

Kern County EMS Department
 Ambulance Provider **Monthly** Performance
 Compliance Report

September - 2018
DELANO
Operational Area 3

	#	Standard	Basis for Determination/Notes	Source
	1	Priority 1:	Ambulance Service Performance Standards (ASPS)	
MET	2	Metro	PROVIDER CALL DATA	ASPS
MET	3	Urban	PROVIDER CALL DATA	ASPS
MET	4	Suburban	PROVIDER CALL DATA	ASPS
MET	5	Rural	PROVIDER CALL DATA	ASPS
MET	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
MET	11	Rural	PROVIDER CALL DATA	ASPS
MET	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
MET	16	Suburban	PROVIDER CALL DATA	ASPS
MET	17	Rural	PROVIDER CALL DATA	ASPS
MET	18	Wilderness	PROVIDER CALL DATA	ASPS
	19	Priority 5:		ASPS
MET	20	Metro	PROVIDER CALL DATA	ASPS
MET	21	Urban	PROVIDER CALL DATA	ASPS
MET	22	Suburban	PROVIDER CALL DATA	ASPS
MET	23	Rural	PROVIDER CALL DATA	ASPS
MET	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
MET	28	Suburban	PROVIDER CALL DATA	ASPS
MET	29	Rural	PROVIDER CALL DATA	ASPS
MET	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	<i>Delano ambulance employing a non- locally accredited Paramedic upon audit finding of Kern County EMS</i>	Ordinance Level