Kern County EMS Department
Ambulance Provider Monthly Performance
Compliance Report

August - 2018
DELANO
Operational Area 3

		#	Standard	Basis for Determination/Notes	Source
		1	**Priority 1:**	Ambulance Service Performance Standards (ASPS)	
NOT MET		2	Metro	PROVIDER CALL DATA	ASPS
MET		3	Urban	PROVIDER CALL DATA	ASPS
MET		4	Suburban	PROVIDER CALL DATA	ASPS
<100 (41)		5	Rural	PROVIDER CALL DATA	ASPS
<100 (0)		6	Wilderness	PROVIDER CALL DATA	ASPS
		7	**Priority 2:**		ASPS
MET		8	Metro	PROVIDER CALL DATA	ASPS
MET		9	Urban	PROVIDER CALL DATA	ASPS
MET		10	Suburban	PROVIDER CALL DATA	ASPS
<100 (68)		11	Rural	PROVIDER CALL DATA	ASPS
<100 (0)		12	Wilderness	PROVIDER CALL DATA	ASPS
		13	**Priority 3 and Priority 4:**		ASPS
MET		14	Metro	PROVIDER CALL DATA	ASPS
MET		15	Urban	PROVIDER CALL DATA	ASPS
<100 (32)		16	Suburban	PROVIDER CALL DATA	ASPS
<100 (6)		17	Rural	PROVIDER CALL DATA	ASPS
<100 (0)		18	Wilderness	PROVIDER CALL DATA	ASPS
		19	**Priority 5:**		ASPS
MET		20	Metro	PROVIDER CALL DATA	ASPS
<100 (28)		21	Urban	PROVIDER CALL DATA	ASPS
<100 (0)		22	Suburban	PROVIDER CALL DATA	ASPS
<100 (0)		23	Rural	PROVIDER CALL DATA	ASPS
<100 (0)		24	Wilderness	PROVIDER CALL DATA	ASPS
		25	**Priority 6, Priority 7, Priority 8:**		ASPS
MET		26	Metro	PROVIDER CALL DATA	ASPS
MET		27	Urban	PROVIDER CALL DATA	ASPS
<100 (0)		28	Suburban	PROVIDER CALL DATA	ASPS
<100 (0)		29	Rural	PROVIDER CALL DATA	ASPS
<100 (0)		30	Wilderness	PROVIDER CALL DATA	ASPS
		31	**Appropriate BLS Use**		ASPS
MET		32	Priority 1	PROVIDER CALL DATA	ASPS
MET		33	Priority 2	PROVIDER CALL DATA	ASPS
MET		34	Priority 3	PROVIDER CALL DATA	ASPS
		#	Standard	Basis for Determination/Notes	Source
Met	Not Met				
X		35	Raw Call Data with All Report Fields Submitted Completely and On Time	OBSERVATION	ASPS
X		36	Turned Call report Submitted Completely and On Time	OBSERVATION	ASPS
X		37	EMD Activity/QI Report Submitted Completely and On Time	OBSERVATION	ASPS
X		38	Continuing Education Report Submitted Completely and On Time	OBSERVATION	ASPS
X		39	Community Service/Education Report Submitted Completely and On Time	OBSERVATION	ASPS
X		40	Customer Service Tracking Database Report Submitted Completely and On Time	OBSERVATION	ASPS
	X	13	**Maintain Employee Personnel Files on each EMD, EMT-1, EMT-P or RN as follows:** 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	*EMT FOUND BY EMS COORDINATORS TO BE UN-ACCREDIDTED WITH KERN COUNTY EMS*	Ordinance Level