

AGENDA
EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)
REGULAR MEETING
THURSDAY – May 9th, 2019
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 February 14th, 2019– 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:

IX. Unfinished Business:

X. New Business:

- a) Available Maddy Funds
- b) Legislation Affecting Maddy
- c) Maddy Fund Request Process
- d) C.A.R.E.S.
- e) EMCAB Members
- f) Annual Provider Performance Reports
- g) Annual EMS System Activity Report

XI. Manager's Report:

XII. Miscellaneous Documents for Information:

(CA) EMS Fund Annual 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, August 8th, 2019, 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 25th, 2019, 5:00 p.m., to the Kern County EMS Program Manager.

XV. Adjournment

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

EMERGENCY MEDICAL CARE ADVISORY BOARD
Membership Roster

<i>Name and Address</i>	<i>Representing</i>
Mike Maggard, Supervisor Third District 1115 Truxtun Avenue Bakersfield, CA 93301 (661) 868-3670	Board of Supervisors
<u>Alternate</u> 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	
<u>Vacant</u>	Fire Chief's Association
<u>Alternate</u> Vacant	
James Miller 14113 Wellington Court Bakersfield, CA 93314 (817) 832-2263	Urban Consumer
<u>Alternate</u> John Sizemore 10709 Lindalee Ln., Bakersfield, CA 93312 (661) 623-3452	
Leslie Wilmer 1110 Bell Ave., Taft, CA 93268 (661) 304-1106	Rural Consumer
<u>Alternate</u> Vacant	

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

City Selection Committee

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

Scott Hurlbert
City of Shafter
336 Pacific Avenue
Shafter, CA 93263

Kern Mayors and City Managers Group

Alternate
Greg Garrett
City of Tehachapi
115 S. Robinson Street
Tehachapi, CA 93561

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

Kern County Medical Society

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

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

EMS Division

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

County Counsel

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

County Administrative Office

V. Approval of Minutes

February 14th, 2019

MINUTES
EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)
REGULAR MEETING

THURSDAY – February 14, 2019

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: Surface

III. Roll Call: Maggard, Miller, Wilmer, Hurlbert, Peters, Surface, Lyon

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

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V. (CA) Approval of Minutes: EMCAB Meeting November 8, 2018 – approve
Peters-Miller: 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: None

X. New Business:

A. EMCAB Member Update – receive and file

Lyon-Hurlbert: All Ayes

B. Emergency Medical Services Reorganization – receive and file
Lyon-Hurlbert: All Ayes

C. EMCAB Bylaw Update - approve
Miller-Lyon: All Ayes

D. Maddy Fund – Verbal Report – approve
Peters-Lyon: All Ayes

E. Stop the Bleed Program – receive and file
Lyon-Peters: All Ayes

XI. Manager's Report: Hear presentation – receive and file
Peters-Hurlbert: All Ayes

XII. Miscellaneous Documents for Information:

A. (CA) EMS Fund Report – receive and file
Peters-Miller: All Ayes

XIII. Board Member Announcements or Reports:

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NO ONE HEARD

XIV. Announcements:

A. Next regularly scheduled meeting: Thursday, May 9, 2019, 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 25, 2019, 5:00 p.m., to the Kern County EMS Program Manager.

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, CA 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. Available Maddy Funds

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

FISCAL YEAR 2018-19 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 Physicians	Hospitals 25% of Both Fund Balance	Hospital Payments in Quarter	Other EMS 17% MADDY Balance	Other EMS 17% RICHIE'S Balance
JULY 2018	112,599.84	113,583.90	22,618.37	17,037.59		108,675.64			46,631.95		17,227.78	14,481.95
AUGUST 2018	109,498.56	101,991.28	21,148.99	15,298.69		102,294.69			43,760.54		16,753.28	13,003.89
SEPTEMBER 2018	113,771.67	103,913.64	21,768.53	15,587.05		105,343.49			45,082.43		17,407.07	13,248.99
Total for Quarter 1	335,870.07	319,488.82	65,535.89	47,923.33	298,025.27	316,313.82	149,029.38	50%	135,474.92	224,133.08	51,388.13	40,734.83
OCTOBER 2018	101,249.50	92,597.52	19,384.70	13,889.63		93,786.94			40,143.17		15,491.17	11,806.18
NOVEMBER 2018	114,636.16	109,680.12	22,431.63	16,452.02		107,849.49			46,358.16		17,539.33	13,984.22
DECEMBER 2018	96,630.34	87,921.75	18,455.21	13,188.26		88,776.27			38,227.16		14,784.44	11,210.02
Total for Quarter 2	312,516.00	290,199.39	60,271.54	43,529.91	268,076.60	290,412.70	134,052.28	50%	124,728.49	205,258.82	47,814.94	37,000.42
JANUARY 2019	92,778.99	86,125.25	17,890.43	12,918.79		86,813.28			37,023.76		14,195.19	10,980.97
FEBRUARY 2019	109,667.03	106,407.80	21,607.48	15,961.17		104,006.40			44,626.55		16,779.06	13,566.99
MARCH 2019	115,942.33	101,600.52	21,754.28	15,240.08		104,934.63			45,137.12		17,739.18	12,954.07
Total for Quarter 3	318,388.35	294,133.57	61,252.19	44,120.04	394,103.36	295,754.31	197,056.12	50%	126,787.43	208,409.50	48,713.43	37,502.03
APRIL 2019	-	-	-	-		-			-		-	-
MAY 2019	-	-	-	-		-			-		-	-
JUNE 2019	-	-	-	-		-			-		-	-
Total for Quarter 4	-	-	-	-	-	-	-	#DIV/0!	-	#DIV/0!	-	-
YEAR-END SUP.		-	-								-	
YEAR TO DATE	966,774.42	903,821.78	187,059.62	135,573.28	960,205.23	902,480.83	480,137.78	50%	386,990.84	#DIV/0!	147,916.50	115,237.28

X. New Business

b. Legislation Affecting Maddy

EMS Division Staff Report for EMCAB-May 9th, 2019

MADDY FUND LEGISLATION

Background

Health and Safety Code (HSC) § 1797.98a authorizes counties to establish a Maddy Emergency Medical Services (EMS) Fund, through the adoption of a resolution by the board of supervisors, to reimburse physicians/surgeons and hospitals for the cost of uncompensated emergency care and for other discretionary EMS purposes. The Maddy EMS Fund is administered by each county, except when a county elects to have the state administer its medically indigent services program, then the county may also elect to have its Maddy EMS Fund administered by the state. The Maddy Fund is generated by fines and fees charged for criminal offenses that occur within the geographical boundaries of Kern County. The Maddy Fund was scheduled to sunset on January 1, 2017, however, Senate Bill 867, signed by the Governor on August 19, 2016, extended the operative date of the Maddy Fund to January 1, 2027.

The Dilemma

There is currently a piece of legislation that poses a direct threat to the Maddy Fund. Assembly Bill 927 would mandate that the court imposing a fine, fee or assessment related to a criminal offense make a finding that the defendant has the ability to pay. Additionally, the bill would require that a defendant be presumed to not have the ability to pay if the defendant is homeless, lives in a shelter, or lives in a transitional living facility, receives need-based public assistance, is very low income, or is sentenced to state prison for an indeterminate term or a term of life without the possibility of parole. If passed, this law would have an effect on the amount of Maddy Fund monies that could be collected and distributed.

The EMS Program Plan of Action

It is because of this issue that the board release the Maddy Fund monies for enhancements that have a positive effect on our system as a whole.

It is the intent of EMS to monitor the legislative agenda watching the progress of such bills. The Emergency Medical Services Administrators' Association of California, Legislative Committee, for which the Kern County EMS Program Manager is a member, is actively monitoring this and other bills that could have a negative effect on the EMS System. Legislative updates will be added to future agendas in an effort to keep this board apprised of the legislative climate in the state.

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

AMENDED IN ASSEMBLY MARCH 27, 2019

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL

No. 927

Introduced by Assembly Member Jones-Sawyer

February 20, 2019

An act to add Section 19.5 to the Penal Code, relating to crimes.

LEGISLATIVE COUNSEL'S DIGEST

AB 927, as amended, Jones-Sawyer. Crimes: fines and fees: defendant's ability to pay.

Existing law requires or authorizes a court to impose various fines, fees, and assessments on criminal defendants, including fines assessed as a penalty for a crime, restitution fines, and fees and assessments for the support and maintenance of the courts, as specified.

This bill would require a court imposing a fine, fee, or assessment related to a criminal ~~proceeding or conviction~~ or juvenile proceeding involving a misdemeanor or a felony to make a finding that the defendant has the ability to pay, as defined. *The bill would require that a defendant be presumed to not have the ability to pay if the defendant is homeless, lives in a shelter, or lives in a transitional living facility, receives need-based public assistance, is very low income, or is sentenced to state prison for an indeterminate term or a term of life without the possibility of parole. The bill would also specify factors establishing inability to pay, as specified.*

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 19.5 is added to the Penal Code, to read:

19.5. (a) Except for an order of victim restitution, whenever a provision of this code or any other law, requires or authorizes imposition of a fine, fee, or assessment related to a criminal ~~proceeding or conviction~~, *or juvenile proceeding involving a misdemeanor or felony*, prior to imposition, the court shall make a finding that the defendant has the ability to pay.

(b) “Ability to pay” means the overall capability of the defendant to pay the court-ordered fines, fees, and assessments, or a portion thereof, without undue hardship.

(c) *It shall be presumed that the defendant does not have the ability to pay under any of the following circumstances:*

(1) *The defendant is homeless, lives in a shelter, or lives in a transitional living facility.*

(2) *The defendant receives need-based public assistance.*

(3) *The defendant is very low income, as defined in Section 50105 of the Health and Safety Code.*

(4) *The defendant is sentenced to state prison for an indeterminate term or for a term of life without the possibility of parole.*

~~(e) Factors~~

(d) *Other factors* establishing inability to pay include, but are not limited to, the following:

(1) ~~The defendant’s present financial—circumstances:~~
circumstances.

(2) Whether the defendant is receiving any type of government benefits, including means-tested benefits.

(3) Whether the defendant was represented by court-appointed counsel.

(4) ~~The defendant’s reasonably discernible future financial circumstances. When a defendant is sentenced to state prison or to county jail for a period longer than 364 days, the defendant shall be determined not to have a reasonably discernible future financial ability to pay, in the absence of unusual circumstances.~~
circumstances, taking into consideration the imposed term of incarceration.

1 (5) The likelihood that the defendant will be able to obtain
2 employment within a six-month period from the date of the court's
3 consideration of the issue.

4 (6) The amount of victim restitution ordered, if any.

5 (7) Any other factor that may bear upon the defendant's inability
6 to pay.

7 (8) *The prosecution shall bear the burden of rebutting the*
8 *presumption that the defendant does not have the ability to pay.*

O

X. New Business

c. Maddy Fund Request Process

EMS Division Staff Report for EMCAB-May 9th, 2019

MADDY FUND REQUESTS

Background

As reported by Brynn Carrigan, Assistant Director of Public Health, at the February EMCAB meeting, changes have occurred that allow for the release of Maddy funds for the enhancement of the EMS system. The intended use of these funds is for the enhancement of the EMS system, at large.

The Dilemma

The procedure for requesting Maddy funds is time consuming and creates months between the official request and the recommendation to the board. Additionally, it is the intent of EMS to release the Maddy funds only for such pieces of equipment or services that enhance the entire system and not to pay for pieces of equipment or services that benefit a single provider.

The EMS Division Plan of Action

In response to these issues EMS has developed a form to be used for the submission of requests for Maddy Funds. It is our intent to post this form on the Public Health/EMS website which will allow anyone to submit a request for Maddy Funds. Additionally, it includes a field mandating the explanation of how the requested service or equipment enhances the EMS system. Each request will be evaluated based on the information provided and the outcome of said evaluation will be presented to EMCAB. The completed form must be submitted no later than 30 days prior to the next scheduled EMCAB meeting in order to provide time for evaluation and presentation.

Therefore IT IS RECOMMENDED, the Board approve the Maddy Fund Request Form and submission process.

KERN COUNTY

MADDY FUND REQUEST FORM

A portion of the Kern County MADDY Fund has been made available for the purchase of equipment and/or services that are found to be of benefit to the county EMS system at large. This form may be filled out by anyone interested in improving the Kern County EMS System. Each request will be evaluated based on the information provided and the outcome of said evaluation will be presented to EMCAB. The completed form must be submitted no later than 30 days prior to the next scheduled EMCAB meeting in order to provide time for evaluation and presentation. Please complete each box below and submit to the EMS Program Manager for evaluation.

Date:

Requesting Party Information:

Name:

Phone:

EMAIL:

Equipment/Service Requested:

Cost of Equipment/Service:

Equipment/Service Contact Information:

Name:

Phone:

EMAIL:

Describe how the requested Equipment/Service benefits the Kern County EMS System, at large:

X. New Business

d. C.A.R.E.S

EMS Division Staff Report for EMCAB-May 9th, 2019

C.A.R.E.S.

Background

Each year, approximately 350,000 persons in the United States experience an out-of-hospital cardiac arrest (OHCA) or sudden death; approximately 90% of persons who experience an OHCA die. Despite decades of research, median reported rates of survival to hospital discharge are poor (10.4%) and have remained virtually unchanged for the past 30 years. Kern County is no different. In any given year Kern County EMS personnel run anywhere from 1000 to 1500 cardiac arrests.

The Dilemma

Without a uniform and reliable method of data collection, and a method for comparing that data with other areas of the state and country, Kern County cannot measure the effectiveness of our response systems, nor can we assess the impact of interventions designed to improve OHCA survival. The data that we do have indicates that our out of hospital cardiac arrest survival rates are well below other areas of the state and country.

The EMS Division Plan of Action

Participation in an OHCA registry will enable us to compare patient populations, interventions, and outcomes with the goal of identifying opportunities to improve quality of care and ascertain whether resuscitation is provided according to evidence based guidelines.

The Cardiac Arrest Registry to Enhance Survival, (CARES) was developed to help communities determine standard outcome measures for out-of-hospital cardiac arrest (OHCA) locally allowing for quality improvement efforts and benchmarking capability to improve care and increase survival.

CARES is a secure, Web-based data management system in which participating communities enter local data and generate their own reports. The CARES system captures not only the data from the field but also data from the hospitals allowing for the review of outcome data.

I believe that using CARES will allow us to compare our EMS system performance to de-identified aggregate statistics at the local, state, or national level and discover promising practices that could improve emergency cardiac care.

It is with this outcome in mind that I request that the board approve the addition of CARES data into the mandatory data set for Kern County EMS.

Therefore IT IS RECOMMENDED, the Board approve the addition of the CARES data set as part of the mandated data for Kern County EMS.



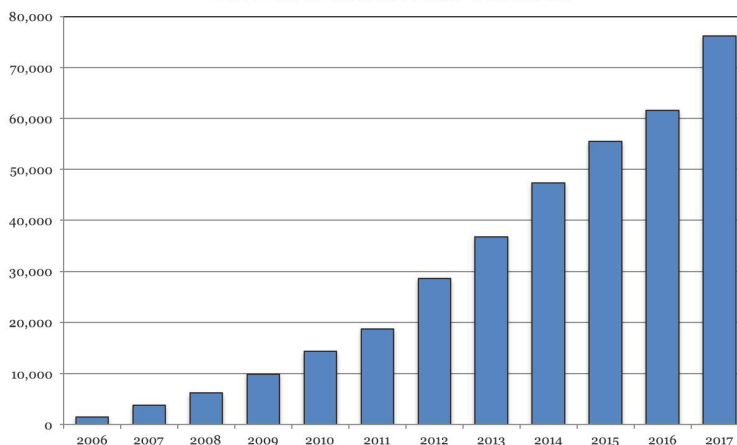
CARES



FACT SHEET

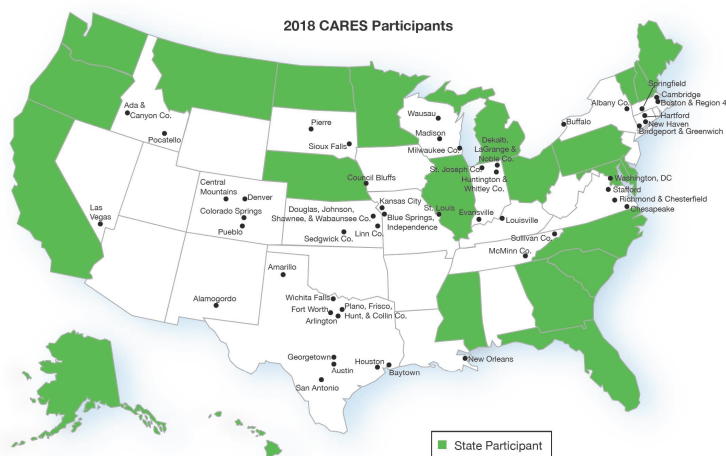
- Uses a secure Web database with restricted access for authorized users.
- Has software that collects and links data sources to create a single de-identified record for each OHCA event.
- Uses a simple, HIPAA-compliant methodology to protect confidentiality.
- Accepts a variety of input methods, such as uploaded data files or online data entry.
- Collects 9-1-1 computer-aided dispatch data for EMS response times.
- Allows longitudinal, internal benchmarking of key performance indicators.
- Provides multiple reporting features, including charts, graphs, and maps.

CARES Annual Call Volume



CARES helps local EMS administrators and community leaders determine:

- Who is affected in my community?
- When and where are cardiac events happening?
- What parts of the system are working well?
- What parts of the system could work better?
- How can we improve emergency cardiac treatment?



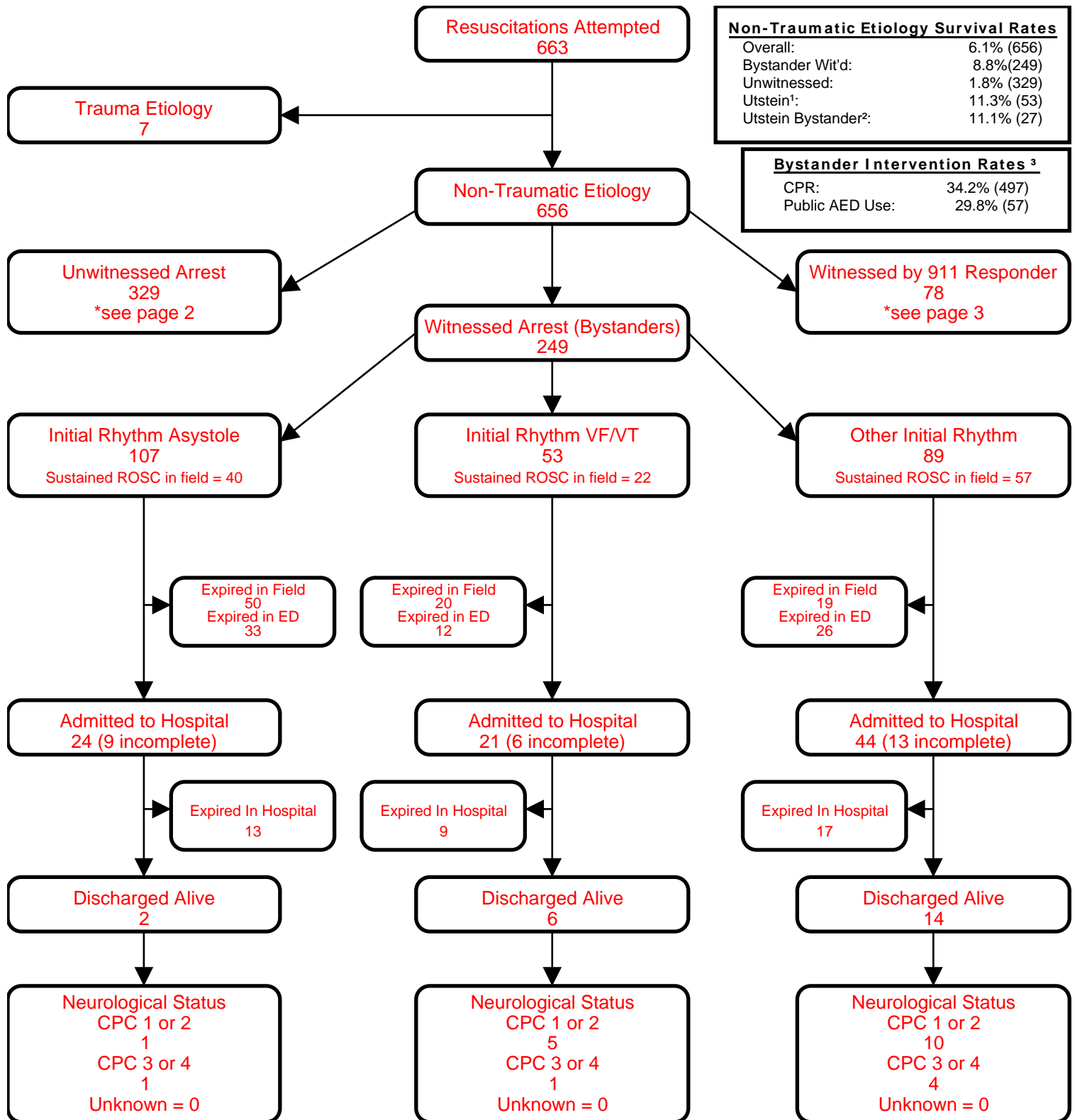
- **23** statewide registries
- **63** additional communities in **18** states
- Covers a catchment area of **115 million**
- More than **1,400** EMS agencies
- More than **1,900** hospitals

More information is available at <https://mycares.net>

Utstein Survival Report

All Agencies

Service Date: From 06/01/2018 Through 04/30/2019



¹Utstein: Witnessed by bystander and found in shockable rhythm.

²Utstein Bystander: Witnessed by bystander, found in shockable rhythm, and received some bystander intervention (CPR and/or AED application).

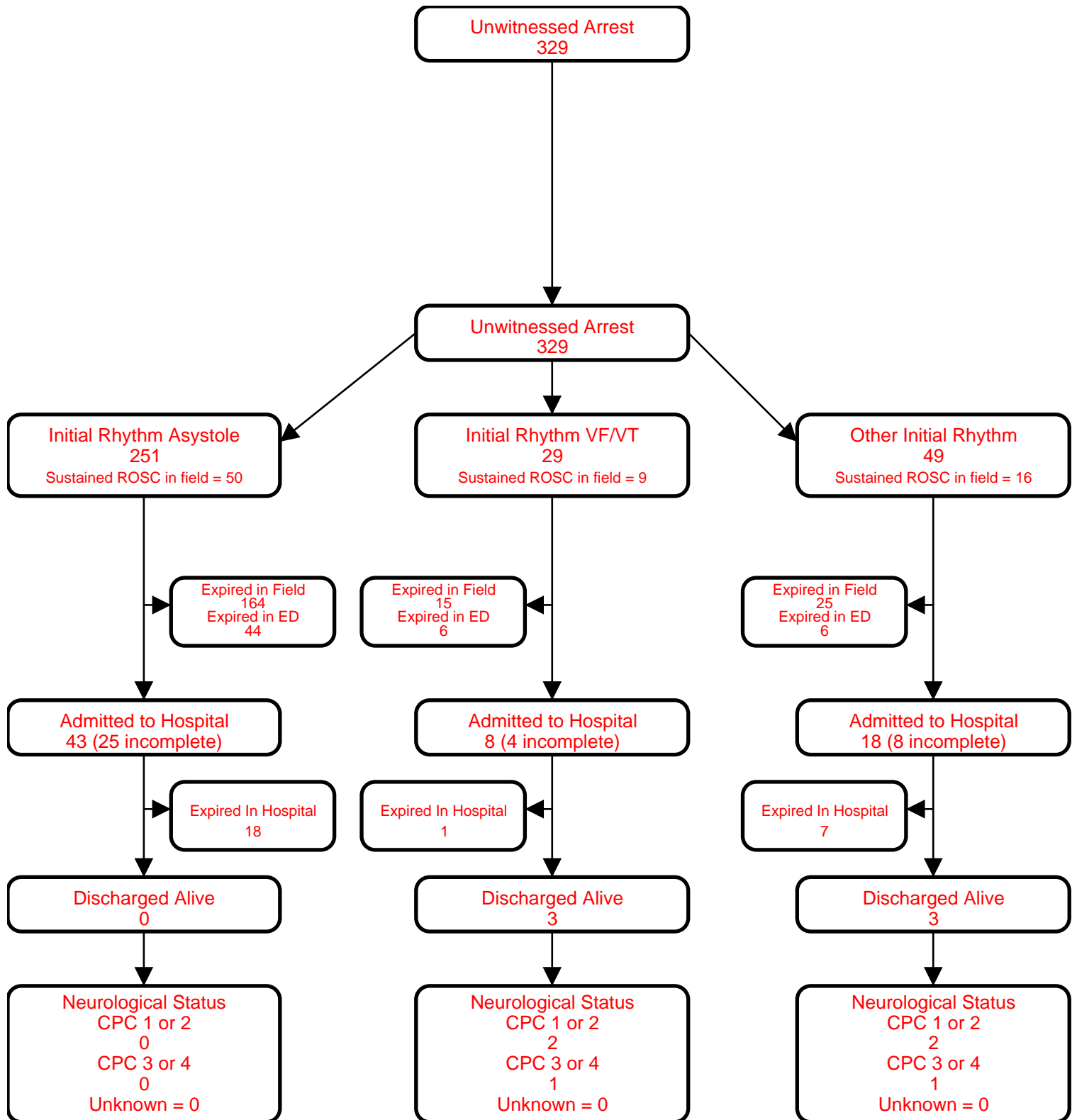
³Bystander CPR rate excludes 911 Responder Witnessed, Nursing Home, and Healthcare Facility arrests. Public AED Use rate excludes 911 Responder Witnessed, Home/Residence, Nursing Home, and Healthcare Facility arrests.

*Only data from the previous calendar year is fully audited. Data from the current calendar year is dynamic.

Utstein Survival Report

All Agencies

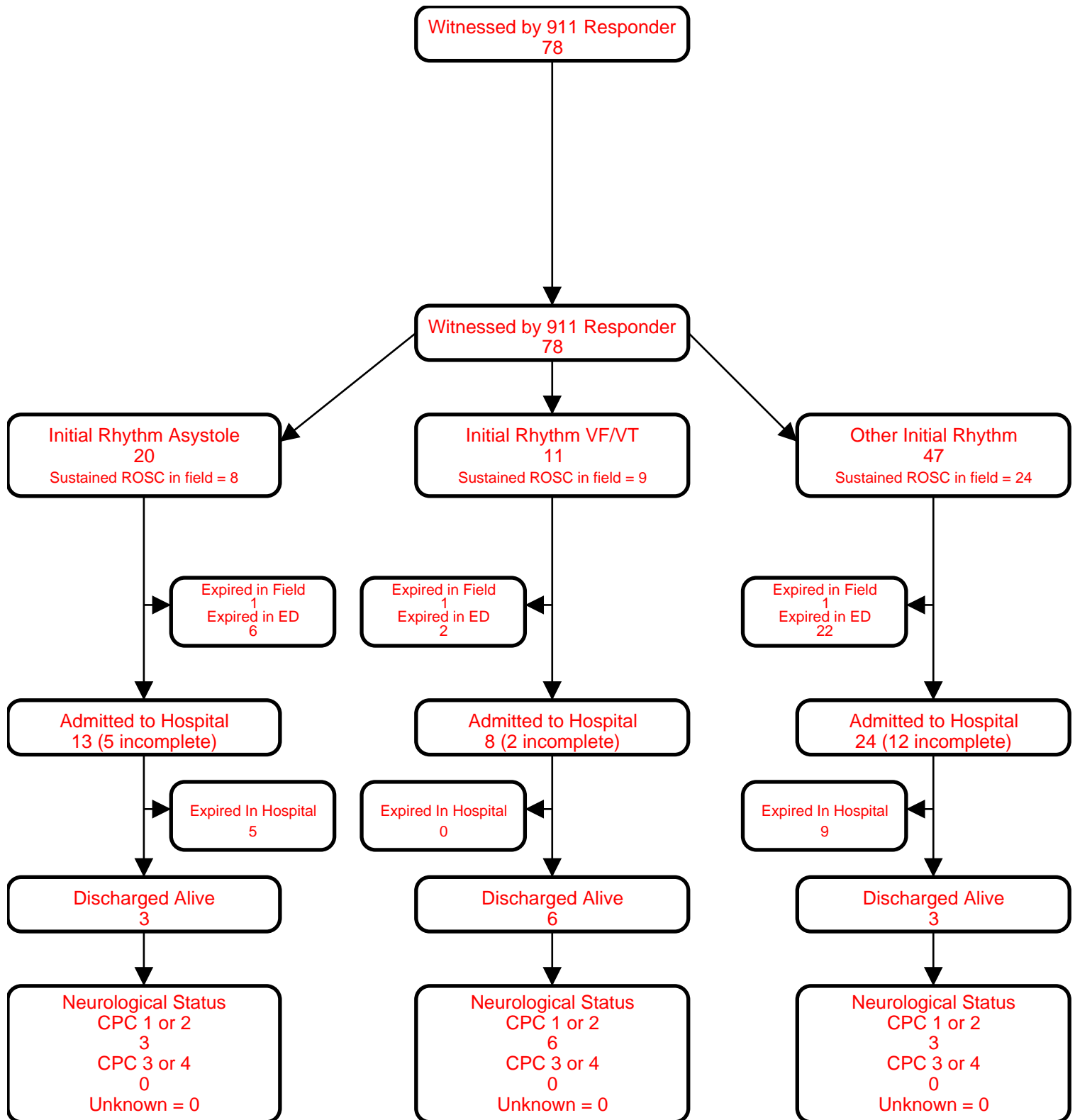
Service Date: From 06/01/2018 Through 04/30/2019



Utstein Survival Report

All Agencies

Service Date: From 06/01/2018 Through 04/30/2019



X. New Business

e. EMCAB Members

EMS Program Staff Report for EMCAB-May 9th, 2019

EMCAB Member Update

The following are new appointees by the Board of Supervisors:

Orchel Krier, from the City of Taft, has been appointed as the Member to the City Selection Committee Group

Earl Canson, M.D., Family Practice Physician, has been appointed as the Member to the Kern County Medical Society Group

Nadeem Goraya, M.D., Family Practice Physician, has been appointed as the Alternate to the Kern County Medical Society Group

I would like to take this opportunity to welcome you to EMCAB and thank you for your service to our community.

Therefore IT IS RECOMMENDED, the Board Receive and file the report.

X. New Business

f. Annual Provider Performance Reports

Annual Performance Reports

Background

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

The EMS Division Plan of Action

The Division has finalized the following Annual Performance Reports: EOA 1 – Hall Ambulance Service, Inc; EOAs 2,4,8,9 – Hall Ambulance Service, Inc.; EOA 11 – Hall Ambulance Service, Inc.; EOA 3 – Delano Ambulance Service; EOA 6 – Liberty Ambulance Service; and EOA 7– Liberty Ambulance Service. Each provider has been given an opportunity to review their respective reports and provide feedback.

Therefore IT IS RECOMMENDED, the Board receives and files these reports.

X. New Business

g. Annual EMS System Activity Report

2018 Annual Performance Report Summary for Hall Ambulance Service, Inc. – EOA 1

Operations and Geography

Hall Ambulance Service, Inc. is responsible for providing all ambulance services within exclusive operating area (EOA) number 1. Located at the northwest part of the County, EOA 1 encompasses an area from Highway 65 to the east, the San Luis Obispo County line to the west, Kimberlina Road to the south, and Kings County line to the north. Included within EOA 1 are long stretches of Interstate 5, Highway 99, and the Highway 46 corridor as well as the communities of Wasco and Lost Hills.

Hall Ambulance Service Inc.'s base of operations in 2018 was located at 1001 21st Street in Bakersfield with a station located at 2324 7th Street in Wasco. Hall Ambulance Service, Inc. operated a fleet of 103 ambulances and 6 supervisor units, 1 helicopter, and employed 373 emergency medical technicians, paramedics, dispatchers, nurses and support staff. The owner/president of Hall Ambulance Service, Inc. was Harvey L. Hall. Unfortunately in May of 2018, Mr. Hall passed away leaving behind a legacy of pre-hospital professionalism that helped make the Kern County EMS system what it is today. Ownership of the company was passed to Lavonne Hall and John Surface became the Chief Operating Officer.

Sub-contracts

Hall Ambulance Service, Inc. does not have any sub-contract agreements with other providers for EOA 1.

Response Compliance

Response time compliance is complex; there are 25 categories of response time compliance that must be met each month. In addition, there are three other categories of response compliance we measure to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls.

Hall Ambulance Service Inc. had multiple months in which one or more response categories were not met in 2018. The response category for priority 1 calls in the Urban response zone was not met in the months of January, February, March, April, May, November, and December. The response category for priority 1 calls in the Suburban response zone was not met in the month of December. The category for priority 2 calls in the urban and suburban zones were not met in the months of September and December. The category for priority 3 calls in the Suburban response zone was not met in the months of January, February, and December. The category for priority 3 calls in the rural response zone was not met in December.

The failure of Hall Ambulance Service to meet the mandated compliance standards in each of these response category and zones constitutes the following violations:

- 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 months in any consecutive twelve 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 not-compliant with the Standards.”
- Agreement #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.”

Notice of Non-Compliance letters were sent to Hall Ambulance Service Inc. each month outlining the response time violations in EOA 1. Each letter of Non-Compliance mandated that Hall Ambulance Service submit a plan to cure the compliance violations and an updated plan on the 1st of every month until the violations ceased. Copies of the letters of Non-Compliance are attached.

It should be noted that in November of 2018, the Kern County EMS Program revised the Ambulance System Performance Standards, known as the ASPS. The revision made changes to better reflect month to month compliance standards and eliminated the use of historical data also known as the 100 call rule. The ASPS also allowed the Kern County EMS Program to enact fines for non-compliance in the priority 1 & 2 categories. In 2018 Hall Ambulance was fined a total of \$4,000.00 for compliance violation in EOA-1.

- Hall Ambulance EOA 1: 2,521 responses; 9 *turned calls*; 113 *mutual aid* calls

Mutual aid occurs when Hall Ambulance Service provides services to another ambulance company outside of the EOA. Hall Ambulance Service provided 113 separate instances of *mutual aid* to surrounding operating areas, all of which included Delano, McFarland, and Woody. In some of these cases Hall Ambulance was responded due to unavailability of Delano Ambulances but gave the call back to Delano Ambulance because a unit became available.

A *turned call* occurs when Hall Ambulance Service fails to respond to a call within its EOA and another agency must respond from outside of the area. During 2018, Hall Ambulance Service reported 9 *turned calls* in EOA 1. All of these calls were serviced by Delano Ambulance Service.

Data Reporting

The EMS Division relies on each ambulance company to submit compliance data to allow monitoring of performance. Hall Ambulance Service, Inc. has submitted compliance data on time for each month. Additionally, Hall Ambulance has been working with EMS and has initiated a web-based tracking program named First Watch which allows for real time compliance tracking and reporting.

Complaints/Investigations

In 2018, there were no formal complaints filed with EMS against Hall Ambulance Service, Inc. for services provided within EOA 1.

Community Services

In 2018, Hall Ambulance Service, Inc. participated in nine (9) community events. The company provided four (4) ambulance demonstrations, participated in two (2) parades, provided ambulance standby service for two (2) fireworks shows, and participated in a Safe Kids event.

Dispatch

Hall Ambulance Service, Inc. operates a dispatch center located at the Bakersfield address. This dispatch center provides emergency medical dispatch capabilities for Hall Ambulance Service, Inc., Delano Ambulance Service and Liberty Ambulance Service. The County requires each dispatch center to have “EMD” capabilities. “EMD” indicates that the dispatchers are specially trained and programs are in place to medically prioritize each call and provide instructions to callers over the phone to provide emergency medical care to the patient. The quality of “EMD” service is closely monitored. Hall Ambulance Service, Inc. processed over 45,113 calls for emergency requests in the dispatch center for 2018, and maintained accreditation with the International Academies of Emergency Dispatch (IAED) as an Accredited Center of Excellence. The IAED standards in which calls are evaluated for compliance to protocol is to be in one of five categories ranging from “high compliance” to “non-compliant.” In 2018, Hall Ambulance Service, Inc. maintained 93.7 percent of evaluated calls in the “high compliance” and “compliance” categories. This is a high level of quality and well beyond the IAED standard of 73 percent.

Summary

Hall Ambulance Service, Inc. met most of the requirements of the ambulance ordinance, ambulance service performance standards, ambulance service agreement, emergency

medical dispatch standards, and all other policies, procedures, and standards with the exception of the above mentioned issues. As described above, the County Ordinance 8.12.170.E.7: Failure to meet response zone time standards, Ambulance Service Performance Standards IX.G.2: Aggregate monthly response time performance, and a violation of Agreement #871-2006, Section 3.1.4: Failure of provider to meet the zone response time standards, plagued Hall Ambulance Service Inc, in 2018. Hall Ambulance Service Inc. staff responded to the letters of non-compliance and have been working diligently to correct the issues.

2018 Annual Performance Report Summary for Hall Ambulance Service, Inc. – EOAs 2, 4, 5, 8, and 9

Operations and Geography

Hall Ambulance Service, Inc. is responsible for all responses within five exclusive operating areas (EOA) that are covered under one agreement. Hall Ambulance Service, Inc.'s base of operations is located at 1001 21st Street, Bakersfield. Hall Ambulance Service, Inc. operates a fleet that includes 102 ambulances and six Supervisor units, and employs 374 emergency medical technicians, paramedics, nurses, dispatchers, and support personnel. The owner/president of Hall Ambulance Service, Inc. is Harvey Hall. Unfortunately in May of 2018, Harvey Hall passed away leaving behind a legacy of pre-hospital professionalism that helped make the Kern County EMS system what it is today. Ownership of the company was passed Harvey Hall's wife Lavonne Hall and John Surface was titled the Chief Operating Officer.

Hall Ambulance Service, Inc. uses a combination of two operational methods to deploy ambulance resources. In EOAs 2, 8, and 9 the deployment method is mostly static. That is, there is a traditional base of operation from which the ambulances respond. The other method is termed *system status management* which is used in the Bakersfield Metro Area (EOA 4 and 5). This method keeps the resources fluid and moving at all times to provide the best possible response at any given time, based on the number of available ambulances and historical system demands. Consequently, traditional stations are not used; ambulances are moved throughout the area to position the units for the next anticipated call.

EOA 2 - Located north of Bakersfield, EOA 2 encompasses an area from Highway 33 on the east to Quality Road on the west, Merced Avenue to the north and Stockdale Highway to the south. Included within EOA 2 are long stretches of Interstate 5 and Highway 99 as well as the communities Shafter and Buttonwillow. Hall Ambulance Service, Inc. maintains a station located on Lerdo Highway in Shafter where they station two ambulances with twelve employees to cover the area.

EOA 4 - Located in and around the greater Bakersfield area, EOA 4 encompasses an area from Woody to the north, Panama Road to the south, Interstate 5 to the west and Weedpatch Highway to the east. *System status management* is used in this EOA.

EOA 5 - Located to the north east of the Bakersfield area, EOA 5 encompasses an area from the township of Glennville to the north, Brundage lane to the south, Highway 99 to the west and Breckenridge road to the east. *System status management* is used in this EOA. In September of 2018, The EMS Program merged EOA 4 & 5 to be recognized as one EOA due to a state mandate. This Merge allowed for the approval of the 2018 EMS Plan.

EOA 8 - Located at the south end of the County, EOA 8 encompasses an area from Sand Canyon on the east to the Interstate 5 to the west and Los Angeles County line from the south to Highway 58 to the north. Included within the area are the communities of Pine Mountain Club, Frazier Park, Lebec, Mettler, Lamont, Arvin, Stallion Springs, Golden Hills, Tehachapi and Sand

Canyon. Hall Ambulance Service, Inc. maintains a station in Frazier Park, Arvin, Lamont, Golden Hills, and two stations in Tehachapi to serve EOA 8.

EOA 9 - Located at the west end of Kern County, EOA 9 encompasses an area from Interstate 5 on the east to the San Luis Obispo County line to the west and Laval Road from the south to Lerdo Hwy to the north. Included within the area are the communities of Maricopa, Taft, McKittrick, Fellows, Valley Acres and Dustin Acres. Hall Ambulance Service, Inc. maintains a station in Taft to serve EOA 9, with two ambulances and twelve employees.

Sub-contracts

During 2018, Hall Ambulance Service, Inc. had an agreement Delano Ambulance Service, allowing them to provide service within one or more of Hall Ambulance Service, Inc.'s assigned areas. The agreement with Delano Ambulance Service included performance of specific transports for inmates originating in Bakersfield and returning to North Kern and Kern Valley State Prisons.

Response Compliance

Response time compliance is complex. There are 25 categories of response time compliance that must be met for each EOA per month. In addition, there are three other categories of response compliance we measure to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls. Hall Ambulance Service Inc. had multiple months in which one or more response categories were not met in EOA's 2, 4, 5, 8 and 9 in 2018. The failure of Hall Ambulance Service Inc. to meet the mandated compliance standards in each of these response categories and zones constitutes the following violations:

- 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 months in any consecutive twelve 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 not-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."

Notice of Non-Compliance letters were sent to Hall Ambulance Service Inc., in March, April, May, June, July, August, September, October, November, December, January 2019 and February, 2019 outlining the response time violations in each of the EOA's. Each letter of Non-Compliance mandated that Hall Ambulance Service submit a plan to cure the compliance violations and an updated plan on the 1st of every month until the violations ceased. Copies of the letters of Non-Compliance are attached.

- EOA 2: 2,416 responses; response compliance standards were not met for priority 2 urban zone responses in the month of September. Additionally, response standards were not met for priority 3 urban and suburban zone responses in the month of November ; 0 *turned calls*; 3 *mutual aid* calls
- EOA 4: 71,397 responses; response compliance standards were not met for priority 1, metro in the months of June, August, and priority 1 urban in November. Additionally, Hall Ambulance Service Inc, was out of response time compliance for priority 2, in September, October and December in 2018. The non-compliance issues were in the urban and rural response zones for the EOA. Hall Ambulance reported a not met criteria for priority 3 in the month of December for the rural response zone. Finally for priorities 6, 7, & 8, Hall Ambulance reported not met criteria for the metro response zone in the months of June, September, October, and November. They had 2 *turned calls* and responded to 27 *mutual aid* calls.
- EOA 5: 29,455 responses; response compliance standards were not met for priority 2, Urban, in the months of February, March, April, May, June, July, August, September, October, November, and December. Additionally, Hall Ambulance Service Inc. failed to meet compliance standards in priorities 6, 7 and 8, in the metro response zone in the months of October and November. They had 0 *turned call*; 0 *mutual aid* calls. In 2018 it became necessary to merge EOA 5 with EOA 4 due to a mandate from the state Emergency Medical Services Authority (EMSA) and is being reported in the above EOA data.
- EOA 8: 8,436 responses; response compliance standards were not met for priority 1, Urban, in the month of December and priority 3, Urban, in the months of September and November. Additionally, Hall recorded a not met criteria for priority 6 metro zone for the month of October. They had 44 *turned calls* and responded to 11 *mutual aid* calls
- EOA 9: 2,611 responses; response compliance standards were not met for priority 2 urban and suburban response zone in the month of September. They had 0 *turned calls* and responded to 2 *mutual aid* calls

Mutual aid occurs when Hall Ambulance Service, Inc. provides services to another ambulance company outside of the EOA. Hall Ambulance Service, Inc. provided 42 separate instances of *mutual aid* to surrounding areas. The demand for services in other areas exceeded the capability of the existing ambulance service providers and Hall Ambulance Service, Inc. provided resources to meet the demand. There were 27 instances in 2018 where Hall Ambulance was responded to another EOA because they have Critical Care Transport (CCT) capabilities.

A *turned call* occurs when the contracted agency fails to respond to a call within its EOA and another agency must respond from outside of the area. During 2018, Hall Ambulance Service, Inc. reported no *turned calls* in EOAs 2 and 9.

In EOA 8, there were 44 *turned calls* and these occurred in the Frazier Park area. With this many *turned calls*, it typically would indicate that the provider may not be supplying sufficient resources to cover the demand. But, the situation in this area is unique. American Medical Response (AMR) provides ambulance service in the adjacent Los Angeles and Ventura counties, with a unit stationed near the Frazier Park area. With no hospital in the Frazier Park area, turnaround times for returning to service can be lengthy and additional back-up units from Hall Ambulance Service, Inc. will come from a distance, with the next closest station being Arvin. Making frequent use of the AMR unit is smart use of available resources. It provides rapid service to the public; it is better to use a mutual aid resource that is nearby than force the public to wait for a Hall Ambulance Service, Inc. response from Arvin or further. AMR takes advantage of the resources that Hall Ambulance Service, Inc. has nearby as well. Hall Ambulance Service, Inc. provided *mutual aid* responses into Los Angeles and Ventura Counties when the AMR ambulance was unavailable.

Data Reporting

The EMS Division relies on each ambulance company to submit compliance data to allow monitoring of performance. Hall Ambulance Service, Inc. was in compliance with all data reporting requirements for 2018 in EOA 2, 4, 5, 8 and 9.

Complaints/Investigations

There were no formal complaints made against Hall Ambulance Service, Inc. for EOA 2, 4, 5, 8, or 9 in 2018.

Community Services

In 2018, Hall Ambulance Service, Inc. participated in many community service events as well as public education programs. It is estimated that Hall Ambulance Service, Inc. interacted with approximately 25,000 members of the community in 2018 through their outreach efforts. The following is a summary of the types of community service events Hall Ambulance Service, Inc. participated in during the year:

- Blood pressure clinics
- Health fairs
- First Aid or ambulance demonstrations for community events or walks
- Ambulance demonstrations for local schools
- Safety lectures
- Career day lectures
- CPR or AED classes performed for the community
- CPR or AED classes performed for local high schools
- Tours of Post 1 for various community and school groups
- Community service events for highway cleanup efforts

- Community parades

Dispatch

Hall Ambulance Service, Inc. operates a dispatch center located at the Bakersfield address. This dispatch center provides emergency medical dispatch capabilities for Hall Ambulance Service, Inc., Delano Ambulance Service and Liberty Ambulance Service. The County requires each dispatch center to have “EMD” capabilities. “EMD” indicates that the dispatchers are specially trained and programs are in place to medically prioritize each call and provide instructions to callers over the phone to provide emergency medical care to the patient. The quality of “EMD” service is closely monitored. Hall Ambulance Service, Inc. processed over 45,113 calls for emergency requests in the dispatch center for 2018, and maintained accreditation with the International Academies of Emergency Dispatch (IAED) as an Accredited Center of Excellence. The IAED standards in which calls are evaluated for compliance to protocol is to be in one of five categories ranging from “high compliance” to “non-compliant.” In 2018, Hall Ambulance Service, Inc. maintained 93.7 percent of evaluated calls in the “high compliance” and “compliance” categories. This is a high level of quality and well beyond the IAED standard of 73 percent.

Summary

2018 proved to be a difficult year for Hall Ambulance Service, Inc. They struggled with response times and failed to meet all of the requirements of the ambulance ordinance, ambulance service agreement, and ambulance service performance standards for EOAs 2, 4, 5, 8, and 9. Hall Ambulance staff have been working with EMS to regain compliance in their EOA’s.

2018 Annual Performance Report Summary for Delano Ambulance Service – EOA 3

Operations and Geography

Delano Ambulance Service is responsible for all ambulance services within exclusive operating area (EOA) number 3. Located at the north end of the County, EOA 3 encompasses an area from the Tulare County line to the north, Woody to the east, Lost Hills Road to the west and Whistler Road to the south. Included within EOA 3 are 10-mile stretches of the Highway 99 and Highway 65, as well as the communities of Delano and McFarland.

Delano Ambulance Service's base of operations in 2018 is located at 403 Main Street, Delano. Delano Ambulance Service runs a fleet including 5 ambulances and employs 17 emergency medical technicians, and paramedics. The owner of Delano Ambulance is Aaron Moses.

Sub-contracts

During 2018, Delano Ambulance Service had an agreement with Hall Ambulance Service, Inc. to allow for the transport of inmates originating from Bakersfield hospitals and return them to North Kern and Kern Valley State Prisons. Additionally, Tulare County will regularly request Delano Ambulance Service to respond into Richgrove, Earlimart, or other parts of southern Tulare County for medical calls and other emergencies. However; these calls are on a mutual aid basis, and a formal contract that requires Delano Ambulance Service to cover parts of Tulare County has not been executed.

Response Compliance

Response time compliance is complex; there are 25 categories of response time compliance that must be met each month. In addition, there are three other categories of response compliance we measure to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls. Delano Ambulance Service met the response standards for every category for every month in 2018.

- EOA 3: 4665 responses; all response compliance standards were met; 92 *turned calls*; 117 *mutual aid* calls.

Mutual aid occurs when Delano Ambulance Service provides services for another ambulance company outside of the EOA. Delano Ambulance provided 100 *mutual aid* responses to Tulare County. The demand for services in other areas exceeded the capability of the other existing ambulance providers and Delano Ambulance Service provided resources to meet the demand. Further, Delano Ambulance Service provided mutual aid in Bakersfield, Glennville, Lost Hills, and Wasco on 17 occasions.

A *turned call* occurs when Delano Ambulance Service fails to respond to a call within its EOA and another agency must respond from outside of the area. During 2018, Delano

Ambulance Service reported 92 *turned calls*. Hall Ambulance Service, Inc. responded to all of the requests. Of the *turned calls* that were reported, Delano Ambulance Service was able to take a number of the calls back completing the calls.

Data Reporting

The EMS Division relies on each ambulance company to submit compliance data to allow monitoring of performance. Delano Ambulance Service was compliant for all months with data reporting requirements, except for the month of May in which Delano Ambulance Service turned in the required data later than the 19th on the month which is specified in the ASPS guidelines.

Complaints/Investigations

In 2018, there were no formal complaints filed with the Division against Delano Ambulance Service.

Community Services

Delano Ambulance Service reports participation in ten community service events for 2018. These events include ambulance demonstrations for children and participation in National Night Out with Delano Police Department. In 2018, Delano Ambulance Service interacted with approximately 10,000 people.

Dispatch

Delano Ambulance Service contracts with Hall Ambulance Service, Inc. to provide EMD and dispatch services.

Summary

Delano Ambulance Service has two reported Ordinance violations for the months of August and September. These ordinance violations were a result of two EMS audits in which two employees of Delano Ambulance were found to not to possess the required certification and/or licensure which is needed to be qualified to run Kern County Pre-hospital calls. These issues were rectified shortly after they were brought to the attention of Delano Ambulance Administration.

2018 Annual Performance Report Summary for Liberty Ambulance Service – EOA 6

Operations and Geography

Progressive Ambulance, Inc., doing business as Liberty Ambulance Service, is responsible for all ambulance services within exclusive operating area (EOA) number 6. Located in the Sierra Nevada Mountains northeast of Bakersfield, EOA 6 encompasses the communities of Kernville, Riverkern, Wofford Heights, Alta Sierra, Lake Isabella, Bodfish, Havilah, Mountain Mesa, Onyx, Weldon, and parts of Walker Basin.

Liberty Ambulance Service headquarters is located at 1325 W. Ridgecrest Boulevard, Ridgecrest. They operate satellite ambulance stations at 11345 Kernville Road, Kernville, and at 3640 Golden Spur Drive, Lake Isabella. Liberty Ambulance Service operates a fleet of 12 ambulances and employs 47 emergency medical technicians and paramedics. The Owner/President is Cheryl Poulin and the chief executive officer is Peter Brandon.

Sub-contracts

None.

Response Compliance

Response time compliance is complex; there are 25 categories of response time compliance that must be met each month. In addition, there are three other categories of response compliance measured to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls. Liberty Ambulance Service had two months in which one or more response categories were not met in 2018. The response category for priority 1 calls in a metro response zone was not met in the month of November. The response category for priority 2 calls in metro zone was not met in the month of November, and in the Suburban zone in the month of December. It should be noted that in November of 2018 the Kern County ASPS was changed to better reflect the response time system standards. This change specifically focused on the higher priority calls 1 & 2 and also eliminated the use of the 100 call rule. The newly revised ASPS enacted specific fines for non-compliance with any priority 1 and/or priority 2 calls that fell below the 90% standard. Liberty Ambulance was issued a response time failure fine of \$3,000.00 total for their not met performance status of priority 1 & 2 calls in November and December.

- EOA 6: 3,627 responses; all response compliance standards were met; 0 *turned call*; 19 calls outside of the EOA which were a result of a Mutual Aid request.

Mutual aid occurs when Liberty Ambulance Service provides services to another ambulance company outside of the EOA. Liberty Ambulance Service provided 19

separate instances of *mutual aid* to surrounding operating areas; all of the *mutual aid* responses were out of Kern County. Mountain 99, the road north of Riverkern, travels along the upper Kern River and into remote parts of the Sequoia National Monument. Liberty is the closest ambulance service to cover Mountain 99. Although this area is in Tulare County and technically falls within the response area of a volunteer service in Camp Nelson, the response times from Camp Nelson exceed one hour. Liberty Ambulance Service is also the closest ambulance service for the upper Kern River area. Consequently, Liberty Ambulance Service is called frequently to provide emergency services to that region.

A *turned call* occurs when Liberty Ambulance Service fails to respond to a call within its EOA and another agency must respond from outside of the area. Liberty Ambulance Service reported no *turned calls* for 2018.

Data Reporting

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

Complaints/Investigations

In 2018, there were no formal complaints filed with the EMS Division against Liberty Ambulance Service for EOA 6.

Community Services

Liberty Ambulance Service participated in community events by providing an ambulance for stand-by at Whiskey Flats Days and provided standby ambulances for football games at Kern Valley High School.

Dispatch

Liberty Ambulance Service does not operate its own dispatch center. Rather, dispatch service is provided by Hall Ambulance Service, Inc.

Summary

Liberty Ambulance Service met the requirements of the ambulance ordinance, ambulance service performance standards, ambulance service agreement, and all other policies, procedures, and standards in all months except for November and December of 2018. The Response Compliance and Data Reporting sections above outline the areas of non-compliance. Liberty Ambulance Service has corrected the issues outlined in this report.

2018 Annual Performance Report Summary for Liberty Ambulance Service – EOA 7

Operations and Geography

Progressive Ambulance, Inc., doing business as Liberty Ambulance Service, is responsible for all ambulance services within exclusive operating area (EOA) number 7. Located in the north east region of the County, EOA 7 encompasses an area in the high desert that includes the communities of Ridgecrest, Inyokern, and Randsburg and a 30 to 40 mile stretch of both Highway 14 and Highway 395. Additionally, there are popular off-road motorcycle recreational areas within EOA 7.

Liberty Ambulance Service's base of operations is located at 1325 W. Ridgecrest Boulevard, Ridgecrest. Liberty Ambulance Service operates a fleet of 10 ambulances and employs 46 emergency medical technicians and paramedics. The Owner/President is Cheryl Poulin and the chief executive officer is Peter Brandon.

Sub-contracts

None.

Response Compliance

Response time compliance is complex; there are 25 categories of response time compliance that must be met each month. In addition, there are three other categories of response compliance measured to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls. Liberty Ambulance Service met the response time standards for every category of every month except for October in which they recorded a NOT MET criteria for priority 8 responses in the metro zone. Additionally, Liberty Ambulance recorded a NOT MET criteria for overuse of BLS ambulances for priority 1 responses in December 2018.

- EOA 7: 3,631 responses; most response compliance standards were met, priority 8 calls were not met in the metro zone for one month as described above ; 8 *turned calls*; 247 *mutual aid* calls.

Mutual aid occurs when Liberty Ambulance Service provides services to another ambulance company outside of the EOA. Liberty Ambulance Service provided 247 separate instances of *mutual aid* to surrounding areas. All but twenty four were to areas outside of the County. The towns of Trona and Red Mountain are in San Bernardino County, but Liberty Ambulance Service is the closest ambulance resource to these communities. Liberty Ambulance Service routinely responds to Inyo County for services along Highway 395 and Death Valley National Park. It is not uncommon for Liberty Ambulance Service to also respond into the Kennedy Meadow area of Tulare County.

There were multiple instances of *mutual aid* response to China Lake Naval Air Weapons Station. China Lake operates their own ambulance service; however, when the demand for services exceeds available resources, Liberty Ambulance Service responds onto the base.

A *turned call* occurs when Liberty Ambulance Service fails to respond to a call within its EOA and another agency must respond from outside of the area. Liberty Ambulance Service reported 8 *turned calls* for 2018. This indicates that Liberty Ambulance Service is providing sufficient resources to adequately serve EOA 7, without reliance upon other companies. The 8 *turned calls* that were reported were given to China Lake Naval Weapons Station and there was one instance where a call was given to Hall Ambulance Service. Liberty Ambulance Service and China Lake Naval Weapons Station have an excellent relationship with one another, and often times train with one another.

Data Reporting

The EMS Division relies on each ambulance company to submit compliance data to allow monitoring of performance. Liberty Ambulance Service was compliant with data reporting elements in all months except October in which they failed to report the unit ID of multiple calls for that month. This was an isolated issue that was addressed with Liberty Ambulance administration.

Complaints/Investigations

In 2018, there were no formal complaints filed with EMS on Liberty Ambulance Service for EOA 7.

Community Services

Liberty Ambulance Service participated in community service events. Public education events were done at Ridgecrest Hospital and the Kerr Mcgee Center. Liberty provided standby services for various rodeos, Relay for Life, and football games.

Liberty participated in a multi-agency drill with China Lake Naval Base that utilized mutual aid services for a mass casualty incident.

Dispatch

Liberty Ambulance Service does not operate its own dispatch center. Rather, has contracted its dispatching with Hall Ambulance Service, Inc.

Summary

Liberty Ambulance Service met all of the requirements of the ambulance ordinance, ambulance service performance standards, ambulance service agreement, emergency medical dispatch standards, and all other policies, procedures, and standards except for the two months that were outlined in the above sections of Data Reporting and Response Compliance. These issues were minor issues and have been resolved.

2018 Annual Performance Report Summary for Hall Ambulance Service, Inc. – EOA 11

Operations and Geography

Hall Ambulance Service, Inc. is responsible for providing all ambulance service within exclusive operating area (EOA) number 11. Located at the southeast end of the County, EOA 11 encompasses an area from the San Bernardino County line on the east to Sand Canyon to the west and the Los Angeles County line from the south to Red Rock Canyon to the north. Included within EOA 11 are the communities of Rosamond, Willow Springs, Mojave, California City, North Edwards, and Boron.

Hall Ambulance Service, Inc.'s base of operations is located at 1001 21st Street, Bakersfield; however, satellite stations are located in Mojave, California City, Boron and Rosamond. . Hall Ambulance Service, Inc. operated a fleet of 102 ambulances and six supervisor units and employed 373 emergency medical technicians, paramedics, dispatchers, nurses and support staff. The owner/president of Hall Ambulance Service, Inc. is Harvey Hall. Unfortunately in May of 2018, Harvey Hall passed away leaving behind a legacy of pre-hospital professionalism that helped make the Kern County EMS system what it is today. Ownership of the company was passed Harvey Hall's wife Lavonne Hall and John Surface was titled the Chief Operating Officer.

Response Compliance

Response time compliance is complex. There are 25 categories of response time compliance that must be met per month. In addition, there are three other categories of response compliance we measure to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls. Hall Ambulance Service, Inc. met the response for every month except September and November. In September Hall Ambulance received a not met criteria in the priority 6, 7, & 8 category for the metro response zone. In November, Hall Ambulance received a not met report for priority 1 in the suburban response zone

It should be noted that in November of 2018, the Kern County EMS Program revised the Ambulance System Performance Standard, known as the ASPS. The revision made changes to better reflect month to month compliance standards and eliminated the use of historical data also known as the 100 call rule. The ASPS also allowed the Kern County EMS Program to enact fines and fees for non-compliance in the priority 1 & 2 categories. In 2018 Hall Ambulance was fined a total of \$1,000.00 for compliance violation in EOA-11.

- EOA 11: 6,324 responses; all response compliance standards were met; 0 *turned calls*; 30 *mutual aid* calls

Mutual aid occurs when Hall Ambulance Service, Inc. provides services to another ambulance company outside of the EOA. Hall Ambulance Service, Inc. provided 30 separate instances of *mutual aid* to surrounding operating areas. The demand for services in other areas exceeded the capability of the other existing ambulance providers and Hall Ambulance Service, Inc. provided resources to meet the demand. All of these calls occurred in San Bernardino County.

A *turned call* occurs when the contracted agency fails to respond to a call within its EOA and another agency must respond from outside of the area. During 2018, Hall Ambulance Service, Inc. reported no *turned calls*. This is an indication that Hall Ambulance Service, Inc. is providing the necessary resources to meet the demands of this EOA.

Data Reporting

The EMS Division relies on each ambulance company to submit compliance data to allow monitoring of performance. Hall Ambulance Service, Inc. was in compliance with all data reporting requirements for 2018. Additionally, Hall Ambulance has started to utilize a web-based tracking program named First Watch which allows for real time compliance tracking and reporting.

Complaints/Investigations

In 2018, there were no formal complaints filed with the EMS Division against Hall Ambulance Service, Inc. for services provided within EOA 11.

Community Services

In 2018, Hall Ambulance Service, Inc. participated in numerous community events. The company provided multiple blood pressure clinics and ambulance demos in all communities serviced. In addition Hall Ambulance Service, Inc. provided first aid and football standbys, and was involved in an event at Boron High School in which they helped to handout Thanksgiving Meals in EOA 11

Dispatch

Hall Ambulance Service, Inc. operates a dispatch center located at the Bakersfield address. This dispatch center provides emergency medical dispatch capabilities for Hall Ambulance Service, Inc., Delano Ambulance Service and Liberty Ambulance Service. The County requires each dispatch center to have “EMD” capabilities. “EMD” indicates that the dispatchers are specially trained and programs are in place to medically prioritize each call and provide instructions to callers over the phone to provide emergency medical care to the patient. The quality of “EMD” service is closely monitored. Hall Ambulance Service, Inc. processed over 45,113 calls for emergency requests in the dispatch center for 2018, and maintained accreditation with the International Academies of Emergency Dispatch (IAED) as an Accredited Center of Excellence. The IAED standards in which

calls are evaluated for compliance to protocol is to be in one of five categories ranging from “high compliance” to “non-compliant.” In 2018, Hall Ambulance Service, Inc. maintained 93.7 percent of evaluated calls in the “high compliance” and “compliance” categories. This is a high level of quality and well beyond the IAED standard of 73 percent.

Summary

Hall Ambulance Service, Inc. met most of the requirements of the ambulance service performance standards, ambulance ordinance, ambulance service agreement, emergency medical dispatch standards, and all other policies, procedures, and standards with the exception of the above mentioned issues for EOA 11. All issues were addressed by Hall Ambulance administration.

March 5, 2018

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

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

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."
- *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".

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

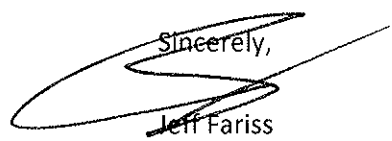
COMPANY	EOA	Month	Priority	Zone	Percent	Status
Hall	1	June	1	Suburban	87%	Not Met
Hall	1	July	1	Suburban	88%	Not Met
Hall	1	August	1	Suburban	89%	Not Met In Breach
Hall	1	October	1	Suburban	89%	Not Met In Breach
Hall	1	November	1	Suburban	89%	Not Met In Breach
Hall	1	June	1	Urban	89%	Not Met

Hall	1	July	1	Urban	88%	Not Met
Hall	1	August	1	Urban	87%	Not Met
Hall	1	September	1	Urban	87%	Not Met In Breach
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Hall	1	November	1	Urban	89%	Not Met In Breach
Hall	1	December	1	Urban	88%	Not Met In Breach
Hall	1	Jan-18	1	Urban	88%	Not Met In Breach
Hall	1	July	3&4	Suburban	89%	Not Met
Hall	1	August	3&4	Suburban	89%	Not Met
Hall	1	September	3&4	Suburban	89%	Not Met In Breach
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Hall	1	December	3&4	Suburban	88%	Not Met In Breach
Hall	1	Jan-18	3&4	Suburban	89%	Not Met In Breach
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	4	October	1	Metro	85%	Not Met In Breach
Hall	4	November	1	Metro	84.90%	Not Met In Breach
Hall	4	October	2	Metro	89	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 In Breach
Hall	5	May	2	Urban	88%	Not Met In Breach

Hall	5	June	2	Urban	88%	Not Met In Breach
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Hall	5	October	2	Urban	85%	Not Met In Breach
Hall	5	November	2	Urban	87%	Not Met In Breach
Hall	5	December	2	Urban	89%	Not Met In Breach
Hall	5	Jan-18	2	Rural	89%	Not Met
Hall	5	October	6,7,&8	Metro	89%	Not Met
Hall	5	November	6,7,&8	Metro	89%	Not Met
Hall	8	August	1	Urban	89%	Not Met
Hall	8	November	2	Urban	89%	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 March 19th, 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,

 Jeff Fariss
 Senior EMS Coordinator

Cc: Harvey L. Hall, Founder/President

Matt Constantine, Director, Kern County Public Health Department

Brynn Carrigan, Assistant Director, Kern County Public Health Department

April 2, 2018

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

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

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."
- *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".

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

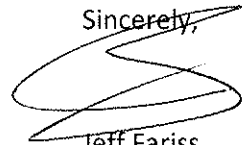
COMPANY	EOA	Month	Priority	Zone	Percent	Status
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Hall	8	August	1	Urban	89%	Not Met
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The Division is requesting immediate action on the part of Hall Ambulance Service to come into compliance with the above stated provisions. Hall Ambulance Service shall, deliver to the Division, no later than April 15th, 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,

Jeff Fariss
Senior EMS Coordinator

Cc: Harvey L. Hall, Founder/President

Matt Constantine, Director, Kern County Public Health Department

Brynn Carrigan, Assistant Director, Kern County Public Health Department

May 4, 2018

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

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

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."
- *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".

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 May 20th, 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,



Jeff Fariss

Senior EMS Coordinator

Cc: Harvey L. Hall, Founder/President

Matt Constantine, Director, Kern County Public Health Department

Brynn Carrigan, Assistant Director, Kern County Public Health Department

June 1, 2018

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

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

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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 June 15th, 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,



Jeff Fariss

Senior EMS Coordinator

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



July 3, 2018

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

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

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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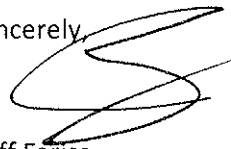
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The Division is requesting immediate action on the part of Hall Ambulance Service to come into compliance with the above stated provisions. Hall Ambulance Service shall, deliver to the Division, no later than July 19th, 2018, in writing, a plan to 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,



Jeff Fariss

Senior EMS Coordinator

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

August 6, 2018

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

NOTICE OF NON-COMPLIANCE AND BREACH OF CONTRACT EOA'S 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) 4, and 5.

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."
- *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 # 875-2006 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".

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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Hall	1	September	1	Urban	87%	Not Met In Breach
Hall	1	October	1	Urban	89%	Not Met In Breach
Hall	1	November	1	Urban	89%	Not Met In Breach

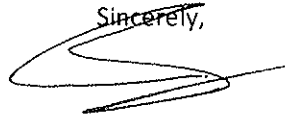
Hall	1	December	1	Urban	88%	Not Met In Breach
Hall	1	18-Jan	1	Urban	88%	Not Met In Breach
Hall	1	18-Feb	1	Urban	88%	Not Met In Breach
Hall	1	18-Mar	1	Urban	88%	Not Met In Breach
Hall	1	18-Apr	1	Urban	88%	Not Met In Breach
Hall	1	18-May	1	Urban	88%	Not Met In Breach
Hall	1	July	3&4	Suburban	89%	Not Met
Hall	1	August	3&4	Suburban	89%	Not Met
Hall	1	September	3&4	Suburban	89%	Not Met In Breach
Hall	1	October	3&4	Suburban	88%	Not Met In Breach
Hall	1	November	3&4	Suburban	88%	Not Met In Breach
Hall	1	December	3&4	Suburban	88%	Not Met In Breach
Hall	1	18-Jan	3&4	Suburban	89%	Not Met In Breach
Hall	1	18-Feb	3&4	Suburban	89%	Not Met In Breach
Hall	4	Jun-18	1	Metro	89%	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 In Breach
Hall	5	May	2	Urban	88%	Not Met In Breach
Hall	5	June	2	Urban	88%	Not Met In Breach
Hall	5	July	2	Urban	87%	Not Met In Breach

Hall	5	August	2	Urban	85%	Not Met In Breach
Hall	5	September	2	Urban	86%	Not Met In Breach
Hall	5	October	2	Urban	85%	Not Met In Breach
Hall	5	November	2	Urban	87%	Not Met In Breach
Hall	5	December	2	Urban	89%	Not Met In Breach
Hall	5	18-Feb	2	Urban	89%	Not Met In Breach
Hall	5	18-Mar	2	Urban	87%	Not Met In Breach
Hall	5	18-Apr	2	Urban	88%	Not Met In Breach
Hall	5	18-May	2	Urban	87%	Not Met In Breach
Hall	5	Jun-18	2	Urban	89%	Not Met In Breach
Hall	5	18-Jan	2	Rural	89%	Not Met
Hall	5	18-Feb	2	Rural	89%	Not Met
Hall	5	18-Mar	2	Rural	89%	Not Met In Breach
Hall	5	18-Apr	2	Rural	88%	Not Met In Breach
Hall	5	18-May	2	Rural	87%	Not Met In Breach
Hall	5	18-Jun	2	Rural	87%	Not Met In Breach

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 August 24th, 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 the word 'Sincerely,'.

Jeff Fariss
Senior EMS Coordinator

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

September 28, 2018

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

NOTICE OF NON-COMPLIANCE AND BREACH OF CONTRACT EOA'S 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) 4, and 5.

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."
- *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 # 875-2006 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".

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

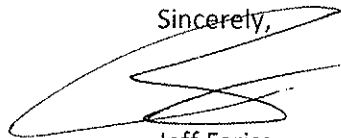
COMPANY	EOA	Month	Priority	Zone	Percent	Status
Hall	1	18-Jan	1	Urban	88%	Not Met In Breach
Hall	1	18-Feb	1	Urban	88%	Not Met In Breach
Hall	1	18-Mar	1	Urban	88%	Not Met In Breach
Hall	1	18-Apr	1	Urban	88%	Not Met In Breach

Hall	1	18-May	1	Urban	88%	Not Met In Breach
Hall	1	18-Jan	3&4	Suburban	89%	Not Met In Breach
Hall	1	18-Feb	3&4	Suburban	89%	Not Met In Breach
Hall	4	18-Jun	1	Metro	89%	Not Met
Hall	4	18-Aug	1	Metro	88.2%	Not Met
Hall	5	18-Feb	2	Urban	89%	Not Met In Breach
Hall	5	18-Mar	2	Urban	87%	Not Met In Breach
Hall	5	18-Apr	2	Urban	88%	Not Met In Breach
Hall	5	18-May	2	Urban	87%	Not Met In Breach
Hall	5	Jun-18	2	Urban	89%	Not Met In Breach
Hall	5	18-Jan	2	Rural	89%	Not Met
Hall	5	18-Feb	2	Rural	89%	Not Met
Hall	5	18-Mar	2	Rural	89%	Not Met In Breach
Hall	5	18-Apr	2	Rural	88%	Not Met In Breach
Hall	5	18-May	2	Rural	87%	Not Met In Breach
Hall	5	18-Jun	2	Rural	87%	Not Met In Breach
Hall	5	18-July	2	Rural	87%	Not Met In Breach
Hall	5	18-Aug	2	Rural	87%	Not Met In Breach
Hall	5	18-July	6,7,8	Metro	85.9%	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 October 19th, 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 read 'Jeff Fariss', with a large, sweeping loop on the left side.

Jeff Fariss

Senior EMS Coordinator

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

November 2, 2018

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

NOTICE OF NON-COMPLIANCE AND BREACH OF CONTRACT

Dear Mr. Surface:

The EMS Division (Division) has identified that in the month of September, 2018, Hall Ambulance Service is non-compliant with County Ordinance, contractual obligations, and *Ambulance Service Performance Standards (1005.00)* in each of your exclusive operating areas.

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."
- *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 # 875-2006 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".

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	18-Jan	1	Urban	88%	Not Met In Breach
Hall	1	18-Feb	1	Urban	88%	Not Met In Breach
Hall	1	18-Mar	1	Urban	88%	Not Met In Breach
Hall	1	18-Apr	1	Urban	88%	Not Met In Breach

Hall	1	18-May	1	Urban	88%	Not Met In Breach
Hall	1	18-Jan	3&4	Suburban	89%	Not Met In Breach
Hall	1	18-Feb	3&4	Suburban	89%	Not Met In Breach
Hall	4	18-Jun	1	Metro	89%	Not Met
Hall	4	18-Aug	1	Metro	82.2%	Not Met
Hall	5	18-Feb	2	Urban	89%	Not Met In Breach
Hall	5	18-Mar	2	Urban	87%	Not Met In Breach
Hall	5	18-Apr	2	Urban	88%	Not Met In Breach
Hall	5	18-May	2	Urban	87%	Not Met In Breach
Hall	5	Jun-18	2	Urban	89%	Not Met In Breach
Hall	5	18-Jan	2	Rural	89%	Not Met
Hall	5	18-Feb	2	Rural	89%	Not Met
Hall	5	18-Mar	2	Rural	89%	Not Met In Breach
Hall	5	18-Apr	2	Rural	88%	Not Met In Breach
Hall	5	18-May	2	Rural	87%	Not Met In Breach
Hall	5	18-Jun	2	Rural	87%	Not Met In Breach
Hall	5	18-July	2	Rural	87%	Not Met In Breach
Hall	5	18-Aug	2	Rural	87%	Not Met In Breach
Hall	5	18-July	6,7,8	Metro	85.9%	Not Met

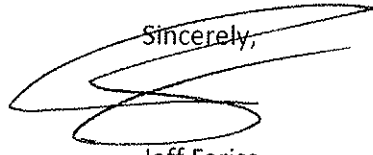
The month of September 2018 represents a change in the processing of the compliance data as approved by both EMCAB and the Board of Supervisors. The table below shows Hall Ambulance Service' compliance in all EOAs for the month of September without the 100 call rule. Additionally, this table represents the merging of EOA 5 into 4. Beginning with the compliance data for October 2018, any EOA

EOA 1	EOA 2	EOA 4	EOA 8	EOA 9	EOA 11	#	Standard						
						1	Priority 1:						
MET	MET	MET	MET	MET	MET	2	Metro						
MET	MET	MET	MET	MET	MET	3	Urban						
MET	MET	MET	MET	MET	MET	4	Suburban						
MET	MET	MET	MET	MET	MET	5	Rural						
MET	MET	MET	MET	MET	MET	6	Wilderness						
						7	Priority 2:						
MET	MET	MET	MET	MET	MET	8	Metro						
NOT MET	NOT MET	NOT MET	MET	NOT MET	MET	9	Urban						
NOT MET	MET	MET	MET	NOT MET	MET	10	Suburban						
MET	MET	MET	MET	MET	MET	11	Rural						
MET	MET	MET	MET	MET	MET	12	Wilderness						
						13	Priority 3 and Priority 4:						
MET	MET	MET	MET	MET	MET	14	Metro						
MET	MET	MET	NOT MET	MET	MET	15	Urban						
MET	MET	MET	MET	MET	MET	16	Suburban						
MET	MET	MET	MET	MET	MET	17	Rural						
MET	MET	MET	MET	MET	MET	18	Wilderness						
						19	Priority 5:						
MET	MET	MET	MET	MET	MET	20	Metro						
MET	MET	MET	MET	MET	MET	21	Urban						
MET	MET	MET	MET	MET	MET	22	Suburban						
MET	MET	MET	MET	MET	MET	23	Rural						
MET	MET	MET	MET	MET	MET	24	Wilderness						
						25	Priority 6, Priority 7, Priority 8:						
MET	MET	NOT MET	MET	MET	NOT MET	26	Metro						
MET	MET	MET	MET	MET	MET	27	Urban						
MET	MET	MET	MET	MET	MET	28	Suburban						
MET	MET	MET	MET	MET	MET	29	Rural						
MET	MET	MET	MET	MET	MET	30	Wilderness						
						31	Appropriate BLS Use						
NOT MET	MET	MET	MET	MET	MET	32	Priority 1						
MET	MET	MET	MET	MET	MET	33	Priority 2						
MET	MET	MET	MET	MET	MET	34	Priority 3						
Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met		
X		X		X		X		X		X		35	Raw Call Data with All Report Fields Submitted Completely and On Time
X		X		X		X		X		X		36	Turned Call report Submitted Completely and On Time
X		X		X		X		X		X		37	EMD Activity/QI Report Submitted Completely and On Time
X		X		X		X		X		X		38	Continuing Education Report Submitted Completely and On Time
X		X		X		X		X		X		39	Community Service/Education Report Submitted Completely and On Time
X		X		X		X		X		X		40	Customer Service Tracking Database Report Submitted Completely and On Time

found to be out of compliance with response times for Priority 1 and 2 responses will generate a fine, as specified in the Ambulance Performance Standards. (See Attached)

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 19th, 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,

Jeff Fariss
Senior EMS Coordinator

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

December 10, 2018

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

NOTICE OF NON-COMPLIANCE AND BREACH OF CONTRACT

Dear Mr. Surface:

The EMS Division (Division) has identified that in the month of October, 2018, Hall Ambulance Service is non-compliant with County Ordinance, contractual obligations, and *Ambulance Service Performance Standards* in each of the exclusive operating areas listed below.

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."
- *Ambulance Service Performance Standards IX.G.2.*: "Aggregate monthly response time performance will be applied to Priority 1 and 2 calls within each response time zone in each EOA. Any priority 1 or 2 call, by zone, resulting in less than the 90 percent response time performance is non-compliant with the Standards."
- Agreement # 875-2006 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".

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

COMPANY	EOA	Month	Priority	Zone	Percent	Status
Hall	4	18-Oct	2	Rural	75%	Not Met
Hall	4	18-Oct	4	Metro	88.9%	Not Met
Hall	4	18-Oct	6	Metro	75.4%	Not Met
Hall	4	18-Oct	7	Metro	88.8%	Not Met
Hall	8	18-Oct	6	Metro	66.7%	Not Met

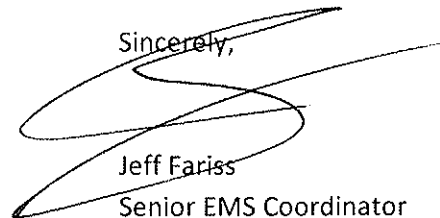
The table below shows Hall Ambulance Service' compliance in all EOAs for the month of October.

EOA 1	EOA 2	EOA 4	EOA 8	EOA 9	EOA 11	#	Standard						
						1	Priority 1:						
MET	MET	MET	MET	MET	MET	2	Metro						
MET	MET	MET	MET	MET	MET	3	Urban						
MET	MET	MET	MET	MET	MET	4	Suburban						
MET	MET	MET	MET	MET	MET	5	Rural						
MET	MET	MET	MET	MET	MET	6	Wilderness						
						7	Priority 2:						
MET	MET	MET	MET	MET	MET	8	Metro						
MET	MET	MET	MET	MET	MET	9	Urban						
MET	MET	MET	MET	MET	MET	10	Suburban						
MET	MET	NOT MET	MET	MET	MET	11	Rural						
MET	MET	MET	MET	MET	MET	12	Wilderness						
						13	Priority 3:						
MET	MET	MET	MET	MET	MET	14	Metro						
MET	MET	MET	MET	MET	MET	15	Urban						
MET	MET	MET	MET	MET	MET	16	Suburban						
MET	MET	MET	MET	MET	MET	17	Rural						
MET	MET	MET	MET	MET	MET	18	Wilderness						
						13	Priority 4:						
MET	MET	NOT MET	MET	MET	MET	14	Metro						
MET	MET	MET	MET	MET	MET	15	Urban						
MET	MET	MET	MET	MET	MET	16	Suburban						
MET	MET	MET	MET	MET	MET	17	Rural						
MET	MET	MET	MET	MET	MET	18	Wilderness						
						19	Priority 5:						
MET	MET	MET	MET	MET	MET	20	Metro						
MET	MET	MET	MET	MET	MET	21	Urban						
MET	MET	MET	MET	MET	MET	22	Suburban						
MET	MET	MET	MET	MET	MET	23	Rural						
MET	MET	MET	MET	MET	MET	24	Wilderness						
						25	Priority 6:						
MET	MET	NOT MET	NOT MET	MET	MET	26	Metro						
MET	MET	MET	MET	MET	MET	27	Urban						
MET	MET	MET	MET	MET	MET	28	Suburban						
MET	MET	MET	MET	MET	MET	29	Rural						
MET	MET	MET	MET	MET	MET	30	Wilderness						
						31	Priority 7:						
MET	MET	NOT MET	MET	MET	MET	32	Metro						
MET	MET	MET	MET	MET	MET	33	Urban						
MET	MET	MET	MET	MET	MET	34	Suburban						
MET	MET	MET	MET	MET	MET	35	Rural						
MET	MET	MET	MET	MET	MET	36	Wilderness						
						37	Priority 8:						
MET	MET	MET	MET	MET	MET	38	Metro						
MET	MET	MET	MET	MET	MET	39	Urban						
MET	MET	MET	MET	MET	MET	40	Suburban						
MET	MET	MET	MET	MET	MET	41	Rural						
MET	MET	MET	MET	MET	MET	42	Wilderness						
						43	Appropriate BLS Use						
MET	MET	MET	MET	MET	MET	44	Priority 1						
MET	MET	MET	MET	MET	MET	45	Priority 2						
MET	MET	MET	MET	MET	MET	46	Priority 3						
Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met		
x		x		x		x		x		x		47	Raw Call Data with All Report Fields Submitted Completely and On Time
x		x		x		x		x		x		48	Turned Call report Submitted Completely and On Time
x		x		x		x		x		x		49	EMD Activity/QI Report Submitted Completely and On Time
x		x		x		x		x		x		50	Continuing Education Report Submitted Completely and On Time
x		x		x		x		x		x		51	Community Service/Education Report Submitted Completely and On Time
x		x		x		x		x		x		52	Customer Service Tracking Database Report Submitted Completely and On Time

As stated in section IX, J, a, of the Ambulance Performance Standards, "If an ambulance provider fails to meet the 90% compliance standard for Priority 1 or 2 calls within any response time zone, in any month, within an EOA, up to 3 consecutive months, the provider will be charged a \$1000 fine each month." As a result, attached you will find an invoice for \$1000 for the single Priority 2 violation in EOA 4 in the month of October.

In addition to the fine, 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 December 21st, 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,

Jeff Fariss
Senior EMS Coordinator

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

Mr. John Surface, CEO
Hall Ambulance Service Incorporated
2001 21st St.
Bakersfield, CA 93301

NOTICE OF NON-COMPLIANCE AND BREACH OF CONTRACT

Dear Mr. Surface:

The EMS Division (Division) has identified that in the month of November, 2018, Hall Ambulance Service is non-compliant with County Ordinance, contractual obligations, and *Ambulance Service Performance Standards* in each of the exclusive operating areas listed below.

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."
- *Ambulance Service Performance Standards* IX.G.2.: "Aggregate monthly response time performance will be applied to Priority 1 and 2 calls within each response time zone in each EOA. Any priority 1 or 2 call, by zone, resulting in less than the 90 percent response time performance is non-compliant with the Standards."
- Agreement # 875-2006 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".

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

COMPANY	EOA	Month	Priority	Zone	Percent	Status
Hall	1	Nov-18	1	Urban	75%	Not Met
Hall	2	Nov-18	3	Urban	83.30%	Not Met
Hall	2	Nov-18	3	Suburban	87.50%	Not Met
Hall	4	Nov-18	1	Urban	88.90%	Not Met
Hall	4	Nov-18	6	Metro	84.20%	Not Met
Hall	8	Nov-18	3	Urban	85.00%	Not Met
Hall	11	Nov-18	1	Suburban	87.50%	Not Met

The table below shows Hall Ambulance Service' compliance in all EOAs for the month of November.

EOA 1		EOA 2		EOA 4		EOA 8		EOA 9		EOA 11		#	Standard
												1	Priority 1:
MET		MET		MET		MET		MET		MET		2	Metro
NOT MET		MET		NOT MET		MET		MET		MET		3	Urban
MET		MET		MET		MET		MET		NOT MET		4	Suburban
MET		MET		MET		MET		MET		MET		5	Rural
MET		MET		MET		MET		MET		MET		6	Wilderness
												7	Priority 2:
MET		MET		MET		MET		MET		MET		8	Metro
MET		MET		MET		MET		MET		MET		9	Urban
MET		MET		MET		MET		MET		MET		10	Suburban
MET		MET		MET		MET		MET		MET		11	Rural
MET		MET		MET		MET		MET		MET		12	Wilderness
												13	Priority 3:
MET		MET		MET		MET		MET		MET		14	Metro
MET		NOT MET		MET		NOT MET		MET		MET		15	Urban
MET		NOT MET		MET		MET		MET		MET		16	Suburban
MET		MET		MET		MET		MET		MET		17	Rural
MET		MET		MET		MET		MET		MET		18	Wilderness
												13	Priority 4:
MET		MET		MET		MET		MET		MET		14	Metro
MET		MET		MET		MET		MET		MET		15	Urban
MET		MET		MET		MET		MET		MET		16	Suburban
MET		MET		MET		MET		MET		MET		17	Rural
MET		MET		MET		MET		MET		MET		18	Wilderness
												19	Priority 5:
MET		MET		MET		MET		MET		MET		20	Metro
MET		MET		MET		MET		MET		MET		21	Urban
MET		MET		MET		MET		MET		MET		22	Suburban
MET		MET		MET		MET		MET		MET		23	Rural
MET		MET		MET		MET		MET		MET		24	Wilderness
												25	Priority 6:
MET		MET		NOT MET		MET		MET		MET		26	Metro
MET		MET		MET		MET		MET		MET		27	Urban
MET		MET		MET		MET		MET		MET		28	Suburban
MET		MET		MET		MET		MET		MET		29	Rural
MET		MET		MET		MET		MET		MET		30	Wilderness
												31	Priority 7:
MET		MET		MET		MET		MET		MET		32	Metro
MET		MET		MET		MET		MET		MET		33	Urban
MET		MET		MET		MET		MET		MET		34	Suburban
MET		MET		MET		MET		MET		MET		35	Rural
MET		MET		MET		MET		MET		MET		36	Wilderness
												37	Priority 8:
MET		MET		MET		MET		MET		MET		38	Metro
MET		MET		MET		MET		MET		MET		39	Urban
MET		MET		MET		MET		MET		MET		40	Suburban
MET		MET		MET		MET		MET		MET		41	Rural
MET		MET		MET		MET		MET		MET		42	Wilderness
												43	Appropriate BLS Use
MET		MET		MET		MET		MET		MET		44	Priority 1
MET		MET		MET		MET		MET		MET		45	Priority 2
MET		MET		MET		MET		MET		MET		46	Priority 3
Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met	Met	Not Met		
x		x		x		x		x		x		47	Raw Call Data with All Report Fields Submitted Completely and On Time
x		x		x		x		x		x		48	Turned Call report Submitted Completely and On Time
x		x		x		x		x		x		49	EMD Activity/QI Report Submitted Completely and On Time
x		x		x		x		x		x		50	Continuing Education Report Submitted Completely and On Time
x		x		x		x		x		x		51	Community Service/Education Report Submitted Completely and On Time
x		x		x		x		x		x		52	Customer Service Tracking Database Report Submitted Completely and On Time

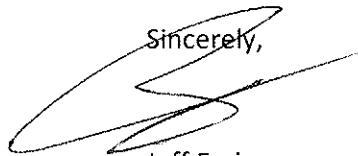
As stated in section IX, J, a, of the Ambulance Performance Standards, "If an ambulance provider fails to meet the 90% compliance standard for Priority 1 or 2 calls within any response time zone, in any month, within an EOA, up to 3 consecutive months, the provider will be charged a \$1000 fine each month." As a result, attached you will find an invoice for \$3000 for violations found in the following EOA's, in the month of November;

EOA 1, Priority 1, Urban,
EOA 4, Priority 1, Urban,
And
EOA 11, Priority 1, Suburban,
In the month

In addition to the fine, 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 21st, 2019, in writing, a plan to cure all of 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 read 'Jeff Fariss', is written over the word 'Sincerely,'.

Jeff Fariss
Senior EMS Coordinator

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



KERN COUNTY
Public Health Services
DEPARTMENT

Kern Co Public Health Services

Accounting, 3rd Floor
1800 Mount Vernon Avenue
Bakersfield, CA 93306-3302
661-321-3000

INVOICE

Invoice Date	1/7/2019
Invoice ID	19044
Amount Due: \$ 3,000.00	Page 1

CUSTOMER

SHIP TO

Hall Ambulance Service, Inc.
1001 21st Street
Bakersfield, CA 93301-4792

Hall Ambulance Service, Inc.

SUBJECT TO 10% DELINQUENT PENALTY FEE
EACH 30 DAYS AFTER INVOICE DATE
FAILURE TO PAY IN 60 DAYS IS AN INFRACTION

Customer ID	Customer PO No.	Order Date	Shipped Via	FOB
70001		1/7/2019		
Terms	Due Date	If Paid By	Deduct	Sold By
Net 30	2/6/2019		\$ 0.00	

Item No.	Description	Qty	Unit	Unit Price	Discount	Extended Price
13734	NONCOMPLIANCE PENALTY FEE AMBULANCE EXCLUSIVE OPERATING AREA EOA 1 Priority 1 Urban Zone	1.00	Each	\$1,000.00		\$1,000.00
13735	NONCOMPLIANCE PENALTY FEE AMBULANCE EXCLUSIVE OPERATING AREA EOA 4 Priority 1 Urban Zone	1.00	Each	\$1,000.00		\$1,000.00
13736	NONCOMPLIANCE PENALTY FEE AMBULANCE EXCLUSIVE OPERATING AREA EOA 11 Priority 1 Suburban Zone	1.00	Each	\$1,000.00		\$1,000.00

1819 05Nov

Printed on 1/7/2019

Subtotal	\$3,000.00
Sales Tax	\$0.00
Total	\$3,000.00
Total Due	\$3,000.00

Mr. John Surface, COO
Hall Ambulance Service Incorporated
2001 21st St.
Bakersfield, CA 93301

NOTICE OF NON-COMPLIANCE AND BREACH OF CONTRACT

Dear Mr. Surface:

The Kern County Public Health, Emergency Medical Services Program (EMS) has identified that in the month of December, 2018, Hall Ambulance Service is non-compliant with County Ordinance, contractual obligations, and *Ambulance Service Performance Standards* in each of the exclusive operating areas listed below.

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."
- *Ambulance Service Performance Standards* IX.G.2.: "Aggregate monthly response time performance will be applied to Priority 1 and 2 calls within each response time zone in each EOA. Any priority 1 or 2 call, by zone, resulting in less than the 90 percent response time performance is non-compliant with the Standards."
- Agreement # 875-2006 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".

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

COMPANY	EOA	Month	Priority	Zone	Percent	Status
Hall	1	December	1	Urban	80.00%	Not Met
Hall	1	December	1	Suburban	75.00%	Not Met
Hall	1	December	2	Suburban	84.60%	Not Met
Hall	1	December	3	Suburban	57.10%	Not Met
Hall	1	December	3	Rural	50.00%	Not Met
Hall	4	December	2	Urban	85.70%	Not Met
Hall	4	December	2	Rural	60.00%	Not Met
Hall	4	December	3	Rural	0.00%	Not Met
Hall	8	December	1	Urban	84.40%	Not Met

The table below shows Hall Ambulance Service' compliance in all EOAs for the month of December.

[illegible]

As stated in section IX, J, a, of the Ambulance Performance Standards, "If an ambulance provider fails to meet the 90% compliance standard for Priority 1 or 2 calls within any response time zone, in any month, within an EOA, up to 3 consecutive months, the provider will be charged a \$1000 fine each month." As a result, attached you will find an invoice for \$6000 for violations found in the following EOA's, in the month of December;

EOA 1, Priority 1, Urban, (second consecutive month)

EOA 1, Priority 1, Suburban,

EOA 1, Priority 2, Suburban,

EOA 4, Priority 2, Urban,

EOA 4, Priority 2, Rural,

And

EOA 8, Priority 1, Urban,

In addition to the above violations, Hall Ambulance Service Inc. also failed to meet the 90% response time standards for EOAs 1 and 4, Priority 3, Suburban and Rural zones. EMS 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 EMS, no later than February 21st, 2019, in writing, a plan to cure all of 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 read 'Jeff Fariss', with a stylized, looping flourish.

Jeff Fariss

EMS Program Manager

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



KERN COUNTY
Public Health Services
DEPARTMENT

Kern Co Public Health Services

Accounting, 3rd Floor
1800 Mount Vernon Avenue
Bakersfield, CA 93306-3302
661-321-3000

INVOICE

Invoice Date	2/4/2019
Invoice ID	19237
Amount Due: \$ 6,000.00	Page 1

CUSTOMER

Hall Ambulance Service, Inc.
1001 21st Street
Bakersfield, CA 93301-4792

SHIP TO

Hall Ambulance Service, Inc.

SUBJECT TO 10% DELINQUENT PENALTY FEE
EACH 30 DAYS AFTER INVOICE DATE
FAILURE TO PAY IN 60 DAYS IS AN INFRACTION

----- Please detach and return this portion with your remittance -----

Customer ID	Customer PO No.	Order Date	Shipped Via	FOB
70001		2/4/2019		
Terms	Due Date	If Paid By	Deduct	Sold By
Net 30	3/6/2019		\$ 0.00	

Item No.	Description	Qty	Unit	Unit Price	Discount	Extended Price
14181	NONCOMPLIANCE PENALTY FEE AMBULANCE EXCLUSIVE OPERATING AREA EOA 1 Priority 1 Urban Zone	1.00	Each	\$1,000.00		\$1,000.00
14182	NONCOMPLIANCE PENALTY FEE AMBULANCE EXCLUSIVE OPERATING AREA EOA 1 Priority 1 Suburban Zone	1.00	Each	\$1,000.00		\$1,000.00
14183	NONCOMPLIANCE PENALTY FEE AMBULANCE EXCLUSIVE OPERATING AREA EOA 1 Priority 2 Suburban Zone	1.00	Each	\$1,000.00		\$1,000.00
14184	NONCOMPLIANCE PENALTY FEE AMBULANCE EXCLUSIVE OPERATING AREA EOA 4 Priority 2 Urban Zone	1.00	Each	\$1,000.00		\$1,000.00
14185	NONCOMPLIANCE PENALTY FEE AMBULANCE EXCLUSIVE OPERATING AREA EOA 4 Priority 2 Rural Zone	1.00	Each	\$1,000.00		\$1,000.00
14186	NONCOMPLIANCE PENALTY FEE AMBULANCE EXCLUSIVE OPERATING AREA EOA 8 Priority 1 Urban Zone	1.00	Each	\$1,000.00		\$1,000.00

1819 06Dec

Subtotal	\$6,000.00
Sales Tax	\$0.00
Total	\$6,000.00
Total Due	\$6,000.00

Printed on 2/4/2019

Annual EMS System Report 2018

Background

Title 22, Chapter 12, Article 4, effective January 1, 2006, mandated the Local EMS Authority (LEMSA) develop a system wide implementation of a Quality Improvement Program for the delivery of EMS care to the public. This includes mechanisms to track quality indicators for personnel, equipment and supplies, documentation, clinical care and patient outcome, skills maintenance/competency, transportation/facilities, public education and prevention, and risk management.

Health and Safety Code 1797.276, requires the Division to report the state annually regarding the activities of this Board. Furthermore, it requires the report be submitted to the County Board of Supervisors.

The Dilemma

The EMS Division needed to develop an annual report that compiled all the Quality Improvement activities we are involved in and ensure they meet all the quality indicators required in Health & Safety Code and Title 22. This required the Division to compile numerous data elements from over 100,000 EMS electronic patient care records. It also required cooperation with local hospitals to ensure an accurate and complete analysis of our system is presented.

The EMS Division Plan of Action

The Division as developed a report that accurately summarizes the effectiveness of the Kern County EMS system and the activities of EMCAB. The report meets all requirements set forth in Health & Safety Code, Title 22, and follows the guidelines established by the Emergency Medical Services Authority (EMSA). The Division is proud to include this report in your Board member packets and a copy will be submitted to EMSA and the Kern County Board of Supervisors.

Therefore IT IS RECOMMENDED, the Board receive and file the *Annual EMS System Report - 2018*.

EMS System Annual Report 2018

Kern County Emergency Medical Services Program



1800 Mt Vernon Ave
Bakersfield, CA 93306

Tel: 661-321-3000

Website: <https://www.kernpublichealth.com>

Email: publichealth@kerncounty.com

A MESSAGE FROM OUR EMS MANAGER



Jeff Fariss began his career in EMS as an EMT in 1983 in Orange County California. After leaving the business for a short time he landed in Kern County in 1991 and became a paramedic in 1993. He has been a paramedic preceptor as well as a field supervisor. Jeff has received 2 awards from the California Ambulance Association for performing above and beyond the call of duty. In 2008, Jeff completed a MBA in health care. That same year he began his career with Kern County EMS as an EMS coordinator. He promoted to senior EMS coordinator in 2017 and most recently became the EMS program manager.

Since its inception, the Kern County Emergency Medical Services Program's mission has been to assure the safety and health of all Kern County residents. Our aim is to provide the best care possible for every patient by working collaboratively with public safety agencies, BLS and ALS providers, hospitals, educational partners, and our community members.

Our team recognizes that, like all areas of health care, pre-hospital emergency medicine is a constantly changing industry. In 2018, we were challenged in many ways to keep up with new and exciting changes within the EMS system of care. We created new protocols and procedures to improve response times, further developed our capacity for vigorous quality improvement, and forged stronger partnerships with all EMS stakeholders to provide life-saving educational campaigns for our communities.

But we know our work doesn't end there. We continually strive to improve our responses, treatments, transports, and emergency preparedness capabilities in an effort to improve patient outcomes. We already have several changes and opportunities planned for 2019 and are excited about the changes ahead.

We truly feel privileged to be a part of all Kern County communities. Thank you for your support and we look forward to assuring that you received the best care possible.

Sincerely,

Jeff Fariss, EMS Program Manager

OUR MISSION

Kern County EMS is committed to the safety and health of all residents.



1

We work hard to make sure our system is working for you. This means updating our system, enforcing standards of care, and providing training for providers.

2

EMS is a constantly changing field. We are dedicated to continual data-driven quality improvement to meet national best care practices.

3

You should be prepared for any emergency. That is why we work with partners to provide life-saving education and training for our communities.

Our services provide rapid response to and medical care for serious medical emergencies. These include:



Public safety dispatch



Fire, private ambulance, and law enforcement services



Hospitals and specialty care centers

OUR SERVICES



Emergency Medical Services is more than just an ambulance trip to the hospital. EMS is a highly collaborative system that connects public health, public safety, and health care. We partner with multiple agencies to ensure our communities receive the best emergency medical care possible. We also provide training for our providers and participate in citizen and medical advisory groups to make sure our system is responding to our communities' needs.

2018 HIGHLIGHTS

OUR FOCUS

In 2018, our focus was improvement. Throughout the year, we continually accepted new challenges and expanded our capabilities while remaining committed to providing the best possible service for our residents. Here are the highlights from this year:

For the first time since 2006, our EMS Plan was approved by the state of California.

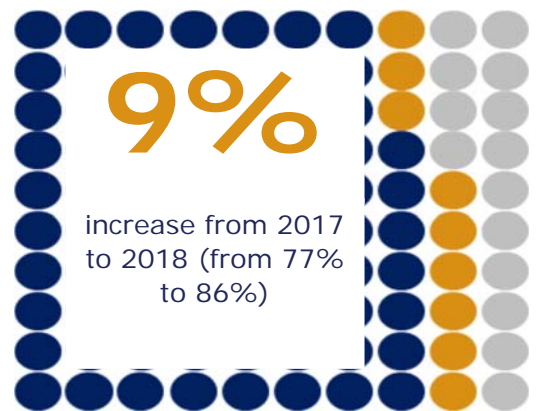


You shouldn't have to wait for emergency medical care. That's why we created changes to our system that reduced ambulance response times. In 2018, collaborative efforts lead to a

25%

reduction in late responses to metro areas

Patients suspected of experiencing a stroke should have their blood glucose tested during their ambulance transport. In 2018, we launched a quality improvement project to increase the percentage of patients tested. At the end of the project, we saw an overall



Preparing our residents for emergencies and disasters is one of our top priorities. That's why we partnered with hospitals, ambulance providers, and first responders to offer you life-saving education and training, including Hands-Only CPR and Stop the Bleed. Thanks to our partners, we were able reach over



OUR EMS SYSTEM

OVERVIEW

Kern County is situated at the southern end of the California Central Valley. The county covers over 8,000 square miles of mountainous areas, high desert, and the valley floor. The largest city within the county is Bakersfield. Here is a brief overview of our geography and EMS System components:



Population: **839,119**



Emergency Receiving Centers: **10**



EMS Practitioners: **3,796**



EMS Provider Agencies: **13**



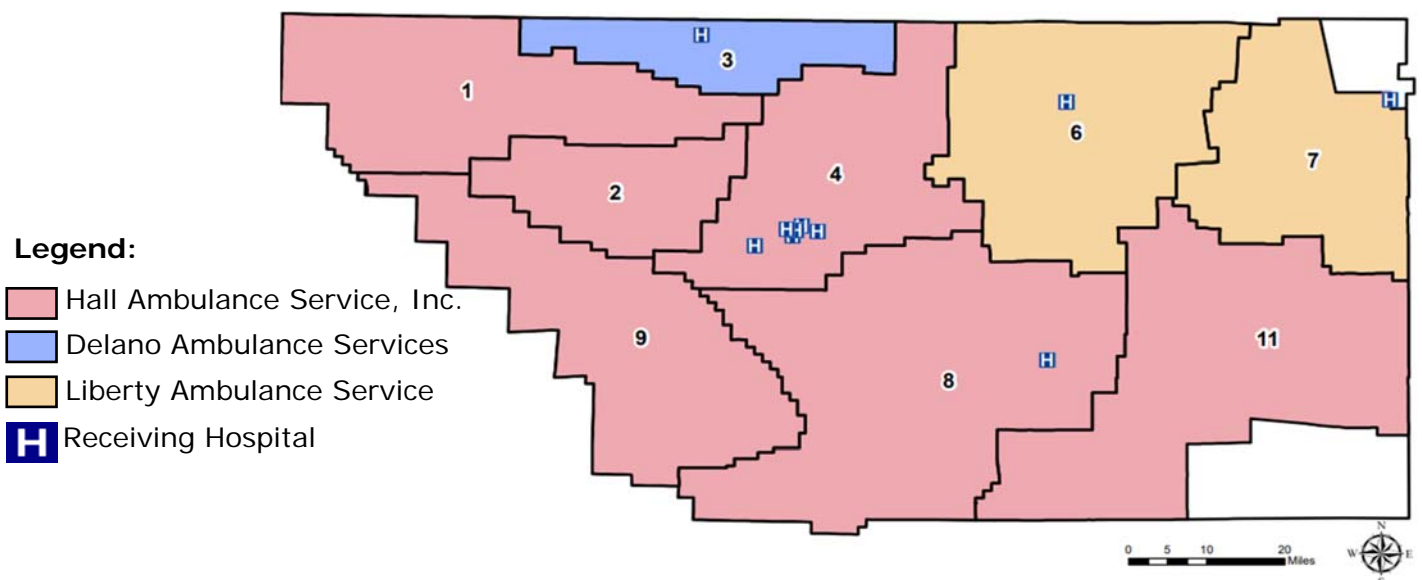
Kern County EMS Employees: **7**



Training Programs: **28**

EMS PLAN

Every year, local EMS agencies submit their EMS plans to the State EMS Agency for approval. We are pleased to announce that, *for the first time in 12 years*, our submitted EMS plan was approved. Here is a map of our current ambulance exclusive operating areas (EOAs) and receiving hospitals:



IMPROVING RESPONSE TIMES

OVERVIEW

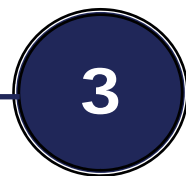
In 2017, we recognized that ambulance response time standards were not being met in metro Bakersfield. Working with hospitals and ambulance providers, we adopted a multi-pronged approach to decrease these response times. Here are the steps we took to ensure timely responses within this community:



ALS to BLS Handoff: This protocol allows an ALS unit to transfer care of a patient to BLS crew, if appropriate and in the patients' best medical interest.



Offload to Triage: This policy allows medics to transport patients directly to an emergency department and left in the care of a triage nurse.



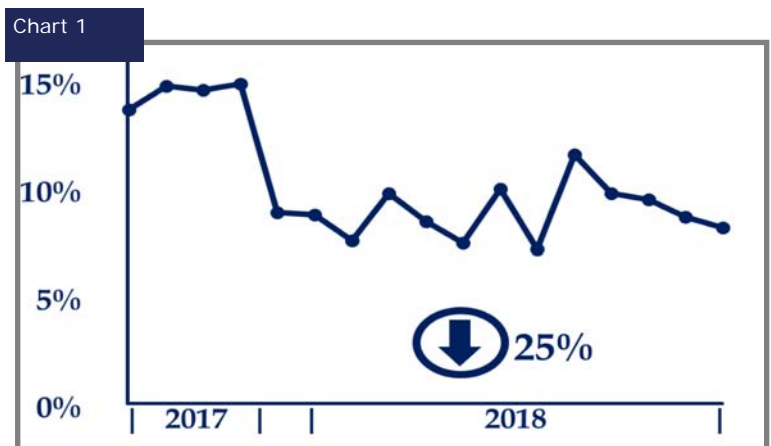
Bravo Code Downgrade: Based on three years' worth of call data, this change allows ambulances to be dispatched at a lower priority level.

THE IMPACT

To measure the impact of these policies and protocols, we compared 2018 data to 2017 data. Specifically, we analyzed the average percentage of high priority calls in metro Bakersfield that were considered late to arrive to their call destination.

As seen in **Chart 1**, we saw a 25% reduction in late responses for metro Bakersfield from 2017-2018.

We will continue to work with our partners to ensure our residents are receiving emergency medical care in a timely manner.



Quick Definitions:

ALS: Advanced Life Support Unit. These units are any ambulances that are staffed by at least one paramedic.
BLS: Basic Life Support Unit. These units are staffed by two emergency medical technicians (EMTs).

QUALITY IMPROVEMENT: STROKE SYSTEM OF CARE

OVERVIEW

It is important for field providers to quickly identify, properly manage, and appropriately transport stroke patients. One way to rule out a stroke mimic is through a blood glucose test. We set out to increase the percentage of suspected stroke patients receiving a blood glucose test.

Some symptoms of stroke, such as weakness and confusion, are also present in patients experiencing low blood sugar (hypoglycemia). Stroke patients and hypoglycemic patients are given vastly different medical treatment.

With stroke patients, time is of the essence. Brain cells can die rapidly after a stroke. In order to preserve as much brain tissue as possible, effective treatment must start as early as possible.

Therefore, it is important for paramedics to identify a stroke as quickly as possible and rule out other causes. A simple blood glucose check is the easiest way to do this.

In 2017, we noticed that 23% of suspected stroke patients were missing a blood glucose reading on their ePCR. Given the importance of a blood glucose check, we set out to improve this.

INTERVENTIONS

Working with our partners, we took two steps to increase the percentage of stroke patients getting blood glucose tests:

Education:

1

We educated our paramedics on the importance of blood glucose checks and how this vital sign is collected from a patient's ePCR.

Closed Call Rule:

2

We worked with our ePCR vendor and our providers to implement a closed call rule for suspected stroke patients.

IMPACT

After our interventions, we saw an overall

9%

increase from 2017 to
2018 (from 77% to
86%)



Quick Definitions:

Electronic Patient Care Reports (ePCRs): a document used to collect all information about all care and important patient information during an ambulance transport. This also serves as a data collection tool for EMS and is submitted electronically.

Suspected Stroke Patients: Patients that are identified by a medic as experiencing a stroke. Not all patients are truly stroke patients.

Closed call rule: A provider cannot close a patient's ePCR without entering certain information about this patient.

QUALITY IMPROVEMENT: STROKE SYSTEM OF CARE

A CLOSER LOOK

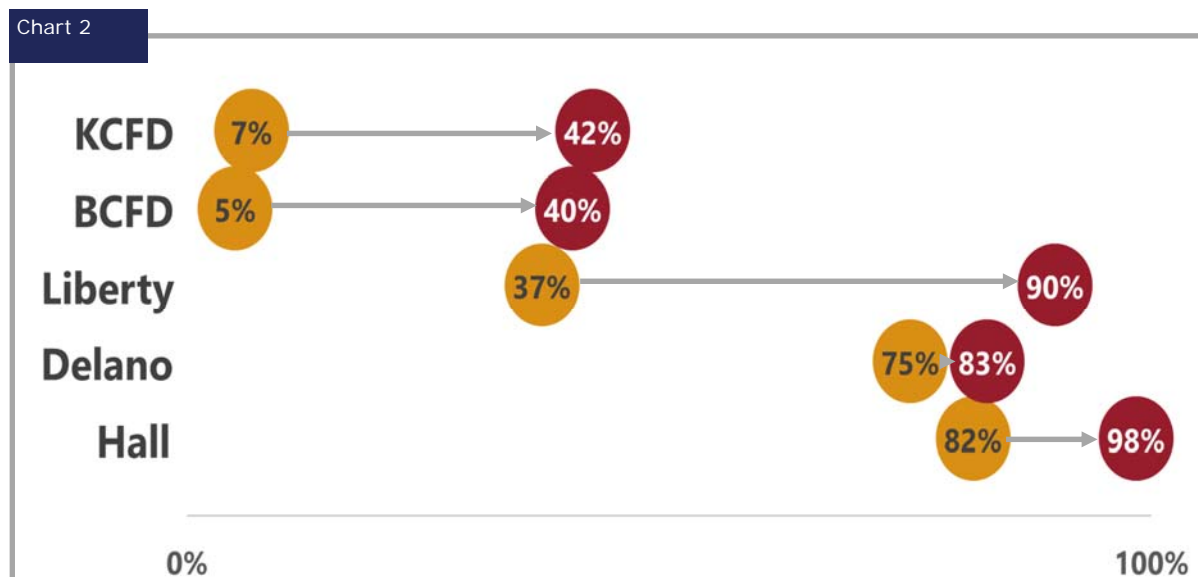
Although we did improve blood glucose checks, we did not reach our desired outcome. Our goal was to hit 95% of all suspected stroke patients receiving blood glucose checks.

After a closer look at the data, we noticed that our ambulance providers (transport agencies) were reporting blood glucose an average of 90% of the time after our interventions. In contrast, our first responder agencies (non-transport agencies) were reporting blood glucose an average of 41% of the time after our interventions.

This is to be expected, as first responders may not have time to check blood glucose before transferring care to the ambulance providers.

The good news:

As seen in [Chart 2](#), we saw an increase for all of our providers between **Q1 2018** and **Q1 2019**.



Transport Agencies vs. Non-Transport Agencies

Ambulance companies are transport agencies. This means that they transport patients to a hospital.

In Kern County, fire departments are non-transport agencies. This means they do not transport patients to a hospital and usually stop assessment of the patient once a transport agency arrives.

KCFD: Kern County Fire Department; BCFD: Bakersfield City Fire Department

QUALITY IMPROVEMENT: STROKE SYSTEM OF CARE

LESSONS LEARNED

EMS is a constantly changing field, so quality improvement is essential to any EMS system. This project taught us a lot about how to conduct QI projects and gave us a lot to think about for our next one. Here are some lessons learned:

1

Collaboration:

Collaboration is key to a successful quality improvement project. Make sure to work with your partners and get them invested in the outcome.

2

Data Management:

Knowing more about your data can help you determine the effectiveness of your interventions. Your changes may not be uniform across all groups. In some cases, that's to be expected.

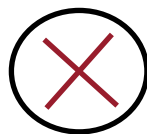
3

Persistence:

Sometimes, you don't reach your goal but that isn't a reason to give up. Changes will eventually occur, just maybe not on your timeline.

STROKE AND YOU

In Kern County, stroke causes nearly



300

DEATHS ANNUALLY

According to the *Centers for Disease Control (CDC)*, stroke is the

#1

CAUSE OF LONG-TERM DISABILITY

for Americans

Strokes are **preventable** and **treatable**. Early identification is key to preventing death and disability. Protect yourself and your loved ones.

Learn the signs.



Face. Arms. Speech. Time to call 9-1-1.

Source: <https://www.cdc.gov/stroke/>

For more information about stroke, check out these resources:

<https://www.cdc.gov/stroke/>

<https://www.stroke.org/understand-stroke/what-is-stroke/>

<https://www.strokeassociation.org/en/about-stroke>

COMMUNITY OUTREACH

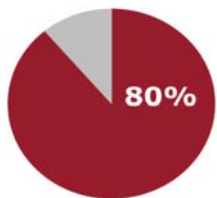
OVERVIEW

Sometimes, medical emergencies happen when you least expect them. However, there are things you can learn today to help prepare you for these situations: Hands-Only CPR and Stop the Bleed. These are national campaigns that teach life-saving skills to citizens when they are most needed. Our goal is to teach each and every community member these skills so you can help create healthier, more prepared communities.

Hands-Only CPR

This is CPR without the mouth-to-mouth contact. It is used on people who suddenly collapse in an out-of-hospital setting when it could take almost 9 minutes for EMS to respond.

Did you know:



of out-of-hospital cardiac arrests occur at **home**?

It only takes 2 simple steps to save a life:

1

Call 9-1-1 if you see someone suddenly collapse

2

Push hard and fast in the center of the chest

It only takes 90 seconds to learn how to keep your family and friends safe. Contact us to learn more.

Stop the Bleed

This program teaches community members how to identify life-threatening bleeding and basic ways to control it before EMS arrives.

Did you know:

Uncontrolled bleeding is the



cause of **preventable** death from trauma?

Learn the ABC's of bleeding control:

A Alert 9-1-1

B Bleed — identify the bleed

C Compress — apply pressure

Want us to teach you the ABC's of bleeding control? Contact us to learn more.

For more information, check out these resources:

https://cpr.heart.org/AHA/ECC/Programs/HandsOnlyCPR/UCM_475516_Hands-Only-CPR-Training-Videos-and-Playlist.jsp

<https://www.redcross.org/get-help/how-to-prepare-for-emergencies/hands-only-cpr.html>

<https://www.bleedingcontrol.org/~media/bleedingcontrol/files/stop%20the%20bleed%20booklet.ashx>

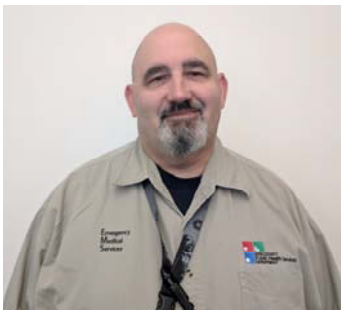
KERN COUNTY EMS STAFF



Kristopher Lyon is a Board Certified Emergency Medicine and EMS physician. He is the EMS Medical Director and interim Health Officer for the Kern County Public Health Services Department. He is responsible for guiding the program in reviewing and updating protocols, assessing the quality of care provided, and providing recommendations for future system advances.



Kimberly Tollison was a Kern County paramedic for 15 years, where she was a paramedic supervisor, paramedic preceptor, and emergency medical dispatcher. She joined the Kern County EMS Program in 2016 and is responsible for coordinating the stroke system of care and emergency medical dispatch program. In 2018, Kimberly also took over the Kern Medical Reserve Corps and is responsible for recruitment and training. In her spare time, she enjoys spending time with her family.



George Baker has been a paramedic for 24 years and was a paramedic preceptor for 14 years. Due to his heroic efforts in the field, he was awarded the California Star of Life and American Red Cross Real Heroes award in 2011. George joined the Kern County EMS Program in 2016 and since has been promoted to Senior EMS Coordinator. George is responsible for enforcement coordinates the pediatric system of care for Kern County.



Margaret Mysz earned her Master's degree in Public Health Epidemiology from the University of Minnesota. She is a public health epidemiologist for the Kern County Public Health Services Department. In this role, she works closely with the EMS program to analyze trends in the county's EMS and hospital data with the hope of improving patient outcomes. In her spare time, she trains for and runs anything from 5Ks to 50 milers.



Nick Lidgett started working for Kern County as an EMT in 2006 and became a paramedic in 2008. Nick joined the Kern County EMS Program in 2016 as the Regional Disaster Medical Health Specialist (RDMHS) for California Mutual Aid Region V. Nick's focus is on disaster preparedness for Region V. Additionally, he coordinates the burn system of care for Kern County and participates in public safety trainings.



Charles Brockett II was a paramedic for 30 years, practicing in California, Arizona, and Texas. Charles also obtained a Bachelor's degree in Healthcare Administration and Emergency Management. In 2018, Charles joined the Kern County EMS Program team as the Kern County Healthcare Coalition Coordinator. In addition to his emergency preparedness role, he coordinates EMS training programs and is the EMS trauma coordinator. In his spare time, he enjoys activities with his son and wife, golfing, and bicycling.

Thank You to Our Providers

Adventist Health Bakersfield
Adventist Health Tehachapi
Bakersfield Heart Hospital
Bakersfield Memorial Hospital
Delano Regional Medical Center
Kern Medical
Kern Valley Healthcare District
Mercy Hospital
Mercy Southwest Hospital
Ridgecrest Regional Hospital

Bakersfield City Fire Department
California City Fire
China Lake Naval Weapons Station
Delano Ambulance Service
Edwards Air Force Base
Hall Ambulance Service, Inc.
Kern County Fire Department
Kern County Sheriff Office
Liberty Ambulance Service
Mercy Air Service
US Borax

Kern County Emergency Medical Services Program



1800 Mt Vernon Ave
Bakersfield, CA 93306
Tel: 661-321-3000

Website: <https://www.kernpublichealth.com>

Email: publichealth@kerncounty.com

Emergency Medical Care Advisory Board Summary 2018

The Emergency Medical Care Advisory Board (EMCAB) was established pursuant to section 1797.270 et seq. of the California Health and Safety Code. EMCAB is advisory to the Kern County Board of Supervisors. EMCAB is made up of eleven primary members and alternates for each position representing various multi-disciplinary community organizations and consumers. EMCAB meets quarterly. Details regarding the topics below can be found on the Division's website at www.kernpublichealth.com/ems

The following offers a summary of EMCAB actions for the calendar year 2018:

February 8, 2018		
Issue	Suggested Action	EMCAB Action
Ambulance Response Time Non-Compliance	Receive and File	Received
Local Accreditation Policy	Receive and File	Received
Optional Scope of Practice	Receive and File	Received
Director's Report	Receive and File	Received
EMS Fund Report	Receive and File	Received
May 10, 2018		
Issue	Suggested Action	EMCAB Action
Resuscitation Academy	Receive and File	Received
Napa Fires Report	Receive and File	Received
Annual ALS Provider Performance Reports	Receive and File	Received
Annual EMS System Activity Report	Receive and File	Received
Director's Report	Receive and File	Received
EMS Fund Report	Receive and File	Received
August 9, 2018		
Issue	Suggested Action	EMCAB Action
Impact of ALS to BLS Handoff Protocol	Receive and File	Received
Ambulance Performance Standards	Approve	Approved
ALJ/EMSA Commission Decision	Receive and File	Received
Director's report	Receive and File	Received
EMS Fund Report	Receive and File	Received
Public Requests: Accreditation Policy	None	None
November 9, 2017		
Issue	Suggested Action	EMCAB Action
State Regulations on Naloxone Release	Receive and File	Received
Opioid Overdose Data	Receive and File	Received
ALS First Responder Policy	Approve	Approved
Against Medical Advice Policy	Approve	Approved
Proposed 2019 EMCAB Dates	Approve	Approved
Director's Report	Receive and File	Received
EMS Fund Report	Receive and File	Received

Emergency Medical Services Annual Core Measures and APOT Report

Core Measures 2018:

Each local EMS authority is responsible for collecting, analyzing, and reporting a set of standardized performance measures to the State EMS Authority. According to the California Emergency Medical Services Authority¹:

“The preliminary Core Measures are derived largely from a set of quality indicators developed through a project by the National Quality Forum. These core measures will begin to benchmark the performance of EMS systems, perform recommended treatments determined to get the best results for patients with certain medical conditions, transport patients to the most appropriate hospital.... The measures are based on scientific evidence about processes and treatments that are known to get the best result for a condition or illness. Core Measures help emergency medical services systems improve the quality of patient care by focusing on the actual results of care.”

The following is the list of Core Measures, the total population measured, a description of each, and the 2018 reporting value for Kern County EMS.

Measure ID	Population	Reporting Value	Measure Description
TRA-1	673	22 mins	Scene time for trauma patients (90 th percentile)
TRA-2	673	80%	Percent of trauma patients transported to trauma center
TRA-3	146436	54%	Pain assessment for all 9-1-1 responses
TRA-4	12681	67%	Multiple pain assessments for injured patients
TRA-5	1596	24%	Percent of injured patients with a decrease in pain scale compared to initial pain scale
ACS-1	673	44%	Aspirin administration for chest pain of suspected cardiac origin
ACS-3	231	20 mins	Scene time for STEMI patients (90 th percentile)
ACS-4	231	56%	Percent of times hospital receives pre-alert for STEMI patients
ACS-6	231	17 mins	Time of patient contact to EKG (90 th percentile)
HYP-1	1327	11%	Treatment administered for hypoglycemia
STR-1	1426	88%	Prehospital screening for suspected stroke patients
STR-2	1426	74%	Glucose testing for suspected stroke patients
STR-4	1370	39%	Percent of times hospital receives pre-alert for stroke patients
PED-3	556	95%	Respiratory assessment for pediatric patients in respiratory distress
RST-4	142020	94%	Requests for services that include a lights and/or sirens response
RST-5	78652	47%	Requests for services that include a lights and/or sirens transport

¹<https://emsa.ca.gov/ems-core-quality-measures-project/>

Ambulance Patient Offload Times (APOT) 2018:

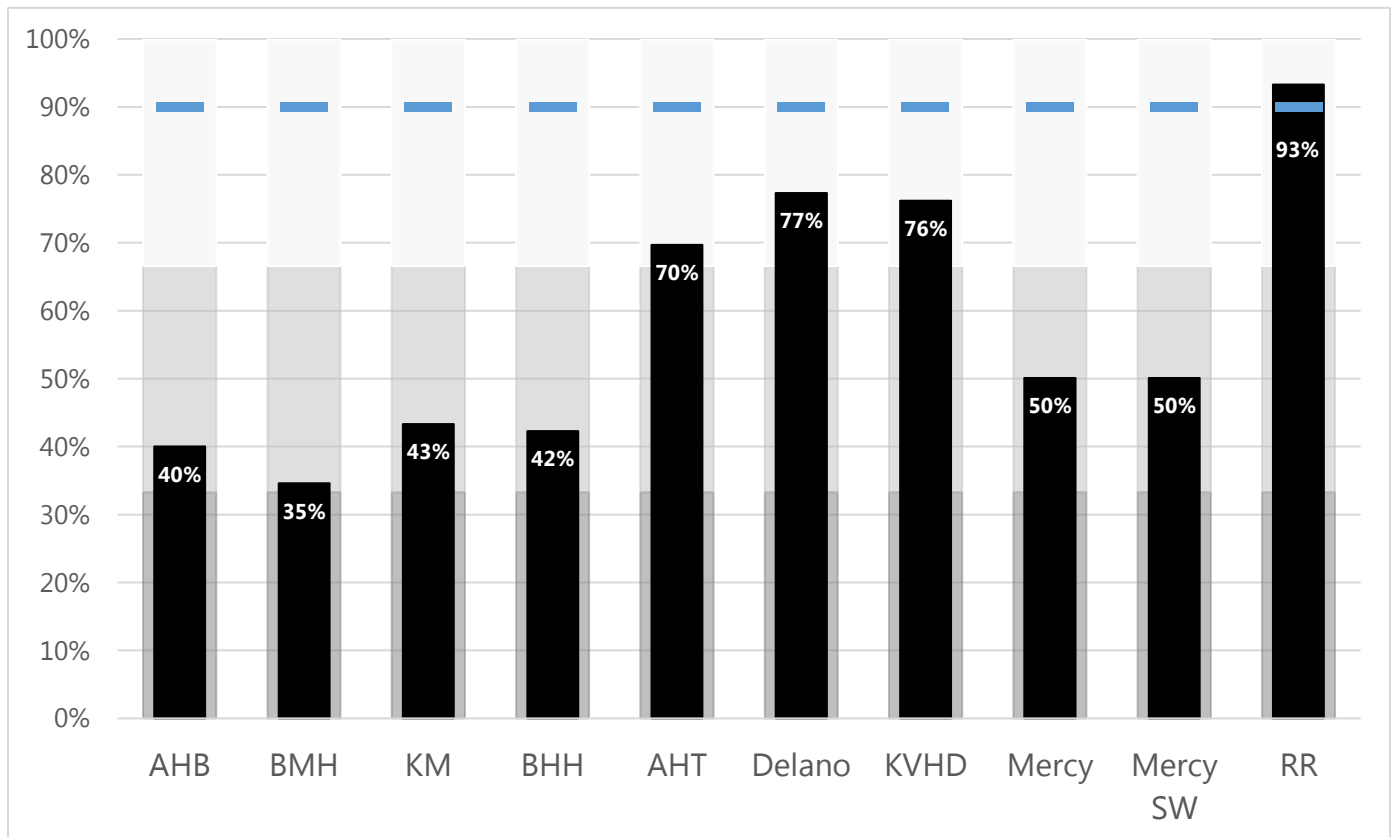
Ambulance patient offload time (APOT) is the elapsed time between the moment an ambulance arrives at a hospital and when patient care is transferred to hospital staff. The expectation is that 90 percent of the time patient care is transferred to hospital staff within 20 minutes.

In 2016, California Emergency Medical Services Authority approved legislation that required each local EMS agency to calculate and report APOT for each designated base hospital in their jurisdiction with the hopes that quality improvement could decrease these times².

The following is a summary of each Kern County designated base hospital and their APOT in 2018.

Our Goal: 90% of the time, patients should be offloaded within 20 minutes of arrival.

Ridgecrest Regional is the only hospital to meet that goal in 2018. On average, patients were offloaded within 20 minutes only **58%** of the time.



The following is a summary of APOT-2 criteria for each hospital in 2018:

Hospital	2.1 (%)	2.2 (%)	2.3 (%)	2.4 (%)	2.5 (%)	Total Transports
Adventist Health Bakersfield	38.5%	53.7%	6.7%	1%	0.2%	31818
Adventist Tehachapi	70.2%	28.6%	1.2%	0.1%	0%	2157
Bakersfield Heart Hospital	43.1%	47.0%	7.6%	1.7%	0.7%	4792
Bakersfield Memorial Hospital	34.5%	53.1%	9.4%	2.1%	1%	27341
Delano Regional Medical Center	81.4%	17.6%	0.9%	0.1%	0.04%	5005
Kern Medical	41.3%	55.1%	3.4%	0.2%	0.03%	17009
Kern Valley Healthcare District	85.3%	13.1%	1.4%	0.2%	0.1%	2686
Mercy Downtown	51.4%	45.5%	2.8%	0.3%	0.1%	10645
Mercy Southwest	49.3%	45.3%	4.7%	0.5%	0.2%	10477
Ridgecrest Regional Hospital	96.3%	3.5%	0.2%	0.02%	0.1%	4112

2.1: Defined by an offload time <=20 min

2.2: Defined by an offload time of 21-60 min

2.3: Defined by an offload time of 61-120 min

2.4: Defined by an offload time of 121-180 min

2.5: Defined by an offload time of >180 min

²https://www.calhospital.org/sites/main/files/file-attachments/apot_methodology_and_reporting_guidance_commission_approved_12-14-16.pdf

XI. Manager's Report

Miscellaneous Documents for Information



Maddy Emergency Medical Services (EMS) Fund Report

Fiscal Year 2017/18 (July 1, 2017 – June 30, 2018)

I	Administering Agency	County / Department	County Contact (Name and Title)	
		Address (Number and Street)	Phone Number	
		City or Post Office, State, and ZIP Code	Email Address	

II	Establishment of Fund	1a Has the agency established the Maddy EMS Fund (Original Assessment)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		b Date fund established.	
		c Fund balance on July 1, 2017.	
		d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, state reason(s):	
		2a Has the agency established the Maddy EMS Fund (Supplemental Assessment)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>
		b Date fund established.	
		c Fund balance on July 1, 2017.	
		d If the Maddy EMS Fund beginning balance on July 1, 2017, differs from the previous reported ending balance on June 30, 2017, state reason(s):	

III	Collections of Penalty Assessments	3 Fines, penalties, and forfeitures collected under each statute.	Statute	Collections	
		a	Government Code § 76000		
		b	Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>		
		c	Vehicle Code § 42007		
		d	Total		
		4 Responsibility for collection of fines, penalties, and forfeitures:			
		Entity	Contact (Name and Title)		
		Phone Number	Email Address		



IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
	a		Government Code § 76000 <i>(Based on GC § 76104)</i>	
	b		Vehicle Code § 42007	
	c		Total	
	d	If no deposits into Maddy EMS Fund, state reason(s):		
	6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i>	Statute	Deposits
	a		Government Code § 76000.5	
	b		Vehicle Code § 42007	
	c		Total	
	d	If no deposits into Maddy EMS Fund, state reason(s):		
V Maddy EMS Fund Category Distributions	7	Responsibility for deposit of penalty assessments:		
		Entity	Contact (Name and Title)	
		Phone Number	Email Address	
	8	Maddy EMS Fund (Original Assessment)		Interest and Other Deposits
	a	Interest earned during the fiscal year.		
	b	Other deposits during the fiscal year.		
	c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:		
	9	Total amount of funds distributed to the specified categories during the fiscal year.	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		
	b	Physicians/Surgeons (58%)		



V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		
	d	Other Discretionary EMS (17%)		
	e	Total		
10 Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and go to #12)				
			Interest and Other Deposits	
a	Interest earned during fiscal year.			
b	Other deposits during fiscal year.			
c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits:			
11	Total amount of funds distributed to the specified categories during the fiscal year.	Reserve (Optional)	Category Distributions	
a	Administration (Admin cost equal to the lesser of actual cost or 10%)			
b	Richie's Fund (15%)			
c	Physicians/Surgeons (58%)			
d	Hospitals (25%)			
e	Other Discretionary EMS (17%)			
f	Total			
12 Responsibility for category distributions:				
Entity		Contact (Name and Title)		
Phone Number		Email Address		
VI Expenditures & Reimbursements	13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	Amount	
	14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)	Amount	
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)	Amount		



VI Expenditures & Reimbursements (cont.)		Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).					
	b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):					
	c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.					Amount Reimbursed
		#	\$ Amount	#	%	\$ Amount
	17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #18)</i>					
	b If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):					
	c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.					Amount Reimbursed
	18 Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i>					
	<input type="checkbox"/> A description of the Physicians/Surgeons claims payment methodologies.					
	<input type="checkbox"/> A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).					
	<input type="checkbox"/> Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.					
	<input type="checkbox"/> A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.					
	<input type="checkbox"/> An identification of the fee schedule used by the county.					
	19 Responsibility for claims payments to Physicians/Surgeons:					
	Entity	Contact (Name and Title)				
	Phone Number	Email Address				



VI Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #20d)</i>															
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Allowable Claims</th> <th colspan="3" style="text-align: center;">Paid Claims</th> </tr> <tr> <th style="text-align: center;">#</th> <th style="text-align: center;">\$ Amount</th> <th style="text-align: center;">#</th> <th style="text-align: center;">%</th> <th style="text-align: center;">\$ Amount</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Allowable Claims		Paid Claims			#	\$ Amount	#	%	\$ Amount						
Allowable Claims		Paid Claims																
#	\$ Amount	#	%	\$ Amount														
		b	Total Hospitals expenditures.															
		c	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018, state reason(s):															
		d	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; vertical-align: top;">Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i></td> <td style="width: 20%; text-align: center; vertical-align: top;">Amount</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i>	Amount													
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		21a	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%;">Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i></td> <td style="width: 45%; text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #21d)</i> </td> </tr> </table>	Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #21d)</i>													
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		b	Total Hospitals expenditures.															
		c	If allowable claims were not paid during fiscal year, July 1, 2017-June 30, 2018 state reason(s):															
		d	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; vertical-align: top;">Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i></td> <td style="width: 20%; text-align: center; vertical-align: top;">Amount</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i>	Amount													
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		22	Required documentation for submission. <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i> <input type="checkbox"/> A description of the hospitals payment methodologies.															
		23	Responsibility for claims payments to Hospitals: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Entity</td> <td>Contact (Name and Title)</td> </tr> <tr> <td>Phone Number</td> <td>Email Address</td> </tr> </table>	Entity	Contact (Name and Title)	Phone Number	Email Address											
Entity	Contact (Name and Title)																	
Phone Number	Email Address																	



VI Expenditures & Reimbursements (cont.)	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	Amount
	b	Description of other EMS services provided:	
	25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank)</i>	Amount
	b	Description of other EMS services provided:	



VII Fund Summary

**Maddy EMS Fund
 (Original Assessment)**

	Available Funds for Distribution		Fund Total
Balance on July 1, 2017	(1c)		
Deposits for July 1, 2017-June 30, 2018	(5c)		
Interest for July 1, 2017-June 30, 2018	(8a)		
Other Deposits for July 1, 2017-June 30, 2018	(8b)		
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve) Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	(9a)		(13)
Physicians/Surgeons (58%)	(9b)	(9b)	(16a)
Hospitals (25%)	(9c)	(9c)	(20b Pd) (20d)
Other Discretionary EMS (17%)	(9d)	(9d)	(24a)
Total	(9e)	(9e)	
Preliminary Fund Balance (Fund Total - Total Expenditures)			
Reimbursements			
Physicians/Surgeons		(16c)	
Hospitals		(20e)	
Ending Balance for Total Available Funds as of June 30, 2018			

 Signature of Maddy EMS Fund Administrator

 Date

 Printed Name & Title

 Email Address



**VII Fund Summary
(cont.)**

**Maddy EMS Fund
(Supplemental Assessment)**

	Available Funds for Distribution			Fund Total
Balance on July 1, 2017		(2c)		
Deposits for July 1, 2017- June 30, 2018		(6c)		
Interest for July 1, 2017-June 30, 2018		(10a)		
Other Deposits for July 1, 2017 - June 30, 2018		(10b)		
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	(11a)			(14)
Richie's Fund (15%)	(11b)			(15)
Physicians/Surgeons (58%)	(11c)	(11c)		(17a)
Hospitals (25%)				(21b Pd)
	(11d)	(11d)		(21d)
Other Discretionary EMS (17%)	(11e)	(11e)		(25a)
Total	(11f)	(11f)		
Preliminary Fund Balance (Fund Total - Total Expenditures)				
Reimbursements				
Physicians/Surgeons		(17c)		
Hospitals		(21e)		
Ending Balance for Total Available Funds as of June 30, 2018				

Signature of Maddy EMS Fund Administrator

Date

Printed Name & Title

Email Address