

AGENDA
EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)
REGULAR MEETING

THURSDAY – February 8th, 2018

4:00 P.M.

Location: Kern County Public Health Services Department
San Joaquin Room – 1st Floor
1800 Mount Vernon Avenue - Bakersfield, California 93306
(661) 321-3000

I. Call to Order

II. Flag Salute

III. Roll Call

IV. Consent Agenda (CA): Consideration of the consent agenda.

All items listed with a “CA” are considered by Division staff to be routine and non-controversial. Consent items may be considered first and approved in one motion if no member of the Board or audience wishes to comment or discuss an item. If comment or discussion is desired, the item will be removed from consent and heard in its listed sequence with an opportunity for any member of the public to address the Board concerning the item before action is taken.

V. (CA) Approval of Minutes: EMCAB Meeting May 11th, 2017 – approve

VI. Subcommittee Reports: None

VII. Public Comments:

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

VIII. Public Requests: None

IX. Unfinished Business: None

X. New Business:

A. Ambulance Response Time Non-Compliance – receive and file

B. Local Accreditation Policy – receive and file

C. Optional Scope of Practice – receive and file

XI. Director's Report: Hear presentation

XII. Miscellaneous Documents for Information:

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

XIII. Board Member Announcements or Reports:

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

XIV. Announcements:

A. Next regularly scheduled meeting: Thursday, May 10, 2018, 4:00 p.m., at the Kern County Public Health Services Department, Bakersfield, California.

B. The deadline for submitting public requests on the next EMCAB meeting agenda is Thursday, April 26th, 2018, 5:00 p.m., to the Kern County EMS Division Senior Emergency Medical Services Coordinator.

XV. Adjournment

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

EMERGENCY MEDICAL CARE ADVISORY BOARD
Membership Roster

<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> Mick Gleason, Supervisor First District 1115 Truxtun Avenue Bakersfield, CA 93301 (661) 868-3651	
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	
Doug Greener, Chief Bakersfield City Fire Department 2101 H Street Bakersfield, CA 93301 (661) 326-3651	Fire Chief's Association
<u>Alternate</u> Brian Marshall, Chief Kern County Fire Department 5642 Victor Street Bakersfield, CA 93308 (661) 391-7011	
James Miller 14113 Wellington Court Bakersfield, CA 93314 (817) 832-2263	Urban Consumer
<u>Alternate</u> Vacant	

Name and Address**Representing**

Mary C. Barlow
106 Spruce Street
Kernville, CA 93238

Rural Consumer

Alternate

Vacant

Randy Miller
Mayor, City of Taft
209 E. Kern Street
Taft, CA 93268

City Selection Committee

Alternate

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

Alfonso Noyola
City of Arvin
200 Campus Drive
Arvin, CA 93203
(661) 854-3134

Kern Mayors and City Managers Group

Alternate

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

Vacant

Kern County Medical Society

Alternate

Vacant

Bruce Peters, Chief Executive Officer
Mercy and Mercy Southwest Hospitals
2215 Truxtun Avenue
P.O. Box 119
Bakersfield, CA 93302
(661) 632-5000

Kern County Hospital Administrators

Alternate

Jared Leavitt, Chief Operating Officer
Kern Medical Center
1700 Mount Vernon Avenue
Bakersfield, CA 93306
(661) 326-2000

Name and Address**Representing**

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

Kern County Ambulance Association

Alternate

Aaron Moses
Delano Ambulance Service
P.O. Box 280
Delano, CA 93216
(661) 725-3499

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

EMS Medical Director

Support Staff

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

EMS Division

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

County Counsel

Amanda Ruiz
1115 Truxtun Avenue, 5th Floor
Bakersfield, CA 93301
(661) 868-3164

County Administrative Office

V. Approval of Minutes

May 11th, 2017

MINUTES
EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)
REGULAR MEETING

THURSDAY – May 11, 2017

4:00 P.M.

Location: Kern County Public Health Services Department
San Joaquin Room – 1st Floor
1800 Mount Vernon Avenue - Bakersfield, California 93306
(661) 321-3000

I. Call to Order

II. Flag Salute
LED BY: Youngblood

III. Roll Call Maggard, Youngblood, Greener, Barlow, R. Miller, Noyola, Peters, Surface, Lyon

AGENDA CHANGE- Request to remove agenda item X.C. REMOVE
Peters-Youngblood: All ayes

IV. Consent Agenda (CA): Consideration of the consent agenda.

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V. (CA) Approval of Minutes: EMCAB Meeting November 10, 2016 – approve
EMCAB Meeting February 9, 2017- approve

Lyon-Noyola: All ayes

VI. Subcommittee Reports: None

VII. Public Comments:

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

NO ONE HEARD

VIII. Public Requests: None

IX. Unfinished Business:

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

Lyon-Noyola: All ayes

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

Lyon-Noyola: All ayes

C. (CA) Burn Center Designation Policy – approve

Lyon-Noyola: All ayes

X. New Business:

A. Annual ALS Provider Performance Reports – receive and file

Peters-Youngblood: All ayes

B. Annual EMS System Activity Report – receive and file

Surface-Peters: All ayes

~~C. EMT Provider Policies – discuss~~

XI. Director's Report: Hear presentation RECEIVE AND FILE

Lyon-Youngblood: All ayes

XII. Miscellaneous Documents for Information:

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

Lyon-Noyola: All ayes

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

Lyon-Noyola: All ayes

XIII. Board Member Announcements or Reports:

On their own initiative, Board members may make a brief announcement or a brief report on their own activities. They may ask a question for clarification, make a referral to staff, or take action to have staff place a matter of business on a future agenda. (Government Code Section 54954.2 [a.])
NO BOARD MEMBER ANNOUNCEMENTS OR REPORTS

XIV. Announcements:

A. Next regularly scheduled meeting: Thursday, August 10, 2017, 4:00 p.m., at the Kern County Public Health Services Department, Bakersfield, California.

B. The deadline for submitting public requests on the next EMCAB meeting agenda is Thursday, July 27, 2017, 5:00 p.m., to the Kern County EMS Division Senior Emergency Medical Services Coordinator.

XV. Adjournment
Lyon

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.

X. New Business

A. Ambulance Response Time Non-Compliance



KERN COUNTY
Public Health Services
DEPARTMENT

MATTHEW CONSTANTINE
DIRECTOR

1800 MT VERNON AVENUE

BAKERSFIELD, CALIFORNIA 93306-3302

661-321-3000

WWW.KERNPUBLICHEALTH.COM

February 6, 2018

Board of Supervisors
Kern County Administrative Center
1115 Truxtun Avenue
Bakersfield, CA 93301

**REPORT ON GROUND AMBULANCE PROVIDER RESPONSE TIME NON-COMPLIANCE FOR
CALENDAR YEAR 2017 AND CHANGE IN NOTIFICATION PROCESS
(Fiscal Impact: None)**

The purpose of this letter is to report on Kern County ambulance provider response time non-compliance during calendar year 2017 and to notify your Board of a change in the public notification process related to ambulance provider response time compliance.

The County contracts with three companies to provide ambulance services throughout the County. Each contract requires the service provider meet numerous performance standards, including response times. The County's contracted ambulance providers are required to submit response time data on a monthly basis to the Department. The Department reviews this data to ensure that at least 90% of the calls each ambulance provider responds to for each priority level within each zone of each exclusive operating area (EOA) are within the time frame allowed in the ambulance service performance standards and required by the contract. Failure to meet the response time standard results in non-compliance. Failure to meet the response time for four non-consecutive months or three consecutive months results in a breach of the contract. One of the County's contracted ambulance service providers, Hall Ambulance Service, Inc., has been both non-compliant and in breach of contract due to failure to meet response time standards in multiple EOAs. Below is a summary of Hall Ambulance Service, Inc.'s response time non-compliance for calendar year 2017:

EOA	Month	Priority	Zone	Response Time %	Status
1	June	1	Suburban	87.0%	Not Met
1	July	1	Suburban	88.0%	Not Met
1	August	1	Suburban	89.0%	In Breach
1	October	1	Suburban	89.0%	In Breach
1	November	1	Suburban	89.0%	In Breach
1	June	1	Urban	89.0%	Not Met
1	July	1	Urban	88.0%	Not Met
1	August	1	Urban	87.0%	In Breach
1	September	1	Urban	87.0%	In Breach
1	October	1	Urban	89.0%	In Breach
1	November	1	Urban	89.0%	In Breach
1	December	1	Urban	88.0%	In Breach

EOA	Month	Priority	Zone	Response Time %	Status
1	July	3&4	Suburban	89.0%	Not Met
1	August	3&4	Suburban	89.0%	Not Met
1	September	3&4	Suburban	89.0%	In Breach
1	October	3&4	Suburban	88.0%	In Breach
1	November	3&4	Suburban	88.0%	In Breach
1	December	3&4	Suburban	88.0%	In Breach
4	April	1	Metro	86.9%	Not Met
4	August	1	Metro	86.1%	Not Met
4	September	1	Metro	85.0%	Not Met
4	October	1	Metro	85.2%	In Breach
4	November	1	Metro	84.9%	In Breach
4	October	2	Metro	89.3%	Not Met
5	February	2	Urban	89.0%	Not Met
5	March	2	Urban	89.0%	Not Met
5	April	2	Urban	87.0%	In Breach
5	May	2	Urban	88.0%	In Breach
5	June	2	Urban	88.0%	In Breach
5	July	2	Urban	87.0%	In Breach
5	August	2	Urban	85.0%	In Breach
5	September	2	Urban	86.0%	In Breach
5	October	2	Urban	85.0%	In Breach
5	November	2	Urban	87.0%	In Breach
5	December	2	Urban	89.0%	In Breach
5	October	6,7,&8	Metro	89.2%	Not Met
5	November	6,7,&8	Metro	88.7%	Not Met
8	August	1	Urban	89.0%	Not Met
8	November	2	Urban	89.0%	Not Met

In response to the non-compliance listed above, the Department has met with representatives from Hall Ambulance Services, Inc. on a regular basis and has sent Hall Ambulance Service, Inc. monthly notices of non-compliance requiring a corrective action plan within 10 days. Each month, Hall Ambulance Service, Inc. has submitted their corrective action plan, as required. Additionally, Hall Ambulance Service, Inc. has demonstrated improvement in their response times, as EOA 1, Priority 1, Suburban; EOA 4, Priority 1, Metro; EOA 5, Priority 6, 7 & 8, Metro; and EOA 8, Priority 2, Urban were in compliance for the month of December 2017. The Department will continue to work with Hall Ambulance Service, Inc. to ensure they continue to demonstrate improvement in their response times.

Furthermore, historically compliance has only been reported publically and to your Board and Kern County's Emergency Medical Care Advisory Board (EMCAB) on an annual basis. In an attempt to improve transparency, the Department would like to change the public notification process and report response time compliance data on a monthly basis on the Department's website and report response time compliance quarterly to EMCAB, in addition to the annual compliance report to your Board.

Therefore, IT IS RECOMMENDED that your Board receive and file the report on ambulance provider response time non-compliance and change in the notification process related to ambulance provider response time compliance.

Respectfully Submitted,



Matthew Constantine
Director of Public Health Services

MC:bnc

C: County Administrative Office
Hall Ambulance



KERN COUNTY
Public Health Services
DEPARTMENT

MATTHEW CONSTANTINE
DIRECTOR

1800 MT VERNON AVENUE

BAKERSFIELD, CALIFORNIA, 93306-3302

661-321-3000

WWW.KERNPUBLICHEALTH.COM

September 14, 2017

Mr. John Surface, Vice President of Operations
Hall Ambulance Service Incorporated
2001 21st St.
Bakersfield, CA 93301

NOTICE OF NON-COMPLIANCE EOA'S 1, 4, 5, 8, 11 AND BREACH OF CONTRACT EOA'S, 5, 11

Dear Mr. Surface:

The EMS Division (Division) has identified that Hall Ambulance Service is non-compliant with County Ordinance, contractual obligations, and *Ambulance Service Performance Standards (1005.00)* for the exclusive operating area's (EOA's) 1, 4, 5, 8, and 11.

Hall Ambulance Service has failed to meet the response time standards as specified in the *Ambulance Service Performance Standards*, in multiple categories, as follows:

EOA	Month	Priority	Zone	Percent	Status
1	June	1	Suburban	87%	Not Met
1	July	1	Urban	88%	Not Met
1	July	1	Suburban	88%	Not Met
1	July	3&4	Suburban	89%	Not Met
4	April	1	Metro	89.50%	Not Met
5	February	2	Urban	89%	Not Met
	March	2	Urban	89%	Not Met
	April	2	Urban	87%	Not Met
	May	2	Urban	88%	Not Met
	June	2	Urban	88%	Not Met
	July	2	Urban	87%	Not Met
8	March	1	Urban	88%	Not Met
11	May	6,7,8	Metro	89%	Not Met
	June	6,7,8	Metro	89%	Not Met
	July	6,7,8	Metro	89%	Not Met

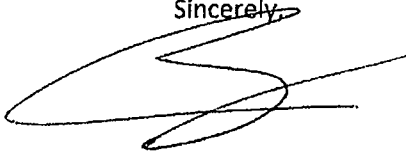
These failures constitute a violation of:

- County Ordinance 8.12.170.E.7: "Failure to meet the zone response time standards for three consecutive months in the same zone, or four (4) months in any consecutive twelve (12) month period in the same zone."
- *Ambulance Service Performance Standards IX.G.2.:* "Aggregate monthly response time performance will be applied to each priority code and response time zone in each EOA. Any priority code, by zone, resulting in less than the 90 percent response time performance is non-compliant with the Standards."
- Agreement # 873-2006 and # 876-2006 Section 3.1.4: "Failure of PROVIDER to meet the zone response time standards specified in the performance standards for three consecutive months in the same zone, or four months in any consecutive 12-month period in the same zone".

The Division is requesting immediate action on the part of Hall Ambulance Service to come into compliance with the above stated provisions. Hall Ambulance Service shall, within ten (10) calendar days of receipt of this notice, deliver to the Division, in writing, a plan to cure the violations stated above. Hall Ambulance Service's plan shall be updated on the 1st of every month until all of the violations are cured. Each update must include any alterations to the plan and any actions taken to bring the EOA's into compliance.

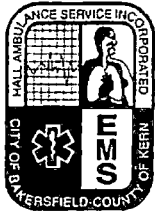
Failure to abide by this notice within the timeframes allowed may result in a finding of guilty of an infraction and assessment of a penalty pursuant to Chapter 8.12.200 of Ordinance.

Sincerely,

A handwritten signature in black ink, appearing to be 'Jeff Fariss', written over the word 'Sincerely,'.

Jeff Fariss

Senior EMS Coordinator



HALL AMBULANCE SERVICE INCORPORATED

1001-21st STREET BAKERSFIELD, CA 93301-4792
(661) 322-1625 FAX (661) 322-1638

October 4, 2017

Jeff Fariss, Senior Coordinator
Kern County EMS
1700 Mt. Vernon Ave.
Bakersfield, CA 93304

RE: Response to Notice of Non-Compliance

Dear Mr. Fariss,

This letter responds to your letter to Hall Ambulance dated September 14, 2017. This was certainly a very difficult letter to receive and I have spent a great deal of time with my management reviewing our policies and procedures. Immediate steps are being taken to bring Hall Ambulance back into compliance and those steps are outlined below in this letter.

Hall Ambulance assigns the County's concerns among its most important priorities as an organization. We are troubled by our response time record for the period in question and, as you will see below, we are committed to taking whatever steps are necessary to prevent a recurrence of this situation.

In researching the noncompliance in Urban and Suburban zones in EOAs 1 and 5, we found that the internal reports provided to Hall Ambulance management were inaccurate and as a result, it appeared that we were in compliance when we actually were not. The reporting personnel did not have a clear understanding of the 100 call reporting tool and were using it incorrectly. Had we known months ago that we had a compliance issue; we would have promptly made changes to our deployment plan to rectify the problem. Corrective changes to the reporting procedures have been made and compliance reports are being monitored daily, particularly in the 100 call areas. This, combined with the addition of new internal reporting tools from a vendor we are engaging, make a recurrence of internal compliance reporting errors highly unlikely if not impossible.

As of today we are compliant in EOA 1 in all response zones except Priority 1 Urban. We reviewed every response that could have impacted our compliance. We found two that needed attention. On one response, we confirmed with our black box data that the ambulance had stopped moving on scene within the allotted time. In the other response, we listed the response as a Priority 1 when it was in fact a Priority 3. Those changes are found on Addendum A.

"WE CARE. EVERY HOUR. EVERY DAY."

As of today we are compliant in EOA 8 in all response zones. Going back to March, we believe that we met the time standard. We requested 5 exceptions due to weather. Some of those requests are from a time earlier in the year or in the previous year. Through discussions with EMS staff, we believed that we could not submit the exception request until we fell into an unmet category. We have not received an opinion from EMS on our exception request. If granted, March 2017 will show as met. Additionally, as of today, we meet the standard in EOA 8.

The issue in EOA 11 can be rectified immediately, as our apparent non-compliance is the result of an internal Hall Ambulance coding error. We regularly provide stand-by ambulance service to special events in our rural areas. These are non-paid events that we are not required to attend. If a crew assigned to a local station is available, we send the crew to the event as a courtesy. The crew remains available for any and all responses. Our staff incorrectly coded several of these responses as Priority 8 "Special Event Stand By" instead of Priority 10, which is where we log these events internally. Once those responses are accurately coded, we are compliant in EOA 11. That data is submitted under Addendum B.

EOA 4 and EOA 5 present particular challenges. EOA 4 is our busiest EOA and the level of activity in this area impacts all of the other EOAs in our contract. While we do not sanction even one instance of noncompliance, that noncompliance is not on-going and steps are being taken to augment resources in EOA 4 and 5 as well as in the other EOAs to maintain our contractual requirements. These steps include:

1. Hiring and/or training additional EMTs and paramedics as rapidly as possible. We currently have 50 employees in various stages of training and they will be deployed once their training is completed. We continue to recruit and hire new employees daily. Our recruitment efforts include national social media campaigns and presentations at many of California's best Paramedic training programs.
2. Replacing diesel powered ambulances with new gas powered vehicles. Diesel engines have proved to be problematic in performance. We have ordered 30 new ambulances, 25 of them gas powered. The first of the new vehicles were deployed two weeks ago. We expect the entire phase-in to be complete by mid-December of 2017 and all of the new vehicles will be deployed by mid-December 2017.
3. Restructuring of our fuel options, which will allow us to open up our fuel network and provide crews with re-fueling choices that will not take them from high priority areas when they need to refuel.
4. We have added five ALS ambulances per day at various hours, based on demand and an additional seven BLS ambulances per day at various hours based on demand. Our management and support staff are called upon daily to staff additional ambulances. Those extra hours are now mandated.
5. We use a Demand Analysis to determine deployment hours. This Demand Analysis tells us where to add additional resources. My staff will conduct a Demand Analysis weekly and adjust the deployment plan as needed.

6. As you are aware, we have requested a change to a transport policy that would allow Advanced Life Support (ALS) ambulances to hand off Basic Life Support (BLS) patients to BLS ambulances. This would free up ALS ambulances from lower acuity illnesses and injuries and allow ALS ambulances to more rapidly return to the community or area they serve.

We are continuing to work with our hospital partners on the ongoing problem of offload delays. The off load delays ultimately create longer response times. Ambulance crews are, in effect, used by the hospitals to supplement their staff during peak demand periods. It is not unheard of for ambulance resources to wait 2, 3, 4 or even 5 hours to offload a patient. Hall Ambulance management staff are tasked daily with visiting the hospitals in an effort to assist crews with freeing up beds for the patients on our gurneys. The assistance has gone so far as to help the hospital staff with cleaning up recently vacated emergency room space. Patient offload delays are finally receiving attention at the state level, but there is no financial incentive for hospitals to quickly offload a patient. Hence, this challenge is an ongoing one. Nonetheless, we believe that the impact these off load delays have on the rest of our system can be significantly mitigated by our planned addition of additional vehicles and paramedics and by reporting tools that we are implementing that will permit us to brief the hospitals on a daily basis and help the hospitals find ways to shorten the off load times.

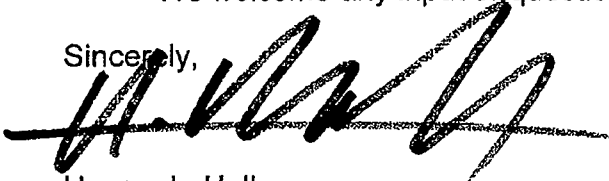
In order to further enhance our ability to track response time compliance, we are engaging an outside vendor to improve our data management and internal reporting procedures and resources. The new tools provided by this vendor will give our executive staff, managers and supervisors virtually minute by minute response compliance status. This in turn will give us the ability to take immediate curative action in the event we discern any emerging response time issues. We expect to have this vendor under contract and on board by the end of October, 2017 and believe that this vendor will have an immediate positive impact on our response time performance.

I feel it important to emphasize in closing that we are dedicating all necessary resources toward improving our performance. Hall Ambulance is being transparent with the County about the measures that it is taking to enhance its performance. Hall Ambulance greatly values its relationship with the County and the community it has served faithfully for the last forty-six years. Hall is proud of its service to the community, is accountable, and is loyal to the County and the communities that it serves.

Hall Ambulance understands that its action plan is a first step and we will remain in frequent communication with the County about our progress, including the monthly updates that we will provide to the County.

We welcome any input or questions that the County may have.

Sincerely,

A handwritten signature in black ink, appearing to read 'H. Hall', written over a horizontal line.

Harvey L. Hall
President/Founder



KERN COUNTY
Public Health Services
DEPARTMENT

MATTHEW CONSTANTINE
DIRECTOR

1800 MT VERNON AVENUE

BAKERSFIELD, CALIFORNIA, 93306-3302

661-321-3000

WWW.KERNPUBLICHEALTH.COM

October 4, 2017

Mr. John Surface, Vice President of Operations
Hall Ambulance Service Incorporated
2001 21st St.
Bakersfield, CA 93301

NOTICE OF NON-COMPLIANCE EOA'S 1, 4, 5, 8, 11 AND BREACH OF CONTRACT EOA'S, 1, 5, 11

Dear Mr. Surface:

The EMS Division (Division) has identified that Hall Ambulance Service is non-compliant with County Ordinance, contractual obligations, and *Ambulance Service Performance Standards (1005.00)* for the exclusive operating area's (EOA's) 1, 4, 5, 8, and 11.

Hall Ambulance Service has failed to meet the response time standards as specified in the *Ambulance Service Performance Standards*, in multiple categories, as follows:

COMPANY	EOA	Month	Priority	Zone	Percent	Status
Hall	1	June	1	Suburban	87%	Not Met
Hall	1	July	1	Urban	88%	Not Met
Hall	1	July	1	Suburban	88%	Not Met
Hall	1	July	3&4	Suburban	89%	Not Met
Hall	1	August	1	Urban	87%	Not Met
Hall	1	August	1	Suburban	89%	Not Met
Hall	1	August	3&4	Suburban	89%	Not Met
Hall	4	April	1	Metro	89.50%	Not Met
Hall	4	August	1	Metro	86.10%	Not Met
Hall	5	February	2	Urban	89%	Not Met
Hall	5	March	2	Urban	89%	Not Met
Hall	5	April	2	Urban	87%	Not Met
Hall	5	May	2	Urban	88%	Not Met
Hall	5	June	2	Urban	88%	Not Met
Hall	5	July	2	Urban	87%	Not Met
Hall	5	August	2	Urban	85%	Not Met
Hall	8	March	1	Urban	88%	Not Met
Hall	8	August	1	Urban	89%	Not Met
Hall	11	May	6,7,8	Metro	89%	Not Met
Hall	11	June	6,7,8	Metro	89%	Not Met
Hall	11	July	6,7,8	Metro	89%	Not Met
Hall	11	August	6,7,8	Metro	89%	Not Met

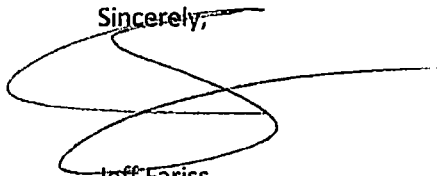
These failures constitute a violation of:

- County Ordinance 8.12.170.E.7: "Failure to meet the zone response time standards for three consecutive months in the same zone, or four (4) months in any consecutive twelve (12) month period in the same zone."
- *Ambulance Service Performance Standards IX.G.2.:* "Aggregate monthly response time performance will be applied to each priority code and response time zone in each EOA. Any priority code, by zone, resulting in less than the 90 percent response time performance is non-compliant with the Standards."
- Agreements # 873-2006, # 876-2006 and 871-2006, Section 3.1.4: "Failure of PROVIDER to meet the zone response time standards specified in the performance standards for three consecutive months in the same zone, or four months in any consecutive 12-month period in the same zone".

The Division is requesting immediate action on the part of Hall Ambulance Service to come into compliance with the above stated provisions. Hall Ambulance Service shall deliver to the Division, no later than, October 14, 2017, in writing, a plan to cure the violations stated above. Hall Ambulance Service's plan shall be updated on the 1st of every month until all of the violations are cured. Each update must include any alterations to the plan and any actions taken to bring the EOA's into compliance.

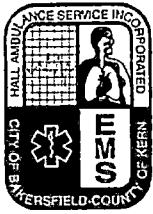
Failure to abide by this notice within the timeframes allowed may result in a finding of guilty of an infraction and assessment of a penalty pursuant to Chapter 8.12.200 of Ordinance.

Sincerely,

A handwritten signature in black ink, appearing to be 'Jeff Fariss', written over a horizontal line.

Jeff Fariss

Senior EMS Coordinator



**HALL
AMBULANCE
SERVICE
INCORPORATED**

1001-21st STREET BAKERSFIELD, CA 93301-4792
(661) 322-1625 FAX (661) 322-1638

October 16, 2017

Jeff Fariss
Senior Coordinator
Kern County EMS
1700 Mt. Vernon Ave.
Bakersfield, CA 93304

Re: Response to Notice of Non Compliance

Dear Mr. Fariss:

I have received your letter dated October 4, 2017. This letter is in response. Because of the overlap in issues between your September 14, 2017 letter and your October 4 letter, we ask that our response below be read in conjunction with my letter to you of October 4, 2017.

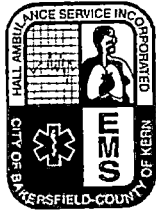
We continue to take steps to remedy all areas of non-compliance. We are making significant progress and expect to have all open items closed soon.

In EOA 11, we are now in compliance as a result of the changes outlined in Addendum B of my October 4, 2017 letter.

In EOA 8 we are now compliant in all time zones.

Given the nature of the 100 call rule in EOA 1, we expect that it will take a few months to become compliant. When we run a new call, the 1st call in the 100 call data set exits the data set. This means that we have to run enough calls for the late calls to leave the data set. We will continue to monitor EOA 1 through regular demand analysis as we work toward 100 rule compliance.

We continue to work toward a permanent remedy in EOA 4 and EOA 5. Below is an update on the projects we have undertaken in that connection.



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1. Seventeen EMT Academy students have graduated and have entered field training. An additional sixteen EMTs and two Paramedics are already in field training. Each week through November 13, 2017 we will see employees complete training and available for deployment. Ten Paramedics are engaged in Field Internships. The majority remain on schedule to test and license in the first week of December. An additional ten EMTs are enrolled in the Bakersfield College Paramedic training program under full sponsorship from Hall Ambulance.
2. Our vehicle replacement project is progressing very well and as addressed in my October 4 letter. Four new vehicles have already been deployed and we anticipate another five new ambulances will be deployed by the end of the week. These new ambulances will improve our overall efficiency and reduce the number of times vehicle failures impact a response or transport.
3. We are 65% complete with training all EMTs and Paramedics on ALS to BLS hand off procedures. Once this training is complete we will be able to use the new policy to direct more appropriate use of ambulance resources. This will allow for more Advanced Life Support ambulances to be deployed spending less time waiting to offload patients in the Emergency Room.
4. Next week we will begin a trial program at one of our busier hospitals. Under the trial we will have one crew stay at the hospital with up to three patients. This will allow two other crews to be redeployed rather than waiting a potentially indeterminate period of time to offload at the hospital.
5. Our outside vendor, FirstWatch, is currently installing software that will enhance our internal response compliance monitoring. The installation process will take approximately 30 days, at which time the system will go live.

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We remain committed to this plan and remain committed to deploying as many resources as necessary to remedy all of the areas of non-compliance.

We welcome any input or questions that the County may have.

Sincerely,



Harvey L. Hall
President/Founder



MATTHEW CONSTANTINE
DIRECTOR

1800 MT VERNON AVENUE

BAKERSFIELD, CALIFORNIA, 93306-3302

661-321-3000

WWW.KERNPUBLICHEALTH.COM

November 9, 2017

Mr. John Surface, Vice President of Operations
Hall Ambulance Service Incorporated
2001 21st St.
Bakersfield, CA 93301

NOTICE OF NON-COMPLIANCE EOA'S 1, 4, 5, 11 AND BREACH OF CONTRACT EOA'S, 1, 5, 11

Dear Mr. Surface:

The EMS Division (Division) has identified that Hall Ambulance Service is non-compliant with County Ordinance, contractual obligations, and *Ambulance Service Performance Standards (1005.00)* for the exclusive operating area's (EOA's) 1, 4, 5, and 11.

Hall Ambulance Service has failed to meet the response time standards as specified in the *Ambulance Service Performance Standards*, in multiple categories, as follows:

These failures constitute a violation of:

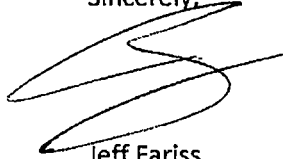
- County Ordinance 8.12.170.E.7: "Failure to meet the zone response time standards for three consecutive months in the same zone, or four (4) months in any consecutive twelve (12) month period in the same zone."
- *Ambulance Service Performance Standards IX.G.2.*: "Aggregate monthly response time performance will be applied to each priority code and response time zone in each EOA. Any priority code, by zone, resulting in less than the 90 percent response time performance is non-compliant with the Standards."
- Agreements # 873-2006, # 876-2006 and 871-2006, Section 3.1.4: "Failure of PROVIDER to meet the zone response time standards specified in the performance standards for three consecutive months in the same zone, or four months in any consecutive 12-month period in the same zone".

COMPANY	EOA	Month	Priority	Zone	Percent	Status
Hall	1	June	1	Suburban	87%	Not Met
Hall	1	July	1	Urban	88%	Not Met
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Hall	4	April	1	Metro	89.5%	Not Met
Hall	4	August	1	Metro	86.1%	Not Met
Hall	4	September	1	Metro	85%	Not Met
Hall	5	February	2	Urban	89%	Not Met
Hall	5	March	2	Urban	89%	Not Met
Hall	5	April	2	Urban	87%	Not Met
Hall	5	May	2	Urban	88%	Not Met
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Hall	11	May	6,7,8	Metro	89%	Not Met
Hall	11	June	6,7,8	Metro	89%	Not Met
Hall	11	July	6,7,8	Metro	89%	Not Met
Hall	11	August	6,7,8	Metro	89%	Not Met
Hall	11	September	6,7,8	Metro	88%	Not Met

The Division is requesting immediate action on the part of Hall Ambulance Service to come into compliance with the above stated provisions. Hall Ambulance Service shall deliver to the Division, no later than, November 20, 2017, in writing, a plan to cure the violations stated above. Hall Ambulance Service's plan shall be updated on the 1st of every month until all of the violations are cured. Each update must include any alterations to the plan and any actions taken to bring the EOA's into compliance.

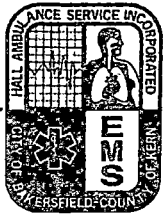
Failure to abide by this notice within the timeframes allowed may result in a finding of guilty of an infraction and assessment of a penalty pursuant to Chapter 8.12.200 of Ordinance.

Sincerely,

A handwritten signature in black ink, consisting of a large, stylized 'J' followed by a horizontal line and a loop.

Jeff Fariss

Senior EMS Coordinator



**HALL
AMBULANCE
SERVICE
INCORPORATED**

1001-21st STREET BAKERSFIELD, CA 93301-4792
(661) 322-8741 FAX (661) 334-1541

November 17, 2017

Jeff Fariss
Senior Coordinator
Kern County EMS
1700 Mt. Vernon Ave.
Bakersfield, CA 93304

Re: Response to Notice of Non Compliance

Dear Mr. Fariss,

I am in receipt of your November 9, 2017 letter. Since your previous letter we have cleared compliance deficiencies in EOA 8 and 11. We continue to add resources and make systemic improvements that will have a lasting impact on response time compliance. As previously outlined we have taken several steps to improve overall compliance throughout our Exclusive Operating Areas. Each and every EOA is just as important as the other and full compliance will be achieved.

In the last the last two weeks we have completed training of eight new employees and they have been added to the schedule. An additional 22 new employees are scheduled to complete training by the end of the November.

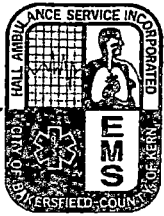
In addition to the new employees we have ten Paramedic Students that are scheduled to license and be added to our schedule by the 18th of December. We have gone to great lengths to streamline their licensing process. We have scheduled them to take their National Registry skills exam on November 18 in southern California and will then escort the entire group to the EMS Authority office in Sacramento for same day licensing.

We continue to recruit Paramedics from all across the United States.

We have developed a new relationship with the University of Antelope Paramedic Program. We anticipate this new relationship to yield access to new Paramedics in the future.

On November 1, 2017 the Advanced Life Support (ALS) to Basic Life Support (BLS) handoff policy went into effect. We have already seen system wide improvements using

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this new tool. Paramedics call for a Basic Life Support unit to transport when the patient condition does not warrant a Paramedic. This is freeing up Advanced Life Support ambulances for higher priority responses. On Friday November 10, 2017 we deployed five extra BLS ambulances into EOA 4 and 5. The net result was zero late responses in EOA 4. This proves the value of the ALS to BLS handoff. We will continue to grow this program over the next several weeks.

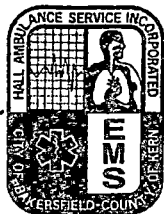
Overall response times for November are improved over October in both EOA 4 and EOA 5. The chart below shows the improved average response time.

October 2017	EOA-4	EOA-5
Priority-1	07:58	06:04
Priority-2	07:04	06:26
Priority-3	11:30	09:39
November 2017	EOA-4	EOA-5
Priority-1	06:21	05:45
Priority-2	06:51	06:19
Priority-3	10:43	09:21

EOA 1- We continue to focus on response times in EOA 1. Priority 1 Urban is now at 89% and Priority 3 & 4 Suburban is stable at 89% with full compliance subject to call volume. As you know these response zones are evaluated based on the last 100 calls in the zone. We have to run additional calls and be compliant on those calls before the late responses clear the compliance report.

EOA 4- We continue to add resources weekly and as outlined earlier in the letter the ALS to BLS hand off program has been implemented. We have created a new Basic Life Support ambulance deployment plan that places BLS ambulances in areas where we more frequently see BLS responses. By having the BLS units in the deployment plan we will see fewer ALS ambulances used on lower acuity responses.

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EOA 5- Similar to EOA 1 compliance in the EOA 5 Urban zone is tied to the 100 call rule. We have to run more calls and we have to meet response time requirements to see an improvement. Additionally EOA 5 Urban compliance is tied to overall performance in EOA 4 and 5. The resources added to help improve EOA 4 will result in improved times in EOA 5 and especially in the Urban zone.

EOA 11- Documentation has been submitted and is attached that shows compliance in all response zones in EOA 11.

Additionally we have installed the First Watch system compliance software and are currently testing that software. Full implementation is expected within the next 10 days. We were delayed in our initial installation and set up as we had to complete some work on our data security profile that was not anticipated. The First Watch software is a tool that will allow all Managers, Supervisors and Dispatchers to be aware of complete 911 system performance at all times.

Another system wide improvement to take note of is the deployment of new ambulances into the 911 system. Previously we have chronicled the impact of vehicle failures on response times. We initiated a plan to replace many of the diesel powered vehicles that were causing problems. 30 new ambulances were ordered. 25 of the 30 are gas powered ambulances. 27 of the 30 have arrived and 25 of those have been deployed. The net result of the new ambulances is improved response times as outlined in the chart above. The last three ambulances are scheduled for delivery on November 30, 2017 and should be deployed by December 15, 2017.

Our number one priority is to hire, train and deploy more EMTs and Paramedics into the 911 system. We have spent the last several weeks training new EMTs and Paramedics. We look forward to adding these EMTs and Paramedics to the schedule and we look forward to full compliance.

Sincerely,

Harvey L. Hall
Founder/President

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KERN COUNTY
Public Health Services
DEPARTMENT

MATTHEW CONSTANTINE
DIRECTOR

1800 MT VERNON AVENUE

BAKERSFIELD, CALIFORNIA, 93306-3302

661-321-3000

WWW.KERNPUBLICHEALTH.COM

January 2, 2018

Mr. John Surface, Vice President of Operations
Hall Ambulance Service Incorporated
2001 21st St.
Bakersfield, CA 93301

NOTICE OF NON-COMPLIANCE EOA'S 1, 4, 5, 8 AND BREACH OF CONTRACT EOA'S, 1, 4, and 5,

Dear Mr. Surface:

The EMS Division (Division) has identified that Hall Ambulance Service is non-compliant with County Ordinance, contractual obligations, and *Ambulance Service Performance Standards (1005.00)* for the exclusive operating area's (EOA's) 1, 4, 5, and 8.

These failures constitute violations of:

- County Ordinance 8.12.170.E.7: "Failure to meet the zone response time standards for three consecutive months in the same zone, or four (4) months in any consecutive twelve (12) month period in the same zone."
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Hall Ambulance Service has failed to meet the response time standards as specified in the *Ambulance Service Performance Standards*, in multiple categories, as follows:

COMPANY	EOA	Month	Priority	Zone	Percent	Status
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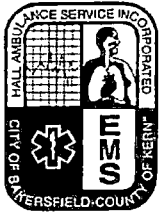
The Division is requesting immediate action on the part of Hall Ambulance Service to come into compliance with the above stated provisions. Hall Ambulance Service shall, deliver to the Division, no later than January 16th, 2018, in writing, a plan to cure the violations stated above. Hall Ambulance Service's plan shall be updated on the 1st of every month until all of the violations are cured. Each update must include any alterations to the plan and any actions taken to bring the EOA's into compliance.

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

Sincerely,

A handwritten signature in black ink, appearing to be 'Jeff Fariss', written over a horizontal line.

Jeff Fariss
Senior EMS Coordinator



HALL AMBULANCE SERVICE INCORPORATED

1001-21st STREET BAKERSFIELD, CA 93301-4792
(661) 322-1625 FAX (661) 322-1638

January 18, 2018

Jeff Farris
Senior EMS Coordinator
Kern County EMS
1800 Mt Vernon Ave
Bakersfield, CA 93306-3302

Dear Mr. Fariss,

RE: Letter Dated January 2, 2018

I am in receipt and have reviewed your letter dated January 2, 2018. I take very seriously the implication of this letter and continue working towards resolution from many angles.

From the outset of this situation in August of 2017, I committed to reviewing our deployment plan and committed to additional deployed hours and better use of deployed hours to improve the overall performance in all contract areas. To that end I have hired 42 new employees since August 2017. In addition, to the new staff I had ten employees complete sponsored paramedic training, obtain their State license and County accreditation, and are now working as paramedics.

On December 5, 2017, we made a major change to our deployment plan when we started assigning lower acuity responses to Basic Life Support (BLS) ambulances. This change has freed up Advanced Life Support (ALS) ambulances to respond to higher acuity calls and improved overall response times and compliance. We have doubled the number of BLS ambulances deployed daily and plan to add more as new EMTs complete training. We started this project with limited use as we studied the outcome of the changes. Over the next month, we will broaden the scope of this project and will take even more responses and assign them to BLS ambulances freeing up even more ALS ambulances for higher priority responses.

Additionally, in November of 2017 we started allowing ALS units that arrive on scene and find a low acuity patient to call for a BLS ambulance. This change gets the ALS ambulance back in service for higher priority responses.

In November, we started the deployment of 25 new ambulances into the system. This deployment will be concluded next week. These new vehicles will improve overall system performance by providing a more reliable vehicle and decrease time lost to mechanical issues.

We continue to be hampered by Ambulance Patient Offload delays. These delays are getting ridiculous with the frequency of 2, 3, and 4-hour delays to offload a patient on the rise. We add hours to our deployment system, and the next day we lose those hours to hospital delays. The increase in

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deployed hours is completely lost, and we have to hire and train additional people to compensate for the delays. The hospital delays translate into poor response times. The hospitals, which are not subject to any sanctions for performance, have found that it is easy to dump their problem on my employees and me. This shifting of cost has to be addressed at some point, as call volume and revenue do not come close to covering the additional cost of hiring staff to augment the hospitals. But most important to consider is the impact delays have on the overall health of our EMS system.

While the November numbers for EOA 4 are poor, the changes we have made in the system will show that in December and January month to date we are compliant for Priority 1 Metro assignments. We continue to monitor and make adjustments weekly in an effort to improve our performance; however, the additional staffing and the deployment changes have clearly had a positive impact. It's worth noting that EOA 5 Priority 1 Metro assignments had fallen to 90%. Month to date EOA 5 is at 94%. Therefore, clearly our changes are working.

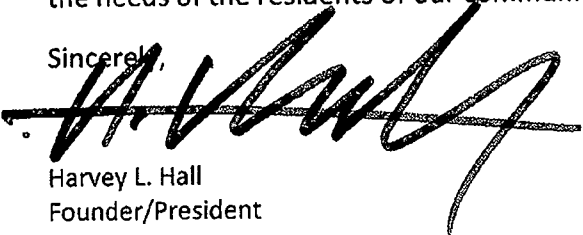
EOA 5 Priority 6, 7, and 8 non-compliance was caused by an internal reporting error. The Ambulance performance standard allows for a four hour response to unscheduled transfers. We have an internal policy of a one hour response time. When we adjust the allowable time to match the performance standards, we will demonstrate that we are compliant.

EOA 8 Urban falls under the 100-call rule and as you know that lack of call volume can lead to months before enough responses take place to correct a late response. We are looking at the time and location of all calls in the urban area to look for patterns that could lead to deployment plan adjustments. We expect this issue to be resolved soon.

EOA 1 like EOA 8 falls under the 100-call rule. A two- year review of data is underway to determine the root cause for late responses. We continue to perform very well in the Metro zone for Priority 1, 2, and 3 assignments. We will do whatever is necessary to remedy the Urban and Suburban zones.

Again, I am taking this matter very seriously. I have invested an incredible amount of time and money to recruit and train new employees. We have worked closely with the EMS Department to increase the use of BLS ambulances when appropriate to free up ALS ambulances for higher priority assignments. I look forward to continued cooperation as we look to be more innovative in meeting the needs of the residents of our community.

Sincerely,



Harvey L. Hall
Founder/President

HLH:ss

Cc: Matt Constantine, Director, Kern County Public Health Department
Brynn Corrigan, Assistant Director, Kern County Public Health Department

X. New Business

B. Local Accreditation Policy

EMS Division Staff Report for EMCAB-February 8th, 2018

Local Accreditation Policy

Background

The EMS Division oversees many different local accreditations allowing varying levels of medical care to be provided in our EMS system under the direction of the Medical Director. This includes EMT's, Paramedic's, Emergency Medical Dispatchers, and Mobile intensive Care Nurses. All of these accreditations play a key role in providing care to the public.

The Dilemma

Currently, each one of these accreditations has a separate policy with separate requirements. In order to streamline our system and standardize our requirements we have taken steps to compile these into one document.

Additionally, over the past few years the EMS Division has noticed an increase in the amount of locally accredited personnel who have run into legal troubles who are falling through the cracks. The EMS Division is not being sufficiently notified of these events. It is the duty of the EMS Division to ensure the public and the EMS Medical Director are protected.

The EMS Division Plan of Action

The Division has compiled the individual accreditation documents into one *Accreditation Policy*. Additionally, we have added a requirement for ALL locally accrediting personnel go through the "Live Scan" process. This will ensure the EMS Division is notified automatically in the event of an arrest.

Therefore IT IS RECOMMENDED, the Board receive and file the *Accreditation Policy*.

Accreditation of EMS Personnel (Number)

I.Intent

It is the intent of the Emergency Medical Services Division (Division) to provide a method for medical oversight of all personnel operating within the organized Kern County emergency medical services (EMS) system; under the direction of the Medical Director. The Division further intends to create a method for quality assurance oversight. Medical Control shall be maintained through compliance with these policies and applicable policies listed in sections below.

II.Authority

This policy is administered under the authority of Health and Safety Code Sections 1797.107, 1797.172, 1797.173, 1798, and California Code of Regulations, Title 22, Division 9, Chapter 4, Sections 100147 and 100153.

California Code of Regulations, Division 9, Chapter 1.5, 2, 4. EMSA Publication #130.

III.General Provisions

EMS personnel shall not provide care within the Kern County EMS system without obtaining local accreditation

- A. Individuals seeking accreditation shall apply to the Division either in-person or through the online portal.
- B. All local Kern County Accreditations require a Live Scan to be completed using the Kern County form.

IV.Public Safety First Aid Optional Skill Accreditation

- A. Individuals who possess a current first aid certification from an approved training provider may be accredited in Kern County upon successful completion of the accreditation requirements.
- B. Individuals must maintain compliance with *Public Safety First Aid Optional Skills Policies and Procedures*.
- C. Individuals wishing to apply for an initial Kern County Public Safety First Aid Optional Skills Accreditation shall:
 - 1. Provide evidence of completion of an approved Public Safety First Aid training program.
 - 2. Submit a completed and signed "All Purpose Certification/Accreditation Form."
 - 3. Be employed by a public safety agency which has been approved by the Division to provide optional skills. Employment verification shall be provided by the public safety agency.

4. Provide proof of successful training in all optional skills items mandated by the Division
 5. Provide proof of successful training in all optional skill items mandated by the public safety agency and approved by the Division.
 6. Provide proof of CPR and AED training.
 7. Provide a Live Scan using Division approved form.
 8. Provide proof of successful completion of any training mandated by the Division, if applicable.
 9. Provide a copy of government issued photo identification (current state driver's license or identification, federally issued passport, or similar)
 10. Pay the fee established in Ordinance, if applicable.
- D. Accreditation shall be continuous unless the Public Safety First Aid provider separates from employer, First Aid certification lapses or the employer no longer participates in the PSFA.
- E. Local accreditation expiration dates shall coincide with First Aid certification expiration dates.
- F. The Public Safety First Aid Optional Skill provider shall apply for re-accreditation to the Division prior to the expiration of current accreditation
- G. Individuals wishing to apply for reaccreditation of the Kern County Public Safety First Aid Optional Skill accreditation shall:
1. Meet the standards listed above,
 2. Provide proof of successful completion of training and demonstration of skills competency for each approved optional scope of practice items mandated by the Division or the employer and approved by the Division

V. Emergency Medical Technician (EMT) California State Certification

Initial Certification – 1st time California EMT:

- A. Application complete and signed
- B. Proof of current NREMT
- C. Live Scan results received and reviewed

Renewal or lapse less than 6 months:

- A. Application complete and signed
- B. California EMT Certification with expiration date of less than 6 months
- C. Continued Education (24 Hours Approved CE)
- D. Skills Competency Form

Reinstatement – lapse greater than 6 months but less than 12 months:

- A. Application complete and signed
- B. California EMT Certification with expiration date of greater than 6 months but less than 12 months.
- C. Continued Education (36 Hours of Approved CE)

D. Skills Competency Form

Reinstatement – lapse greater than 12 months:

- A. Application complete and signed
- B. Continued Education (48 hours of Approved CE)
- C. Skills Competency Form
- D. Proof of current NREMT or current California paramedic license
- E. Live Scan results received and reviewed

VI. Emergency Medical Technician (EMT) Accreditation

- A. Individuals who possess a current EMT certification from the State of California may be accredited in Kern County upon successful completion of the accreditation requirements.
- B. Individuals must maintain compliance with EMT Provider Policies and Procedures (5001.00) and Emergency Medical Technician Protocols and Procedures (5002.00).
- C. Individuals wishing to apply for an initial Kern County EMT Accreditation shall:
 - 1. Possess a current and valid EMT certification issued by a local EMS agency on behalf of the State of California. Certifications issued by certifying entities other than a local EMS agency shall obtain written verification from the certifying entity of willingness to provide certification oversight throughout remainder of certification cycle.
 - 2. Submit a completed and signed "All Purpose Certification/Accreditation Form."
 - 3. Be employed by a Division approved Emergency Medical Technician Provider. Employment verification shall be provided by the provider.
 - 4. Proof of successful training in all Optional Scope of Practice items mandated by the Division.
 - 5. Proof of successful training in all Optional Scope of Practice items mandated by the employer and approved by the Division.
 - 6. Provide a Live Scan, if not certified by the Division.
 - 7. Provide proof of CPR and AED training.
 - 8. Provide proof of successful completion of any training mandated by the Division, if applicable.
 - 9. Provide a copy of government issued photo identification (current state driver's license or identification, federally issued passport, or similar)
 - 10. Pay the fee established in Ordinance, if applicable.
- D. Accreditation shall be continuous unless EMT separates from employer or EMT certification lapses.
- E. Local accreditation expiration dates shall coincide with EMT state certification expiration dates.
- F. The EMT shall apply for re-accreditation by the Division prior to the expiration of current accreditation

- G. Individuals wishing to apply for reaccreditation of the Kern County EMT accreditation shall:
1. Meet the standards listed above,
 2. Provide proof of successful completion of training and demonstration of skills competency for each approved optional scope of practice items mandated by the Division or the employer and approved by the Division.

VII.Paramedic Accreditation

- A. Individuals who possess a current and valid paramedic license issued by the State of California may be accredited in Kern County upon successful completion of the accreditation requirements. Accreditation shall allow the paramedic to work within the Kern County scope of practice without a paramedic partner while employed by an approved Kern County provider.
- B. Individuals must maintain compliance with all Division policies, procedures, and protocols.
- C. Individuals wishing to apply for an initial Paramedic Accreditation shall:
1. Present a valid paramedic license issued by the State of California.
 2. Submit a completed and signed "All Purpose Certification/Accreditation Form.
 3. Provide a Live Scan using Division approved form.
 4. Be employed by a Division approved paramedic service provider.
Employment verification shall be provided by the provider.
 5. Successfully complete a supervised pre-accreditation field evaluation by a recognized Kern County Preceptor consisting of a minimum ten (10) advanced life support contacts.
 6. Provide verification of orientation to Kern County EMS policies, procedures, and protocols.
 7. Provide proof of BLS healthcare provider CPR.
 8. Provide proof of successful completion of training for all Division authorized Optional Scope of Practice items.
 9. Successfully pass the Kern County accreditation test with a score of 80% or better.
 10. Provide a copy of government issued photo identification (current state driver's license or identification, federally issued passport, or similar)
 11. Pay the fee established in Ordinance, if applicable.
- H. Accreditation shall be continuous unless paramedic separates from employer or paramedic certification lapses.
- I. Local accreditation renewal dates shall coincide with paramedic license expiration dates.
- J. If the individual fails to complete all requirements for accreditation outlined in this policy within thirty (30) days of application, the Division will notify the individual and the employer of the denial of accreditation. Provisional extension of up to ninety (90) days may be authorized for good cause by the Division as mutually

agreeable to the individual. Individuals shall not apply for accreditation more than three (3) times per calendar year.

- K. The paramedic shall apply for renewal of accreditation by the Division prior to the expiration of current accreditation.
- L. Individuals wishing to apply for reaccreditation of the Kern County paramedic accreditation shall:
 - 1. Meet standards 1, 2, 3, 6, and 9 listed above,
 - 2. Provide proof of successful completion of training and demonstration of skills competency for each approved optional scope of practice items mandated by the Division or the employer and approved by the Division.
 - 3. Provide proof of successful completion of any Division mandated training (i.e., paramedic update training)
 - 4. Provide copy of the State of California EMT Paramedic Renewal Application, STATEMENT OF CONTINUING EDUCATION, and all additional copies requested by the State for renewal with the Authority.
 - 5. Provide proof of Advanced Cardiac Life Support Training.
 - 6. Provide proof of Pre-Hospital Trauma Life Support Training.
 - 7. Provide proof of Pediatric Advanced Life Support Training.
 - 8. One skills verification form for each year of the accreditation cycle, not to be closer than six (6) months apart.
 - 9. Successfully pass the Kern County accreditation test with a score of 80% or better.
 - 10. If paramedic accreditation is expired, pay the fee established in Ordinance.

VIII. Paramedic Preceptor Accreditation

- A. The purpose of this policy is to outline the procedure for a Kern County accredited paramedic to be considered for paramedic preceptor.
- B. The procedure is the same for all paramedics regardless of whether the paramedic preceptor will be a preceptor of paramedic students or initial accreditations for paramedics in Kern County.
- C. The paramedic preceptor shall be responsible for the training, supervision and evaluation of personnel in Kern County who are preparing for accreditation and paramedic interns. The paramedic preceptor is responsible for ensuring appropriate patient care is provided to every patient encounter in accordance with County Paramedic Protocols, all local policies, and procedures, as well as all appropriate local, and/or State rules and regulations.
- D. In order to be eligible for accreditation as a paramedic preceptor a candidate shall:
 - 1. Present a valid paramedic license issued by the State of California to the County EMS Division.
 - 2. Be a Kern County accredited paramedic for at least two years, and have a minimum of 300 patient contacts.
 - 3. The paramedic's license and accreditation must be in good standing with the County EMS Division and the State of California Emergency Medical Services Authority. A paramedic is considered in good standing if:

- a. License status with the State of California Emergency Medical Services Authority is either "Active" or "Approved" only.
- b. The following statuses with the State of California Emergency Medical Services Authority are not considered in good standing:
"Active-PROBATION", "Active-PROVISIONAL", "Active-RESTRICTED",
- c. No disciplinary action taken against the paramedic's accreditation by the County EMS Division within the last two (2) years.
- d. No mandated remedial training within the last year.
- 4. Attend a preceptor training class approved by the County EMS Division from one of the paramedic training programs below:
 - a. Bakersfield College Paramedic Training Program.
 - b. University of Antelope Valley Paramedic Training Program.
- 5. Successfully complete a written exam on local optional scope of practice and local operational procedures with a passing score of 90 percent.
 - a. If the candidate fails the exam on the first attempt, the candidate will have the option to retake the exam after one (1) week of the initial attempt.
 - b. If the candidate fails the second attempt, the candidate shall wait a period of three (3) months to re-attempt the process for paramedic preceptor accreditation. This means paramedic license and accreditation will be reviewed to determine if the candidate is in good standing as outlined above. The candidate shall attend a second preceptor training class as outlined above, and the candidate shall submit a second letter of recommendation from his or her employer as outlined below.
 - c. The employer of the preceptor candidate will be notified by the Division upon each failed attempt at passing the exam.
- 6. Present a letter of recommendation from the candidate's employer, who must be an approved ALS provider.
- E. Upon successful completion of the above requirements, the paramedic shall be placed on an approved list of paramedic preceptors for the County.
- F. A candidate who fails to complete the process within two (2) attempts shall wait a period of one (1) year prior to being eligible for consideration of paramedic preceptor accreditation. The candidate shall repeat all procedures for consideration as outlined in this policy.
- G. Paramedic preceptor status shall be continuous upon each Kern County accreditation renewal, provided:
 - 1. The candidate continues to pass the written exam on local optional scope and local operational procedures with a passing score of 90 percent.
 - 2. The candidate attends all required update classes as mandated by the preceptor training class that was attended.
- H. Failure to maintain the requirements set forth in this policy and/or failure to remain in good standing with the EMS Division or the State of California Emergency Medical Services Authority will result in immediate removal from the approved preceptor list.

- I. Paramedics that have had their paramedic preceptor status revoked will not be eligible to attempt paramedic preceptor accreditation for a period of two (2) years.

IX. Emergency Medical Dispatcher Accreditation

- A. Individuals who possess a valid NAED card in the current version of the protocol, or course completion record for the basic EMD training program may be accredited in Kern County upon successful completion of the accreditation requirements.
- B. Individuals must maintain compliance with the EMD Policies and Procedures (2001.00).
- C. Individuals wishing to apply for an initial Kern County EMD Accreditation shall:
 - 1. Possess a current and valid EMD certification issued by National Academies of Emergency Dispatch (NAED)
 - 2. Submit a completed and signed "All Purpose Certification/Accreditation Form."
 - 3. Provide a Live Scan using Division approved form.
 - 4. Proof of completion record verifying 8 hours of protocol training in local EMD policies, procedures, and protocols by EMD authorized instructor dated with issue date of not more than one year.
 - 5. Copy of the applicant's government issued photo identification (may be current state driver's license or identification, federally issued passport, or similar photo identification).
- D. Individuals who possess a valid NAED card in the current version of the protocol, or course completion record for the basic EMD training program may be accredited in Kern County upon successful completion of the accreditation requirements.
- E. Individuals must maintain compliance with the EMD Policies and Procedures (2001.00).
- F. Individuals wishing to apply for an initial Kern County EMD Accreditation shall:
 - 6. Possess a current and valid EMD certification issued by National Academies of Emergency Dispatch (NAED)
 - 7. Submit a completed and signed "All Purpose Certification/Accreditation Form."
 - 8. Proof of completion record verifying 8 hours of protocol training in local EMD policies, procedures, and protocols by EMD authorized instructor dated with issue date of not more than one year.
 - 9. Copy of the applicant's government issued photo identification (may be current state driver's license or identification, federally issued passport, or similar photo identification).
 - 10. Skills verification documentation that demonstrates EMD competency signed by EMD preceptor.
 - 11. Valid CPR card
 - 12. Pay the fee established in Ordinance, if applicable.
- G. Local accreditation expiration dates shall coincide with NAED certification expiration dates.

- H. The EMD shall apply for reaccreditation by the Division prior to the expiration of current accreditation.
- I. Individuals wishing to apply for reaccreditation of the Kern County EMD accreditation shall meet the standards 1, 2, 4, 6, and 7.

X.Mobile Intensive Care Nurse Accreditation

- A. Individuals who possess a current and valid registered nursing license issued by the State of California may be certified in Kern County upon successful completion of the certification requirements. Certification shall allow the registered nurse to work as an MICN in Kern County.
- B. Individuals must maintain compliance with all Division policies, procedures, and protocols.
- C. Individuals wishing to apply for an initial MICN certification shall:
 - 1. Present a valid registered nurse license issued by the State of California.
 - 2. Submit a completed and signed "All Purpose Certification/Accreditation Form."
 - 3. Provide a Live Scan using Division approved form.
 - 4. Successfully complete the Mobile Intensive Care Nurse Certification program with an 80% or better.
 - 5. Successfully complete a supervised pre-certification field evaluation by a recognized Kern County MICN consisting of a minimum of four (4) ALS level communication cases under the supervision of a certified MICN, and completion of 16 hours of paramedic ambulance ride time.
 - 6. Provide proof of ACLS (Advance Cardiac Life Support)
 - 7. Provide a copy of government issued photo identification (current state driver's license or identification, federally issued passport, or similar).
 - 8. Pay the fee established in Ordinance, if applicable
- D. Local certification shall be good for two years from date of completion of certification process.
- E. The Mobile Intensive Care Nurse shall apply for recertification to the Division prior to the expiration of current certification dates.
- F. Individuals wishing to apply for recertification of the Kern County Mobile Intensive Care Nurse shall:
 - 1. Meet the standards listed above,
 - 2. Provide proof of successful completion of the Mobile Intensive Care Nurse Recertification program with 80% or higher.

Appendix A- Procedure for Mandatory Passing of Local Exam for Accrediting and Re-accrediting Paramedics

All New and re-accrediting paramedics in Kern County will be required to pass an exam on local policies, procedures, and protocols. The pass rate is 80% to obtain/retain accreditation. If at any point in the process the paramedic accreditation expires, the paramedic will not be allowed to report to duty. Reinstatement of accreditation from expiration or failure to pass the exam after three (3) attempts will be subject to accreditation fee as established in Ordinance. The procedure for paramedic testing is outlined below.

- A. The paramedic will have three (3) attempts at passing the exam. There is no time restriction or waiting period between exam attempts with the exception of remediation.
- B. If the paramedic fails the first two (2) attempts, the paramedic shall be referred to his/her employer for remedial education.
 - 1. The Division will fill out a form citing which local policies, procedures, or protocols were missed on the exam(s).
 - 2. The paramedic will present the form to the employer for assignment of training.
 - 3. Remedial training may be conducted by a Pre-Hospital Continuing Education Provider Program or Division approved preceptor at the discretion of the employer.
 - 4. Training will be focused on the policies, procedures, protocols listed on the Division form.
 - 5. There is no minimum requirement for the number of training hours. Satisfaction of completion of remedial training will be at the discretion of the employer.
 - 6. The paramedic must have the form signed by the trainer to be eligible for the third attempt at the exam.
- C. The paramedic shall present a signed remedial education form to the Division to attempt the exam a third time.
- D. If the paramedic fails the third attempt at the exam, his or her accreditation will be suspended or not renewed.
- E. Reinstatement of accreditation will require completion of a Division sponsored policy, procedure, protocol class. Course completion will require passing of an exam.
- F. If the paramedic fails to complete the course, the paramedic will not be eligible for accreditation for one (1) year following the date of the fourth and final exam.
- G. Reinstatement after the one (1) year time frame will require the paramedic to complete the accreditation process (including ten ALS contacts).

Appendix B- Paramedic Skills Verification Procedure

- A. The policy establishes the policies and procedures for the Paramedic Skills Verification program.
- B. These policies shall apply to all Kern County paramedics and all Kern County ALS providers.
- C. The Division reserves the right to change or update these policies and procedures as deemed necessary in accordance with Health and Safety Code, California Code of Regulations Title 22, and Kern County Ordinance.
- D. All Paramedics shall be certified in CPR, PALS, ACLS, and PHTLS.
 - 1. Paramedics shall present copies of their cards at time of re-accreditation.
 - 2. An instructor in PALS, ACLS, and PHTLS may verify a skill during the course if a manipulative station is part of the normal course material.
- E. The following skills require verification:
 - 1. Cricothyrotomy
 - 2. Thoracic Decompression
 - 3. Endotracheal Intubation (if applicable)
 - a. Adult
 - 4. Intraosseous needle placement
- F. Skills that are successfully completed in the field may be used as verification.
- G. The following information must be provided for verification:
 - 1. Run Number
 - 2. Date of Procedure
 - 3. Indications
 - 4. Complications
 - 5. Attempt
- H. The Paramedic must turn in the skills verification sheets at the time of re-accreditation.
- I. Two verifications will be required to be presented at reaccreditation:
 - 1. One verification must be completed within twelve months of accreditation
 - 2. One verification must be completed greater than twelve months after accreditation
 - 3. Verifications must be more than six months apart
- J. Skills may be verified through a refresher course that provides hands-on manipulation. The refresher course must include the following:
 - 1. Review of indications and contraindications
 - 2. Paramedic must be able to physically identify landmarks
 - 3. Paramedic must be able to practice the procedure and have positive feedback indicating success
 - 4. A Division approved device shall be used.

Appendix C- Items needed for accreditation:

- ☐ All purpose application
- ☐ Completed Live Scan Form
- ☐ Driver's license or other form of government issued ID
- ☐ Copy of your expiring county card (EMT, Paramedic, MICN, EMD, PSFA)
- ☐ Copy of your state card (EMT, Paramedic, RN) or NAEMD,NREMT
- ☐ Copy of your CPR
- ☐ Copy of other required certifications (ACLS, PALS, PHTLS)
- ☐ Copy of CE's (page 2 of the paramedic state application or required amount of original CE's for EMT's)
- ☐ Required Fee's (We accept cash, money orders, cashier checks, Visa or MasterCard; please make money order or cashier's check payable to "Kern County EMS")
- ☐ Proof of all county training required by the Division.

X. New Business

C. Optional Scope of Practice

EMS Division Staff Report for EMCAB-February 8th, 2018

Optional Scope of Practice

Background

Health and Safety code provides an outline for what EMT's and paramedics can do in the state of California. This is commonly known as the "Scope of Practice". At the local level the Medical Director decides how and when those skills are performed.

To go a step further, there is "Basic Scope of Practice" as well as "Optional Scope of Practice". The optional scope outlines procedures and medications which require a higher level of skill and knowledge and are considered higher risk. These skills and medications are traditionally used minimally and require training to maintain a skill level sufficient to provide the treatment in the field setting.

Additionally, in order to allow the optional scope items within Kern County, EMS is mandated to submit data to the State Emergency Medical Services Authority as well as the continued monitoring of those skills in order to justify their continued use.

The Dilemma

Locally, the EMS Division had allowed the optional scope items of pediatric intubation and transfer of patients who are receiving an infusion of Blood Products, Nitroglycerine, and Heparin. Pediatric Intubation is in the process of being removed from the State Optional Scope of Practice and will therefore not be an option for our local paramedics.

During the EMS Division's ongoing monitoring of the transfer of patients with Blood Products, Nitroglycerine, and Heparin it was determined that each of these procedures were not being used enough to maintain a proficient skill level. The Division determined the skills maintenance and justification required to keep these procedures were not justified.

The EMS Division Plan of Action

As of January 1st, 2018 the EMS Division has removed Pediatric Intubation, and the ability to care for patients being transferred with Blood Products, Nitroglycerine, and Heparin.

Therefore IT IS RECOMMENDED, the Board receive and file this Optional Scope of Practice staff report.

XII. Miscellaneous Documents for Information

A. EMS Fund Report

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

FISCAL YEAR 2017-18 ACTIVITY

	MADDY Deposits + Interest	RICHIE'S Deposits + Interest	Admin 10% of Each Fund	Richie's Fund (15%) Distribution	Total Physician Claims Submitted In Quarter	Physicians 58% both funds Balance	Physician Payments in Quarter	Percent Paid to Physcians	Hospitals 25% of Both Fund Balance	Hospital Payments in Quarter	Other EMS 17% MADDY Balance	Other EMS 17% RICHIE"S Balance
JULY 2016	118,701.99	98,291.41	21,699.34	14,743.71		105,319.29			45,137.59		18,161.40	12,532.16
AUGUST 2016	114,632.46	99,978.06	21,461.06	14,996.71		106,814.06			44,538.19		17,538.77	12,747.20
SEPTEMBER 2016	106,637.60	98,603.56	20,524.12	14,790.53		100,529.62			42,481.63		16,315.55	12,571.95
Total for Quarter 1	339,972.05	296,873.03	63,684.52	44,530.95	308,087.23	312,662.97	154,060.13	50%	132,157.41	214,539.67	52,015.72	37,851.31
OCTOBER 2016	101,984.83	89,617.37	19,160.23	13,442.61		93,492.73			39,749.84		15,603.68	11,426.21
NOVEMBER 2016	108,455.80	99,181.01	20,763.68	14,877.15		100,474.31			42,999.00		16,593.74	12,645.58
DECEMBER 2016	95,501.33	89,200.21	18,470.15	13,380.03		89,368.31			38,212.84		14,611.70	11,373.03
Total for Quarter 2	305,941.96	277,998.59	58,394.06	41,699.79	314,098.63	283,335.35	-	0%	120,961.68	198,106.29	46,809.12	35,444.82
JANUARY 2017	-	-	-	-		-			-		-	-
FEBRUARY 2017	-	-	-	-		-			-		-	-
MARCH 2017	-	-	-	-		-			-		-	-
Total for Quarter 3	-	-	-	-	-	-	-	#DIV/0!	-	#DIV/0!	-	-
APRIL 2017	-	-	-	-		-			-		-	-
MAY 2017	-	-	-	-		-			-		-	-
JUNE 2017	-	-	-	-		-			-		-	-
Total for Quarter 4	-	-	-	-	-	-	-	#DIV/0!	-	#DIV/0!	-	-
YEAR-END SUP.		-	-								-	
YEAR TO DATE	645,914.01	574,871.62	122,078.58	86,230.74	622,185.86	595,998.32	154,060.13	25%	253,119.09	#DIV/0!	98,824.84	73,296.13

MADDY EMS FUND -- PAYMENTS TO HOSPITALS

FY 2017-2018
2nd QUARTER
(Oct-Dec 2017)

QUARTERLY HOSPITAL INFORMATION

	FAC. ID:	120000526	120000181	120000526	120000182	120000188	120000184	120000184	120000180	120000187	120000186	TOTALS
		BHH	BMH	DRMC	KMC	KVH	MERCY	MSW	RRH	SJCH	TH	
NUMBER OF EMERGENCY DEPARTMENT VISITS												
October 2017			7,893	2,497	3,946	638	3,200	4,234	931	5,083	1,127	29,549
November 2017			7,562	2,452	3,818	545	3,075	4,160	921	4,923	1,087	28,543
December 2017			8,099	2,514	3,831	681	3,256	4,339	1,035	5,200	1,319	30,274
TOTAL FOR QUARTER		0	23,554	7,463	11,595	1,864	9,531	12,733	2,887	15,206	3,533	88,366
TOTAL MONIES AVAILABLE FOR QUARTER		\$ 120,961.68										
RICHIE'S FUND PORTION					\$ 77,144.61							
HOSPITAL'S % OF TOTAL ER VISITS PER QUARTER (ROUNDED)		0.0%	27.0%	8.0%	13.0%	2.0%	11.0%	14.0%	3.0%	17.0%	4.0%	100.0%
HOSPITAL'S SHARE OF MONIES FOR QUARTER		\$ -	\$ 32,659.65	\$ 9,676.93	\$ 15,725.02	\$ 2,419.23	\$ 13,305.78	\$ 16,934.64	\$ 3,628.85	\$ 20,563.49	\$ 4,838.47	\$ 120,961.68