	x		

Recommendation #6: Community Education

- The state and local public health departments should provide education to the public/beneficiaries related to use of the 911 system and other tools at for access to care. This should include public service announcements and educational material.
 - *This recommendation is not meant to discourage beneficiaries of the 911 system not to use it, but rather to educate future patients on other ways to access care.*

Non-Voting Member		Yes	No	Abstain
Committee Chair	Sean Trask	N/A	N/A	N/A
California Department of Public Health-LNC-HQ	Cassie Dunham	N/A	N/A	N/A
Voting Members		Yes	No	Abstain
Affiliation	Primary Representative			
Ambulance Alliance	Brian Henricksen	x		
California Fire Chiefs Association	Ray Gayk	x		
California Metropolitan Fire Chiefs Association	Todd Harms	x		
California Ambulance Association	Carley Alley	x		
California American College of Emergency Physicians	Larry Stock	x		
California Hospital Association	Sheree Lowe	x		
California Professional Firefighters	Kevin Greene	x		
Children's Hospital Representative	Frank Maas	x		
Emergency Medical Services Commission	Atila Uner	x		
Emergency Nurses Association	Stephanie Jensen	x		
EMS Medical Directors Association of California	Kevin Mackey	x		
EMS Administrators' Association of California	Trevor Douville	x		
Hospital Association of Southern California	George Greene	x		
Hospital Council of Northern and Central California	Bryan Bucklew	x		
HMO Hospital Organization - Kaiser	Gregory Smith	x		
California Nurses Association/National Nurses United	Victoria Bermudez	x		

Recommendation #7: Review and Update the 'Toolkit'

- The state should establish a working group of well-balanced stakeholders representing hospital administration, EMS providers, LEMSAs, and hospital employees in the ED and in the inpatient setting to review, update and publish a new Toolkit to Reduce Patient Offload Delays (APOD) in the Emergency Department.

Non-Voting Member		Yes	No	Abstain
Committee Chair	Sean Trask	N/A	N/A	N/A
California Department of Public Health-LNC-HQ	Cassie Dunham	N/A	N/A	N/A
Voting Members		Yes	No	Abstain
Affiliation	Primary Representative			
Ambulance Alliance	Brian Henricksen	x		
California Fire Chiefs Association	Ray Gayk	x		
California Metropolitan Fire Chiefs Association	Todd Harms	x		
California Ambulance Association	Carley Alley	x		
California American College of Emergency Physicians	Larry Stock	x		
California Hospital Association	Sheree Lowe	x		
California Professional Firefighters	Kevin Greene	x		
Children's Hospital Representative	Frank Maas	x		
Emergency Medical Services Commission	Atilla Uner	x		
Emergency Nurses Association	Stephanie Jensen	x		
EMS Medical Directors Association of California	Kevin Mackey	x		
EMS Administrators' Association of California	Trevor Douville	x		
Hospital Association of Southern California	George Greene	x		
Hospital Council of Northern and Central California	Bryan Bucklew	x		
HMO Hospital Organization - Kaiser	Gregory Smith	x		
California Nurses Association/National Nurses United	Victoria Bermudez	x		

X. New Business

a. Maddy Funds Quarterly Report

**EMS DIVISION
KERN COUNTY PUBLIC HEALTH SERVICES DEPARTMENT
MADDY EMS FUND**

**** Corrected formula errors & verified totals 01/4/22 KF

FISCAL YEAR 2021-22 ACTIVITY

											EMCAAB- Current	EMCAAB- Rollover	EMCAAB- Rollover	EMCAAB- Rollover	EMCAAB- Transfers	
	MADDY Deposits	RICHEL'S Deposits	Admin 10% of	Richie's Fund (15%)	Total Physician Claims Submitted	Physicians 58% both funds	Physician Payments	Percent Paid to	Hospitals 25% of Both	Hospital Payments	Other EMS 17% MADDY Balance FY 2122 (Jul 2021- Jun 2022)	Other EMS 17% MADDY Rollover Balance FY 1819 (Nov 2018-Jun 2019)	Other EMS 17% MADDY Rollover Balance FY 1920 (Jul 2019 Jun 2020)	Other EMS 17% MADDY Rollover Balance FY 2021 (Jul 2020 Jun 2021)	EMCAAB Transfers-JV33023 10/1/21 To pay for EMS warehouse lease	Other EMS 17% RICHEL'S
	+ Interest	+ Interest	Each Fund	Distribution	In Quarter	Balance	in Quarter	Physicians	Fund Balance	in Quarter						Balance
	AS (10 & 12)	AS (11)	AS (14 & 15)	AS (17)	PC (8)	AS (24)	PC (16)	H16/F16	AS (28)	HP (17 & 19)	AS (33)				(285,868.80)	AS (34)
												135,711.45	177,421.30	171,266.68		
JULY 2021	74,231.59	74,221.26	14,845.29	11,133.19		71,184.44			30,618.59		11,357.43					9,463.21
AUGUST 2021	100,167.17	87,093.96	18,726.11	13,064.09		90,353.66			38,867.73		15,325.58					11,104.48
SEPTEMBER 2021	84,829.49	84,000.43	16,882.99	12,600.06		80,893.56			34,836.72		12,978.91					10,710.06
Total for Quarter 1	259,228.25	245,315.65	50,454.39	36,797.34	244,927.03	242,431.66	122,463.52	50%	104,323.04	172,398.13	39,661.92	-	-			31,277.75
OCTOBER 2021	88,358.34	75,884.17	16,424.26	11,382.63		79,132.66			34,108.91		13,518.83					9,675.23
NOVEMBER 2021	75,035.58	73,824.35	14,886.00	11,073.65		76,848.92			30,725.07		11,480.44					9,412.60
DECEMBER 2021	64,909.03	65,335.53	13,024.45	9,800.33		64,631.06			26,854.95		9,931.08	-				8,330.28
Total for Quarter 2	228,302.95	215,044.05	44,334.71	32,256.61	332,143.29	220,612.64	166,085.99	50%	91,688.93	151,363.65	34,930.35	-	-			27,418.11
JANUARY 2022	69,467.90	60,930.39	13,039.83	9,139.56		62,902.34			27,054.73		10,628.59	-				7,768.62
FEBRUARY 2022	66,402.60	66,008.28	13,241.09	9,901.24		63,375.76			27,317.14		10,159.60	-				8,416.06
MARCH 2022	68,109.64	67,036.01	13,514.56	10,055.40		64,713.90			27,893.92		10,420.78	-				8,547.09
Total for Quarter 3	203,980.14	193,974.68	39,795.48	29,096.20	322,217.88	190,992.00	161,123.56	50%	82,265.79	136,176.02	31,208.97	-	-			24,731.77
APRIL 2022	94,227.95	79,825.27	17,405.32	11,973.79		84,089.06			36,168.53		14,416.88	-				10,177.72
MAY 2022	115,017.07	97,350.09	21,236.72	14,602.51		102,386.20			44,131.98		17,597.61	-				12,412.14
JUNE 2022	85,789.67	77,633.47	16,342.32	11,645.02		78,552.76			33,858.95		13,125.82	-				9,898.27
Total for Quarter 4	295,034.69	254,808.83	54,984.36	38,221.32	351,177.34	265,028.02	175,602.35	50%	114,159.46	194,458.30	45,140.31	-	-			32,488.13
YEAR-END SUP.		-	-	-	-	-	-	-	-	-	-					
YEAR TO DATE	986,546.03	909,143.21	189,568.94	136,371.47	1,250,465.54	919,064.32	625,275.42	50%	392,437.22	172,398.13	150,941.55	135,711.45	177,421.30	171,266.68	(285,868.80)	115,915.76
Total												349,472.18				

X. New Business

b. Legislative Reports



KERN COUNTY
Public Health Services
DEPARTMENT

BRYNN CARRIGAN
DIRECTOR

KRISTOPHER LYON, MD
HEALTH OFFICER

1800 MT. VERNON AVENUE

BAKERSFIELD, CALIFORNIA 93306-3302

661-321-3000

WWW.KERNPUBLICHEALTH.COM

EMS Program Staff Report for EMCAB

Legislative Report

Background

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

[AB 2117](#) ([Gipson D](#)) **Mobile stroke units.****Last Amended:** 4/20/2022**Status:** 6/23/2022-From committee: Do pass and re-refer to Com. on APPR with recommendation: To Consent Calendar. (Ayes 9. Noes 0.) (June 22). Re-referred to Com. on APPR.**Location:** 6/23/2022-S. APPR.

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

Calendar:

8/1/2022 10 a.m. - 1021 O Street, Room 2200

SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary:

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

[AB 2130](#) ([Cunningham R](#)) **Emergency medical services: training.****Last Amended:** 6/20/2022**Status:** 6/27/2022-In committee: Referred to suspense file.**Location:** 6/27/2022-S. APPR. SUSPENSE FILE

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

Summary:

Would, commencing July 1, 2024, would require an EMT-I, EMT-II, and EMT-P, upon initial licensure, to complete at least 20 minutes of training on issues relating to human trafficking.

[AB 2260](#) ([Rodriguez](#) D) **Emergency response: trauma kits.**

Last Amended: 6/21/2022

Status: 6/30/2022-Read third time. Passed. Ordered to the Assembly. (Ayes 37. Noes 0.). In Assembly. Concurrence in Senate amendments pending.

Location: 6/30/2022-A. CONCURRENCE

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

Summary:

Under current law, everyone is generally responsible, not only for the result of their willful acts, but also for an injury occasioned to another by their want of ordinary care or skill in the management of their property or person. Current law exempts from civil liability any person who, in good faith and not for compensation, renders emergency medical or nonmedical care or assistance at the scene of an emergency other than an act or omission constituting gross negligence or willful or wanton misconduct. Current law exempts public or private organizations that sponsor, authorize, support, finance, or supervise the training of people, or certifies those people in emergency medical services, from liability for civil damages alleged to result from those training programs. This bill would define “trauma kit” to mean a first aid response kit that contains specified items, including, among other things, a tourniquet. The bill would allow medical materials and equipment and any additional items that are approved by the medical director of the local emergency medical services agency to be included as supplements in addition to the specified items that are required to be included in a trauma kit if they adequately treat a traumatic injury and can be stored in a readily available kit. The bill would require a person or entity that supplies a trauma kit to provide the person or entity that acquires the trauma kit with all information governing the use and maintenance of the trauma kit.

[SB 443](#) ([Hertzberg](#) D) **Emergency medical services (EMS): prehospital EMS.**

Last Amended: 6/16/2022

Status: 7/5/2022-Failed Deadline pursuant to Rule 61(b)(14). (Last location was A. HEALTH on 6/16/2022)

Location: 7/5/2022-A. DEAD

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

Summary:

Would require a city or fire district that contracted for or provided, as of June 1,

1980, prehospital emergency medical services, to be deemed to retain its authority regarding, and administration of, the prehospital emergency medical services when a city or fire district enters into an agreement with a county for the joint exercise of powers regarding prehospital emergency medical services for that city or fire district, or ceases to contract for, provide, or administer prehospital emergency medical services as a result of a judicial finding, as specified. The bill would clarify the Legislature's intent that a city's or fire district's entry into a written agreement, as described, does not make the city or fire district ineligible to contract with a county, as described above, or result in the transfer, termination, relinquishment, or extinguishment of that city's or fire district's authorities regarding, or administration of, prehospital emergency medical services, and to abrogate contrary judicial holdings.

Total Measures: 4

Total Tracking Forms: 4

[AB 225](#) ([Gray](#) D) Department of Consumer Affairs: boards: veterans: military spouses: licenses.**Last Amended:** 6/28/2021**Status:** 7/5/2022-Failed Deadline pursuant to Rule 61(b)(14). (Last location was S. 2 YEAR on 7/14/2021)**Location:** 7/5/2022-S. DEAD

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

Summary:

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

[AB 240](#) ([Rodriguez](#) D) Local health department workforce assessment.**Last Amended:** 6/21/2021**Status:** 8/27/2021-Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 7/5/2021)(May be acted upon Jan 2022)**Location:** 8/27/2021-S. 2 YEAR

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

Summary:

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

[AB 536](#) ([Rodriguez](#) D) **Office of Emergency Services: mutual aid gap analysis.**

Status: 8/27/2021-Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 7/15/2021)(May be acted upon Jan 2022)

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

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

Summary:

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

[AB 662](#) ([Rodriguez](#) D) **Mental health: State Fire Marshal: training standards: peer-to-peer suicide prevention.**

Last Amended: 6/2/2022

Status: 6/29/2022-From committee: Do pass and re-refer to Com. on APPR with recommendation: To Consent Calendar. (Ayes 13. Noes 0.) (June 28). Re-referred to Com. on APPR.

Location: 6/28/2022-S. APPR.

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

Calendar:

8/1/2022 10 a.m. - 1021 O Street, Room 2200

SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary:

Current law directs the State Fire Marshal to establish additional training standards that include criteria for curriculum content recommended by the Emergency Response Training Advisory Committee, as provided. Current law requires the State Fire Marshal to contract with the California Firefighter Joint Apprenticeship Program for the development of that curriculum criteria. Existing law authorizes every paid and volunteer firefighter assigned to field duties in a state or local fire department or fire protection or firefighting agency to receive the training. Current law makes these requirements contingent upon the receipt of federal funds, as provided. This bill would require the State Fire Marshal to establish additional training standards that include the criteria for curriculum development recommended by the Statewide Training and Education Advisory Committee involving peer-to-peer suicide prevention programming. The bill would require the State Fire Marshal to contract with the California Firefighter Joint Apprenticeship Program to develop the curriculum content criteria. The bill would authorize every paid firefighter assigned to field duties in a state or local fire department or fire protection or firefighting agency, as well as every paid emergency medical services responder, to receive the peer-to-peer suicide prevention training, as provided.

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

Last Amended: 6/28/2021

Status: 9/10/2021-Failed Deadline pursuant to Rule 61(a)(15). (Last location was APPR. SUSPENSE FILE on 7/15/2021)(May be acted upon Jan 2022)

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

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

Summary:

Current law establishes the Office of Emergency Services (OES) within the office of the Governor and sets forth its powers and duties relating to responsibility over the state's emergency and disaster response services for natural, technological, or manmade disasters and emergencies, including responsibility for activities

necessary to prevent, respond to, recover from, and mitigate the effects of emergencies and disasters to people and property. This bill would require OES to biennially convene key personnel and agencies that have emergency management roles and responsibilities to participate in tabletop exercises in which the participant's emergency preparedness plans are discussed and evaluated under various simulated catastrophic disaster situations, as specified.

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

Last Amended: 6/21/2022

Status: 6/29/2022-Senate amendments concurred in. To Engrossing and Enrolling. (Enrolled Text Released 7/01/2022)

Location: 6/29/2022-A. ENROLLMENT

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

Summary:

Would require, on or before January 1, 2025, a general acute care hospital to establish and adopt written policies and procedures to screen patients who are 12 years of age and older for purposes of detecting a risk for suicidal ideation and behavior. The bill would require the procedures to include, among other things, a designation of the licensed staff who are responsible for the implementation of the policies and procedures. The bill would further require a general acute care hospital to routinely screen patients who are 12 years of age and older for a risk of suicidal ideation and behavior in compliance with the policies and procedures.

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

Last Amended: 5/24/2021

Status: 8/27/2021-Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 7/15/2021)(May be acted upon Jan 2022)

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

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

Summary:

Current law requires a county, upon the next update to its emergency plan, to integrate access and functional needs into its emergency plan, as specified. Current law provides a county with specified powers and duties for the purpose of enrolling residents from the access and functional needs population in a local

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

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

Last Amended: 2/8/2022

Status: 3/9/2022-Approved by the Governor. Chaptered by Secretary of State - Chapter 8, Statutes of 2022.

Location: 3/9/2022-A. CHAPTERED

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

Summary:

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

[AB 1604](#) ([Holden D](#)) The Upward Mobility Act of 2022: boards and commissions: civil service: examinations: classifications.

Last Amended: 6/30/2022

Status: 6/30/2022-Read second time and amended. Re-referred to Com. on APPR.

Location: 6/28/2022-S. APPR.

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

Summary:

This bill would, except as specified, require that, on or after January 1, 2023, all state boards and commissions consisting of one or more volunteer members have at least one board member or commissioner from an underrepresented community. The bill would define the term “board member or commissioner from an underrepresented community” as to include, but not be limited to, an individual who self-identifies as Black, African American, Hispanic, Latino, Asian, Pacific Islander, Native American, Native Hawaiian, or Alaska Native; who self-identifies as gay, lesbian, bisexual, or transgender; who is a veteran, as defined; or who has a disability, as defined. The bill would apply these requirements only as vacancies on state boards and commissions occur. The California Constitution establishes the State Personnel Board (board) and requires the board to, among other things, enforce the civil service statutes, prescribe probationary periods and classifications, adopt rules authorized by statute, and review disciplinary actions. The Constitution also requires the executive officer of the board to administer the civil service statutes under the rules of the board. Under existing law, the board is authorized to conduct audits and investigations of the personnel practices of the Department of Human Resources and appointing authorities to ensure compliance with civil service policies, procedures, and statutes.

[AB 1618](#) ([Aguilar-Curry D](#)) **Alzheimer’s disease.**

Last Amended: 6/13/2022

Status: 6/27/2022-In committee: Referred to suspense file.

Location: 6/27/2022-S. APPR. SUSPENSE FILE

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

Summary:

Would require the State Department of Public Health to establish the Office of the Healthy Brain Initiative to conduct all department activities relating to Alzheimer’s disease and to implement the action agenda items in the Healthy Brain Initiative, as defined. The bill would also, upon appropriation by the Legislature, require the office to establish a program in at least 10 local health jurisdictions, as specified, and award participating local health jurisdictions one-time grant funding, to develop local initiatives that are consistent with the Healthy Brain Initiative. The bill would require the office to conduct an evaluation of the program and produce a

report describing best practices and making recommendations regarding which solutions and innovations are most feasible to replicate. The bill would require the office to provide a copy of the report to the Legislature by December 31, 2025, and to provide an updated copy of the report to the Legislature every 3 years thereafter.

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

Status: 6/30/2022-Read second time. Ordered to third reading.

Location: 6/30/2022-S. THIRD READING

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

Summary:

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

[AB 1721](#) ([Rodriguez](#) D) Seismic retrofitting: soft story multifamily housing.

Last Amended: 5/19/2022

Status: 7/5/2022-Failed Deadline pursuant to Rule 61(b)(14). (Last location was S. G.O. on 6/8/2022)

Location: 7/5/2022-S. DEAD

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

Summary:

Would establish the Seismic Retrofitting Program for Soft Story Multifamily Housing for the purposes of providing financial assistance to owners of soft story

multifamily housing for seismic retrofitting to protect individuals living in multifamily housing that have been determined to be at risk of collapse in earthquakes, as specified. The bill would also establish the Seismic Retrofitting Program for Soft Story Multifamily Housing Fund, and its subsidiary account, the Seismic Retrofitting Account, within the State Treasury. Moneys in the fund would be available, upon appropriation by the Legislature, to the California Earthquake Authority for the purposes of distributing funds pursuant to the program. The bill would require the Controller, upon appropriation, to transfer \$400,000,000 annually to the fund. The bill would require OES and CEA to enter into or use a joint powers agreement to develop and administer the program, as specified. The bill would require OES and CEA to submit a specified report to the Legislature by July 1, 2042, regarding the implementation of the program. The bill would make these provisions inoperative on July 1, 2042, and would repeal them as of January 1, 2043.

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

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

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

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

Summary:

The Bagley-Keene Open Meeting Act, requires, with specified exceptions, that all meetings of a state body be open and public and all persons be permitted to attend any meeting of a state body. Current law requires a state body to provide notice of its meeting to any person who requests that notice in writing and to provide notice of the meeting of its internet website at least 10 days in advance of the meeting, as prescribed. Current law exempts from the 10-day notice requirement, special meetings and emergency meetings in accordance with specified provisions. Current law authorizes a state body to adjourn any regular, adjourned regular, special, or adjourned special meeting to a time and place specified in the order of adjournment, and authorizes a state body to similarly continue or recontinue any hearing being held, or noticed, or ordered to be held by a state body at any meeting. This bill would specify that a "meeting" under the act, includes a meeting held entirely by teleconference.

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

Status: 6/29/2022-From committee: Do pass and re-refer to Com. on APPR. (Ayes

4. Noes 1.) (June 29). Re-referred to Com. on APPR.

Location: 6/29/2022-S. APPR.

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

Calendar:

8/1/2022 10 a.m. - 1021 O Street, Room 2200

SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary:

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

AB 1756 (Smith R) Department of Consumer Affairs.

Status: 5/6/2022-Failed Deadline pursuant to Rule 61(b)(6). (Last location was A. PRINT on 2/2/2022)

Location: 5/6/2022-A. DEAD

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

Summary:

Current law provides for the licensure and regulation of various professions and vocations by boards, as defined, within the Department of Consumer Affairs. Current law requires the department to receive specified complaints from consumers and to transmit any valid complaint to the local, state, or federal agency whose authority provides the most effective means to secure relief. Current law requires the Attorney General to submit a report to the department,

the Governor, and the appropriate policy committees of the Legislature, on or before January 1, 2018, and on or before January 1 of each subsequent year, that includes specified information regarding the actions taken by the Attorney General pertaining to accusation matters relating to consumer complaints against a person whose profession or vocation is licensed by an agency within the department. This bill would make a nonsubstantive change to that provision.

[AB 1770](#) ([Rodriguez](#) D) Ambulance patient offload time.

Last Amended: 3/24/2022

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on 4/4/2022)

Location: 4/29/2022-A. DEAD

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

Summary:

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

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

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was B.&P. on 4/19/2022)

Location: 4/29/2022-A. DEAD

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

Summary:

The State Athletic Commission Act, a violation of which is punishable as a

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

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

Last Amended: 3/23/2022

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

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

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

Summary:

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

[AB 1914](#) ([Davies R](#)) **Resource family approval: training.**

Last Amended: 6/6/2022

Status: 6/28/2022-Read second time. Ordered to third reading.

Location: 6/28/2022-S. THIRD READING

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

Summary:

Current law provides for the implementation of the resource family approval process and defines a resource family as an individual or family who has successfully met both the home environment assessment standards and permanency assessment criteria, as specified, necessary for providing care for a child placed by a public or private child placement agency by court order, or voluntarily placed by a parent or legal guardian. Under current law, counties, as part of the resource family approval process, are responsible for ensuring that resource family applicants complete a minimum of 12 hours of preapproval caregiver training and that resource families complete a minimum of 8 hours of annual caregiver training. Current written directives also require counties to ensure that resource family parents submit copies of certificates verifying completion of cardiopulmonary resuscitation (CPR) and first aid training no later than 90 days following resource family approval, and to verify that resource family parents maintain current certificates of CPR and first aid training. Under this bill, counties would be responsible for ensuring that resource families complete CPR and first aid training, or demonstrate equivalent certification, no later than 90 days following resource family approval.

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

Last Amended: 6/28/2022

Status: 6/28/2022-Read second time and amended. Re-referred to Com. on APPR.

Location: 6/22/2022-S. APPR.

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

Calendar:

8/1/2022 10 a.m. - 1021 O Street, Room 2200

SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary:

Would, commencing with the 2024–25 fiscal year, require instruction provided by community college districts under instructional service agreements with public safety agencies, as defined, to be funded under the apportionment formula used for instruction in career development and college preparation. The bill would, commencing with the 2022–23 academic year, require each community college district with an instructional service agreement with a public safety agency to annually submit a copy of their most up-to-date instructional service agreements, and beginning January 1, 2024, to annually submit specified data to the California Community Colleges Chancellor’s Office. The bill would require, commencing with the 2024–25 fiscal year, the chancellor’s office to annually issue recommendations to the Department of Finance and the Legislature on the instructional service agreement full-time equivalent student apportionment that community college districts are eligible to claim.

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

Last Amended: 5/25/2022

Status: 7/5/2022-Failed Deadline pursuant to Rule 61(b)(14). (Last location was S. GOV. & F. on 6/8/2022)

Location: 7/5/2022-S. DEAD

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

Summary:

The Ralph M. Brown Act requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. The act contains specified provisions regarding the timelines for posting an agenda and providing for the ability of the public to observe and provide comment. The act allows for meetings to occur via teleconferencing subject to certain requirements, particularly that the legislative body notice each teleconference location of each member that will be participating in the public meeting, that each teleconference location be accessible to the public, that members of the public be allowed to address the legislative body at each teleconference location, that the legislative body post an agenda at each teleconference location, and that at least a quorum of the legislative body participate from locations within the boundaries of the local agency’s jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. This bill would require the agenda to identify any member of the legislative body that will participate in the meeting

remotely.

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

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was L. & E. on 2/10/2022)

Location: 4/29/2022-A. DEAD

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

Summary:

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

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

Last Amended: 6/16/2022

Status: 6/28/2022-From committee: Do pass and re-refer to Com. on APPR. (Ayes 5. Noes 0.) (June 27). Re-referred to Com. on APPR.

Location: 6/28/2022-S. APPR.

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

Calendar:

8/1/2022 10 a.m. - 1021 O Street, Room 2200

SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary:

Would require the State Department of Social Services, in consultation with the State Department of Education, on or before July 1, 2024, to establish an anaphylactic policy that sets forth guidelines and procedures recommended for child daycare personnel to prevent a child from suffering from anaphylaxis and to be used during a medical emergency resulting from anaphylaxis. The bill would

require the policy to be developed in consultation with specified individuals, including pediatric physicians and other health care providers with expertise in treating children with anaphylaxis. The bill would require the policy to include specified components, including a procedure and treatment plan for child daycare personnel responding to a child suffering from anaphylaxis and a training course for child daycare personnel for preventing, recognizing the symptoms of, and responding to anaphylaxis. The bill would require an anaphylactic policy for family childcare providers to be developed in consultation and coordination with the Joint Labor Management Committee established by the state and Child Care Providers United - California (CCPU) pursuant to a specified agreement between the state and CCPU. The bill would require training on the anaphylactic policy to be provided by CCPU pursuant to that agreement, and any extension or renewal of that agreement, for all family childcare providers who wish to participate.

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

Last Amended: 3/17/2022

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on 3/17/2022)

Location: 4/29/2022-A. DEAD

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

Summary:

The federal Centers for Medicare and Medicaid Services (CMS) provides for a waiver program authorizing a hospital to establish an Acute Hospital Care at Home (AHCaH) program, as specified, if the hospital meets certain conditions, including receiving approval from CMS after submitting a waiver request. This bill would authorize a general acute care hospital to provide AHCaH services if the hospital (1) meets the requirements established by CMS for AHCaH services, as specified, (2) has received approval from CMS to operate an AHCaH program, and (3) has notified the department of the establishment of an AHCaH program, including certain information about the program. The bill would define AHCaH services as services provided by a general acute care hospital to qualified patients in their homes by using methods that include telehealth, remote monitoring, and regular in-person visits by nurses and other medical staff.

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

Last Amended: 4/21/2022

Status: 5/20/2022-Failed Deadline pursuant to Rule 61(b)(8). (Last location was A. APPR. SUSPENSE FILE on 5/11/2022)

Location: 5/20/2022-A. DEAD

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

Summary:

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

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

Last Amended: 5/31/2022

Status: 6/29/2022-From committee: Do pass and re-refer to Com. on APPR with recommendation: To Consent Calendar. (Ayes 6. Noes 0.) (June 28). Re-referred to Com. on APPR.

Location: 6/28/2022-S. APPR.

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

Calendar:

8/1/2022 10 a.m. - 1021 O Street, Room 2200

SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary:

The Contractors State License Law provides for the licensing and regulation of contractors by the Contractors State License Board, which is within the department. Existing law authorizes the board to set fees by regulation, according to a prescribed schedule. This bill would require the board to grant a 50% fee reduction for an initial license or registration fee to an applicant who provides specified documentation to the board that the applicant is a veteran who has

served as an active duty member of the United States Armed Forces, including the National Guard or Reserve components, and was not dishonorably discharged.

[AB 2144](#) ([Ramos](#) D) **Mental health: information sharing.**

Last Amended: 6/20/2022

Status: 6/27/2022-In committee: Referred to suspense file.

Location: 6/27/2022-S. APPR. SUSPENSE FILE

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

Summary:

Current law prohibits a person detained pursuant to the Lanterman-Petris-Short Act because the person is a danger to self or others, from owning, possessing, controlling, receiving, or purchasing, or attempting to own, possess, control, receive, or purchase, any firearm. In order for the Department of Justice to determine the eligibility of the person to own, possess, control, receive, or purchase a firearm, current law requires each designated facility, within 24 hours of admitting an individual subject to that prohibition, to submit a report to the Department of Justice that contains specified information, including the identity of the person. This bill would require the Department of Justice to provide to the State Department of Health Care Services, in a secure format, a copy of reports submitted pursuant to those provisions on a quarterly basis. The bill would also require the State Department of Health Care Services to share the information it receives from the Department of Justice and designated facilities with county mental health or behavioral health departments on a quarterly basis.

[AB 2175](#) ([Rubio, Blanca](#) D) **California Wandering Prevention Task Force.**

Status: 5/20/2022-Failed Deadline pursuant to Rule 61(b)(8). (Last location was A. APPR. SUSPENSE FILE on 5/18/2022)

Location: 5/20/2022-A. DEAD

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

Summary:

Would establish the California Wandering Prevention Task Force, under the jurisdiction of the Department of Justice, to address, on a statewide basis, the issue of wandering by individuals with cognitive impairment. The task force would consist of 20 members, to be appointed by the Attorney General or their designee. The task force membership would include, among others, the Director of the

California Department of Aging or their designee, and representatives of law enforcement, counties, service providers, hospital systems, and regional centers. The bill would require the task force to meet 4 to 6 times per year, and to report to the Legislature its recommendations for wandering prevention by June 30, 2024, as specified.

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

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was EMERGENCY MANAGEMENT on 3/3/2022)

Location: 4/29/2022-A. DEAD

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

Summary:

The California Emergency Services Act (CESA) among other things, authorizes the Governor to proclaim a state of emergency in an area affected or likely to be affected thereby if specified conditions exist and either specified local officials request the Governor to so declare, or the Governor determines that local authority is inadequate to cope with, the emergency. During a state of emergency, current law confers on the Governor, to the extent the Governor deems necessary, complete authority over all agencies of the state government and the right to exercise within the area designated all police power vested in the state by the Constitution and laws of the state to effectuate the purposes of the CESA. This bill would, instead, authorize the Governor to exercise within the area designated all executive power vested in the state by the Constitution and laws of the state to effectuate the purposes of the CESA.

[AB 2267](#) ([Mathis](#) R) **Emergency vehicle registration.**

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was TRANS. on 3/3/2022)

Location: 4/29/2022-A. DEAD

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

Summary:

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

would expand that registration exemption to include non-fire emergency calls and private ambulances.

[AB 2270](#) ([Seyarto](#) R) **Authorized emergency vehicles.**

Status: 6/29/2022-From Consent Calendar. Ordered to third reading.

Location: 6/29/2022-S. THIRD READING

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

Summary:

Current law provides for the exemption of authorized emergency vehicles, as defined, from the payment of a toll or charge on a vehicular crossing, toll highway, or high-occupancy toll (HOT) lane and any related fines, when the authorized emergency vehicle is being driven under specified conditions, including that the vehicle displays public agency identification and is being driven while responding to, or returning from, an urgent or emergency call. Under current law, an authorized emergency vehicle returning from being driven under those specified conditions is not exempt from a requirement to pay a toll or other charge imposed while traveling on a HOT lane. This bill would require the owner or operator of a toll facility, upon the request of the local emergency service provider, to enter into an agreement for the use of a toll facility.

[AB 2288](#) ([Choi](#) R) **Advance health care directives: mental health treatment.**

Last Amended: 3/17/2022

Status: 6/20/2022-Approved by the Governor. Chaptered by Secretary of State - Chapter 21, Statutes of 2022.

Location: 6/16/2022-A. CHAPTERED

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

Summary:

The Health Care Decisions Law, authorizes an adult having capacity to give an individual health care instruction. Current law authorizes the individual instruction to be limited to take effect only if a specified condition arises. Current law authorizes a written advance health care directive to include the individual's nomination of a conservator of the person or estate or both, or a guardian of the person or estate or both, for consideration if protective proceedings for the individual's person or estate are thereafter commenced. Current law also authorizes an adult having capacity to execute a power of attorney for health care

to authorize an agent to make health care decisions for the principal, and authorizes the power of attorney to include individual health care instructions. Current law authorizes the principal in a power of attorney for health care to grant authority to make decisions relating to the personal care of the principal, including, but not limited to, determining where the principal will live, providing meals, or hiring household employees. Current law defines “health care decision” and “health care” for these purposes to mean any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a patient’s physical or mental condition. This bill would clarify that health care decisions under those provisions include mental health conditions.

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

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was EMERGENCY MANAGEMENT on 3/3/2022)

Location: 4/29/2022-A. DEAD

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

Summary:

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

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

Last Amended: 3/21/2022

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was ED. on 3/3/2022)

Location: 4/29/2022-A. DEAD

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

Summary:

Would prohibit a school district, county office of education, or charter school from contracting with a provider of home-to-school transportation, as defined, or making payments to a contractor for home-to-school transportation services, unless the contractor, and any subcontractors, are properly insured and licensed to provide home-to-school transportation services and the contractor certifies that each driver who will perform home-to-school transportation meets certain requirements, as provided. The bill would also impose requirements for those vehicles used by contractors for home-to-school transportation, as provided. The bill would apply these provisions only to contracts entered into or renewed after January 1, 2023. The bill would grant the State Department of Education sole regulatory authority to enforce those provisions and would require the department to conduct an investigation every 2 years of both home-to-school transportation contractors and local educational agencies, as provided.

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

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was PRINT on 2/17/2022)

Location: 4/29/2022-A. DEAD

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

Summary:

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

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

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was TRANS. on 3/10/2022)

Location: 4/29/2022-A. DEAD

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

Summary:

Current law prohibits a person from operating a privately owned emergency ambulance unless licensed by the Department of the California Highway Patrol.

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

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

Status: 5/20/2022-Failed Deadline pursuant to Rule 61(b)(8). (Last location was A. APPR. SUSPENSE FILE on 5/11/2022)

Location: 5/20/2022-A. DEAD

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

Summary:

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

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

Last Amended: 4/18/2022

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was HUM. S. on 4/18/2022)

Location: 4/29/2022-A. DEAD

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

Summary:

Current law requires that 50% of the funds derived from the “Have a Heart, Be a Star, Help Our Kids” license plates be available, upon appropriation, to the State Department of Social Services for administering various provisions related to childcare licensing, as specified. Current law requires that, upon appropriation by the Legislature, the balance be available, as described, for programs that address other categories of potential childhood injury, as specified. Current law requires counties to create local childcare and development planning councils to identify

and address childcare needs, among others. Current law also creates the California Children and Families Commission to promote, support, and improve early childhood development. Current law provides for funding to county commissions that develop, adopt, promote, and implement local early childhood development programs consistent with specified goals and objectives. This bill would continuously appropriate 50% of the fees collected on or after January 1, 2023, to local childcare and development planning councils, as described, for specified purposes, including recruitment and training of new childcare providers. The bill would require a portion of the funds to be allocated to the agency having oversight of new and continuing childcare provider health and safety education and training program curriculum for specified purposes.

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

Last Amended: 6/20/2022

Status: 6/30/2022-From committee: Do pass and re-refer to Com. on APPR. (Ayes 8. Noes 2.) (June 30). Re-referred to Com. on APPR.

Location: 6/30/2022-S. APPR.

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

Summary:

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

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

Last Amended: 6/15/2022

Status: 6/22/2022-From committee: Do pass and re-refer to Com. on APPR with recommendation: To Consent Calendar. (Ayes 5. Noes 0.) (June 22). Re-referred to Com. on APPR.

Location: 6/22/2022-S. APPR.

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

Calendar:

8/1/2022 10 a.m. - 1021 O Street, Room 2200

SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary:

Would establish minimum crowd safety standards for large outdoor events, would require a local authority, as defined, to adopt those standards, and would require a promoter to develop an event operations plan before receiving a permit to host a large outdoor event. The bill would authorize a local authority to charge a promoter a reasonable fee for the cost of the review and approval of the plan. The bill would authorize a local authority to issue a permit for a large outdoor event, as defined, upon a promoter's satisfactory completion of the plan and would specify that the bill does not prevent a local authority from adopting additional requirements for large outdoor events.

[AB 2709](#) ([Boerner Horvath](#) D) **Emergency ground medical transportation.**

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on 3/10/2022)

Location: 4/29/2022-A. DEAD

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

Summary:

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

[AB 2729](#) ([Rodriguez](#) D) **Emergency medical services: workplace violence prevention.**

Last Amended: 3/10/2022

Status: 5/20/2022-Failed Deadline pursuant to Rule 61(b)(8). (Last location was A. APPR. SUSPENSE FILE on 5/4/2022)

Location: 5/20/2022-A. DEAD

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

Summary:

The California Occupational Safety and Health Act of 1973 imposes safety responsibilities on employers and employees, including maintaining an effective injury prevention program. Current law also requires the Occupational Safety and Health Standards Board to adopt standards developed by the Division of Occupational Safety and Health that require specified types of hospitals to adopt a workplace violence prevention plan as part of the hospital's injury and illness prevention plan to protect health care workers and other facility personnel from aggressive and violent behavior. Current law also requires the division to annually post a report on its internet website containing specified information regarding violent incidents at hospitals. This bill would require the division, upon appropriation of funds, to develop educational materials about the regulation of workplace violence in health care in the context of emergency medical services and medical transport, to educate workers on their protections under the law, and to promote employer compliance. The bill would require the educational materials to be posted on the division's internet website.

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

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was EMERGENCY MANAGEMENT on 3/17/2022)

Location: 4/29/2022-A. DEAD

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

Summary:

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

[SB 57](#) ([Wiener D](#)) **Controlled substances: overdose prevention program.**

Last Amended: 1/18/2022

Status: 6/30/2022-Read third time. Passed. Ordered to the Senate. In Senate. Concurrence in Assembly amendments pending.

Location: 6/30/2022-S. CONCURRENCE

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

Summary:

Would, until January 1, 2028, authorize the City and County of San Francisco, the County of Los Angeles, the City of Los Angeles, and the City of Oakland to approve entities to operate overdose prevention programs for persons that satisfy specified requirements, including, among other things, providing a hygienic space supervised by trained staff where people who use drugs can consume preobtained drugs, providing sterile consumption supplies, providing access or referrals to substance use disorder treatment, and that program staff be authorized and trained to provide emergency administration of an opioid antagonist, as defined by existing law. The bill would require the City and County of San Francisco, the County of Los Angeles, the City of Los Angeles, and the City of Oakland, prior to authorizing an overdose prevention program in its jurisdiction, to provide local law enforcement officials, local public health officials, and the public with an opportunity to comment in a public meeting. The bill would require an entity operating a program to provide an annual report to the city or the city and county, as specified. The bill would require all local jurisdictions that choose to participate in the overdose prevention program to confer and choose a single independent entity, as specified, to conduct a peer-reviewed study, funded by the participating jurisdictions, of the statewide efficacy of the overdose prevention programs and the community impacts of the programs, to be submitted to the Legislature and the Governor's office on or before January 15, 2027.

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

Last Amended: 5/5/2022

Status: 7/5/2022-Failed Deadline pursuant to Rule 61(b)(14). (Last location was A. INS. on 5/5/2022)

Location: 7/5/2022-A. DEAD

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

Summary:

Current law establishes a workers' compensation system, administered by the

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

SB 371 (Caballero D) Health information technology.

Last Amended: 5/20/2021

Status: 7/5/2022-Failed Deadline pursuant to Rule 61(b)(14). (Last location was A. 2 YEAR on 7/14/2021)

Location: 7/5/2022-A. DEAD

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

Summary:

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

SB 558 (Caballero D) Farmworker Climate Resilience Adaptation Program.

Last Amended: 6/6/2022

Status: 6/28/2022-From committee: Do pass and re-refer to Com. on APPR. (Ayes

7. Noes 0.) (June 27). Re-referred to Com. on APPR.

Location: 6/27/2022-A. APPR.

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

Calendar:

8/3/2022 9 a.m. - 1021 O Street, Room 1100

ASSEMBLY APPROPRIATIONS, HOLDEN, Chair

Summary:

Would, until January 1, 2026, create the Farmworker Climate Resilience Adaptation Program, to be administered by the Strategic Growth Council, to award grants totaling \$20,000,000 to eligible entities for the development and implementation of projects addressing the needs of farmworkers, their families, and communities for sustainable and equitable adaptation to the impacts of climate change. The bill would require the program to be guided by the Farmworker Climate Resilience Adaptation Task Force established by this bill, to be composed as specified, and would require the task force to meet not less than 6 times before June 30, 2023, as specified. The bill would require the task force to make recommendations about projects funded under this program and, on or before June 30, 2023, to report its findings and recommendations to the Strategic Growth Council, the state agencies involved in the task force, the Legislature, and the Governor. The bill would make the implementation of this program contingent upon an appropriation in the annual Budget Act or another statute for this purpose.

[SB 979](#) ([Dodd D](#)) **Health emergencies.**

Last Amended: 6/14/2022

Status: 6/22/2022-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To consent calendar. (Ayes 15. Noes 0.) (June 21). Re-referred to Com. on APPR.

Location: 6/21/2022-A. APPR.

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

Calendar:

8/3/2022 9 a.m. - 1021 O Street, Room 1100

ASSEMBLY APPROPRIATIONS, HOLDEN, Chair

Summary:

When the Governor declares a state of emergency, existing law requires a health care service plan and a health insurer to provide an enrollee or insured who has

been displaced or has the immediate potential to be displaced by that emergency access to medically necessary health care services. Current law requires health care service plans and health insurers operating in a county included in a declaration of emergency to notify the Department of Managed Health Care and the Department of Insurance whether the plan has experienced or expects to experience a disruption to its operation, among other things. Current law provides for health care service plans and health insurers to take specified actions, including relaxing time limits for prior authorization, precertification, or referrals. This bill would revise those provisions to specifically apply to a declaration by the Governor of a state of emergency, or a health emergency declared by the State Public Health Officer, that displaces, or has the immediate potential to displace, enrollees, insureds, or health care providers, that otherwise affects the health of enrollees or insureds, or that otherwise affects or that may affect health care providers. The bill would authorize the Director of the Department of Managed Care and the Insurance Commissioner to issue guidance to health care service plans and health insurers regarding compliance with the bill's requirements during the first 3 years following the declaration of emergency, or until the emergency is terminated, as specified.

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

Status: 5/6/2022-Failed Deadline pursuant to Rule 61(b)(6). (Last location was S. HEALTH on 2/23/2022)

Location: 5/6/2022-S. DEAD

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

Summary:

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

authorize a "certifying examination" or "examination for certification" to include any examination designated by the authority.

SB 1237 (Newman D) Licenses: military service.

Last Amended: 3/30/2022

Status: 6/29/2022-From committee: Do pass and re-refer to Com. on APPR. (Ayes 10. Noes 0.) (June 28). Re-referred to Com. on APPR.

Location: 6/28/2022-A. APPR.

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

Calendar:

8/3/2022 9 a.m. - 1021 O Street, Room 1100

ASSEMBLY APPROPRIATIONS, HOLDEN, Chair

Summary:

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

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

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was G.O. on 3/9/2022)

Location: 4/29/2022-S. DEAD

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

Summary:

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

Total Measures: 51

Total Tracking Forms: 51

X. New Business

c. Quarterly APOT



KERN COUNTY
Public Health Services
DEPARTMENT

BRYNN CARRIGAN
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EMS Division Staff Report for EMCAB

Ambulance Patient Offload Times (APOT)

Background

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

The standard methodology that was created includes two separate indicators.

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

And

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

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

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

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

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

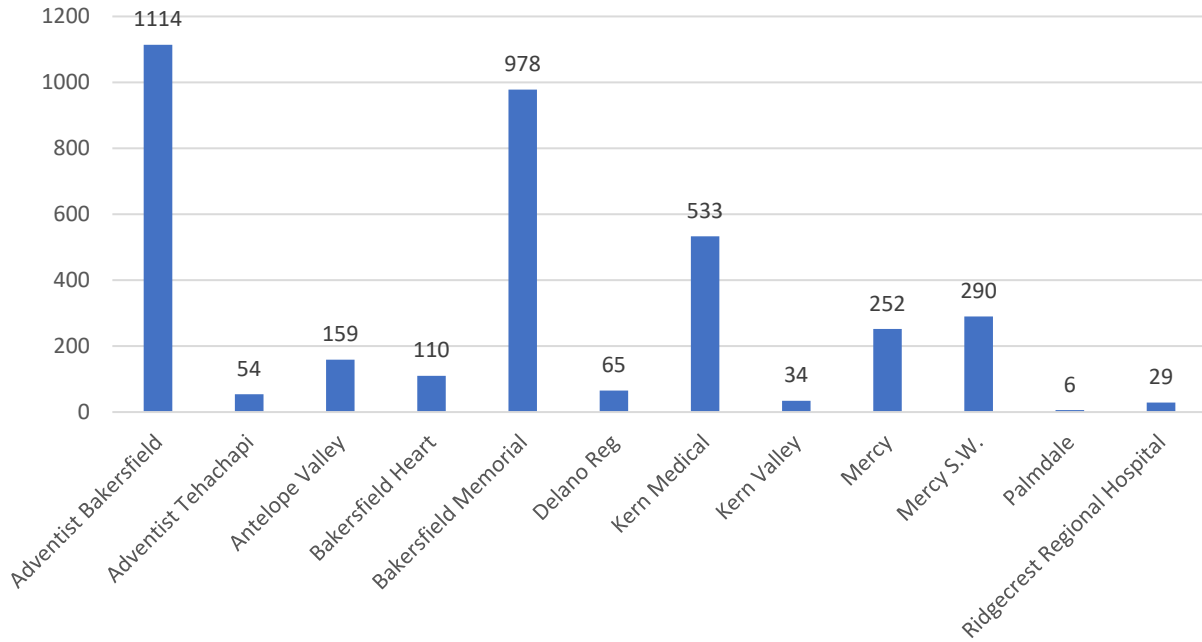
Hospital	APRIL		MAY		JUNE	
	Transports	90th Percentile APOT Time	Transports	90th Percentile APOT Time	Transports	90th Percentile APOT Time
Adventist Health Bakersfield	1298	55	1,297	63	1,278	55
Bakersfield Memorial Hospital	1110	45	1,156	72	1,139	72
Kern Medical	958	43	1,001	48	988	49
Mercy Downtown	358	39	400	50	447	59
Mercy Southwest	414	44	468	61	431	58
Delano Regional Medical Center	197	35	216	36	219	44
Bakersfield Heart Hospital	152	44	183	46	174	66
Ridgecrest Regional	208	25	188	23	197	28
Adventist Health Tehachapi	213	30	261	30	253	40
Kern Valley Hospital	136	23	142	34	145	33
Henry Mayo Hospital	32	32	35	36	31	73
Antelope Valley Hospital	181	63	144	73	149	71
Palmdale Regional Medical Center	5	34	7	24	12	31
Barstow Community College	5	24	7	37	14	36
EMS System Total (Aggregate)		38.3		46.3		50.4

Hospital	APRIL									
	2.1		2.2		2.3		2.4		2.5	
	transp	%	transp	%	transp	%	transp	%	transp	%
Adventist Health Bakersfield	215	17%	986	76%	96	7%	1	0%	0	0%
Bakersfield Memorial Hospital	404	36%	666	60%	37	3%	3	0%	0	0%
Kern Medical	342	36%	595	62%	21	2%	0	0%	0	0%
Mercy Downtown	132	37%	219	61%	7	2%	0	0%	0	0%
Mercy Southwest	140	34%	257	62%	17	4%	0	0%	0	0%
Delano Regional Medical Center	120	61%	76	39%	1	1%	0	0%	0	0%
Bakersfield Heart Hospital	51	34%	96	63%	5	3%	0	0%	0	0%
Ridgecrest Regional	177	85%	24	12%	7	3%	0	0%	0	0%
Adventist Health Tehachapi	141	66%	71	33%	1	0%	0	0%	0	0%
Kern Valley Hospital	109	80%	27	20%	0	0%	0	0%	0	0%
Henry Mayo Hospital	18	56%	14	44%	0	0%	0	0%	0	0%
Antelope Valley Hospital	70	39%	91	50%	13	7%	5	3%	2	1%
Palmdale Regional Medical Center	3	60%	2	40%	0	0%	0	0%	0	0%
Barstow Community Hospital	4	80%	1	20%	0	0%	0	0%	0	0%

Hospital	MAY									
	2.1		2.2		2.3		2.4		2.5	
	transp	%	transp	%	transp	%	transp	%	transp	%
Adventist Health Bakersfield	209	16%	938	72%	137	11%	10	1%	3	0%
Bakersfield Memorial Hospital	337	29%	655	57%	131	11%	25	2%	8	1%
Kern Medical	289	29%	672	67%	40	4%	0	0%	0	0%
Mercy Downtown	118	30%	261	65%	20	5%	1	0%	0	0%
Mercy Southwest	145	31%	274	59%	47	10%	2	0%	0	0%
Delano Regional Medical Center	114	53%	100	46%	2	1%	0	0%	0	0%
Bakersfield Heart Hospital	63	34%	111	61%	6	3%	3	2%	0	0%
Ridgecrest Regional	156	83%	29	15%	3	2%	0	0%	0	0%
Adventist Health Tehachapi	149	57%	112	43%	0	0%	0	0%	0	0%
Kern Valley Hospital	111	78%	25	18%	4	3%	1	1%	1	1%
Henry Mayo Hospital	19	54%	16	46%	0	0%	0	0%	0	0%
Antelope Valley Hospital	39	27%	85	59%	11	8%	3	2%	6	4%
Palmdale Regional Medical Center	4	57%	3	43%	0	0%	0	0%	0	0%
Barstow Community Hospital	3	43%	4	57%	0	0%	0	0%	0	0%

Hospital	JUNE									
	2.1		2.2		2.3		2.4		2.5	
	transp	%	transp	%	transp	%	transp	%	transp	%
Adventist Health Bakersfield	220	17%	975	76%	77	6%	6	0%	0	0%
Bakersfield Memorial Hospital	308	27%	678	60%	136	12%	10	1%	7	1%
Kern Medical	278	28%	666	67%	40	4%	3	0%	1	0%
Mercy Downtown	132	30%	273	61%	37	8%	5	1%	0	0%
Mercy Southwest	138	32%	254	59%	36	8%	3	1%	0	0%
Delano Regional Medical Center	98	45%	112	51%	8	4%	1	0%	0	0%
Bakersfield Heart Hospital	42	24%	109	63%	22	13%	1	1%	0	0%
Ridgecrest Regional	159	81%	35	18%	2	1%	1	1%	0	0%
Adventist Health Tehachapi	133	53%	114	45%	5	2%	1	0%	0	0%
Kern Valley Hospital	104	72%	33	23%	7	5%	1	1%	0	0%
Henry Mayo Hospital	13	42%	14	45%	4	13%	0	0%	0	0%
Antelope Valley Hospital	51	34%	76	51%	13	9%	7	5%	2	1%
Palmdale Regional Medical Center	2	17%	9	75%	1	8%	0	0%	0	0%
Barstow Community Hospital	8	57%	6	43%	0	0%	0	0%	0	0%

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



X. New Business

d. QUARTERLY RESPONSE COMPLIANCE



EMS Division Staff Report for EMCAB

Quarterly Ambulance Service Performance Standards Compliance Report

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

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

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

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

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

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

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

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

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

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

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

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

Attached are the reports that detail the areas of response time non-compliance for the second quarter of calendar year 2022, as well as Hall Ambulance Services' plan of action to address areas of non-compliance.

Therefore, IT IS RECOMMENDED that the Board receive and file the quarterly ambulance response time non-compliance report for the second quarter of calendar year 2022.



Kern County - Hall Ambulance Response Compliance and Penalty

Period: Apr 01 2022 to Apr 30 2022

Report Status: FINAL

		Compliance Reporting 2022/04/01 - 2022/04/30													BLS on ALS		Compliance Period Reporting for Repetitive Non-Compliance
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment	Consecutive Periods Out of Compliance Including Current Period
EOA 1 Metro	1	44	7	51	0	51	7	1	1	0	50	6	88.00%	\$1,000	0	\$1,000	1
	2	53	7	60	0	60	7	0	0	0	60	7	88.33%	\$1,000	1	\$1,000	2
	3	47	2	49	5	44	2	1	1	0	43	1	97.67%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 1 Rural	1	6	0	6	3	3	0	0	0	0	3	0	100.00%	\$0	0	\$0	0
	2	6	0	6	1	5	0	0	0	0	5	0	100.00%	\$0	0	\$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 1 Suburban	1	9	0	9	0	9	0	0	0	0	9	0	100.00%	\$0	0	\$0	0
	2	13	0	13	0	13	0	0	0	0	13	0	100.00%	\$0	0	\$0	0
	3	7	0	7	1	6	0	0	0	0	6	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 1 Urban	1	2	1	3	0	3	1	0	0	0	3	1	66.67%	\$1,000	0	\$1,000	1
	2	9	3	12	0	12	3	1	1	0	11	2	81.82%	\$1,000	0	\$1,000	1
	3	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 1 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
	2	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 2 Metro	1	29	3	32	1	31	3	1	1	0	30	2	93.33%	\$0	0	\$0	0
	2	67	8	75	0	75	8	2	2	1	73	5	93.15%	\$0	1	\$0	0
	3	26	1	27	1	26	1	0	0	0	26	1	96.15%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	1	1	0	1	1	0	0	0	1	1	0.00%		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 2 Rural	1	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0
	2	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 2 Suburban	1	16	1	17	0	17	1	0	0	0	17	1	94.12%	\$0	0	\$0	0
	2	18	1	19	0	19	1	0	0	0	19	1	94.74%	\$0	0	\$0	0
	3	7	0	7	0	7	0	0	0	0	7	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	



Kern County - Hall Ambulance Response Compliance and Penalty

Period: Apr 01 2022 to Apr 30 2022

Report Status: FINAL

EOA 2 Urban	8	18	2	20	0	20	2	0	0	2	20	0	100.00%		0	\$0	
	1	16	2	18	0	18	2	0	0	0	18	2	88.89%	\$1,000	0	\$1,000	3
	2	15	0	15	0	15	0	0	0	0	15	0	100.00%	\$0	0	\$0	0
	3	8	2	10	1	9	2	0	0	0	9	2	77.78%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 3 Metro	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	39	6	45	0	45	6	0	0	0	45	6	86.67%	\$1,000	3	\$1,000	1
	2	83	13	96	0	96	13	5	5	0	91	8	91.21%	\$0	2	\$0	0
	3	55	1	56	1	55	1	1	1	0	54	0	100.00%		1	\$0	
	4	5	0	5	0	5	0	0	0	0	5	0	100.00%		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	8	0	8	0	8	0	0	0	0	8	0	100.00%		0	\$0	
	7	26	8	34	0	34	8	0	0	0	34	8	76.47%		0	\$0	
EOA 3 Rural	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	0	1	1	0	1	1	0	0	0	1	1	0.00%	\$1,000	0	\$1,000	1
	2	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 3 Suburban	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0
	2	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0
	3	0	1	1	0	1	1	1	1	0	0	0	--		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 3 Urban	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	34	1	35	1	34	1	0	0	0	34	1	97.06%	\$0	4	\$0	0
	2	57	7	64	0	64	7	5	5	1	59	1	98.31%	\$0	4	\$0	0
	3	31	3	34	0	34	3	1	1	1	33	1	96.97%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
	7	1	1	2	0	2	1	0	0	0	2	1	50.00%		0	\$0	
EOA 3 Wilderness	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
	2	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 4 Metro	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	1357	444	1801	16	1785	441	86	86	0	1699	357	78.99%	\$5,000	114	\$5,000	4
	2	2048	638	2686	25	2661	630	172	172	0	2489	461	81.48%	\$5,000	149	\$5,000	4
	3	1454	263	1717	196	1521	257	74	74	1	1447	185	87.21%		22	\$0	
	4	21	6	27	0	27	6	1	1	0	26	5	80.77%		0	\$0	
	5	8	1	9	1	8	1	0	0	0	8	1	87.50%		0	\$0	
	6	119	147	266	7	259	140	0	0	0	259	140	45.95%		0	\$0	
	7	207	129	336	7	329	122	0	0	0	329	122	62.92%		0	\$0	
EOA 4 Rural	8	13	1	14	0	14	1	0	0	0	14	1	92.86%		0	\$0	
	1	3	0	3	0	3	0	0	0	0	3	0	100.00%	\$0	0	\$0	0
	2	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 4 Suburban	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	7	0	7	0	7	0	0	0	0	7	0	100.00%	\$0	0	\$0	0
	2	17	0	17	0	17	0	0	0	0	17	0	100.00%	\$0	0	\$0	0
	3	4	2	6	0	6	2	0	0	0	6	2	66.67%		1	\$0	



Kern County - Hall Ambulance Response Compliance and Penalty

Period: Apr 01 2022 to Apr 30 2022

Report Status: FINAL

EOA 4 Suburban	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	5	0	5	0	5	0	0	0	0	5	0	100.00%		0	\$0	
EOA 4 Urban	1	34	4	38	0	38	4	0	0	0	38	4	89.47%	\$5,000	5	\$5,000	4
	2	43	9	52	0	52	9	3	3	0	49	7	85.71%	\$1,000	3	\$1,000	2
	3	18	5	23	3	20	5	3	3	0	17	2	88.24%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	\$0	
EOA 4 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
	2	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 8 Metro	1	70	42	112	0	112	42	6	6	1	106	36	66.04%	\$5,000	0	\$5,000	4
	2	104	51	155	2	153	51	12	12	1	141	38	73.05%	\$5,000	3	\$5,000	4
	3	81	11	92	6	86	11	4	4	0	82	7	91.46%		1	\$0	
	4	2	1	3	0	3	1	0	0	0	3	1	66.67%		0	\$0	
	5	4	1	5	0	5	1	0	0	0	5	1	80.00%		0	\$0	
	6	11	11	22	1	21	10	0	0	0	21	10	52.38%		0	\$0	
	7	57	20	77	0	77	20	0	0	0	77	20	74.03%		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 8 Rural	1	8	0	8	1	7	0	0	0	0	7	0	100.00%	\$0	1	\$0	0
	2	4	0	4	0	4	0	0	0	0	4	0	100.00%	\$0	0	\$0	0
	3	2	1	3	0	3	1	0	0	0	3	1	66.67%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 8 Suburban	1	36	2	38	1	37	2	0	0	0	37	2	94.59%	\$0	0	\$0	0
	2	76	0	76	1	75	0	0	0	0	75	0	100.00%	\$0	1	\$0	0
	3	18	1	19	1	18	1	0	0	0	18	1	94.44%		1	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	1	1	0	1	1	0	0	0	1	1	0.00%		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	1	1	1	0	0	0	0	0	0	0	--		0	\$0	
EOA 8 Urban	1	26	5	31	0	31	5	1	1	0	30	5	83.33%	\$5,000	1	\$5,000	4
	2	35	11	46	0	46	11	0	0	0	46	11	76.09%	\$1,000	0	\$1,000	2
	3	28	2	30	0	30	2	0	0	0	30	2	93.33%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	1	1	0	1	1	0	0	0	1	1	0.00%		0	\$0	
EOA 8 Wilderness	1	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0
	2	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 9 Metro	1	38	4	42	0	42	4	0	0	0	42	4	90.48%	\$0	0	\$0	0
	2	68	7	75	0	75	7	5	5	0	70	2	97.14%	\$0	0	\$0	0
	3	33	1	34	2	32	1	1	1	0	31	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0



Kern County - Hall Ambulance Response Compliance and Penalty

Period: Apr 01 2022 to Apr 30 2022

Report Status: FINAL

EOA 9 Rural	2	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	7	0	7	0	7	0	0	0	0	7	0	100.00%	\$0	0	\$0	0
EOA 9 Suburban	2	10	1	11	0	11	1	1	1	0	10	0	100.00%	\$0	0	\$0	0
	3	1	1	2	0	2	1	0	0	0	2	1	50.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
	1	8	2	10	0	10	2	1	1	0	9	1	88.89%	\$1,000	0	\$1,000	1
EOA 9 Urban	2	4	0	4	0	4	0	0	0	0	4	0	100.00%	\$0	0	\$0	0
	3	12	1	13	1	12	1	1	1	0	11	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
EOA 9 Wilderness	2	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	118	22	140	4	136	19	6	6	1	130	12	90.77%	\$0	2	\$0	0
EOA 11 Metro	2	168	22	190	0	190	22	5	5	0	185	17	90.81%	\$0	8	\$0	0
	3	114	4	118	7	111	4	2	2	1	109	1	99.08%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	8	4	12	0	12	4	0	0	1	12	3	75.00%		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	5	0	5	0	5	0	0	0	0	5	0	100.00%	\$0	0	\$0	0
EOA 11 Rural	2	6	0	6	0	6	0	0	0	0	6	0	100.00%	\$0	0	\$0	0
	3	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	16	1	17	2	15	1	0	0	0	15	1	93.33%	\$0	0	\$0	0
EOA 11 Suburban	2	26	1	27	0	27	1	0	0	0	27	1	96.30%	\$0	0	\$0	0
	3	17	0	17	2	15	0	0	0	0	15	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	15	4	19	0	19	4	0	0	1	19	3	84.21%		0	\$0	
	1	16	1	17	1	16	1	0	0	0	16	1	93.75%	\$0	1	\$0	0
EOA 11 Urban	2	15	4	19	0	19	4	0	0	0	19	4	78.95%	\$1,000	0	\$1,000	1
	3	10	0	10	1	9	0	0	0	0	9	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0
EOA 11 Wilderness	2	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	



Period: Apr 01 2022 to Apr 30 2022

Report Status: FINAL

7	0	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
8	0	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
																	\$41,000



Kern County - Hall Ambulance Response Compliance and Penalty

Period: May 01 2022 to May 31 2022

Report Status: FINAL

		Compliance Reporting 2022/05/01 - 2022/05/31														BLS on ALS		Compliance Period Reporting for Repetitive Non-Compliance
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment	Consecutive Periods Out of Compliance Including Current Period	
EOA 1 Metro	1	48	14	62	3	59	12	2	2	0	57	10	82.46%	\$1,000	0	\$1,000	2	
	2	76	5	81	1	80	5	2	2	0	78	3	96.15%	\$0	0	\$0	0	
	3	51	3	54	6	48	3	2	2	0	46	1	97.83%		0	\$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	1	1	2	0	2	1	0	0	0	2	1	50.00%		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 1 Rural	1	7	0	7	3	4	0	0	0	0	4	0	100.00%	\$0	0	\$0	0	
	2	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 1 Suburban	1	6	1	7	0	7	1	1	1	0	6	0	100.00%	\$0	0	\$0	0	
	2	3	0	3	0	3	0	0	0	0	3	0	100.00%	\$0	0	\$0	0	
	3	6	0	6	0	6	0	0	0	0	6	0	100.00%		0	\$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 1 Urban	1	3	1	4	0	4	1	0	0	0	4	1	75.00%	\$1,000	0	\$1,000	2	
	2	12	3	15	1	14	3	2	2	0	12	1	91.67%	\$0	1	\$0	0	
	3	8	1	9	0	9	1	0	0	0	9	1	88.89%		0	\$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 1 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 2 Metro	1	29	7	36	0	36	7	2	2	0	34	5	85.29%	\$1,000	0	\$1,000	1	
	2	52	11	63	1	62	10	4	4	1	58	5	91.38%	\$0	0	\$0	0	
	3	35	0	35	3	32	0	0	0	0	32	0	100.00%		0	\$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	7	2	0	2	0	2	0	0	0	0	0	2	0	100.00%		0		\$0
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 2 Rural	1	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0	
	2	3	0	3	0	3	0	0	0	0	3	0	100.00%	\$0	0	\$0	0	
	3	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 2 Suburban	1	6	1	7	0	7	1	0	0	0	7	1	85.71%	\$1,000	0	\$1,000	1	
	2	18	1	19	1	18	1	0	0	0	18	1	94.44%	\$0	1	\$0	0	
	3	4	0	4	0	4	0	0	0	0	4	0	100.00%		0	\$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		



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EOA 2 Urban	8	9	2	11	0	11	2	0	0	2	11	0	100.00%		0	\$0	
	1	9	1	10	0	10	1	0	0	0	10	1	90.00%	\$0	0	\$0	0
	2	25	9	34	3	31	9	4	4	0	27	5	81.48%	\$1,000	0	\$1,000	1
	3	9	0	9	0	9	0	0	0	0	9	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 3 Metro	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	41	11	52	0	52	11	1	1	0	51	11	78.43%	\$1,000	2	\$1,000	2
	2	91	7	98	1	97	7	3	3	0	94	4	95.74%	\$0	2	\$0	0
	3	59	0	59	3	56	0	0	0	0	56	0	100.00%		1	\$0	
	4	3	1	4	0	4	1	0	0	0	4	1	75.00%		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	13	3	16	0	16	3	0	0	0	16	3	81.25%		0	\$0	
	7	27	13	40	0	40	13	0	0	0	40	13	67.50%		0	\$0	
EOA 3 Rural	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	1	\$0	0
	2	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 3 Suburban	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0
	2	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 3 Urban	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	30	5	35	1	34	5	0	0	0	34	5	85.29%	\$1,000	1	\$1,000	1
	2	64	10	74	0	74	10	2	2	1	72	8	88.89%	\$1,000	3	\$1,000	1
	3	33	2	35	1	34	2	1	1	1	33	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 3 Wilderness	8	0	2	2	0	2	2	0	0	0	2	2	0.00%		0	\$0	
	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
	2	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 4 Metro	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	1468	582	2050	152	1898	533	179	179	0	1719	355	79.35%	\$5,000	67	\$5,000	4
	2	2102	849	2951	241	2710	773	304	304	0	2406	477	80.17%	\$5,000	103	\$5,000	4
	3	1481	357	1838	280	1558	323	134	134	0	1424	190	86.66%		18	\$0	
	4	32	14	46	3	43	13	4	4	0	39	9	76.92%		0	\$0	
	5	7	0	7	0	7	0	0	0	0	7	0	100.00%		0	\$0	
	6	139	122	261	6	255	117	0	0	0	255	117	54.12%		0	\$0	
	7	176	156	332	23	309	146	0	0	0	309	147	52.43%		0	\$0	
EOA 4 Rural	8	13	2	15	0	15	2	0	0	0	15	2	86.67%		0	\$0	
	1	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0
	2	1	1	2	0	2	1	0	0	0	2	1	50.00%	\$1,000	0	\$1,000	1
	3	0	1	1	0	1	1	0	0	0	1	1	0.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 4 Suburban	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	13	0	13	1	12	0	0	0	0	12	0	100.00%	\$0	1	\$0	0
	2	11	1	12	1	11	0	0	0	0	11	0	100.00%	\$0	0	\$0	0
	3	2	1	3	0	3	1	0	0	0	3	1	66.67%		0	\$0	



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EOA 3 Suburban	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
EOA 4 Urban	1	31	9	40	4	36	8	5	5	0	31	3	90.32%	\$0	3	\$0	0
	2	50	16	66	2	64	15	9	9	0	55	6	89.09%	\$1,000	2	\$1,000	3
	3	22	7	29	4	25	5	1	1	0	24	4	83.33%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	\$0	
EOA 4 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
	2	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 8 Metro	1	97	39	136	2	134	38	6	6	0	128	33	74.22%	\$5,000	1	\$5,000	4
	2	167	68	235	11	224	64	15	15	0	209	49	76.56%	\$5,000	0	\$5,000	4
	3	87	18	105	11	94	17	4	4	0	90	13	85.56%		0	\$0	
	4	4	0	4	0	4	0	0	0	0	4	0	100.00%		0	\$0	
	5	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	\$0	
	6	10	13	23	2	21	11	0	0	0	21	11	47.62%		0	\$0	
	7	69	31	100	1	99	30	0	0	0	99	30	69.70%		0	\$0	
	8	0	1	1	0	1	1	0	0	0	1	1	0.00%		0	\$0	
EOA 8 Rural	1	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0
	2	5	0	5	0	5	0	0	0	0	5	0	100.00%	\$0	0	\$0	0
	3	5	0	5	0	5	0	0	0	0	5	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 8 Suburban	1	54	8	62	7	55	7	2	2	0	53	5	90.57%	\$0	0	\$0	0
	2	88	8	96	9	87	6	3	3	0	84	3	96.43%	\$0	0	\$0	0
	3	27	4	31	3	28	3	1	1	0	27	2	92.59%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0	
EOA 8 Urban	1	37	7	44	1	43	7	2	2	0	41	5	87.80%	\$5,000	0	\$5,000	4
	2	40	15	55	4	51	13	3	3	0	48	10	79.17%	\$1,000	0	\$1,000	3
	3	25	3	28	4	24	3	1	1	0	23	2	91.30%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	1	1	1	0	0	0	0	0	0	0	--		0	\$0	
EOA 8 Wilderness	1	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0
	2	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 9 Metro	1	52	9	61	0	61	9	3	3	0	58	6	89.66%	\$1,000	0	\$1,000	1
	2	69	14	83	1	82	14	8	8	0	74	6	91.89%	\$0	0	\$0	0
	3	43	3	46	4	42	3	2	2	0	40	1	97.50%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	1	1	0	1	1	0	0	0	1	1	0.00%		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0



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EOA 9 Rural	2	0	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	9	0	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 9 Suburban	1	10	1	11	1	10	1	0	0	0	10	1	90.00%	\$0	0	\$0	0	
	2	14	1	15	0	15	1	1	1	0	14	0	100.00%	\$0	0	\$0	0	
	3	24	1	25	0	25	1	1	1	0	24	0	100.00%		0	\$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	8	7	10	17	8	9	2	0	0	1	9	1	88.89%		0	\$0		
EOA 9 Urban	1	9	1	10	0	10	1	0	0	0	10	1	90.00%	\$0	0	\$0	0	
	2	14	2	16	1	15	2	1	1	0	14	1	92.86%	\$0	0	\$0	0	
	3	5	2	7	1	6	2	1	1	0	5	1	80.00%		0	\$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 9 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0	
	2	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0	
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 11 Metro	1	133	25	158	1	157	25	7	7	0	150	18	88.00%	\$1,000	0	\$1,000	1	
	2	163	21	184	3	181	20	4	4	0	177	16	90.96%	\$0	3	\$0	0	
	3	92	3	95	3	92	3	0	0	0	92	3	96.74%		0	\$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	6	1	7	0	7	1	0	0	0	7	1	85.71%		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 11 Rural	1	6	0	6	1	5	0	0	0	0	5	0	100.00%	\$0	0	\$0	0	
	2	12	0	12	2	10	0	0	0	0	10	0	100.00%	\$0	0	\$0	0	
	3	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	\$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 11 Suburban	1	11	0	11	0	11	0	0	0	0	11	0	100.00%	\$0	0	\$0	0	
	2	22	1	23	1	22	1	0	0	0	22	1	95.45%	\$0	0	\$0	0	
	3	14	1	15	0	15	1	0	0	0	15	1	93.33%		0	\$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	8	6	4	10	0	10	4	0	0	1	10	3	70.00%		0	\$0		
EOA 11 Urban	1	15	0	15	0	15	0	0	0	0	15	0	100.00%	\$0	2	\$0	0	
	2	12	1	13	0	13	1	1	1	0	12	0	100.00%	\$0	1	\$0	0	
	3	5	0	5	0	5	0	0	0	0	5	0	100.00%		0	\$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 11 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0	
	2	3	0	3	0	3	0	0	0	0	3	0	100.00%	\$0	0	\$0	0	
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		



Period: May 01 2022 to May 31 2022

Report Status: FINAL

7	0	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
8	0	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	



Kern County - Hall Ambulance Response Compliance and Penalty

Period: Jun 01 2022 to Jun 30 2022

Report Status: FINAL

		Compliance Reporting 2022/06/01 - 2022/06/30													BLS on ALS		Compliance Period Reporting for Repetitive Non-Compliance
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment	Consecutive Periods Out of Compliance Including Current Period
EOA 1 Metro	1	44	14	58	0	58	14	5	5	0	53	9	83.02%	\$1,000	2	\$1,000	3
	2	72	7	79	0	79	7	2	2	0	77	5	93.51%	\$0	4	\$0	0
	3	32	4	36	2	34	4	2	2	0	32	2	93.75%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	1	1	0	1	1	0	0	0	1	1	0.00%		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 1 Rural	1	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0
	2	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0
	3	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 1 Suburban	1	11	1	12	1	11	1	0	0	0	11	1	90.91%	\$0	0	\$0	0
	2	14	1	15	1	14	1	0	0	0	14	1	92.86%	\$0	0	\$0	0
	3	7	0	7	0	7	0	0	0	0	7	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 1 Urban	1	6	0	6	0	6	0	0	0	0	6	0	100.00%	\$0	0	\$0	0
	2	8	2	10	0	10	2	0	0	0	10	2	80.00%	\$1,000	0	\$1,000	1
	3	12	1	13	0	13	1	0	0	0	13	1	92.31%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 1 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
	2	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 2 Metro	1	27	11	38	1	37	11	5	5	0	32	6	81.25%	\$1,000	0	\$1,000	2
	2	58	12	70	0	70	12	5	5	0	65	7	89.23%	\$1,000	0	\$1,000	1
	3	28	8	36	1	35	7	1	1	0	34	6	82.35%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	1	1	0	1	1	0	0	0	1	1	0.00%		0	\$0	
	7	0	1	1	0	1	1	0	0	0	1	1	0.00%		0	\$0	
	8	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
EOA 2 Rural	1	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0
	2	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 2 Suburban	1	16	3	19	3	16	3	1	1	0	15	2	86.67%	\$1,000	0	\$1,000	2
	2	7	1	8	0	8	1	1	1	0	7	1	85.71%	\$1,000	0	\$1,000	1
	3	4	1	5	2	3	1	0	0	0	3	1	66.67%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	



Kern County - Hall Ambulance Response Compliance and Penalty

Period: Jun 01 2022 to Jun 30 2022

Report Status: FINAL

EOA 2 Urban	8	8	1	9	0	9	1	0	0	1	9	0	100.00%		0	\$0	
	9	9	0	9	0	9	0	0	0	0	9	0	100.00%	\$0	0	\$0	0
	2	12	5	17	0	17	5	1	1	0	16	4	75.00%	\$1,000	0	\$1,000	2
	3	6	0	6	0	6	0	0	0	0	6	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 3 Metro	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	9	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	38	10	48	0	48	10	1	1	0	47	9	80.85%	\$1,000	1	\$1,000	3
	2	87	12	99	0	99	12	3	3	1	96	9	90.63%	\$0	9	\$0	0
	3	59	5	64	2	62	5	1	1	0	61	4	93.44%		2	\$0	
	4	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	\$0	
	5	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0	
	6	10	6	16	0	16	6	0	0	0	16	6	62.50%		0	\$0	
EOA 3 Rural	7	17	15	32	0	32	15	0	0	0	32	15	53.13%		0	\$0	
	8	2	1	3	0	3	1	0	0	1	3	0	100.00%		0	\$0	
	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
	2	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 3 Suburban	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
	2	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 3 Urban	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	37	1	38	0	38	1	0	1	0	38	0	100.00%	\$0	2	\$0	0
	2	67	7	74	1	73	7	2	2	0	71	6	91.55%	\$0	4	\$0	0
	3	26	4	30	0	30	4	2	2	0	28	2	92.86%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	1	1	2	0	2	1	0	0	0	2	1	50.00%		0	\$0	
EOA 3 Wilderness	7	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
	2	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 4 Metro	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	1393	658	2051	34	2017	643	191	191	0	1826	459	74.86%	\$5,000	137	\$5,000	4
	2	1986	828	2814	76	2738	799	245	245	0	2493	558	77.62%	\$5,000	169	\$5,000	4
	3	1441	434	1875	146	1729	417	145	145	0	1584	274	82.70%		23	\$0	
	4	26	3	29	2	27	3	0	0	0	27	3	88.89%		0	\$0	
	5	5	0	5	0	5	0	0	0	0	5	0	100.00%		0	\$0	
	6	98	135	233	8	225	128	0	0	0	225	128	43.11%		0	\$0	
EOA 4 Rural	7	153	175	328	8	320	168	0	0	0	320	168	47.50%		0	\$0	
	8	14	1	15	0	15	1	0	0	0	15	1	93.33%		0	\$0	
	1	2	3	5	0	5	3	0	0	0	5	4	20.00%	\$1,000	0	\$1,000	1
	2	2	2	4	0	4	2	1	1	0	3	1	66.67%	\$1,000	1	\$1,000	2
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 4 Suburban	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	2	2	0	2	2	0	0	0	2	2	0.00%		0	\$0	
	1	13	0	13	0	13	0	0	0	0	13	0	100.00%	\$0	0	\$0	0
	2	16	5	21	0	21	5	2	2	0	19	3	84.21%	\$1,000	0	\$1,000	1



Kern County - Hall Ambulance Response Compliance and Penalty

Period: Jun 01 2022 to Jun 30 2022

Report Status: FINAL

EOA 3 Suburban	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	1	1	0	1	1	0	0	0	1	1	0.00%		0	\$0	
EOA 4 Urban	1	25	6	31	0	31	6	2	2	0	29	5	82.76%	\$1,000	1	\$1,000	1
	2	42	19	61	3	58	19	5	5	0	53	14	73.58%	\$5,000	4	\$5,000	4
	3	28	8	36	2	34	8	2	2	0	32	6	81.25%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
EOA 4 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
	2	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 8 Metro	1	84	61	145	1	144	61	10	10	1	134	51	61.94%	\$5,000	1	\$5,000	4
	2	122	60	182	1	181	60	16	16	0	165	44	73.33%	\$5,000	4	\$5,000	4
	3	102	20	122	6	116	20	1	1	0	115	19	83.48%		0	\$0	
	4	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	\$0	
	5	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	\$0	
	6	7	11	18	0	18	11	0	0	0	18	11	38.89%		0	\$0	
	7	66	33	99	1	98	32	0	0	0	98	32	67.35%		0	\$0	
	8	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
EOA 8 Rural	1	8	1	9	0	9	1	0	0	0	9	1	88.89%	\$1,000	0	\$1,000	1
	2	10	1	11	0	11	1	0	0	0	11	1	90.91%	\$0	0	\$0	0
	3	6	0	6	0	6	0	0	0	0	6	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 8 Suburban	1	53	9	62	2	60	8	2	2	0	58	6	89.66%	\$1,000	1	\$1,000	1
	2	74	9	83	0	83	9	3	3	0	80	6	92.50%	\$0	2	\$0	0
	3	26	4	30	0	30	4	1	1	0	29	3	89.66%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	1	1	1	0	0	0	0	0	0	0	--		0	\$0	
EOA 8 Urban	1	41	5	46	2	44	5	1	1	0	43	4	90.70%	\$0	2	\$0	0
	2	44	12	56	5	51	11	4	4	0	47	7	85.11%	\$5,000	1	\$5,000	4
	3	26	5	31	4	27	5	1	1	0	26	5	80.77%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 8 Wilderness	1	4	0	4	0	4	0	0	0	0	4	0	100.00%	\$0	0	\$0	0
	2	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 9 Metro	1	59	13	72	0	72	13	5	5	0	67	8	88.06%	\$1,000	0	\$1,000	2
	2	65	10	75	1	74	9	3	3	0	71	6	91.55%	\$0	0	\$0	0
	3	43	4	47	1	46	4	2	2	0	44	2	95.45%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0



Kern County - Hall Ambulance Response Compliance and Penalty

Period: Jun 01 2022 to Jun 30 2022

Report Status: FINAL

EOA 9 Rural	2	0	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	4	0	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	1	5	2	7	0	7	2	0	0	0	7	2	71.43%	\$1,000		0	\$1,000		1
EOA 9 Suburban	2	8	5	13	0	13	5	3	3	0	10	2	80.00%	\$1,000	0	\$1,000	1		
	3	4	0	4	0	4	0	0	0	0	4	0	100.00%		0	\$0			
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	1	19	1	20	0	20	1	0	0	0	20	1	95.00%		\$0	0		\$0	0
2	12	3	15	1	14	2	0	0	0	14	2	85.71%	\$1,000		0	\$1,000		1	
EOA 9 Urban	3	9	1	10	1	9	1	0	0	0	9	1	88.89%		0	\$0			
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	1	0	0	0	0	0	0	0	0	0	0	0	--		\$0	0		\$0	0
	2	0	0	0	0	0	0	0	0	0	0	0	--		\$0	0		\$0	0
EOA 9 Wilderness	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	1	119	15	134	1	133	15	9	9	0	124	6	95.16%		\$0	4		\$0	0
	2	155	21	176	0	176	21	9	9	0	167	12	92.81%		\$0	3		\$0	0
EOA 11 Metro	3	114	6	120	3	117	6	3	3	0	114	3	97.37%		0	\$0			
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	6	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0			
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	1	8	0	8	0	8	0	0	0	0	8	0	100.00%		\$0	0		\$0	0
	2	7	0	7	0	7	0	0	0	0	7	0	100.00%		\$0	0		\$0	0
EOA 11 Rural	3	5	0	5	0	5	0	0	0	0	5	0	100.00%		0	\$0			
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	1	10	1	11	0	11	1	0	0	0	11	1	90.91%		\$0	0		\$0	0
	2	25	4	29	0	29	4	2	2	0	27	2	92.59%		\$0	2		\$0	0
EOA 11 Suburban	3	23	1	24	0	24	1	1	1	0	23	0	100.00%		0	\$0			
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	8	9	3	12	0	12	3	0	0	1	12	2	83.33%		0	\$0			
	1	14	1	15	0	15	1	1	1	0	14	0	100.00%		\$0	1		\$0	0
	2	14	0	14	0	14	0	0	0	0	14	0	100.00%		\$0	1		\$0	0
EOA 11 Urban	3	7	0	7	0	7	0	0	0	0	7	0	100.00%		0	\$0			
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	1	1	0	1	0	1	0	0	0	0	1	0	100.00%		\$0	0		\$0	0
	2	0	0	0	0	0	0	0	0	0	0	0	--		\$0	0		\$0	0
EOA 11 Wilderness	3	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0			
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			

[illegible]



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Apr 01 2022 to Apr 30 2022

Report Status: In Progress with 102 calls in Working Status

		Compliance Reporting 2022/04/01 - 2022/04/30													BLS on ALS		Compliance Period Reporting for Repetitive Non-Compliance
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment	Consecutive Periods Out of Compliance Including Current Period
EOA 6 Metro	1	37	9	46	0	46	9	0	0	0	46	9	80.43%	\$1,000	0	\$1,000	1
	2	52	2	54	0	54	2	0	0	0	54	2	96.30%	\$0	0	\$0	0
	3	25	0	25	0	25	0	0	0	0	25	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 6 Rural	1	12	0	12	0	12	0	0	0	0	12	0	100.00%	\$0	0	\$0	0
	2	12	0	12	0	12	0	0	0	0	12	0	100.00%	\$0	0	\$0	0
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	1	1	0	1	1	0	0	0	1	1	0.00%		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 6 Suburban	1	17	0	17	0	17	0	0	0	0	17	0	100.00%	\$0	0	\$0	0
	2	13	0	13	0	13	0	0	0	0	13	0	100.00%	\$0	0	\$0	0
	3	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 6 Urban	1	33	2	35	0	35	2	0	0	0	35	2	94.29%	\$0	0	\$0	0
	2	32	2	34	0	34	2	0	0	0	34	2	94.12%	\$0	0	\$0	0
	3	18	2	20	0	20	2	0	0	0	20	2	90.00%		0	\$0	
	4	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
	5	8	0	8	0	8	0	0	0	0	8	0	100.00%		0	\$0	
	6	34	10	44	0	44	10	0	0	0	44	10	77.27%		0	\$0	
	7	12	1	13	0	13	1	0	0	0	13	1	92.31%		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 6 Wilderness	1	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0
	2	3	0	3	0	3	0	0	0	0	3	0	100.00%	\$0	0	\$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 7 Metro	1	61	14	75	0	75	14	0	0	0	75	14	81.33%	\$1,000	3	\$1,000	1
	2	103	8	111	0	111	8	0	0	0	111	8	92.79%	\$0	1	\$0	0
	3	37	0	37	0	37	0	0	0	0	37	0	100.00%		0	\$0	
	4	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
	5	7	1	8	0	8	1	0	0	0	8	1	87.50%		0	\$0	
	6	42	11	53	0	53	11	0	0	0	53	11	79.25%		0	\$0	
	7	15	3	18	0	18	3	0	0	0	18	3	83.33%		0	\$0	
	8	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
EOA 7 Rural	1	7	0	7	0	7	0	0	0	0	7	0	100.00%	\$0	0	\$0	0
	2	5	0	5	0	5	0	0	0	0	5	0	100.00%	\$0	0	\$0	0
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 7 Suburban	1	3	0	3	0	3	0	0	0	0	3	0	100.00%	\$0	0	\$0	0
	2	11	0	11	0	11	0	0	0	0	11	0	100.00%	\$0	0	\$0	0
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Apr 01 2022 to Apr 30 2022

Report Status: In Progress with 102 calls in Working Status

EOA 7 Urban	8	0	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0			
	1	6	0	6	0	6	0	0	0	0	6	0	100.00%	\$0		1	\$0		0	
	2	7	0	7	0	7	0	0	0	0	7	0	100.00%	\$0		0	\$0		0	
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%			0	\$0			
	4	0	0	0	0	0	0	0	0	0	0	0	--			0	\$0			
	5	0	0	0	0	0	0	0	0	0	0	0	--			0	\$0			
	6	0	0	0	0	0	0	0	0	0	0	0	--			0	\$0			
	7	0	0	0	0	0	0	0	0	0	0	0	--			0	\$0			
8	0	0	0	0	0	0	0	0	0	0	0	--	0	\$0						
EOA 7 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0			
	2	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0			
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0				
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0				
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0				
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0				
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0				
	8	0	0	0	0	0	0	0	0	0	0	0	--	0	\$0					
EOA 6	1											111		0.00%		0	\$0	0		
	2											116		0.00%		0	\$0	0		
	3											48		0.00%		0	\$0	0		
EOA 7	1											91		4.40%		4	\$0	0		
	2											134		0.75%		1	\$0	0		
	3											40		0.00%		0	\$0	0		
Total																		\$2,000		



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: May 01 2022 to May 31 2022

Report Status: In Progress with 110 calls in Working Status

		Compliance Reporting 2022/05/01 - 2022/05/31														BLS on ALS		Compliance Period Reporting for Repetitive Non-Compliance
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment	Consecutive Periods Out of Compliance Including Current Period	
EOA 6 Metro	1	34	10	44	0	44	10	0	0	0	44	10	77.27%	\$1,000	0	\$1,000	2	
	2	49	8	57	0	57	8	0	0	0	57	8	85.96%	\$1,000	0	\$1,000	1	
	3	25	0	25	0	25	0	0	0	0	25	0	100.00%		0	\$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	8	0	2	2	0	2	2	0	0	0	2	2	0.00%		0	\$0		
EOA 6 Rural	1	18	0	18	0	18	0	0	0	0	18	0	100.00%	\$0	0	\$0	0	
	2	7	1	8	0	8	1	0	0	0	8	1	87.50%	\$1,000	0	\$1,000	1	
	3	5	0	5	0	5	0	0	0	0	5	0	100.00%		0	\$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 6 Suburban	1	19	0	19	0	19	0	0	0	0	19	0	100.00%	\$0	0	\$0	0	
	2	14	0	14	0	14	0	0	0	0	14	0	100.00%	\$0	0	\$0	0	
	3	7	0	7	0	7	0	0	0	0	7	0	100.00%		0	\$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 6 Urban	1	29	4	33	0	33	4	0	0	0	33	4	87.88%	\$1,000	0	\$1,000	1	
	2	34	1	35	0	35	1	0	0	0	35	1	97.14%	\$0	0	\$0	0	
	3	19	1	20	0	20	1	0	0	0	20	1	95.00%		0	\$0		
	4	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0		
	5	5	1	6	0	6	1	0	0	0	6	1	83.33%		0	\$0		
	6	25	20	45	0	45	20	0	0	0	45	20	55.56%		0	\$0		
	7	5	3	8	0	8	3	0	0	0	8	3	62.50%		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 6 Wilderness	1	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0	
	2	8	0	8	0	8	0	0	0	0	8	0	100.00%	\$0	0	\$0	0	
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 7 Metro	1	54	7	61	0	61	7	0	0	0	61	7	88.52%	\$1,000	1	\$1,000	2	
	2	79	1	80	0	80	1	0	0	0	80	1	98.75%	\$0	0	\$0	0	
	3	38	1	39	0	39	1	0	0	0	39	1	97.44%		0	\$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	5	4	1	5	0	5	1	0	0	0	5	1	80.00%		0	\$0		
	6	31	11	42	0	42	11	0	0	0	42	11	73.81%		0	\$0		
	7	17	1	18	0	18	1	0	0	0	18	1	94.44%		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 7 Rural	1	9	0	9	0	9	0	0	0	0	9	0	100.00%	\$0	0	\$0	0	
	2	4	0	4	0	4	0	0	0	0	4	0	100.00%	\$0	0	\$0	0	
	3	4	0	4	0	4	0	0	0	0	4	0	100.00%		0	\$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 7 Suburban	1	4	1	5	0	5	1	0	0	0	5	1	80.00%	\$1,000	0	\$1,000	1	
	2	12	1	13	0	13	1	0	0	0	13	1	92.31%	\$0	0	\$0	0	
	3	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: May 01 2022 to May 31 2022

Report Status: In Progress with 110 calls in Working Status

EOA 7 Urban	8	0	0	0	0	0	0	0	0	0	0	0	0	--	\$0 \$1,000	0	\$0	0 1
	1	10	1	11	0	11	1	0	0	0	11	1	90.91%	1		\$0		
	2	6	1	7	0	7	1	0	0	0	7	1	85.71%	0		\$1,000		
	3	0	0	0	0	0	0	0	0	0	0	0	--	0		\$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--	0		\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--	0		\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--	0		\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--	0		\$0		
EOA 7 Wilderness	8	0	0	0	0	0	0	0	0	0	0	0	--	\$0 \$0	0	\$0	0 0	
	1	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	2	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 6	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	0 0 0	
	1											116			0.00%	0		\$0
	2											122			0.00%	0		\$0
EOA 7	3											58		0.00%	0	\$0	0 0 0	
	1											86		2.33%	2	\$0		
	2											104		0.00%	0	\$0		
	3											45		0.00%	0	\$0	0	
																	\$7,000	



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Jun 01 2022 to Jun 30 2022

Report Status: In Progress with 123 calls in Working Status

		Compliance Reporting 2022/06/01 - 2022/06/30													BLS on ALS		Compliance Period Reporting for Repetitive Non-Compliance
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment	Consecutive Periods Out of Compliance Including Current Period
EOA 6 Metro	1	32	6	38	0	38	6	0	0	0	38	6	84.21%	\$1,000	1	\$1,000	3
	2	67	3	70	0	70	3	0	0	0	70	3	95.71%	\$0	0	\$0	0
	3	32	1	33	0	33	1	0	0	0	33	1	96.97%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	1	1	0	1	1	0	0	0	1	1	0.00%		0	\$0	
EOA 6 Rural	1	8	0	8	0	8	0	0	0	0	8	0	100.00%	\$0	1	\$0	0
	2	7	0	7	0	7	0	0	0	0	7	0	100.00%	\$0	0	\$0	0
	3	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 6 Suburban	1	14	1	15	0	15	1	0	0	0	15	1	93.33%	\$0	0	\$0	0
	2	12	0	12	0	12	0	0	0	0	12	0	100.00%	\$0	0	\$0	0
	3	12	0	12	0	12	0	0	0	0	12	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 6 Urban	1	23	0	23	0	23	0	0	0	0	23	0	100.00%	\$0	0	\$0	0
	2	27	7	34	0	34	7	0	0	0	34	7	79.41%	\$1,000	0	\$1,000	1
	3	6	0	6	0	6	0	0	0	0	6	0	100.00%		0	\$0	
	4	4	1	5	0	5	1	0	0	0	5	1	80.00%		0	\$0	
	5	4	3	7	0	7	3	0	0	0	7	3	57.14%		0	\$0	
	6	23	12	35	0	35	12	0	0	0	35	12	65.71%		0	\$0	
	7	7	5	12	0	12	5	0	0	0	12	5	58.33%		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 6 Wilderness	1	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0
	2	4	2	6	0	6	2	0	0	0	6	2	66.67%	\$1,000	0	\$1,000	1
	3	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 7 Metro	1	70	12	82	0	82	12	0	0	0	82	12	85.37%	\$1,000	4	\$1,000	3
	2	94	3	97	0	97	3	0	0	0	97	3	96.91%	\$0	1	\$0	0
	3	37	2	39	0	39	2	0	0	0	39	2	94.87%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	5	2	7	0	7	2	0	0	0	7	2	71.43%		0	\$0	
	6	21	13	34	0	34	13	0	0	0	34	13	61.76%		0	\$0	
	7	18	6	24	0	24	6	0	0	0	24	6	75.00%		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 7 Rural	1	5	0	5	0	5	0	0	0	0	5	0	100.00%	\$0	0	\$0	0
	2	6	0	6	0	6	0	0	0	0	6	0	100.00%	\$0	0	\$0	0
	3	4	0	4	0	4	0	0	0	0	4	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 7 Suburban	1	3	0	3	0	3	0	0	0	0	3	0	100.00%	\$0	0	\$0	0
	2	12	0	12	0	12	0	0	0	0	12	0	100.00%	\$0	0	\$0	0
	3	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Jun 01 2022 to Jun 30 2022

Report Status: In Progress with 123 calls in Working Status

EOA 7 Urban	8	0	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	1	5	0	5	0	5	0	0	0	0	5	0	100.00%	\$0		0	\$0	
	2	13	0	13	0	13	0	0	0	0	13	0	100.00%	\$0		1	\$0	
	3	2	0	2	0	2	0	0	0	0	2	0	100.00%			0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--			0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--			0	\$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--			0	\$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--			0	\$0	
EOA 7 Wilderness	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	1	0	0	0	0	0	0	0	0	0	0	0	--		\$0	0		\$0
	2	0	0	0	0	0	0	0	0	0	0	0	--		\$0	0		\$0
	3	0	0	0	0	0	0	0	0	0	0	0	--			0		\$0
	4	0	0	0	0	0	0	0	0	0	0	0	--			0		\$0
	5	0	0	0	0	0	0	0	0	0	0	0	--			0		\$0
	6	0	0	0	0	0	0	0	0	0	0	0	--			0		\$0
	7	0	0	0	0	0	0	0	0	0	0	0	--			0		\$0
EOA 6	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	1											86			2.33%	2		\$0
	2											129			0.00%	0		\$0
EOA 7	3											56		0.00%	0	\$0		
	1											95		4.21%	4	\$0		
	2											128		1.56%	2	\$0		
	3											47		0.00%	0	\$0		
																	\$4,000	

X. New Business

e. Annual EOA Reports for 2021



KERN COUNTY
Public Health Services
DEPARTMENT

BRYNN CARRIGAN
DIRECTOR

KRISTOPHER LYON, MD
HEALTH OFFICER

1800 MT. VERNON AVENUE

BAKERSFIELD, CALIFORNIA 93306-3302

661-321-3000

WWW.KERNPUBLICHEALTH.COM

Annual Performance Reports

Background

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

The Division has finalized the following Annual Performance Reports for 2021:

- EOA 1 – Hall Ambulance Service, Inc,
- EOAs 2,4,8,9 – Hall Ambulance Service, Inc.,
- EOA 3 – Delano / Hall Ambulance Service,
- EOA 6 – Liberty Ambulance Service,
- EOA 7– Liberty Ambulance Service,
- EOA 11 – Hall Ambulance Service, Inc.,

IT IS RECOMMENDED, the Board receives and files these reports

2021 Annual Performance Report Summary

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 2021 was located at 1001 21st Street in Bakersfield with a station located at 2324 7th Street in Wasco. In 2021, Hall Ambulance Service also operated a second station in EOA 1 at 14865 Woodward Ave. in Lost Hills. Hall Ambulance Service, Inc. operated a fleet of 106 ambulances and 6 supervisor units, 1 helicopter, 1 supply vehicle, 1 wheel chair Van, 1 passenger van and employed 450 emergency medical technicians, paramedics, dispatchers, nurses and shop techs, business office personnel, administrative staff and support staff. The owner/CEO of Hall Ambulance Service, Inc. was Lavone Hall with John Surface in the position of COO and Myron Smith as General Manager.

Sub-contracts

Hall Ambulance Service, Inc. did 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.

Due to the increased call volume, extended ambulance offload times and ambulances out of service due to decontamination from COVID 19, EMS waived Response Compliance in 2021.

Response Data

Responses 2700

Turned Calls 0

Received Mutual Aid 405

Provided Mutual Aid 2030

Surged Calls 42

A **turned call** occurs when ambulances assigned to an EOA are not available to respond to a call within that EOA and ambulances from another EOA must respond.

Mutual aid occurs when ambulances provide service to another EOA.

Surge - Because of the effects COVID-19 has had on our system, EMS created a surge plan that allows ambulance providers to not respond to, or “surge”, Alpha level, low acuity calls when the available ambulances in the metro zone of the EOA reaches a specific level.

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. Additionally, Hall Ambulance has been working with EMS and has initiated a web-based tracking program named First Watch which allows for real time compliance tracking and reporting.

Complaints/Investigations

In 2021, there were no formal complaints filed with EMS against Hall Ambulance Service, Inc. for services provided within EOA 1.

Community Services

2021 proved to be a difficult year for community service due to COVID 19. Hall Ambulance Service was able to participate in the following community events 2021:

- COVID-19 Vaccine clinics
- Ambulance demonstrations for local schools
- Providing standbys at local sporting events
- Career Health Fair
- Parades

And

- Community outreach

Dispatch

Hall Ambulance Service, Inc. operates a dispatch center located at the Bakersfield address. This dispatch center provides emergency medical dispatch capabilities for both Hall Ambulance Service, Inc., and Liberty Ambulance Service. 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 assist with providing emergency medical care to the patient. The quality of “EMD” service is closely monitored. Hall Ambulance Service, Inc. reported processing over 10,935 requests for emergency service in the dispatch center in 2021 and maintained accreditation with the International Academies of Emergency Dispatch (IAED) as an Accredited Center of Excellence. The IAED mandates that a percentage of the request for emergency service be evaluated for compliance to protocol and be ranked in one of five categories, “high compliance”, “Compliant”, “Partial Compliance”, “Low Compliance” and “non-compliant.” In 2021, Hall Ambulance Service, Inc. evaluated 747 requests for

emergency service and reported 95% 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

2021 brought with it a continuation of the COVID-19 pandemic. Hall Ambulance Service staff worked tirelessly to provide the best possible care for the people of Kern County. The management staff worked in cooperation with EMS as we developed and updated our policies, procedures and protocols to meet the everchanging demands brought on by COVID. With increasing call volumes, extended offload times, staff being exposed and becoming ill and ambulances out of service due to decontamination, Hall Ambulance never gave up. The management, paramedics, emts, dispatchers and nurses that man the units everyday are to be commended on the outstanding job they did in the face of such adversity. It is because of their dedication that Kern County was able to make it through the largest surge.

2021 Annual Performance Report Summary

EOAs 2, 4, 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. operated a fleet of 106 ambulances and 6 supervisor units, 1 helicopter, 1 supply vehicle, 1 wheel chair Van, 1 passenger van and employed 450 emergency medical technicians, paramedics, dispatchers, nurses, shop techs, business office personnel, administrative staff and support staff. The owner/CEO of Hall Ambulance Service, Inc. was Lavone Hall with John Surface in the position of COO and Myron Smith as Operations Manager.

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). 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 Glennville to the north, Panama Road to the south, Interstate 5 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 stations 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 2021, 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. This sub-contract was in effect until Hall Ambulance purchased Delano Ambulance in October of 2021. Additionally, during late 2021, Hall Ambulance Service entered into a subcontract with American Ambulance Service out of Fresno to assist with hospital transfer.

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.

Due to the increased call volume, extended ambulance offload times and ambulances out of service due to decontamination from COVID 19, EMS waived Response Compliance in 2021.

Response Data

EOA 2:

Responses 2851
Turned Calls 3
Received Mutual Aid 529
Provided Mutual Aid 912
Surged Calls 34

EOA 4:

Responses 84341
Turned Calls 2444
Received Mutual Aid 9756
Provided Mutual Aid 4794
Surged Calls 877
Strike Team Usage 1109

EOA 8:

Responses 9548
Turned Calls 119
Received Mutual Aid 4981

Provided Mutual Aid 1220
Surged Calls 82

EOA 9:

Responses 2853
Turned Calls 5
Received Mutual Aid 477
Provided Mutual Aid 1276
Surged Calls 42

A **turned call** occurs when ambulances assigned to an EOA are not available to respond to a call within that EOA and ambulances from another EOA must respond.

Mutual aid occurs when ambulances provide service to another EOA.

Surge - Because of the effects COVID-19 has had on our system, EMS created a surge plan that allows ambulance providers to not respond to, or “surge”, Alpha level, low acuity calls when the available ambulances in the metro zone of the EOA reaches a specific level.

Ambulance Strike Teams – In late 2021, increased call volume, extended patient offload times at hospitals, ambulance decontamination and staffing effected by COVID created a need for out of county assistance. EMS reached out to the region and acquired ambulance strike teams. The addition of these teams added the additional staffing and equipment necessary to get us through the final surge of 2021.

Data Reporting

The EMS Program 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 2021 in EOA 2, 4, 8 and 9.

Complaints/Investigations

There were no formal complaints made against Hall Ambulance Service, Inc. for EOA 2, 4, 8, or 9 in 2021.

Community Services

2021 proved to be a difficult year for community service due to COVID 19. Hall Ambulance Service was able to participate in the following community service events in 2021:

- COVID-19 Vaccine Clinics
- Ambulance demonstrations for local schools
- Providing standbys at sporting events
- Career Health Fair
- Parades And
- Community outreach

Dispatch

Hall Ambulance Service, Inc. operates a dispatch center located at the Bakersfield address. This dispatch center provides emergency medical dispatch capabilities for both Hall Ambulance Service, Inc., and Liberty Ambulance Service. 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 assist with providing emergency medical care to the patient. The quality of “EMD” service is closely monitored. Hall Ambulance Service, Inc. reported processing over 10,935 requests for emergency service in the dispatch center in 2021 and maintained accreditation with the International Academies of Emergency Dispatch (IAED) as an Accredited Center of Excellence. The IAED mandates that a percentage of the request for emergency service be evaluated for compliance to protocol and be ranked in one of five categories, “high compliance”, “Compliant”, “Partial Compliance”, “Low Compliance” and “non-compliant.” In 2021, Hall Ambulance Service, Inc. evaluated 747 requests for emergency service and reported 95% 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

2021 brought with it a continuation of the COVID-19 pandemic. Hall Ambulance Service staff worked tirelessly to provide the best possible care for the people of Kern County. The management staff worked in cooperation with EMS as we developed and updated our policies, procedures and protocols to meet the everchanging demands brought on by COVID. With increasing call volumes, extended offload times, staff being exposed and becoming ill and ambulances out of service due to decontamination, Hall Ambulance never gave up. The management, paramedics, emts, dispatchers and nurses that man the units everyday are to be commended on the outstanding job they did in the face of such adversity. It is because of their dedication that Kern County was able to make it through the largest surge.

2021 Annual Performance Report Summary for EOA 3

Operations and Geography

On October 1st, 2021, Hall Ambulance Service completed the purchase and began providing 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 north, Woody to the east, Lost Hills Road to the west and Whistler Road to the south. Included within EOA 3 are 10-mile stretches of the Highway 99 and Highway 65, as well as the communities of Delano and McFarland.

Hall Ambulance Service's base of operations in 2021 was located at 403 Main Street, Delano. Hall Ambulance Service maintained a fleet of 4 ambulances in Delano and employed 24 emergency medical technicians, and paramedics. The owner and CEO of Hall Ambulance is Lavonne Hall.

Sub-contracts

During 2021, Delano Ambulance Service nor Hall Ambulance Service had no agreements or subcontracts in EOA 3.

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.

Due to the increased call volume, extended ambulance offload times and ambulances out of service due to decontamination from COVID 19, EMS waived Response Compliance in 2021.

Response Data

6292 responses; 25 *turned calls*; 284 received *mutual aid*; 771 provided *mutual aid*; 13 *surged calls*

A ***turned call*** occurs when ambulances assigned to an EOA are not available to respond to a call within that EOA and ambulances from another EOA must respond.

Mutual aid occurs when ambulances provide service to another EOA.

Surge - Because of the effects COVID-19 has had on our system, EMS created a surge plan that allows ambulance providers to not respond to, or "surge", Alpha level, low acuity calls when the available ambulances in the metro zone of the EOA reaches a specific level.

Data Reporting

The EMS Division relies on each ambulance company to submit compliance data to allow monitoring of performance. EOA 3 was compliant for all months with data reporting requirements.

Complaints/Investigations

In 2021, there were no formal complaints filed with the Division against EOA 3.

Community Services

2021 proved to be a difficult year for community service due to COVID 19. Community events in EOA 3 included;

- COVID-19 Vaccine clinics
- Ambulance demonstrations for local schools
- Providing standbys at local sporting events
- Career Health Fair
- Parades

And

- Community outreach

Dispatch

In 2021, Hall Ambulance Service, Inc. provided EMD and dispatch services for all ambulance companies in Kern County.

Summary

2021 brought with it a continuation of the COVID-19 pandemic. Delano Ambulance Service and Hall Ambulance Service staff worked tirelessly to provide the best possible care for the people of Kern County and the City of Delano. The management staff worked in cooperation with EMS as we developed and updated our policies, procedures and protocols to meet the everchanging demands brought on by COVID. With increasing call volumes, extended offload times, staff being exposed and becoming ill and ambulances out of service due to decontamination, the ambulance agencies that served this EOA never gave up. The management, paramedics, emts, dispatchers and nurses that man the units everyday are to be commended on the outstanding job they did in the face of such adversity. It is because of their dedication that Kern County was able to make it through the largest surge.

2021 Annual Performance Report Summary for EOA 11

Operations and Geography

Hall Ambulance Service, Inc. is responsible for providing 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 on the west and the Los Angeles County line from the south to Red Rock Canyon to the north. The communities that Hall Ambulance served within EOA 11 in 2021 were Boron, California City, Mojave, North Edwards, Rosamond, and Willow Springs.

Hall Ambulance Service, Inc.'s base of operations is located at 1001 21st Street, Bakersfield; however, satellite stations were located in Boron, California City, Mojave, and Rosamond. Hall Ambulance Service, Inc. operated a fleet of 106 ambulances and 6 supervisor units, 1 helicopter, 1 supply vehicle, 1 wheel chair Van, 1 passenger van and employed 450 emergency medical technicians, paramedics, dispatchers, nurses, shop techs, business office personnel, administrative staff and support staff. The owner/CEO of Hall Ambulance Service, Inc. was Lavone Hall with John Surface in the position of COO and Myron Smith as General Manager.

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 measured to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls.

Due to the increased call volume, extended ambulance offload times and ambulances out of service due to decontamination from COVID 19, EMS waived Response Compliance in 2021.

Response Data

Responses 6756

Turned calls 68

Received mutual aid 126

Provided mutual aid 1005

Surged calls 61

A **turned call** occurs when ambulances assigned to an EOA are not available to respond to a call within that EOA and ambulances from another EOA must respond.

Mutual aid occurs when ambulances provide service to another EOA.

Surge - Because of the effects COVID-19 has had on our system, EMS created a surge plan that allows ambulance providers to not respond to, or “surge”, Alpha level, low acuity calls when the available ambulances in the metro zone of the EOA reaches a specific level.

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 2020. Additionally, Hall Ambulance uses a web-based tracking program named First Watch which allows for real time compliance tracking and reporting.

Complaints/Investigations

In 2021, there were no formal complaints filed with the EMS Division against Hall Ambulance Service, Inc. for services provided within EOA 11.

Community Services

2021 proved to be a difficult year for community service due to COVID 19. Hall Ambulance Service was able to participate in the following events:

- Blood pressure clinics
- Ambulance demonstrations for local schools
- Tours of Post 1 for various community and school groups
- Career Expo
- Safety fair

And

- Community outreach

Dispatch

Hall Ambulance Service, Inc. operates a dispatch center located at the Bakersfield address. This dispatch center provides emergency medical dispatch capabilities for both Hall Ambulance Service, Inc., and Liberty Ambulance Service. 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 assist with providing emergency medical care to the patient. The quality of “EMD” service is closely monitored. Hall Ambulance Service, Inc. reported processing over 10,935 requests for emergency service in the dispatch center in 2021 and maintained accreditation with the International Academies of Emergency Dispatch (IAED) as an Accredited Center of Excellence. The IAED mandates that a percentage of the request for emergency service be evaluated for compliance to protocol and be ranked in one of five categories, “high compliance”, “Compliant”, “Partial Compliance”, “Low Compliance” and “non-compliant.” In 2021, Hall Ambulance Service, Inc. evaluated 747 requests for emergency service and reported 95% 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

2021 brought with it a continuation of the COVID-19 pandemic. Hall Ambulance Service staff worked tirelessly to provide the best possible care for the people of Kern County. The management staff worked in cooperation with EMS as we developed and updated our policies, procedures and protocols to meet the everchanging demands brought on by COVID. With increasing call volumes, extended offload times, staff being exposed and becoming ill and ambulances out of service due to decontamination, Hall Ambulance never gave up. The management, paramedics, emts, dispatchers and nurses that man the units everyday are to be commended on the outstanding job they did in the face of such adversity. It is because of their dedication that Kern County was able to make it through the largest surge.

2021 Annual Performance Report Summary

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 17 ambulances, 3 supervisor units, 2 wheelchair vans, 1 administration vehicle and 1 support vehicle. Liberty Ambulance Service employs 71 emergency medical technicians, paramedics, field supervisors, administrators and support staff. Progressive Ambulance, Inc., is owned and operated by Ridgecrest Regional Hospital. The CEO of Ridgecrest Regional Hospital is Jim Suver, and the Director of Emergency Services is Erin Cocclione.

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 we measure to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls.

Due to the increased call volume, extended ambulance offload times and ambulances out of service due to decontamination from COVID 19, EMS waived Response Compliance in 2021.

Response Data

EOA 6:

Responses 3934

Turned Calls 0

Received Mutual Aid 27

Provided Mutual Aid 1419

Surged Calls 0

A **turned call** occurs when ambulances assigned to an EOA are not available to respond to a call within that EOA and ambulances from another EOA must respond.

Mutual aid occurs when ambulances provide service to another EOA.

Surge - Because of the effects COVID-19 has had on our system, EMS created a surge plan that allows ambulance providers to not respond to, or “surge”, Alpha level, low acuity calls when the available ambulances in the metro zone of the EOA reaches a specific level.

Data Reporting

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

Complaints/Investigations

In 2021, there were no formal complaints filed with the EMS Division against Liberty Ambulance Service for EOA 6.

Community Services

2021 proved to be a difficult year for community service due to COVID 19. Liberty Ambulance Service was able to participate in the following events:

- Kernville Rodeo
- Lake Isabella FFA Basketball
- Lake Isabella Kern Valley Hospital Heart Walk
- Wofford Heights Blanket donations for Senior Center

Dispatch

Liberty Ambulance Service contracted with Hall Ambulance Service for Emergency Medical Dispatch services in 2021.

Summary

2021 brought with it a continuation of the COVID-19 pandemic. Liberty Ambulance Service staff worked tirelessly to provide the best possible care for the people of Kern County. The management staff worked in cooperation with EMS as we developed and updated our policies, procedures and protocols to meet the everchanging demands brought on by COVID. With increasing call volumes, extended offload times, staff being exposed and becoming ill and ambulances out of service due to decontamination, Liberty Ambulance never gave up. The management, paramedics, emts, dispatchers and nurses that man the units everyday are to be commended on the outstanding job

they did in the face of such adversity. It is because of their dedication that Kern County was able to make it through the largest surge.

2021 Annual Performance Report Summary

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 headquarters is located at 1325 W. Ridgecrest Boulevard, Ridgecrest. Liberty Ambulance Service operates a fleet of 17 ambulances, 3 supervisor units, 2 wheelchair vans, 1 administration vehicle and 1 support vehicle. Liberty Ambulance Service employs 71 emergency medical technicians, paramedics, field supervisors, administrators and support staff. Progressive Ambulance, Inc., is owned and operated by Ridgecrest Regional Hospital. The CEO of Ridgecrest Regional Hospital is Jim Suver, and the Director of Emergency Services is Erin Cocclione.

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 we measure to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls.

Due to the increased call volume, extended ambulance offload times and ambulances out of service due to decontamination from COVID 19, EMS waived Response Compliance in 2021.

Response Data

EOA 7:

Responses 3870
Turned Calls 0
Received Mutual Aid 6
Provided Mutual Aid 1419
Surged Calls 0

Data Reporting

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

Complaints/Investigations

In 2021, there were no formal complaints filed with the EMS Division against Liberty Ambulance Service for EOA 7.

Community Services

2021 proved to be a difficult year for community service due to COVID 19. Liberty Ambulance Service was able to participate in the following events:

- Active Shooter Kit distribution
- Ridgecrest Business Expo
- Leapin Lizards school event
- Balas Montessori school event
- COVID 19 testing
- Shine the Light
- Women's shelter Bake Sale

Dispatch

Liberty Ambulance Service contracted with Hall Ambulance Service for Emergency Medical Dispatch services in 2021.

Summary

2021 brought with it a continuation of the COVID-19 pandemic. Liberty Ambulance Service staff worked tirelessly to provide the best possible care for the people of Kern County. The management staff worked in cooperation with EMS as we developed and updated our policies, procedures and protocols to meet the everchanging demands brought on by COVID. With increasing call volumes, extended offload times, staff being exposed and becoming ill and ambulances out of service due to decontamination, Liberty Ambulance never gave up. The management, paramedics, emts, dispatchers and nurses that man the units everyday are to be commended on the outstanding job they did in the face of such adversity. It is because of their dedication that Kern County was able to make it through the largest surge.