

October	November	December	#	Standard
			1	Priority 1:
MET	MET	MET	2	Metro
MET	MET	MET	3	Urban
MET	NOT MET	MET	4	Suburban
MET	MET	MET	5	Rural
MET	MET	MET	6	Wilderness
			7	Priority 2:
MET	MET	MET	8	Metro
MET	MET	MET	9	Urban
MET	MET	MET	10	Suburban
MET	MET	MET	11	Rural
MET	MET	MET	12	Wilderness
			13	Priority 3:
MET	MET	MET	14	Metro
MET	MET	MET	15	Urban
MET	MET	MET	16	Suburban
MET	MET	MET	17	Rural
MET	MET	MET	18	Wilderness
			13	Priority 4:
MET	MET	MET	14	Metro
MET	MET	MET	15	Urban
MET	MET	MET	16	Suburban
MET	MET	MET	17	Rural
MET	MET	MET	18	Wilderness
			19	Priority 5:
MET	MET	MET	20	Metro
MET	MET	MET	21	Urban
MET	MET	MET	22	Suburban
MET	MET	MET	23	Rural
MET	MET	MET	24	Wilderness
			25	Priority 6:
MET	MET	MET	26	Metro
MET	MET	MET	27	Urban
MET	MET	MET	28	Suburban
MET	MET	MET	29	Rural
MET	MET	MET	30	Wilderness
			31	Priority 7:
MET	MET	MET	32	Metro
MET	MET	MET	33	Urban
MET	MET	MET	34	Suburban
MET	MET	MET	35	Rural
MET	MET	MET	36	Wilderness
			37	Priority 8:
MET	MET	MET	38	Metro
MET	MET	MET	39	Urban
MET	MET	MET	40	Suburban
MET	MET	MET	41	Rural
MET	MET	MET	42	Wilderness
			43	Appropriate BLS Use
MET	MET	MET	44	Priority 1
MET	MET	MET	45	Priority 2
MET	MET	MET	46	Priority 3

Met	Not Met	Met	Not Met	Met	Not Met	
x		x		x		47 Raw Call Data with All Report Fields Submitted Completely and On Time
x		x		x		48 Turned Call report Submitted Completely and On Time
x		x		x		49 EMD Activity/QI Report Submitted Completely and On Time
x		x		x		50 Continuing Education Report Submitted Completely and On Time
x		x		x		51 Community Service/Education Report Submitted Completely and On Time
x		x		x		52 Customer Service Tracking Database Report Submitted Completely and On Time

						1 Compliance with all local, State and federal requirements
						2 Written Report to the Department with Changes in Management Personnel
						3 Rates and Billing in accordance with Requirements
						4 Rate Categories and Charges Posted at place of Business
						5 No Conviction Related to the Use, Sale, Possession, or Transportation of Narcotics
						6 No Aiding or Abetting an Unlicensed or Uncertified Person *
						7 No Failure to Hold and Maintain Appropriate Licenses or Permits
						8 Participate in Department Quality Improvement Program
						9 Maintain a Quality Improvement Program
						10 Maintain Supervisory or Management Personnel Availability on 24 Hour Basis
						11 Valid Contract with County is Executed
						12 Compliance with All Customer Service Requirements
						13 No Failure to Cooperate and Assist the County during Breach
						14 No Accept of any Bribe or Kickback in Violation of federal, State or Local Law
						15 No Payment of any Bribe or Kickback in Violation of federal, State or Local Law
						16 No Failure to Submit Financial Statements as Required
						17 No Loss of Medi-Cal or Medicare Provider Status due to Fraudulent Claims
						18 No Bankruptcy

						19	No Failure to Cure Breach within 30 Calendar Days *
						20	No Failure to Cooperate with County during Take-Over
						21	Compliance with Payroll Employee Withholding and Worker's Compensation
						22	Advertise in Compliance with Requirements
						23	Not Allow Incentive Programs related to Medical Procedures
						24	<b>Written Report to the Department when any EMD, EMT-1, EMT-P or RN are:</b> Terminated or suspended for disciplinary cause or reason Resigns following notice of an impending internal investigation Removed from duties for disciplinary cause or reason
						25	Base Facility of Operations and Administration with Appropriate Land Use Approval
						26	Crews Quarters if Shifts Greater than 12 Hour Duration
						27	Monthly Provider Clinical Performance/ALS Protocol Compliance (EMS Staff PCR)
						28	Valid Licensure or Certification of Personnel
						29	Maintain Staff Competency with the Incident Command System and Med-Alert
						30	Comply with SEMS and NIMS
						31	Remain on Emergency Stand-By until Released by the Incident Commander
						32	Provide Non-Dedicated Ambulance Stand-By for Events requested by the Community
						33	Cooperate with Department Setting Standards of Coverage for Special Events *
						34	Provide Data and Reports for Ambulance Rate Change Requests
						35	Compliance with Resource Requests during a Disaster or Mutual Aid
						36	Provide Reports for Quality Improvement and Investigation Follow-Up
						37	Provide Accurate Records, Data, or Reports as Required
						38	Transport each Patient to the Closest, Most Appropriate Hospital as Required
						39	Personnel comply with Department Requirements While On Duty
						40	Financial Stability Sufficient to Maintain Service
						41	Compliance with Emergency Medical Dispatch Policies and Procedures
						42	Dispatch Staffing Minimum – One EMD
						43	Maintain Communications Means to Receive Calls for Service

						44 Dispatch Communication Equipment for Kern County Medical Radio System Access
						45 Continuously Provide Dispatching Services
						46 Maintain the Ability to receive Calls for Service on a 24-hour basis
						47 Use an EMD service that is authorized and accredited by the Department
						48 Provide Access to Recorded Telephone Calls and Radio Communications *
						49 Maintain Audio Recordings of Phone and Radio Communications for Six Months
						50 Maintain Dispatch logs One Year
						51 Repair Recording Equipment
						52 Inform the caller at call time if a request or service cannot be provided or will be delayed
						53 Notify ECC at call time if the ambulance is responding from outside the EOA
						54 Notify ECC at call time if the ambulance is responding from outside nearest Community
						55 Contact ECC and request back up ambulance response of the next closest provider
						56 Contact Department staff for coordination of ambulance transport during Med-Alert
						57 Dispatch Closest ALS Ambulance in Response Time to Priority 1 Calls
						58 Notify ECC when an Adjacent Mutual Aid Provider is used
						59 Notify ECC if Response Time will be Exceeded for Priority 1, 2, or 3
						60 ALS Level Ambulance Service 24-7 without Interruption *
						61 No Unauthorized Service outside EOA in Kern *
						62 Appropriate Patient Care
						63 Patient Care within Scope of Practice
						64 Vehicles, Supplies, and Equipment in Accordance with Requirements
						65 If a BLS Ambulance is Dispatched to Priority 1 or 2, dispatch an ALS Ambulance *
						66 Minimize variations in performances by time of day, day of week, or week of month
						67 No Unauthorized Scaling Down of Operations to Detriment of Performance
						68 EMT-1 or EMT-P Personnel Wear Certification/Licensure Insignia or Labels
						69 Not Allow ALS Services from a BLS Ambulance *
						70 BLS staffing on an ALS Ambulance if ALS Supplies Locked and No External ALS ID

						<b>No refuse to respond to:</b> Any emergency call Any medically necessary interfacility transfer call Any paid special event stand-by <b>71</b> Any public safety agency stand-by
						<b>72</b> Use a BLS Ambulance for Prescheduled Transfer when requested by Transferring M.D.
						<b>73</b> Use a BLS Ambulance for Prescheduled Special Event when requested by Event Sponsor
						<b>74</b> Furnish an Ambulance for Emergency Stand-By upon Request by Public Safety Agency
						<b>75</b> BLS Ambulance Staffing Minimum – One EMT-1 Driver and One EMT-1 Attendant
						<b>76</b> ALS Ambulance Staffing Minimum – One EMT-1 Driver and One EMT-P Attendant
						<b>1</b> Safety and Emergency Equipment Required by Department and State
						<b>2</b> Copy of Registration, Insurance Identification, Valid CHP Card or Signed CHP Form
						<b>3</b> ALS Ambulance with Valid MICU Authorization from the Department
						<b>4</b> Stocked with All Supplies and Equipment as Specified by the Department *
						<b>5</b> Adequate Size to Conduct Patient Transport, at the Discretion of the Department *
						<b>6</b> Communications Access to Frequencies Specified by the Department
						<b>7</b> Ambulances are Mechanically Sound and Safe to Operate at All Times
						<b>8</b> Each Ambulance capable of maintaining Radio Contact with Dispatch
						<b>9</b> CHP License (provider)
						<b>10</b> Valid Certificate of Insurance in Accordance with Requirements
						<b>11</b> Dispatch Facility with Auxiliary Power and Security
						<b>12</b> Preventive Mechanical Maintenance Program

						<b>13</b> <b>Maintain Employee Personnel Files on each EMD, EMT-1, EMT-P or RN as follows:</b> Employee name, home address, and mailing address Home phone, pager, cellular phone and email as available Driver's license and/or other positive identification Copy of certification and/or license, ambulance driver's certificate, medical examiner's certificate, and local accreditation if applicable
						<b>1</b> Annual Achievement Benchmarks Met
						<b>2</b> Contract Compliance
						<b>3</b> Ordinance Compliance
						<b>4</b> Customer Service Performance
						<b>5</b> Ambulance Service Performance Standards Compliance
						<b>6</b> Clinical Performance
						<b>7</b> Ambulance Fees to County Paid On-Time
						<b>8</b> CHP License (provider)
						<b>9</b> Valid Certificate of Insurance in Accordance with Requirements
						<b>10</b> Furnish Ambulances for a Minimum of 3 Multi-Agency Exercises Per Year