

AGENDA
EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)
REGULAR MEETING

THURSDAY – May 10th, 2018

4:00 P.M.

Location: Kern County Public Health Services Department

San Joaquin Room – 1st Floor

1800 Mount Vernon Avenue - Bakersfield, California 93306

(661) 321-3000

I. Call to Order

II. Flag Salute

III. Roll Call

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

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

V. (CA) Approval of Minutes: EMCAB Meeting February 8th, 2018– approve

VI. Subcommittee Reports: None

VII. Public Comments:

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

VIII. Public Requests: None

IX. Unfinished Business: None

X. New Business:

- A. Resuscitation Academy – Receive and file
- B. Napa Fires – Receive and file
- C. Annual ALS Provider Performance Reports – Receive and file
- D. Annual EMS System Activity Report – Receive and file

XI. Director's Report: Hear presentation

XII. Miscellaneous Documents for Information:

- A. (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 9, 2018, 4:00 p.m., at the Kern County Public Health Services Department, Bakersfield, California.
- B. The deadline for submitting public requests on the next EMCAB meeting agenda is Thursday, July 26th, 2018, 5:00 p.m., to the Kern County EMS Division Senior Emergency Medical Services Coordinator.

XV. Adjournment

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

EMERGENCY MEDICAL CARE ADVISORY BOARD
Membership Roster

<i>Name and Address</i>	<i>Representing</i>
Mike Maggard, Supervisor Third District 1115 Truxtun Avenue Bakersfield, CA 93301 (661) 868-3670	Board of Supervisors
<u>Alternate</u> Mick Gleason, Supervisor First District 1115 Truxtun Avenue Bakersfield, CA 93301 (661) 868-3651	
Donny Youngblood, Sheriff Kern County Sheriff's Department 1350 Norris Road Bakersfield, CA 93308 (661) 391-7500	Police Chief's Association
<u>Alternate</u> Vacant	
Brian Marshall, Chief Kern County Fire Department 5642 Victor Street Bakersfield, CA 93308 (661) 391-7011	Fire Chief's Association
<u>Alternate</u> Vacant	
James Miller 14113 Wellington Court Bakersfield, CA 93314 (817) 832-2263	Urban Consumer
<u>Alternate</u> Vacant	

Name and Address**Representing**

Vacant

Rural Consumer

Alternate

Vacant

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

City Selection Committee

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

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

Kern Mayors and City Managers Group

AlternateVacant

Vacant

Kern County Medical Society

Alternate

Vacant

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

Kern County Hospital Administrators

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

Name and Address**Representing**

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

Kern County Ambulance Association

Alternate

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

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

EMS Medical Director

Support Staff

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

EMS Division

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

County Counsel

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

County Administrative Office

V. Approval of Minutes

February 8, 2018

MINUTES
EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)
REGULAR MEETING

THURSDAY – February 8, 2018

4:00 P.M.

Location: Kern County Public Health Services Department

San Joaquin Room – 1st Floor

1800 Mount Vernon Avenue - Bakersfield, California 93306

(661) 321-3000

I. Call to Order

II. Flag Salute
LED BY: Marshall

III. Roll Call: Maggard, Youngblood, Marshall, Barlow, Peters, Moses, Lyon

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

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

V. (CA) Approval of Minutes: EMCAB Meeting May 11, 2017 – approve
Marshall-Youngblood: 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. Ambulance Response Time Non-Compliance – receive and file
Youngblood-Marshall: All ayes

B. Local Accreditation Policy – receive and file
Peters-Lyon: All ayes

C. Optional Scope of Practice – receive and file
Lyon-Youngblood: All ayes

XI. Director's Report: Hear presentation – receive and file
Peters-Lyon: All ayes

XII. Miscellaneous Documents for Information:

A. (CA) EMS Fund Report – receive and file
Marshall-Lyon: All ayes

XIII. Board Member Announcements or Reports:

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

Marshall informed the Board that the Kern County Fire Department has gone live with their EPCR software.

Barlow wanted to commend the Division on the ambulance response time non-compliance reporting.

XIV. Announcements:

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

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

XV. Adjournment
Peters

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

X. New Business

A. Resuscitation Academy Report

EMS Division Staff Report for EMCAB-May 10th, 2018

Kern County Resuscitation Academy

Background

The EMS Division monitors and oversees all facets of prehospital emergency medical care in Kern County as delivered by our contracted ambulance providers and through our partnerships with area hospitals, under the direction of the Medical Director. This care can include victims of trauma, myocardial infarction, stroke and sudden cardiac arrest in both the adult and pediatric population of Kern County.

The Dilemma

In the U.S. 350,000 people a year die of sudden cardiac arrest, 4 out of 5 of these deaths occur in the home. Using the standard model of cardiac care in the prehospital setting only 10-20% of these patients survive to discharge from the hospital with an intact quality of life.

It is the duty of the EMS Division to identify areas for improvement and implement changes to the system that have a proven track record.

The EMS Division Plan of Action

King County Medic One and Seattle Fire Department have developed, over many years a modified system of treating sudden cardiac arrest patients that includes many facets. These include high performance CPR, tele-communicator CPR, bystander CPR with the use of the pulse point program and public access AED. This system accounts for a 50-60% survival rate of witnessed cardiac arrest victims.

In October of 2016 the EMS Medical Director and myself travelled to Seattle to take part in the Resuscitation Academy that is administered by Seattle Fire and King County Medic One. In April of 2017 The EMS Division hosted a Resuscitation Academy at Kern County Public Health Services Department. We have begun implementing many of the components of the high performance system here in Kern County and we look forward to improved cardiac arrest survival rates.

Therefore it is RECOMMENDED, the Board receive and file the *Staff Report*.

X. New Business

B. Napa Fire Report

EMS Division Staff Report for EMCAB-May 10th, 2018

Northern California Wildfires Response

Background

On October 8th, 2017 a group of large wildfires, later known as the North Bay Fires, spread throughout Northern California. These fires, which affected Napa, Sonoma, Mendocino, and Solano counties, have been recorded as the deadliest wildfires in California history. The North Bay fires killed a total of 44 people and hospitalized dozens more. In total, the fires burned 8,900 structures (largely residential) and scorched over 245,000 acres.

Dilemma

Due to the immense size of the fires, over 72 shelters were needed to house an estimated 5,800 evacuees for extended operational periods. Among the evacuees were approximately 1,100 medical patients that ranged from critical ICU patients to elderly skilled nursing facility patients. The task of transporting, tracking, and supporting the shelters for this disaster proved to be overwhelming for the local Operational Area and required a significant amount of mutual aid resources from surrounding counties.

On October 11th, 2017 the Kern County EMS Division was contacted by EMSA for Mutual Aid support from the Region V RDMHS, (Regional Disaster Medical Health Specialist). The Region V RDMHS responded to Sacramento, CA and assisted the Region II RDMHS with various mission tasks.

Such tasks included coordinating resources for evacuation of the Yountville Veterans Home skilled nursing facility, securing volunteer staff for shelters, and creating situational reports for state authorities.

The EMS Division Plan of Action

The assistance of the Region V RDMHS role was deemed crucial for proper disaster relief efforts and public safety. As such, the California Emergency Medical Services Authority has since amended the RDMHS scope of work to include regional mutual aid assistance whenever it is deemed necessary. The Kern County EMS Division will continue to support the RDMHS role and meet all contractual demands.

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

X. New Business

C. Annual ALS 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, outline the requirements that ambulance services must meet in order to remain in compliance with performance contracts. Additionally, the Kern County Fire Department implemented paramedic services in the operational area of Pine Mountain Club (PMC), which were Board of Supervisors approved for implementation on March 1, 2009. The implementation of this advanced life support program created *Paramedic First Responder Policies and Procedures Kern County Fire Department Station 58- Pine Mountain Club* policy which also includes performance-based standards. On a monthly basis each ambulance provider and the Kern County Fire Department 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 2,4,5,8,9 – Hall Ambulance Service, Inc.; EOA 11 – Hall Ambulance Service, Inc.; EOA 3 – Delano Ambulance Service; EOA 6 – Liberty Ambulance Service; EOA 7 – Liberty Ambulance Service; and OA58 – Kern County Fire Department. 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.

2017 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 2017 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 127 ambulances and 5 supervisor units, 1 helicopter, and employed 359 emergency medical technicians, paramedics, dispatchers, nurses and support staff. The owner/president of Hall Ambulance Service, Inc. is Harvey Hall, and John Surface is the Vice President of Corporate Operations.

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 2017. The response category for priority 1 calls in the Urban response zone was not met in the months of June, July, August, September, October, November and December. The response category for priority 1 calls in the Suburban response zone was not met in the months of June, July, August, October, and November. The category for priority 3 and 4 calls in the Suburban response zone was not met in the months of July, August, September, October, November and 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. on September 14, October 4, November 9, January 2, and February 1, 2018 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 and Hall Ambulance Service’ responses are attached.

- Hall Ambulance EOA 1: 2936 responses; 6 *turned calls*; 86 *mutual aid* calls

Mutual aid occurs when Hall Ambulance Service provides services to another ambulance company outside of the EOA. Hall Ambulance Service provided 86 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 2017, Hall Ambulance Service reported 6 *turned calls* in EOA 1. All of these calls were serviced by Delano Ambulance Service. In three cases, Hall Ambulance turned the call to Delano Ambulance Service by mistake

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.

Complaints/Investigations

In 2017, there were no formal complaints filed with the EMS Division against Hall Ambulance Service, Inc. for services provided within EOA 1.

Community Services

In 2017, 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. 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 11,393 calls for emergency requests in the dispatch center for 2017, 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 2017, Hall Ambulance Service, Inc. maintained 96.4 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. There are three documented areas of non-compliance for 2017. 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 2017. Hall Ambulance Service Inc. staff responded to the letters of non-compliance and have been working diligently to correct the issues.

2017 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 127 ambulances and seven Supervisor units, and employs 359 emergency medical technicians, paramedics, nurses, dispatchers, and support personnel. The owner/president of Hall Ambulance Service, Inc. is Harvey Hall, and John Surface is the Vice President of Corporate Operations.

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.

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 2017, 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 4, 5, and 8 in 2017. Hall Ambulance Service, Inc. met the response standards for every category for every month in EOA 2 and 9 in 2017. 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., on September 14, October 4, November 9, January 2, and February 1, 2018 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 and Hall Ambulance Service' responses are attached.

- EOA 2: 2,468 responses; all response compliance standards were met; 0 *turned calls*; 0 *mutual aid* calls
- EOA 4: 49,893 responses; response compliance standards were not met for priority 1, metro in the months of April, August, September, October, and November. Additionally, Hall Ambulance Service Inc, was out of response time compliance for priority 2, metro in October of 2017. They had 0 *turned calls* and responded to 1 *mutual aid* call.
- 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
- EOA 8: 8,833 responses; response compliance standards were not met for priority 1, Urban, in the month of October and priority 2, Urban, in the month of November. They had 40 *turned calls* and responded to 41 *mutual aid* calls
- EOA 9: 2,799 responses; response compliance standards were not met for priority 3 and 4, metro zone in the month of January. They had 0 *turned calls* and responded to 4 *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 46 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.

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 2017, Hall Ambulance Service, Inc. reported no *turned calls* in EOAs 2, 4, 5 and 9.

In EOA 8, there were 40 *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 36 *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 2017 in EOA 2, 4, 5, 8 and 9.

Complaints/Investigations

There was one formal complaint made against Hall Ambulance Service, Inc. for EOA 2, 4, 5, 8, or 9 in 2017 to prompt the EMS Division to conduct an investigation. The complaint alleged that a wallet was missing following a patient transport. The investigation garnered a witness that saw a family member take the wallet. The case is closed.

Community Services

In 2017, 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 2017 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. 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 11,393 calls for emergency requests in the dispatch center for 2017, 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 2017, Hall Ambulance Service, Inc. maintained 96.4 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

2017 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 4, 5, 8, and 9. Hall Ambulance staff have been working with the Division to regain compliance in their EOA's.

2017 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 127 ambulances and seven supervisor units and employed 359 emergency medical technicians, paramedics, dispatchers, nurses and support staff. The owner/president of Hall Ambulance Service, Inc. is Harvey Hall, and John Surface is the Vice President of Corporate Operations.

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 standards for every category for every month.

- EOA 11: 6,416 responses; all response compliance standards were met; 0 *turned calls*; 54 *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 48 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 2017, 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 2017.

Complaints/Investigations

In 2017, there were no formal complaints filed with the EMS Division against Hall Ambulance Service, Inc. for services provided within EOA 11.

Community Services

In 2017, Hall Ambulance Service, Inc. participated in numerous community events. The company provided eight blood pressure clinics and 17 ambulance demos in all communities serviced. In addition Hall Ambulance Service, Inc. provided first aid and football standbys, and participated in National Night Out and two 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. 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 11,393 calls for emergency requests in the dispatch center for 2017, 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 2017, Hall Ambulance Service, Inc. maintained 96.4 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 all 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 for EOA 11.



September 14, 2017

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

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

Dear Mr. Surface:

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

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

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

These failures constitute a violation of:

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

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

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

Sincerely,

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

Jeff Fariss

Senior EMS Coordinator



HALL AMBULANCE SERVICE INCORPORATED

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

October 4, 2017

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

RE: Response to Notice of Non-Compliance

Dear Mr. Fariss,

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

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

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

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

"WE CARE. EVERY HOUR. EVERY DAY."

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

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

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

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

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

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

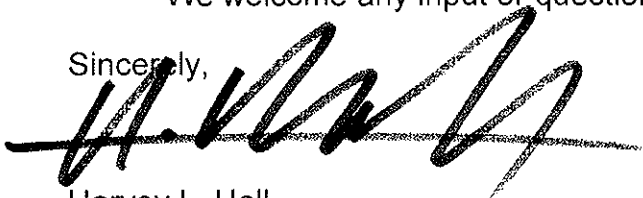
In order to further enhance our ability to track response time compliance, we are engaging an outside vendor to improve our data management and internal reporting procedures and resources. The new tools provided by this vendor will give our executive staff, managers and supervisors virtually minute by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

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

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

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

Sincerely,

A handwritten signature in black ink, appearing to read 'H. L. Hall', with a stylized flourish at the end.

Harvey L. Hall
President/Founder

October 4, 2017

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

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

Dear Mr. Surface:

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

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

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Hall	1	August	3&4	Suburban	89%	Not Met
Hall	4	April	1	Metro	89.50%	Not Met
Hall	4	August	1	Metro	86.10%	Not Met
Hall	5	February	2	Urban	89%	Not Met
Hall	5	March	2	Urban	89%	Not Met
Hall	5	April	2	Urban	87%	Not Met
Hall	5	May	2	Urban	88%	Not Met
Hall	5	June	2	Urban	88%	Not Met
Hall	5	July	2	Urban	87%	Not Met
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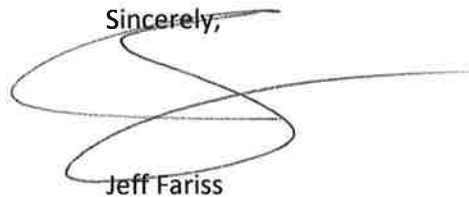
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The Division is requesting immediate action on the part of Hall Ambulance Service to come into compliance with the above stated provisions. Hall Ambulance Service shall deliver to the Division, no later than, October 14, 2017, in writing, a plan to cure the violations stated above. Hall Ambulance Service's plan shall be updated on the 1st of every month until all of the violations are cured. Each update must include any alterations to the plan and any actions taken to bring the EOA's into compliance.

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

Sincerely,

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

Jeff Fariss
Senior EMS Coordinator



HALL AMBULANCE SERVICE INCORPORATED

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

October 16, 2017

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

Re: Response to Notice of Non Compliance

Dear Mr. Fariss:

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

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

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

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

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

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



HALL AMBULANCE SERVICE INCORPORATED

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

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



HALL AMBULANCE SERVICE INCORPORATED

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(661) 322-1625 FAX (661) 322-1638

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

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

Sincerely,

Harvey L. Hall
President/Founder



KERN COUNTY
Public Health Services
DEPARTMENT

MATTHEW CONSTANTINE
DIRECTOR

1800 MT. VERNON AVENUE

BAKERSFIELD, CALIFORNIA, 93306-3302

661-321-3000

WWW.KERNPUBLICHEALTH.COM

November 9, 2017

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

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

Dear Mr. Surface:

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

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These failures constitute a violation of:

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Hall	4	August	1	Metro	86.1%	Not Met
Hall	4	September	1	Metro	85%	Not Met
Hall	5	February	2	Urban	89%	Not Met
Hall	5	March	2	Urban	89%	Not Met
Hall	5	April	2	Urban	87%	Not Met
Hall	5	May	2	Urban	88%	Not Met
Hall	5	June	2	Urban	88%	Not Met
Hall	5	July	2	Urban	87%	Not Met
Hall	5	August	2	Urban	85%	Not Met
Hall	5	September	2	Urban	86%	Not Met
Hall	8	March	1	Urban	88%	Not Met
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, November 20, 2017, in writing, a plan to cure the violations stated above. Hall Ambulance Service's plan shall be updated on the 1st of every month until all of the violations are cured. Each update must include any alterations to the plan and any actions taken to bring the EOA's into compliance.

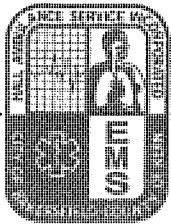
Failure to abide by this notice within the timeframes allowed may result in a finding of guilty of an infraction and assessment of a penalty pursuant to Chapter 8.12.200 of Ordinance.

Sincerely,

A handwritten signature in black ink, consisting of a large, stylized 'S' shape with a horizontal line extending to the right.

Jeff Fariss

Senior EMS Coordinator



HALL AMBULANCE SERVICE INCORPORATED

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

November 17, 2017

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

Re: Response to Notice of Non Compliance

Dear Mr. Fariss,

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

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

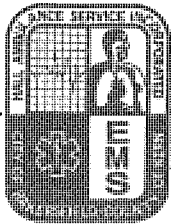
In addition to the new employees we have ten Paramedic Students that are scheduled to license and be added to our schedule by the 18th of December. We have gone to great lengths to streamline their licensing process. We have scheduled them to take their National Registry skills exam on November 18 in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

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

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

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

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

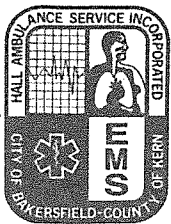
Overall response times for November are improved over October in both EOA 4 and EOA 5. The chart below shows the improved average response time.

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

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

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

"WE CARE. EVERY HOUR. EVERY DAY."



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

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

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

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

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

Sincerely,

Harvey L. Hall
Founder/President

"WE CARE. EVERY HOUR. EVERY DAY."



KERN COUNTY
Public Health Services
DEPARTMENT

MATTHEW CONSTANTINE
DIRECTOR

1800 MT. VERNON AVENUE

BAKERSFIELD, CALIFORNIA, 93306-3302

661-321-3000

WWW.KERNPUBLICHEALTH.COM

January 2, 2018

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

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

Dear Mr. Surface:

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

These failures constitute violations of:

- County Ordinance 8.12.170.E.7: "Failure to meet the zone response time standards for three consecutive months in the same zone, or four (4) months in any consecutive twelve (12) month period in the same zone."
- *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".

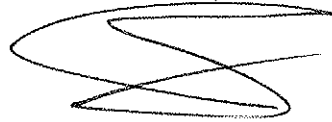
Hall Ambulance Service has failed to meet the response time standards as specified in the *Ambulance Service Performance Standards*, in multiple categories, as follows:

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
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Hall	4	September	1	Metro	85%	Not Met
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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 January 16th, 2018, in writing, a plan to cure the violations stated above. Hall Ambulance Service's plan shall be updated on the 1st of every month until all of the violations are cured. Each update must include any alterations to the plan and any actions taken to bring the EOA's into compliance.

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

Sincerely,

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

Jeff Fariss
Senior EMS Coordinator



HALL AMBULANCE SERVICE INCORPORATED

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

January 18, 2018

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

Dear Mr. Fariss,

RE: Letter Dated January 2, 2018

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

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

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

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

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

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

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

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

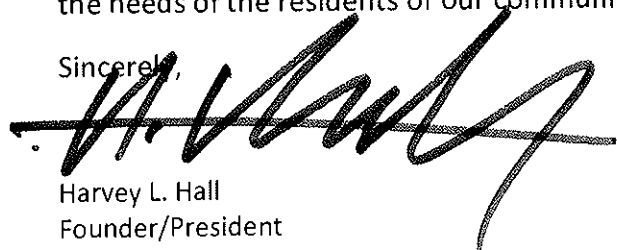
EOA 5 Priority 6, 7, and 8 non-compliance was caused by an internal reporting error. The Ambulance performance standard allows for a four hour response to unscheduled transfers. We have an internal policy of a one hour response time. When we adjust the allowable time to match the performance standards,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

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

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

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

Sincerely,

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

Harvey L. Hall
Founder/President

HLH:ss

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



KERN COUNTY
Public Health Services
DEPARTMENT

MATTHEW CONSTANTINE
DIRECTOR

1800 MT. VERNON AVENUE

BAKERSFIELD, CALIFORNIA, 93306-3302

661-321-3000

WWW.KERNPUBLICHEALTH.COM

February 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.

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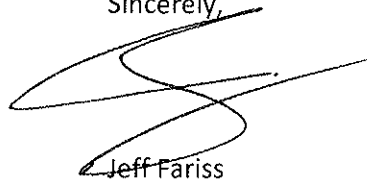
Hall Ambulance Service has failed to meet the response time standards as specified in the *Ambulance Service Performance Standards*, in multiple categories, as follows:

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

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

Sincerely,

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

Jeff Fariss

Senior EMS Coordinator

Cc: Harvey L. Hall, Founder/President

Matt Constantine, Director, Kern County Public Health Department

Brynn Carrigan, Assistant Director, Kern County Public Health Department



HALL AMBULANCE SERVICE INCORPORATED

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

February 15, 2018

Jeff Fariss, Senior EMS Coordinator
Kern County EMS
1800 Mt. Vernon Avenue
Bakersfield, CA 93306

Dear Mr. Fariss,

I am in receipt of your letter dated February 1, 2018. We continue to make significant progress on response times and look forward to permanent resolution of all deficiencies. As you are aware, we deployed people and equipment over the last four months to address response concerns. Our efforts have allowed us to achieve response compliance in EOA 4, Priority 1, Metro, our biggest contracted area.

The three remaining response zones listed in your letter as not met or in breach are all subject to the 100-call rule.

EOA 1, Priority 1, Urban

We have not had a late response since November 22, 2017. As of today we have not responded to any calls in this response zone this month, and we have only responded to three calls in this zone year to date. To reach the 100-call total needed to complete the response time compliance evaluation, you have to go back to January 2016. We cannot achieve compliance until we run another ten calls. Based on current call volume, it is unlikely that we can achieve compliance for at least 90 days. We continue to monitor our deployment plan and will make adjustments as needed. However, without calls there is no other way to become compliant.

EOA 1, Priority 3 & 4, Suburban

The last late response in this response zone took occurred October 16, 2017. Since that date, we have responded to 15 calls, met the response time requirements on all 15 responses, and are now at or above the 90% minimum in this response zone.

EOA 5, Priority 2, Urban

We have made great progress in this response zone in the last four months. In November of 2017, we ran 11 calls and made required response times on all responses. In December of 2017, we ran ten calls and made response requirements on all ten responses. In January 2018, we responded 15 times with two late responses and month-to-date, we have responded four times meeting response time requirements each time. We are now at 90% in this response zone.

Hospital patient offload delays continue to affect our ability to get ambulances back on the road after delivering a patient to an emergency room. Ample empirical evidence demonstrates the impact of offload delays on EMS system performance and EMS system cost.

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Jeff Fariss, Senior EMS Coordinator
Kern County EMS
February 15, 2018
Page Two

This leaves us with EOA 1, Priority 1, Urban as the only response zone not in compliance. However, clearly our work is not complete. I am incredibly proud of the extra work completed by our EMTs, paramedics, dispatchers, supervisors, and managers that have helped us improve our overall response time compliance. Together they take great pride in providing service to Kern County. Nevertheless, we are not done improving. We will continue to hire, train, and deploy more people. We will continue to work internally to find more ways to improve responses times in all of our response areas.

Sincerely,

A handwritten signature in black ink, appearing to read "Johnathon R. Surface", with a long horizontal flourish extending to the right.

Johnathon R. Surface
Vice President Corporate Operations

JRS/ss

CC: Harvey L. Hall, Founder/President

Matt Constantine, Director, Kern County Public Health Department

Brynn Carrigan, Assistant Director, Kern County Public Health Department

2017 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 2017 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 2017, 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 2017.

- EOA 3: 5038 responses; all response compliance standards were met; 52 *turned calls*; 149 *mutual aid* calls.

Mutual aid occurs when Delano Ambulance Service provides services for another ambulance company outside of the EOA. Delano Ambulance provided 77 *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, Porterville, Woody, Pond, and Wasco.

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 2017, Delano

Ambulance Service reported 52 *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 for its ambulance response compliance reporting in 2017.

Complaints/Investigations

In 2017, 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 2017. These events include ambulance demonstrations for children and participation in National Night Out with Delano Police Department. In 2017, 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 met all of the requirements of the ambulance ordinance, ambulance service performance standards, and ambulance service agreement.

2017 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 four months in which one or more response categories were not met in 2017. The response category for priority 1 calls in a metro response zone was not met in the month of January. The response category for priority 6, 7 and 8 calls in urban zone was not met in the month of January, and in the Metro zone in the months of November and December. The compliance issues in the month of January were residual from a data issue that Liberty experienced in 2016 and the issues in November and December were caused by a reporting error which has been corrected.

- EOA 6: 3,824 responses; all response compliance standards were met; 0 *turned call*; 45 calls outside of the EOA.

Mutual aid occurs when Liberty Ambulance Service provides services to another ambulance company outside of the EOA. Liberty Ambulance Service provided 16 separate instances of *mutual aid* to surrounding operating areas; 29 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 2017.

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 2017, 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, hosted an EMS BBQ, and provided standby ambulances for football games.

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 only met the requirements of the ambulance ordinance, ambulance service performance standards, ambulance service agreement, and all other policies, procedures, and standards for two months in 2017. 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.

2017 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 standards for every category for every month.

- EOA 7: 4,590 responses; most response compliance standards were met, priority 6,7,8 calls were not met in the metro zone for nine months as described above ; 5 *turned calls*; 364 *mutual aid* calls.

Mutual aid occurs when Liberty Ambulance Service provides services to another ambulance company outside of the EOA. Liberty Ambulance Service provided 364 separate instances of *mutual aid* to surrounding areas. All but eight 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 five 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 five *turned calls* for 2017. This indicates that Liberty Ambulance Service is providing sufficient resources to adequately serve EOA 7, without reliance upon other companies. The five *turned calls* that were reported were given to China Lake Naval Weapons Station. 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 requirements for 2017.

Complaints/Investigations

In 2017, there were one formal complaint filed with the EMS Division against Liberty Ambulance Service. The complaint alleged; 1-Inappropriate solicitation for ambulance services, 2-failure to follow the appropriate treatment protocol, 3-failure to follow the Ambulance Destination Decision Policies and 4-failure to follow Ambulance Service Performance Standards. After a complete and thorough investigation, it was concluded that: Allegations 1 and 2 had no merit, Allegation 3 no violation occurred, Allegation 4 was found to have merit. The evidence indicated that Liberty Ambulance had violated the Ambulance Service Performance Standards, Section XI.A. Customer Service Performance.

Community Services

Liberty Ambulance Service participated in community service events. Public education events Airshows, Relay for Life, Rodeo, and numerous football standbys are some of the events Liberty Ambulance participated in.

The County purchased and outfitted a disaster response trailer with trauma supplies for a multi-casualty incident. If a large incident (bus accident, plane crash, building collapse, etc.) were to occur, the trailer contains supplies that would allow many people to be treated at the scene. Liberty Ambulance Service has agreed to deploy this resource to anywhere in east Kern, on behalf of the County. Liberty Ambulance Service maintains the trailer and equipment in good working order, without compensation.

Dispatch

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

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.

ANNUAL REPORT ON FIRST-RESPONDER PARAMEDIC PROGRAM FOR PINE MOUNTAIN CLUB (Fiscal Impact: None)

This is the annual report regarding the Kern County Fire Department's first-responder paramedic program serving Pine Mountain Club. This program was established on February 17, 2009. Below is a summary of operations from January 2017 through December 2017.

Response Times

As with most first-responder paramedic programs, response times can be an effective measure of the program. Two time zones with four standards were set as measurements for this program. The standards for Zone A are 8 minutes, 59 seconds, ninety percent (90%) of the time per month, and 12 minutes, 59 seconds, one hundred percent (100%) of the time per month. The standards for Zone B are 15 minutes, 59 seconds, ninety percent (90%) of the time per month, and 20 minutes, 59 seconds, one hundred percent (100%) of the time per month. In other words, most calls occurring close to the fire station will be responded to in less than nine minutes and in no case shall the response be longer than 13 minutes. Calls occurring further away from the fire station will be responded to in less than 15 minutes most of the time and in no case shall the response be longer than 21 minutes. Responses are measured from call time to scene arrival, and the time standards are only applicable for those calls that require a hot response (lights and siren) to an EMS-related incident.

From January 2017 through December 2017, the Kern County Fire Department response performance compliance was measured on a monthly basis as shown in Figure 1 below. The Kern County Fire Department was in compliance in all four categories during the months of February, May, June, September, and October. The Kern County Fire Department was out of compliance for one category in January, December, Time Zone A at 90 percent and March and August in Time Zone A 100 percent. Time Zone B was not met in July and November for 100 percent. The Kern County Fire Department has shown a slight decline in response compliance over the last few years. In 2013 the Fire Department did not have any months of non-compliance.

Figure 1.

January	February	March	April	May	June	July	August	September	October	November	December	#	Standard
												1	90% Time Standard
NOT MET	MET	NOT MET	NOT MET	MET	MET	MET	MET	MET	MET	MET	NOT MET	2	Time Zone A 8:59
MET	MET	NOT MET	NOT MET	MET	MET	NOT MET	MET	MET	MET	NOT MET	MET	3	Time Zone B 15:59
												4	100% Time Standard
MET	MET	NOT MET	NOT MET	MET	MET	MET	NOT MET	MET	MET	MET	MET	5	Time Zone A 12:59
MET	MET	MET	NOT MET	MET	MET	NOT MET	MET	MET	MET	NOT MET	MET	6	Time Zone B 20:59

Program Effectiveness

From January 2017 to December 2017, the Fire Department had contact with 242 patients.

Overall Assessment of the Program

The first-responder paramedic program operated by the Kern County Fire Department is in compliance with EMS rules and regulations, with the exception of response times. There have been no complaints filed with the EMS Division about the Kern County Fire Department's paramedic program. In previous years the Fire Department worked diligently at improving response time performance in the Pine Mountain Club area. It is anticipated that the Kern County Fire Department will continue efforts to address response time compliance in the coming year.

X. New Business

D. Annual EMS System Activity
Report

Annual EMS System Report 2017

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 EMS Division developed 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.

This report 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 report contains a multitude of statistics regarding our EMS system. In addition to including this report in your Board member packets a copy will be submitted to EMSA and the Kern County Board of Supervisors.

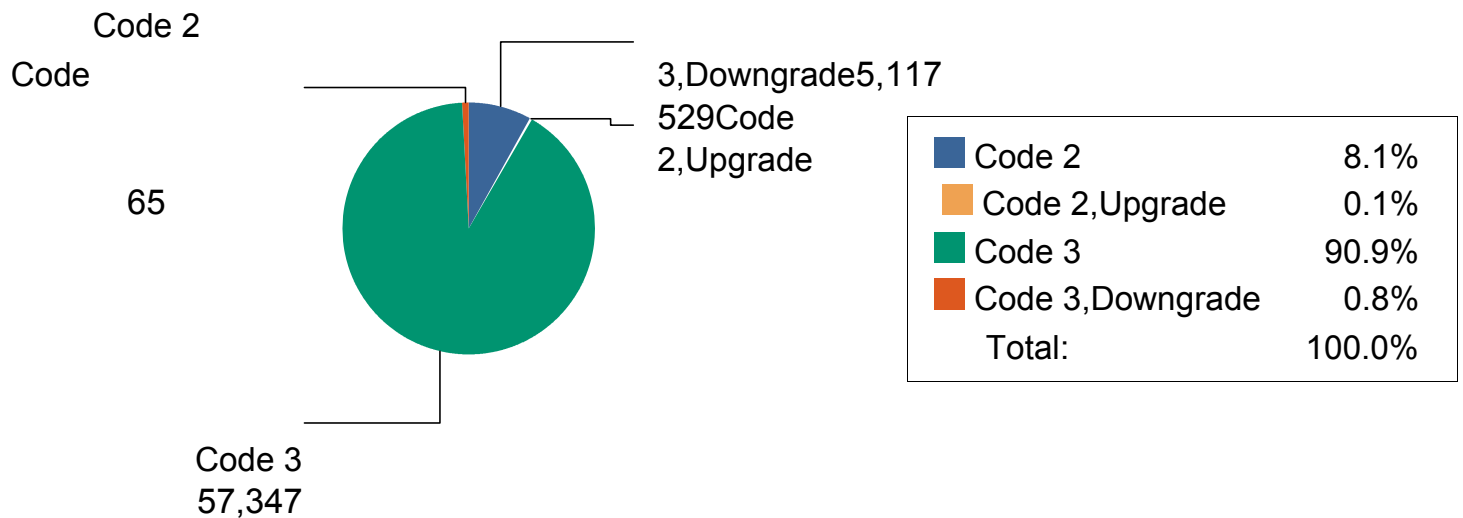
Therefore IT IS RECOMMENDED, the Board receive and file the *Annual EMS System Report - 2017*.

2017 System Demographics

EMS PRACTITIONERS		3796
	<i>EMD</i>	58
	<i>EMT</i>	2711
	<i>MICN</i>	163
	<i>Paramedic</i>	321
	<i>PFSA</i>	543
TRAINING PROGRAMS		28
	<i>Paramedic Training Programs</i>	1
	<i>EMT Training Programs</i>	5
	<i>Continuing Education Providers</i>	24
	<i>First Aid</i>	2
EMERGENCY RECEIVING HOSPITALS		10
	<i>Base Hospitals</i>	8
	<i>Trauma Centers</i>	2
	<i>STEMI Receiving Centers</i>	3
	<i>Stroke Centers</i>	5
	<i>Pediatric Receiving Centers</i>	5
EMS PROVIDER AGENCIES		13
	<i>Air Ambulance</i>	2
	<i>ALS Ambulance</i>	3
	<i>ALS Non-Transport</i>	1
	<i>ALS Fire Dept</i>	3
	<i>BLS Non-Transport</i>	2
	<i>PFSA O.S.</i>	1

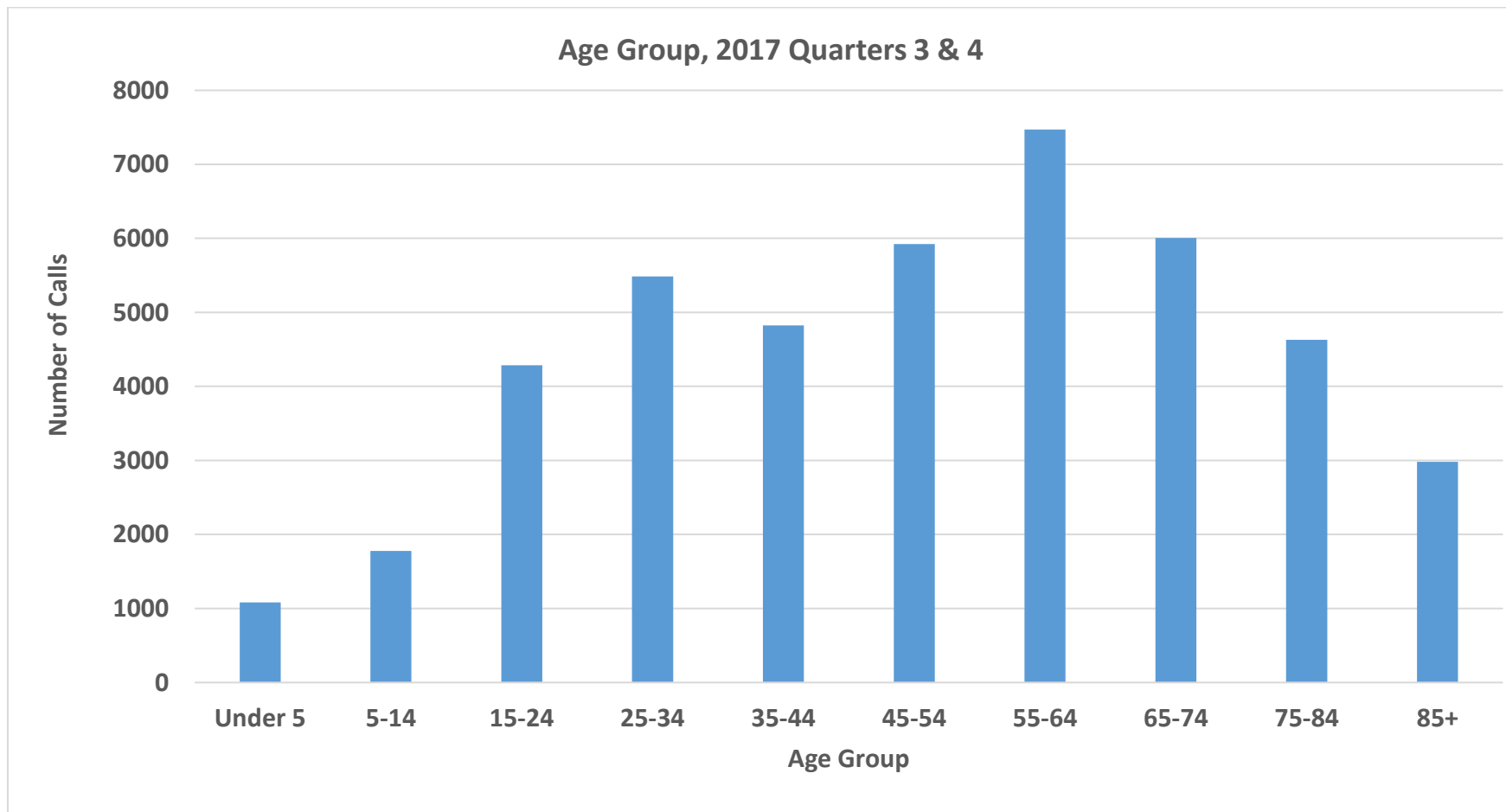
Response Mode to Scene

Q3 and Q4 2017

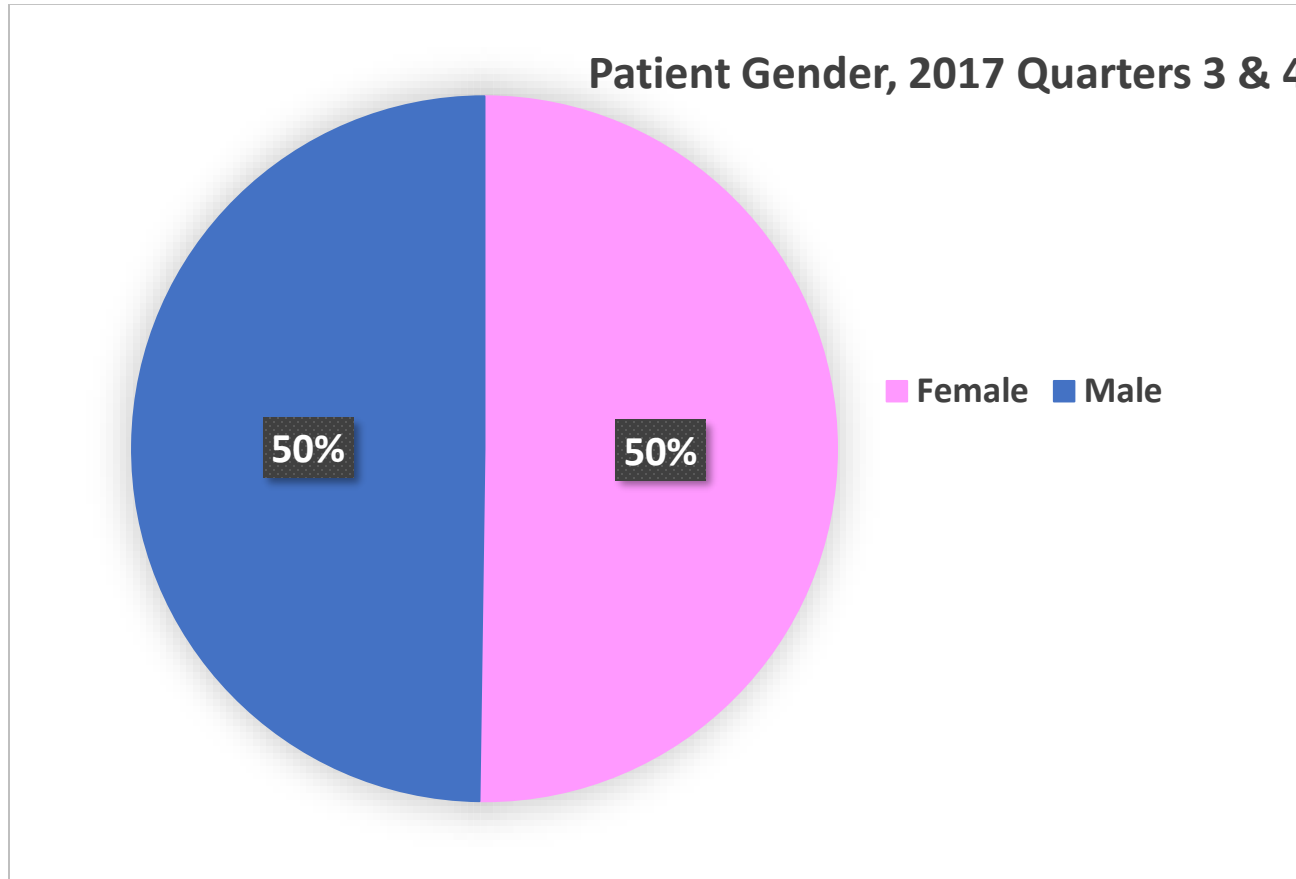


Type of Service Requested = 911 Response

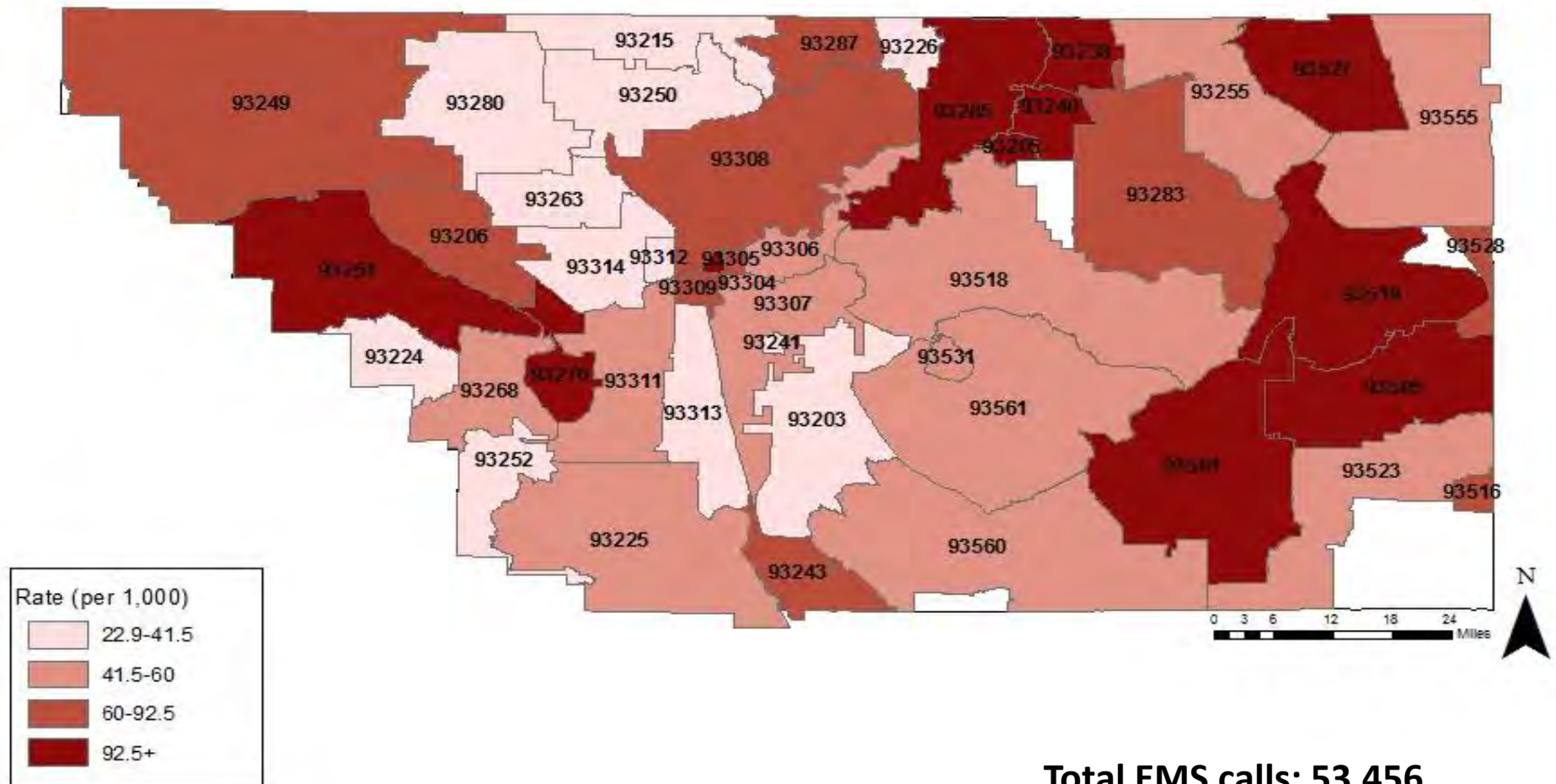
Patient Demographics for all 9-1-1 Calls: 2017 Quarters 3 and 4



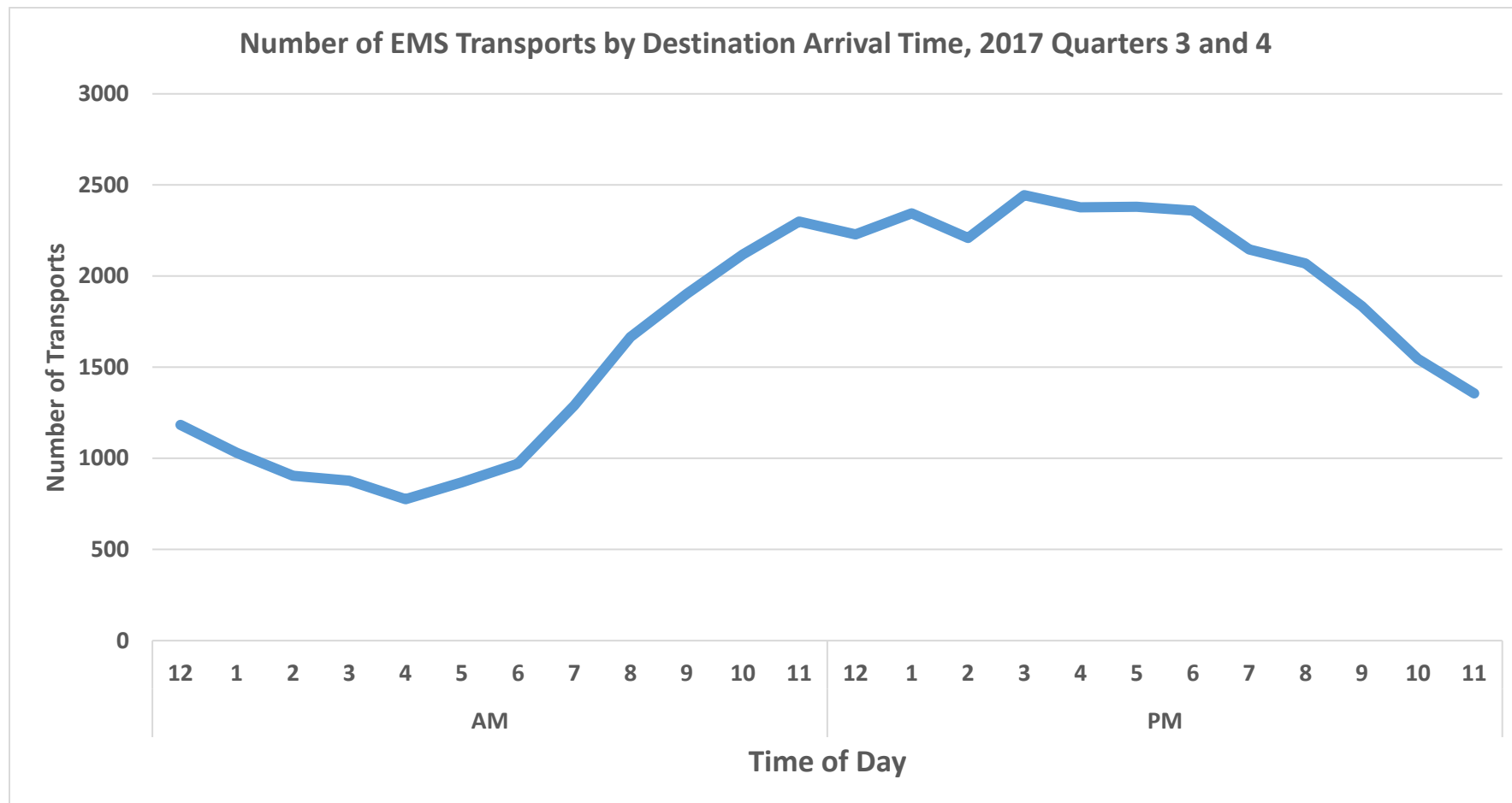
Patient Demographics for all 9-1-1 Calls: 2017 Quarters 3 and 4



Rate of EMS Calls by Zip Code:
 Quarters 3 & 4
 2017



EMS Arrival Time to Destination: 2017, Quarters 3 and 4





Kern County EMS System Update: 2017

Kern County EMS State Core Measures: 2017

STEMI

- ACS-1: Administration of aspirin for chest pain of cardiac origin
- ACS-2: 12 lead ECG performance
- ACS-3: Scene time for suspected heart attack patients
- ACS-5: Direct transport to a STEMI receiving center

Stroke

- STR-2: Glucose Testing for Suspected Stroke Patients
- STR-3: On-Scene Time of Suspected Stroke Patients (90th Percentile)
- STR-5: Percentage of Suspected Stroke Patients Transported Directly to Stroke Center

Trauma

- TRA-1: On-Scene Time (90th Percentile)
- TRA-2: Direct Transport to a Trauma Center

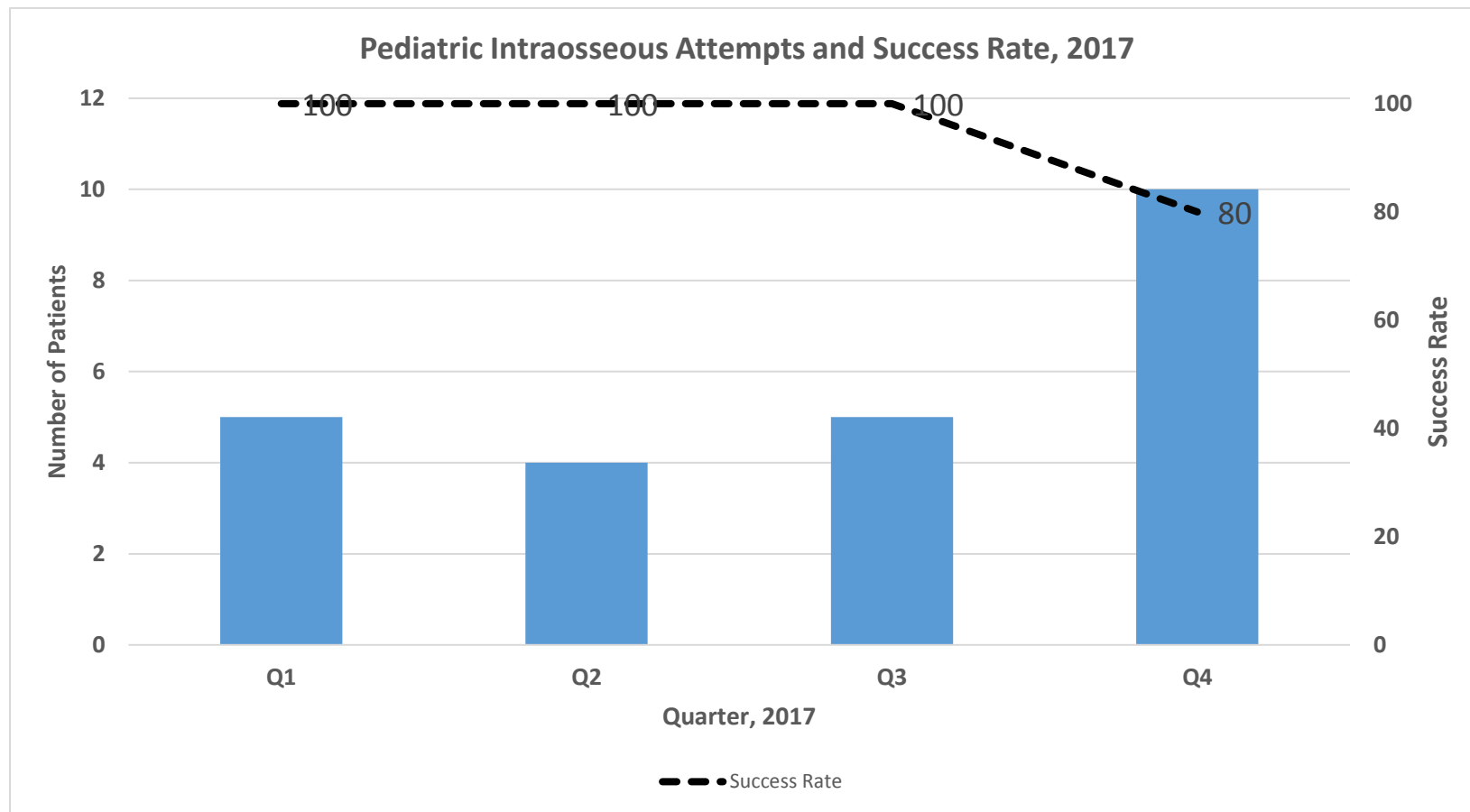
Pediatric

- PED-1: Percentage of Pediatric Asthma Patients Receiving Bronchodilators

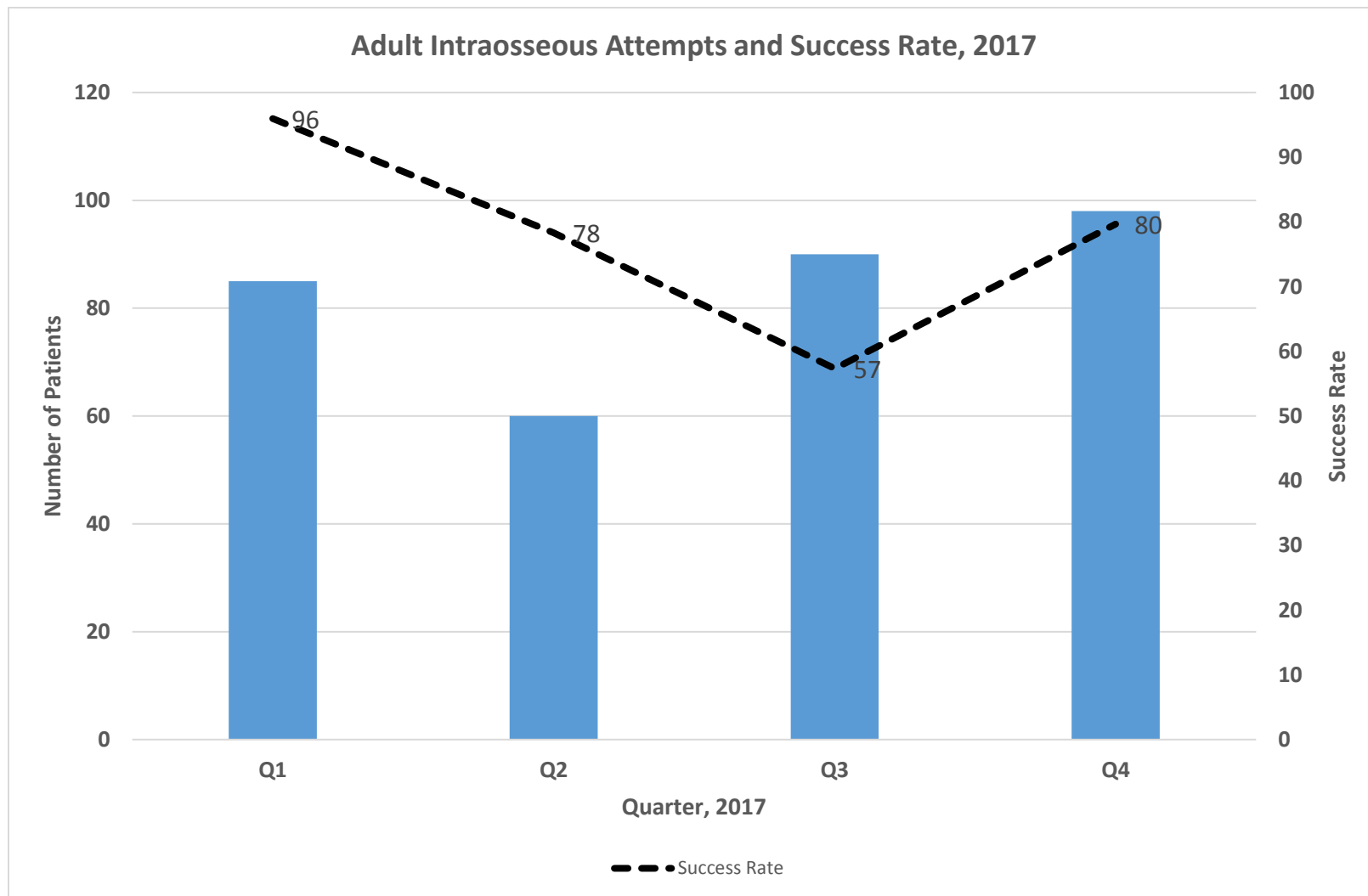
Other

- RES-2: Beta 2 Agonist Administration to Adults

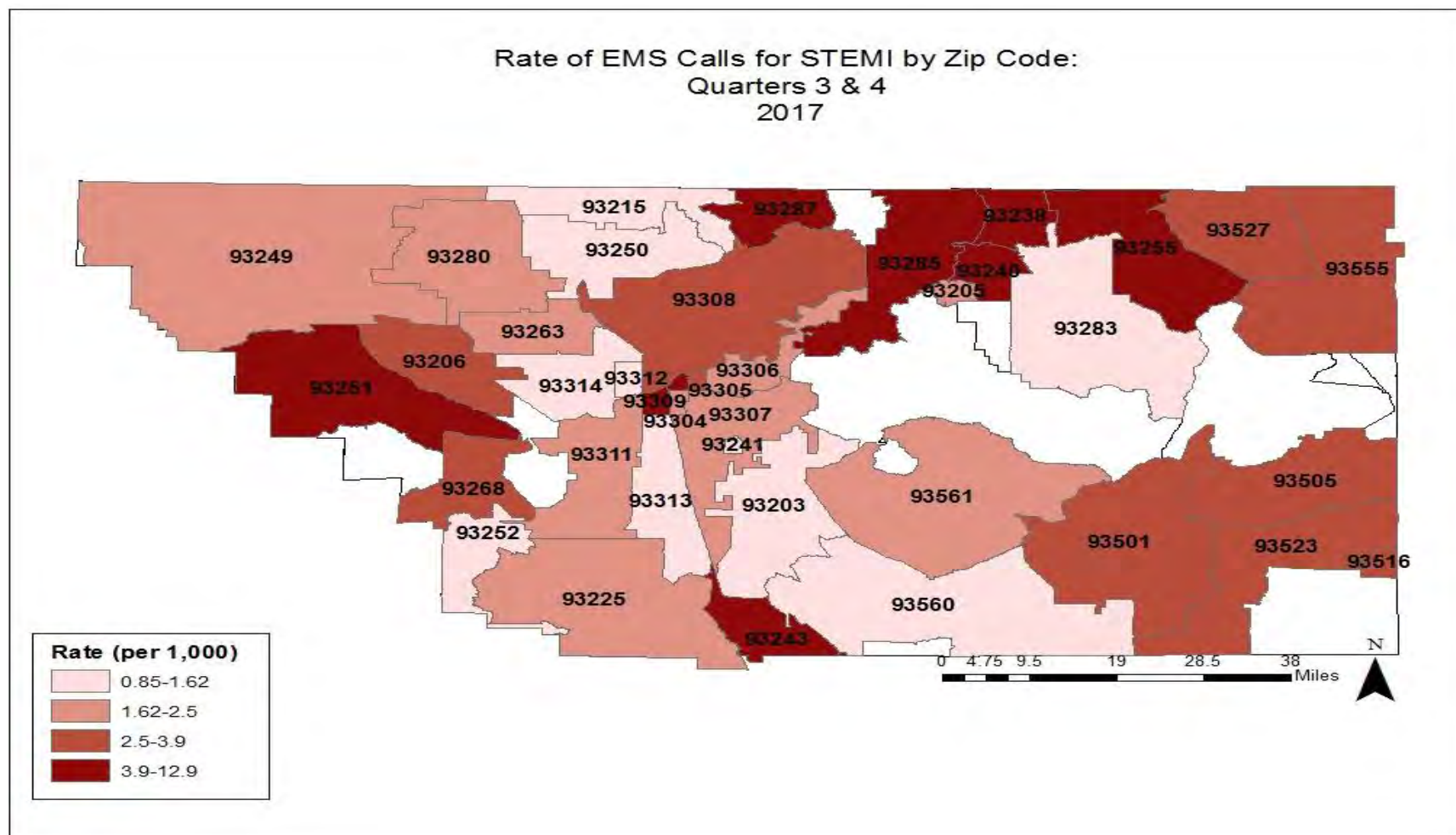
Intraosseous Attempts and Success Rates for Adults and Pediatric Patients, 2017



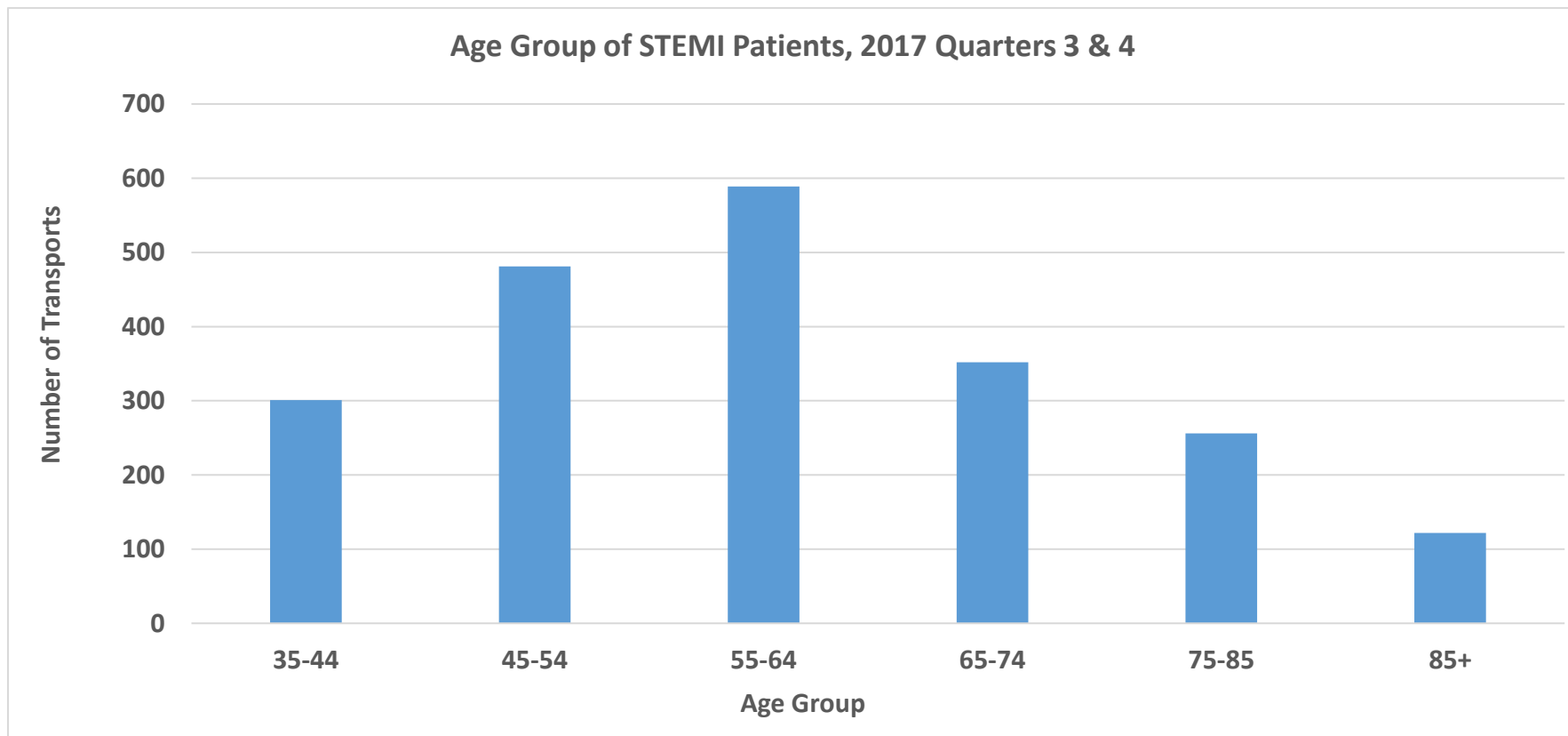
Intraosseous Attempts and Success Rates for Adults and Pediatric Patients, 2017



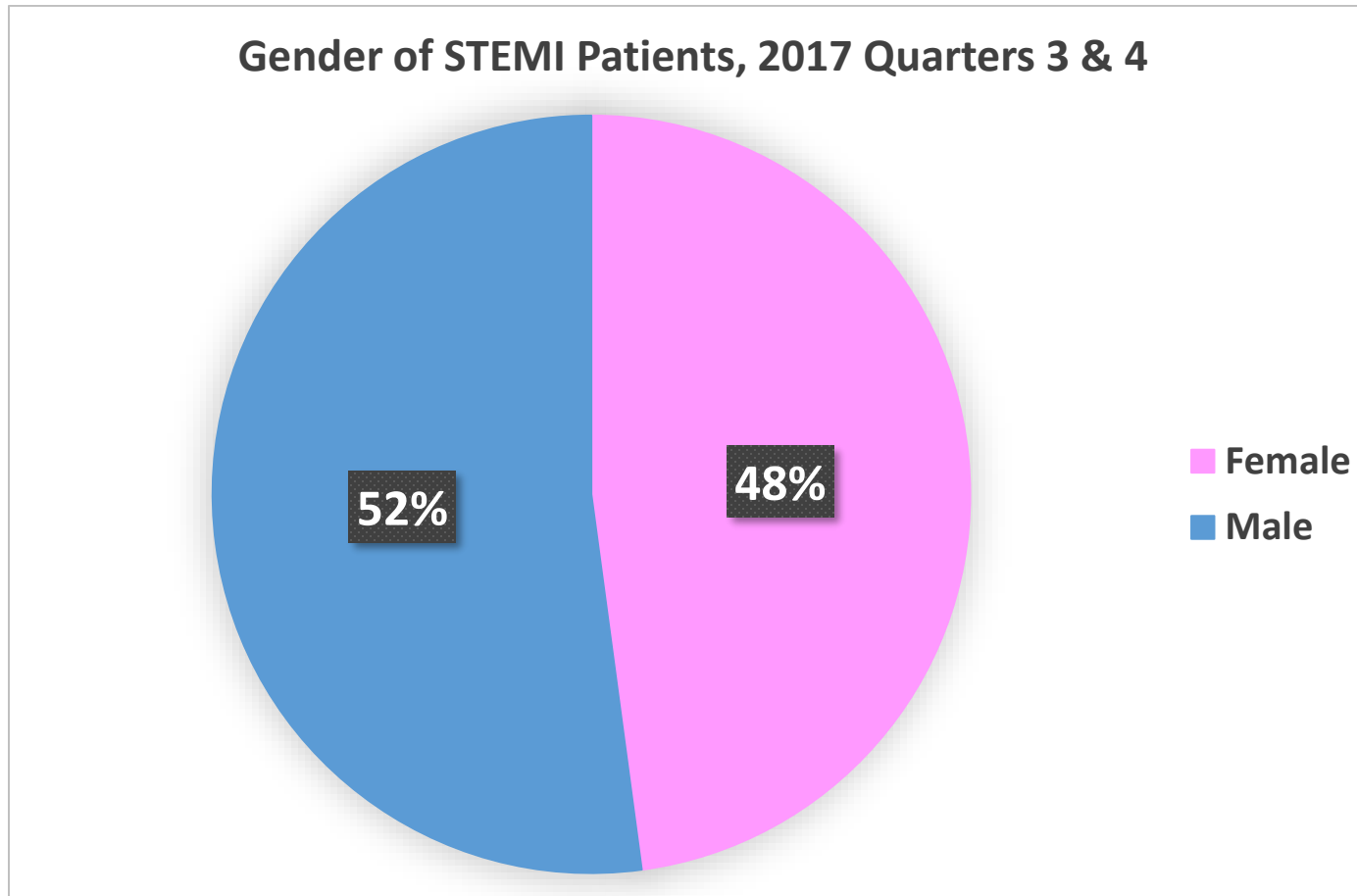
STEMI: EMS Data, 2017



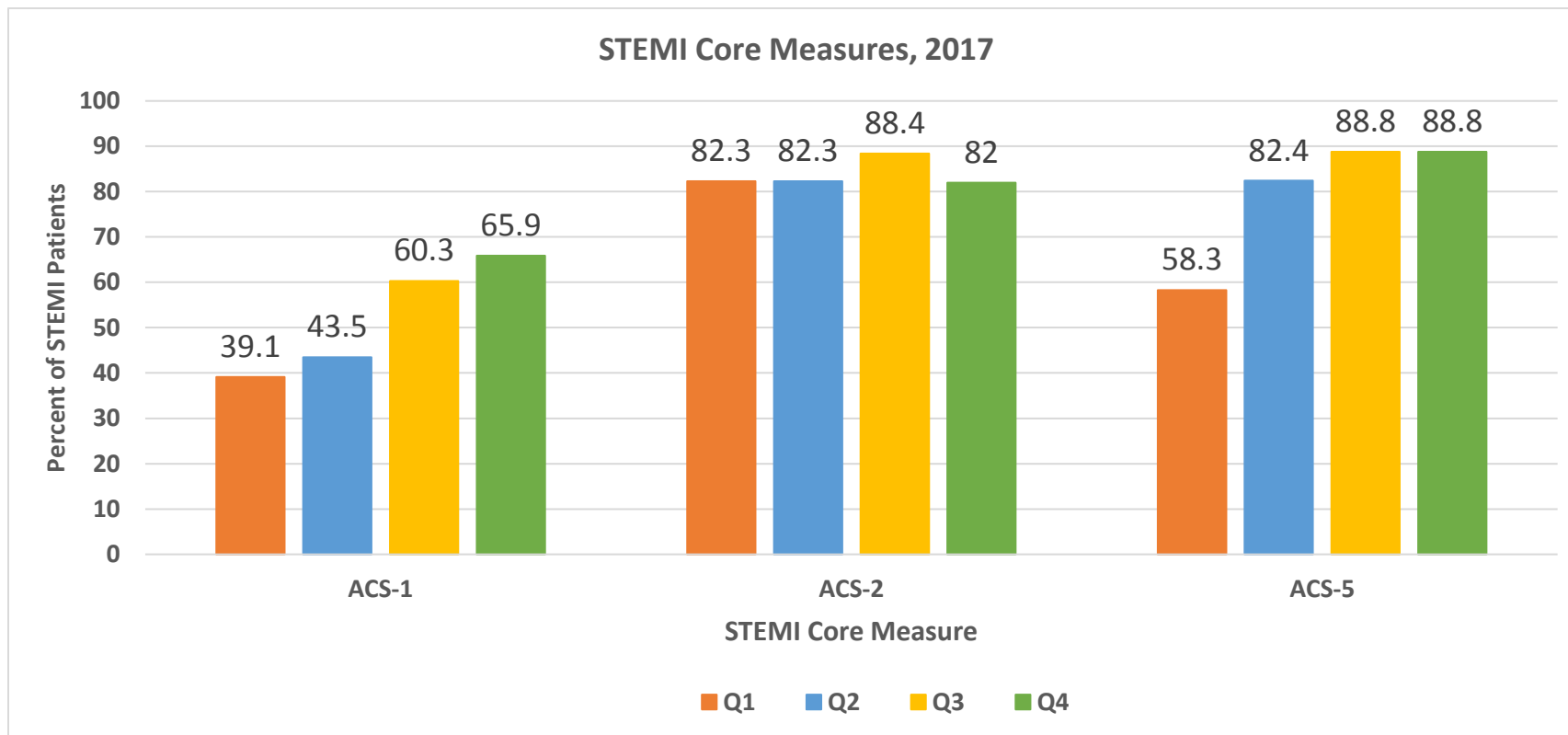
STEMI: Patient Demographics, 2017 Quarters 3 and 4



STEMI: Patient Demographics, 2017 Quarters 3 and 4

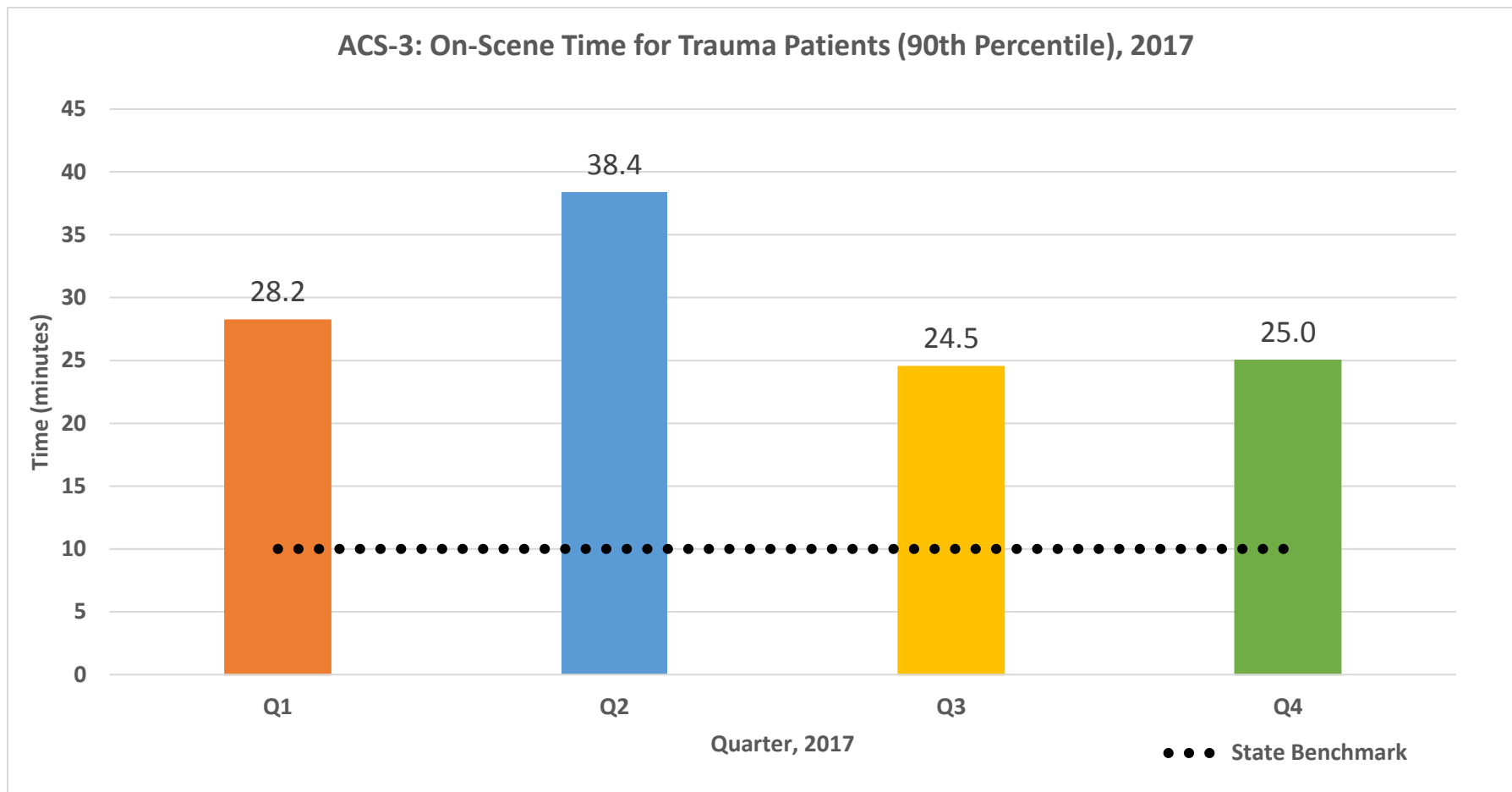


STEMI: State Core Measures, 2017

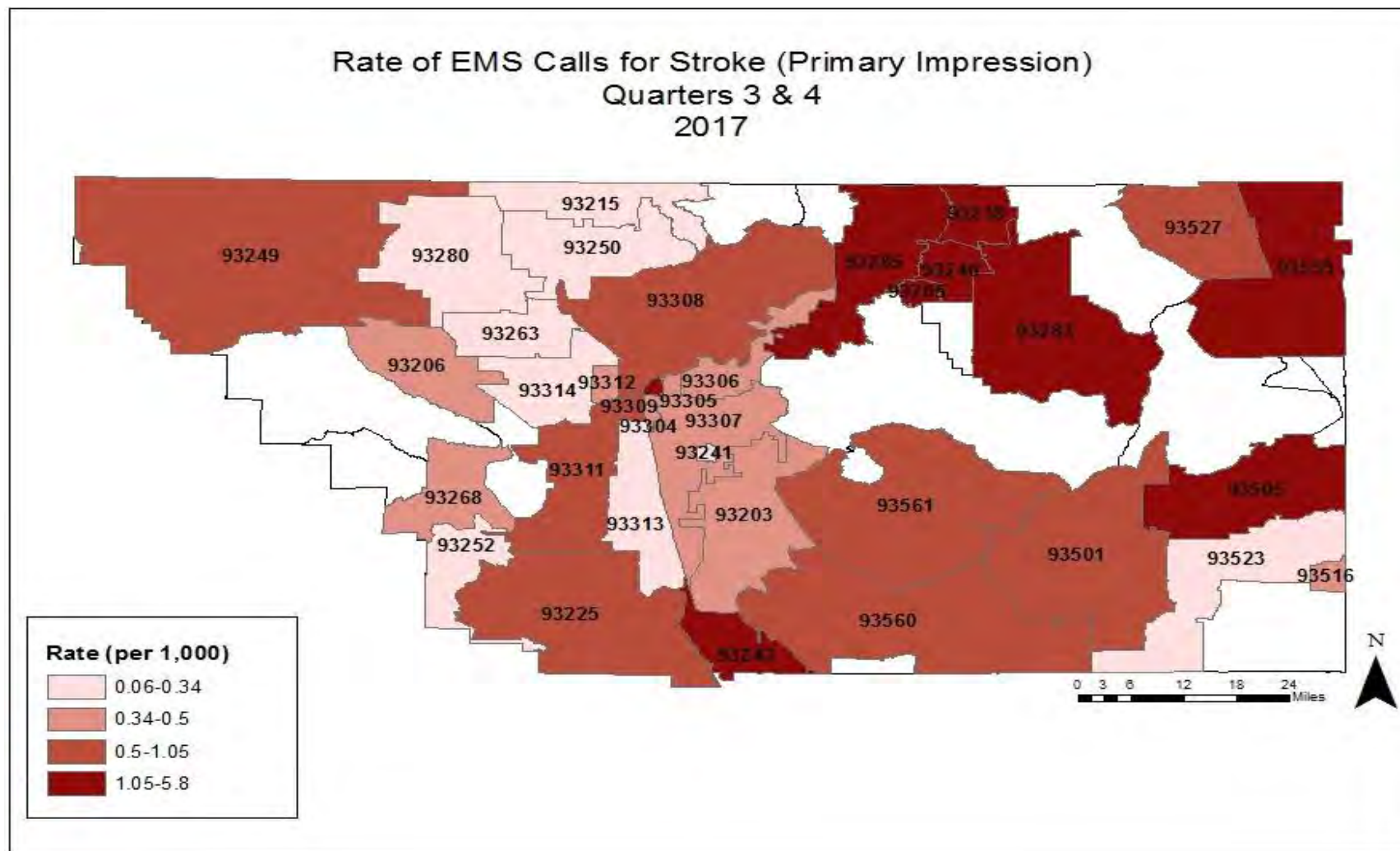


*Please note: Change in database that occurred in Quarter 3 of 2017 allowed for more accurate measurement of denominator (chest pain of cardiac origin).

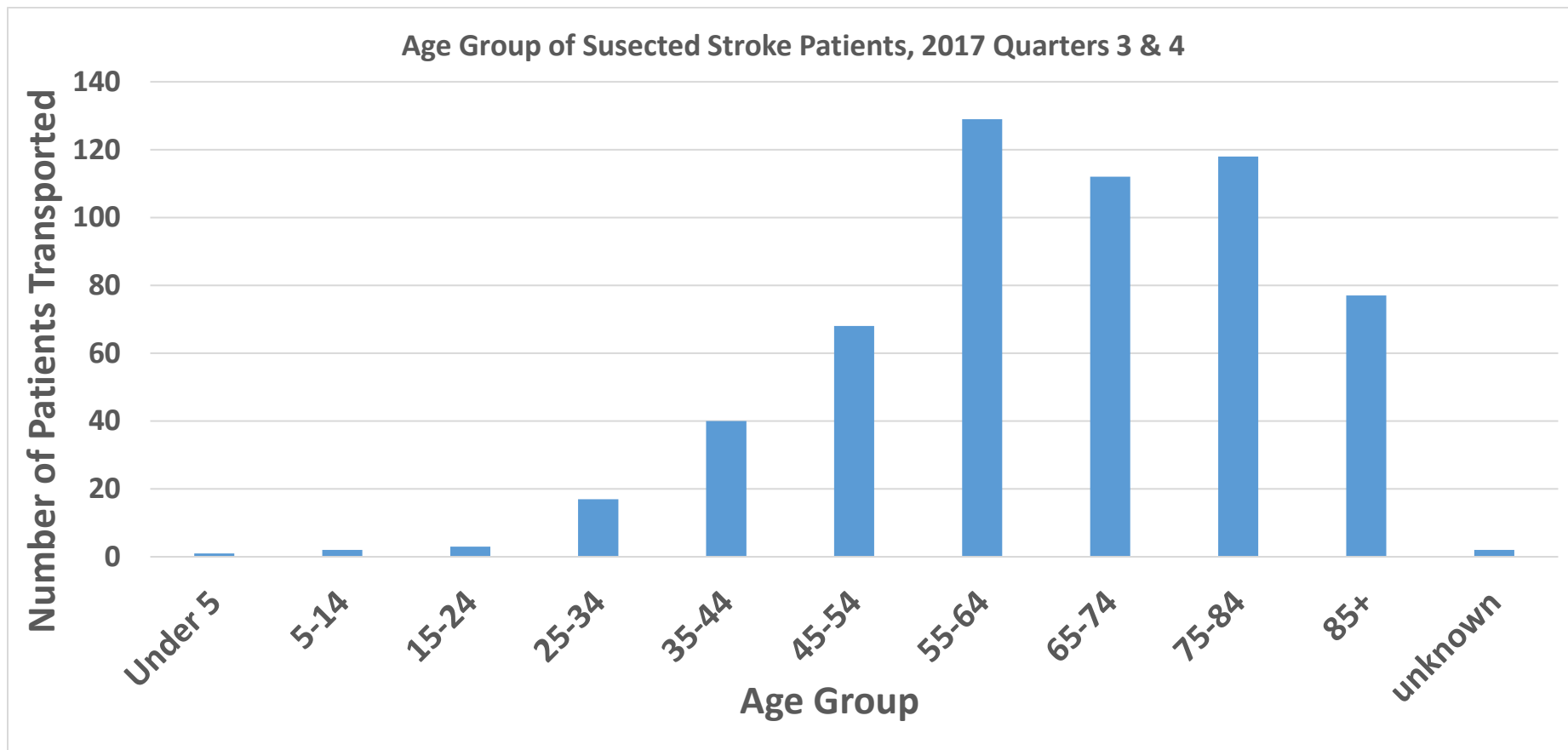
STEMI: State Core Measures, 2017



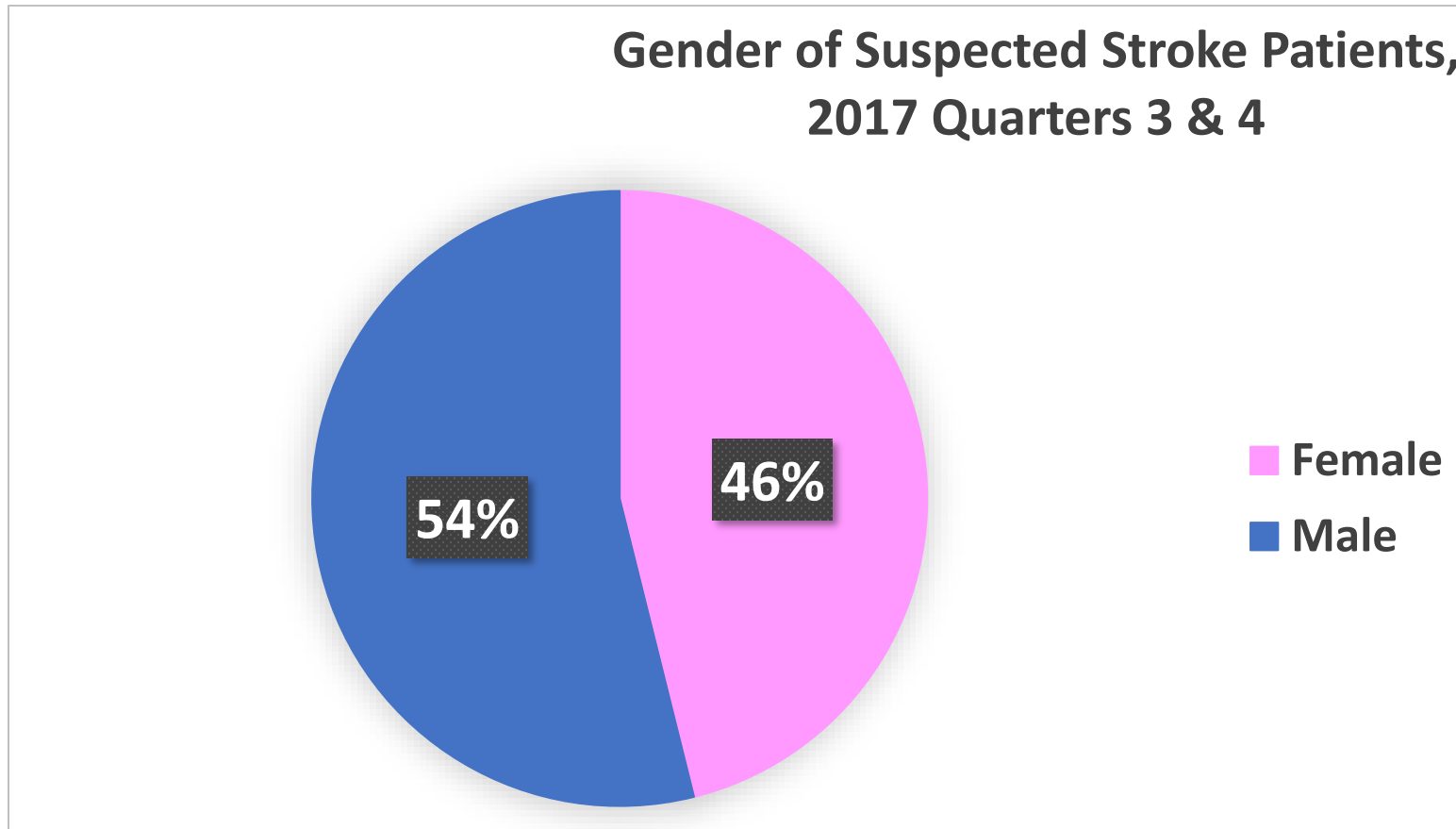
Stroke QI: EMS Data, 2017



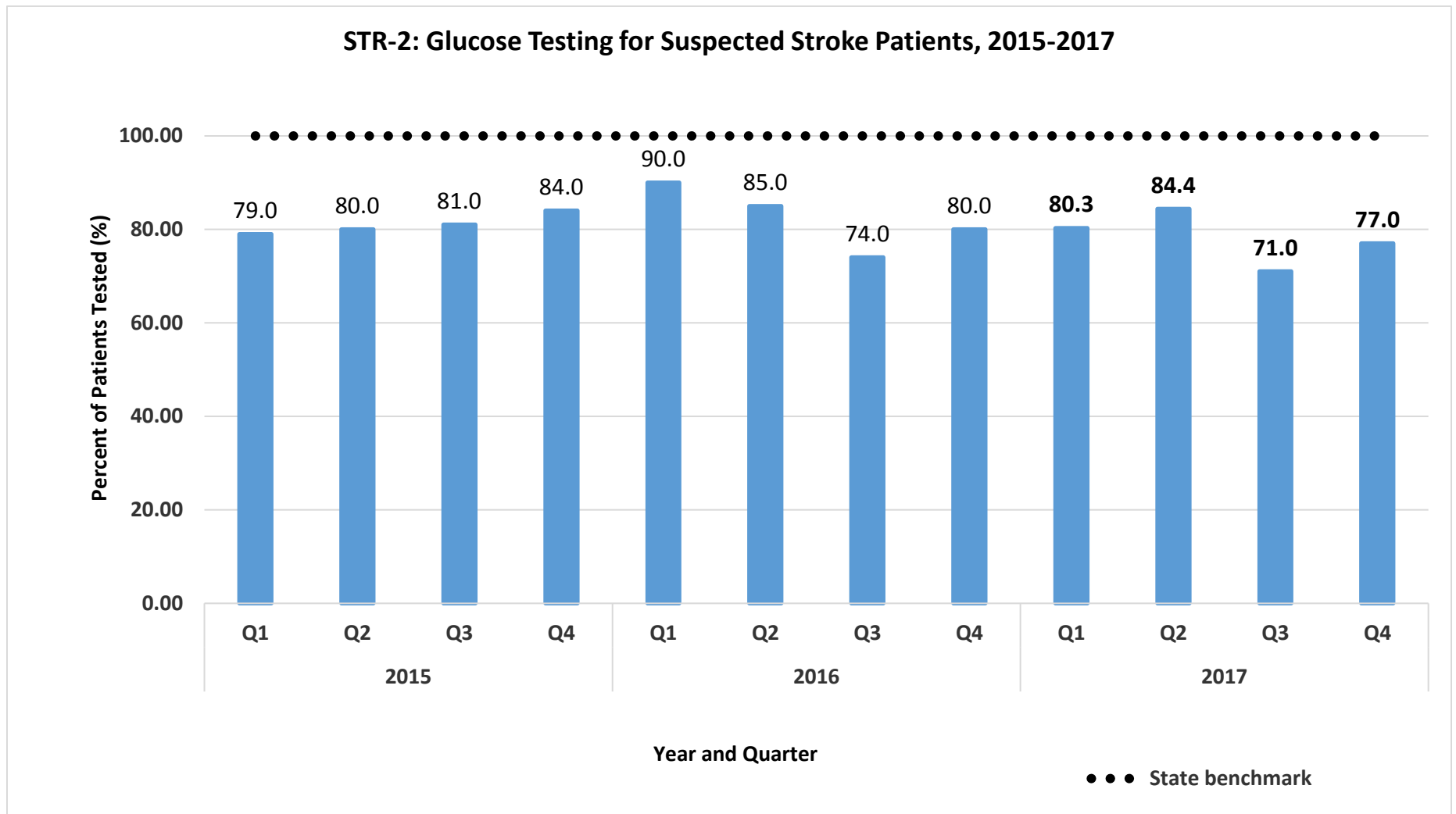
Stroke: Patient Demographics, 2017 Quarters 3 and 4



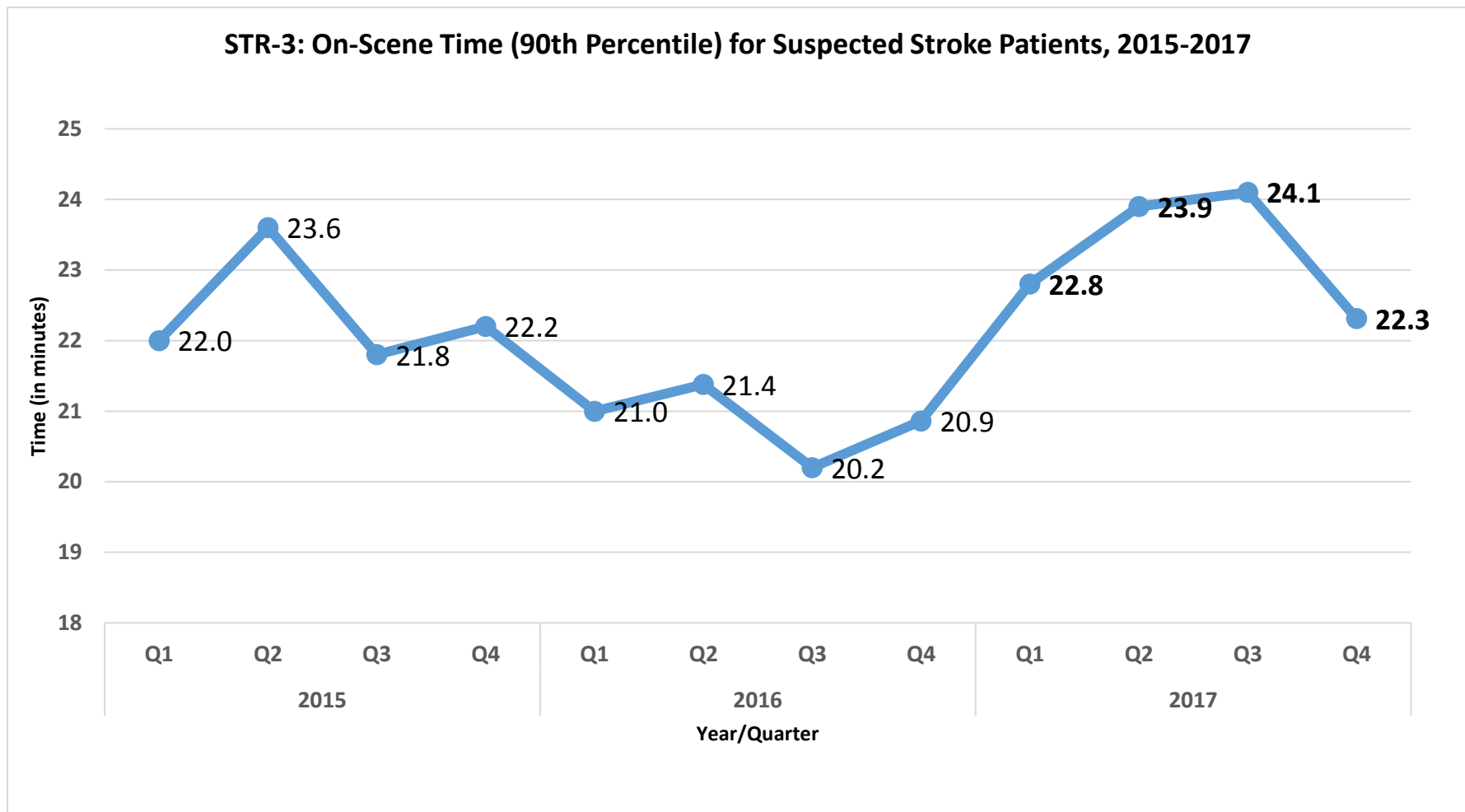
Stroke: Patient Demographics, 2017 Quarters 3 and 4



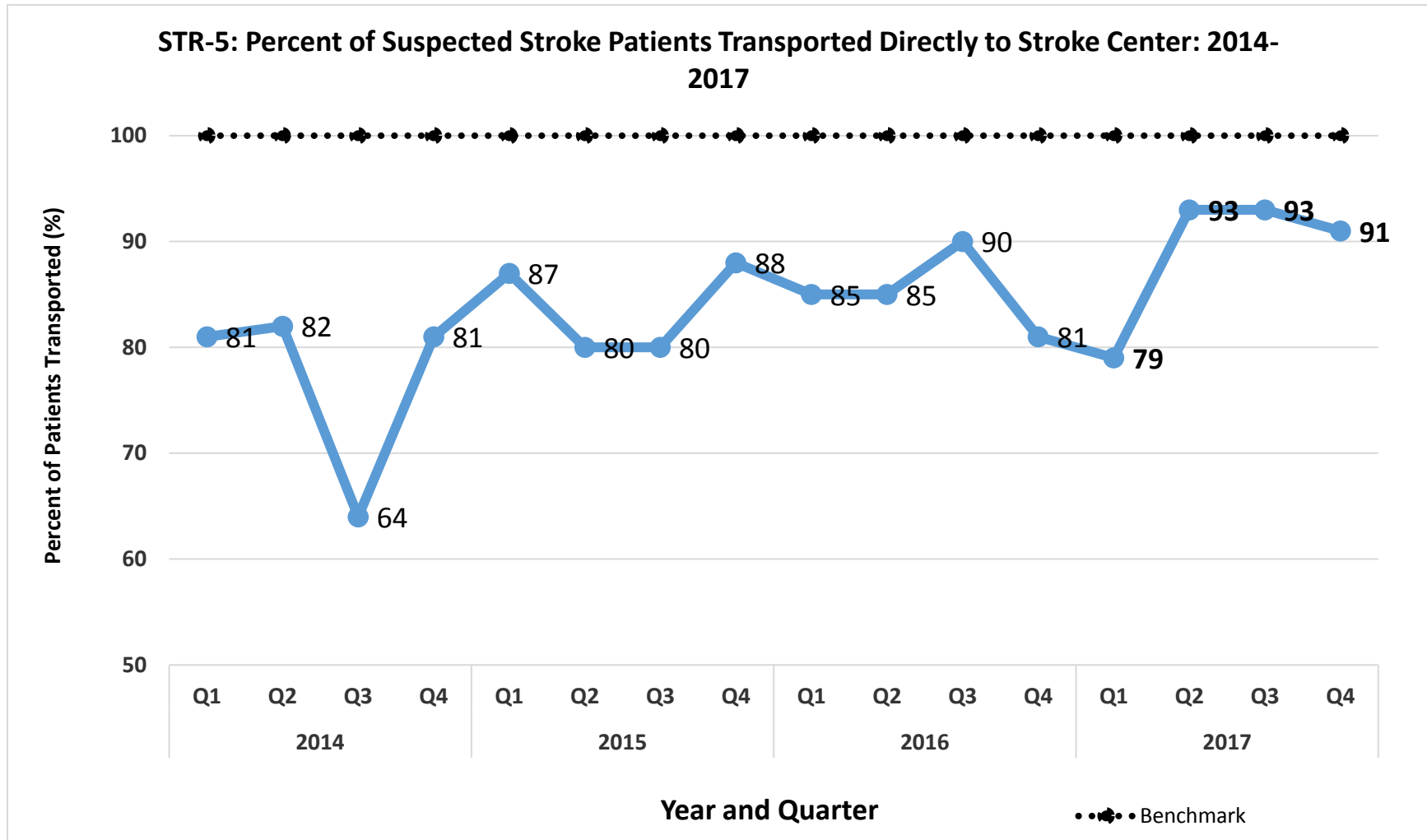
Stroke: State Core Measures, 2017



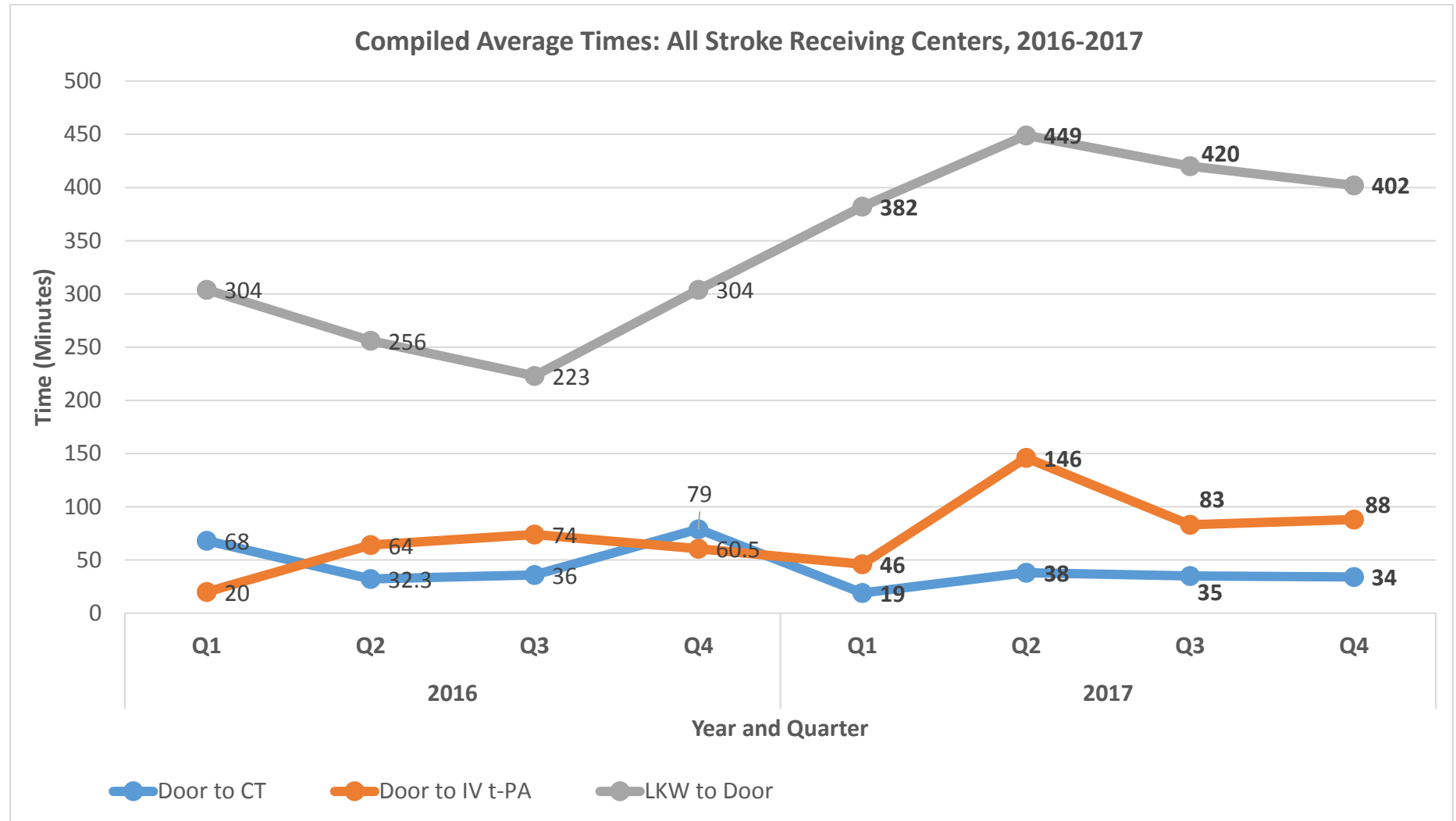
Stroke: State Core Measures, 2017



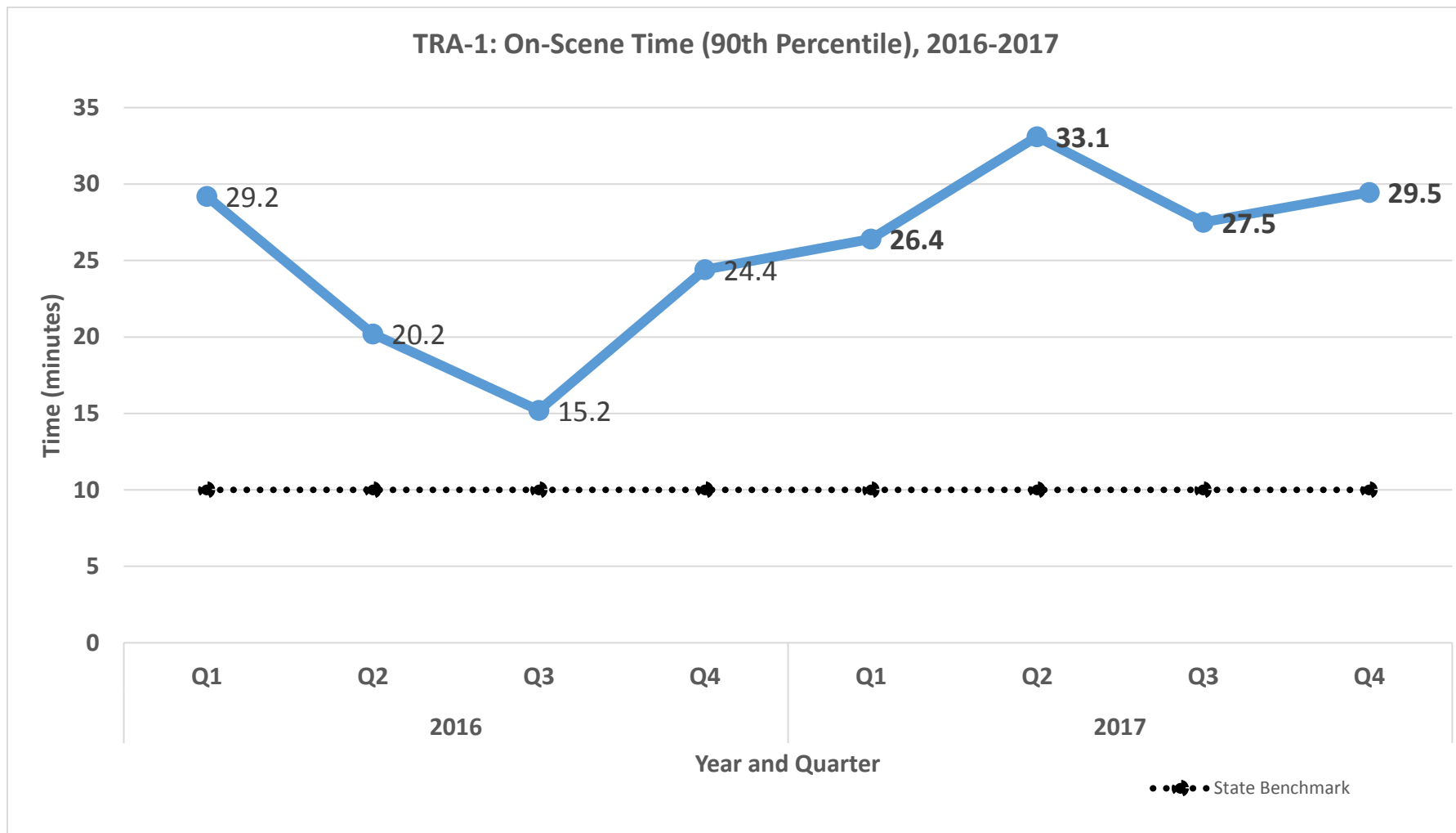
Stroke: State Core Measures, 2017



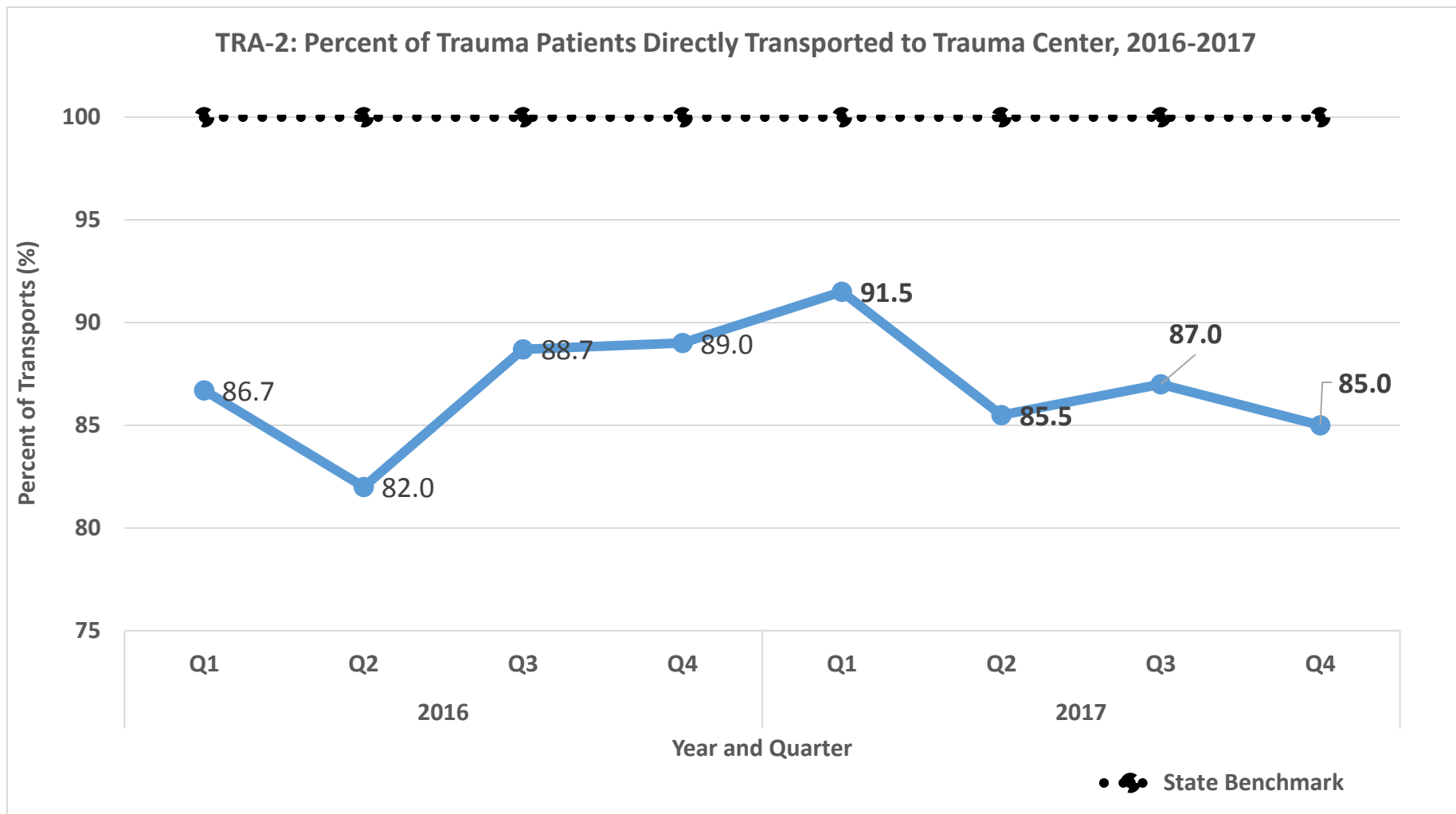
Hospital Data, Stroke System of Care: 2016-2017



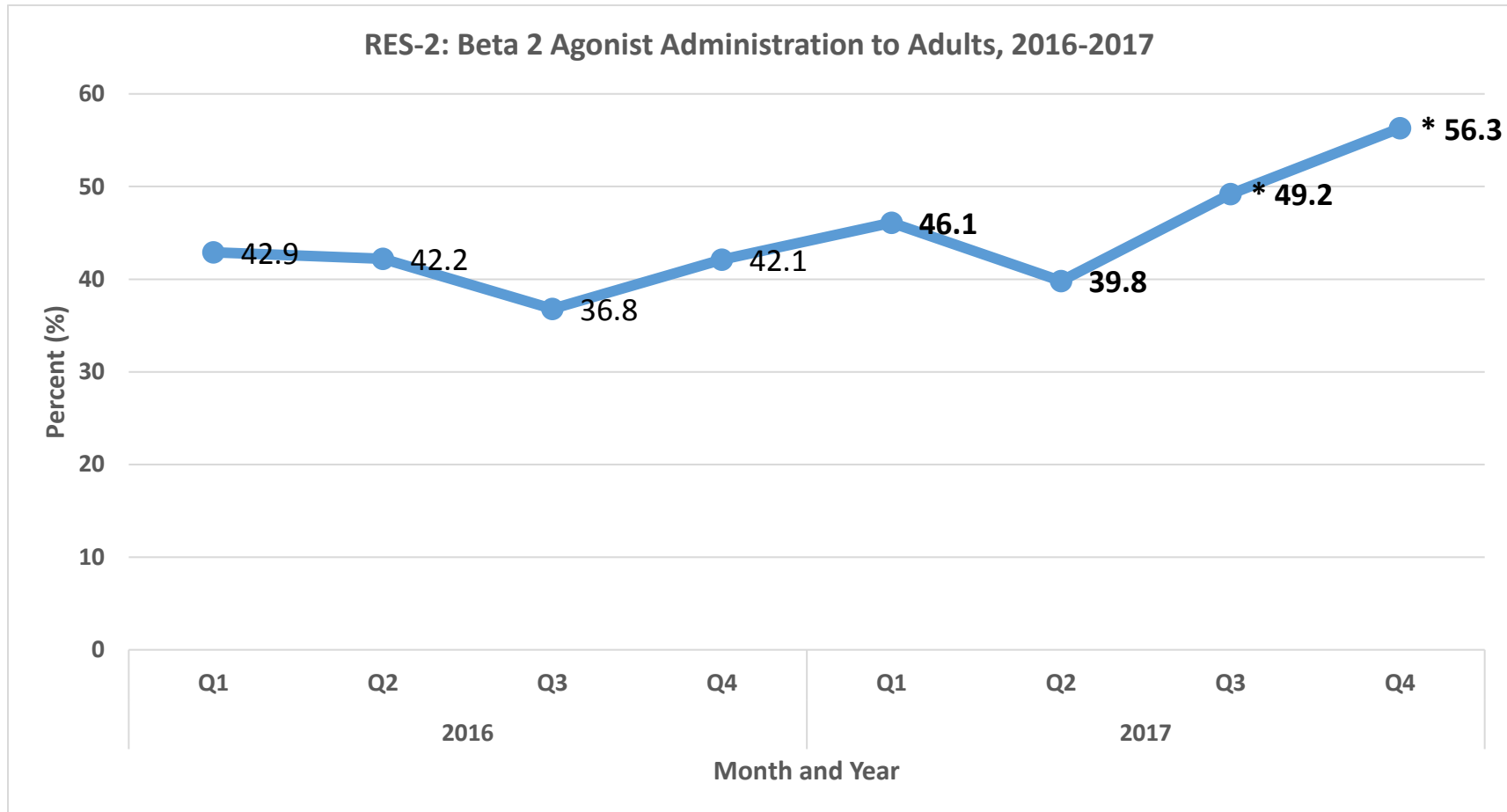
Trauma: State Core Measures, 2017



Trauma: State Core Measures, 2017

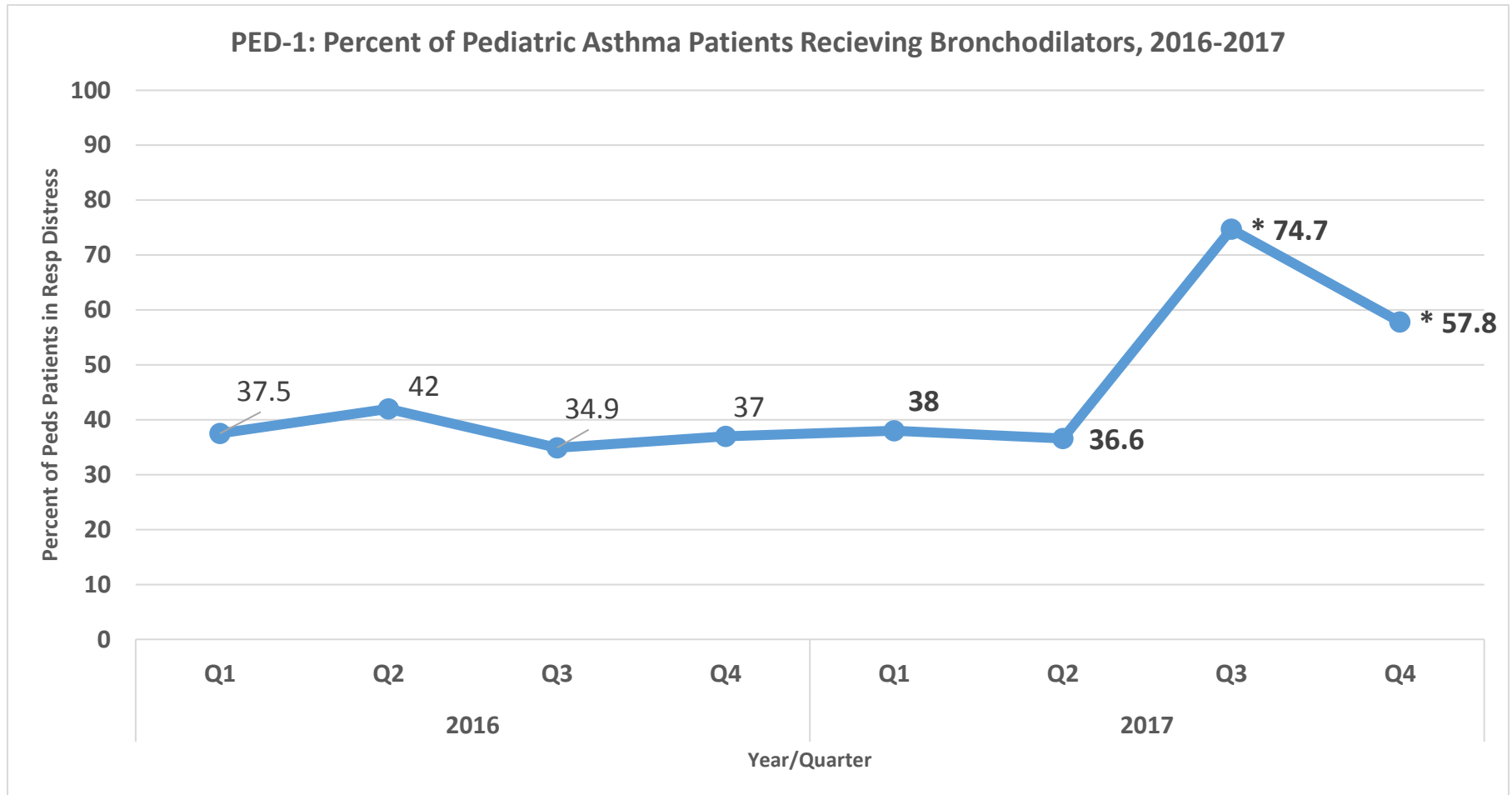


RES-2: State Core Measure, 2017



*Please note: change in database after July 1st, 2017 allowed for more accurate measurement of the denominator (adults in acute respiratory distress)

Pediatrics: State Core Measures, 2017

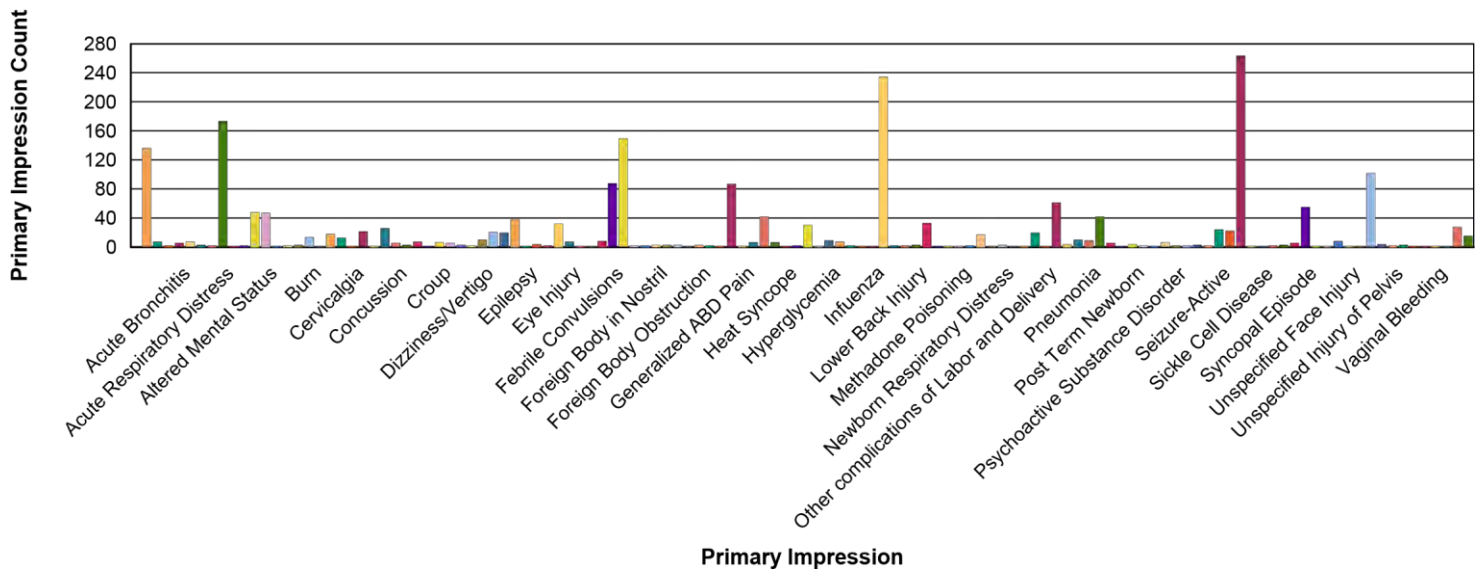
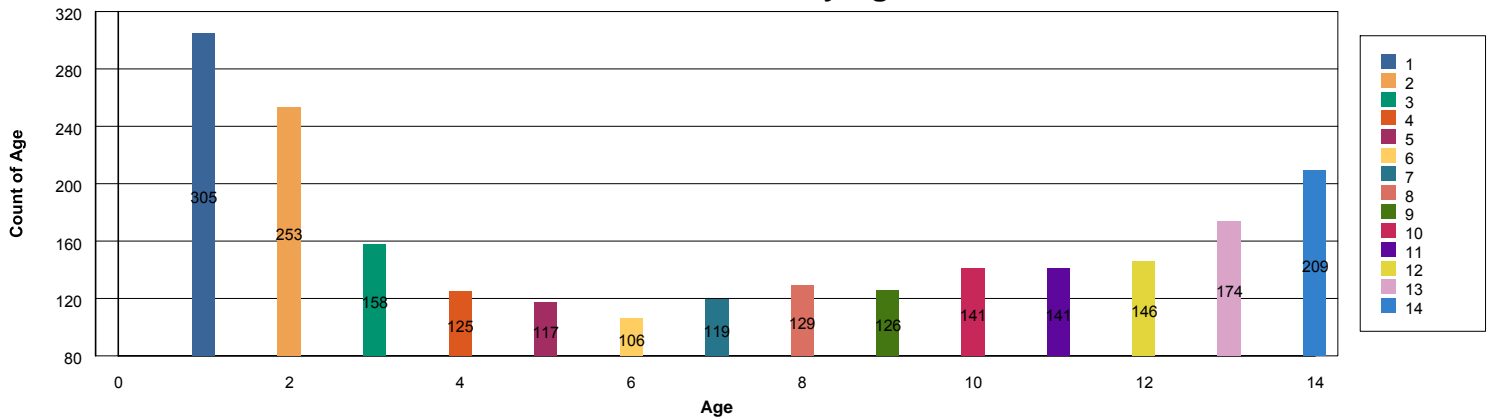


*Please note: change in database after July 1st, 2017 allowed for more accurate measurement of the denominator (pediatric patients with acute respiratory distress)

Kern County EMS System Update: 2017

Total number of pediatric patients in 2017: **2,249**

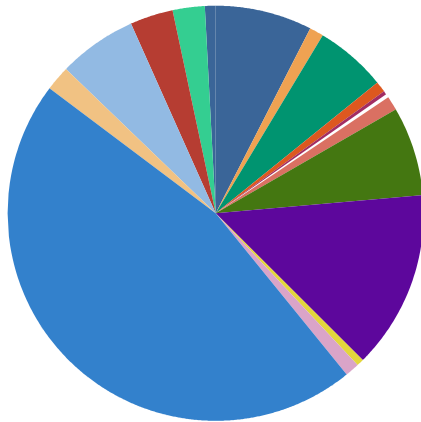
Pediatric Patient by Age



Pediatric Primary Impression

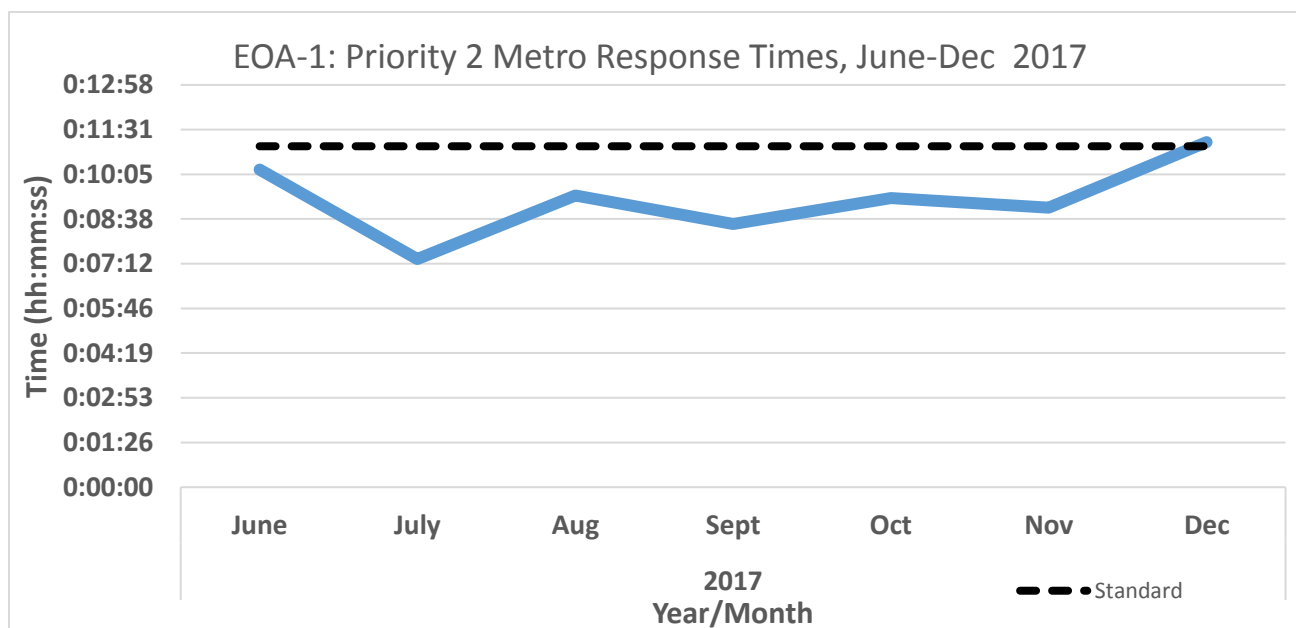
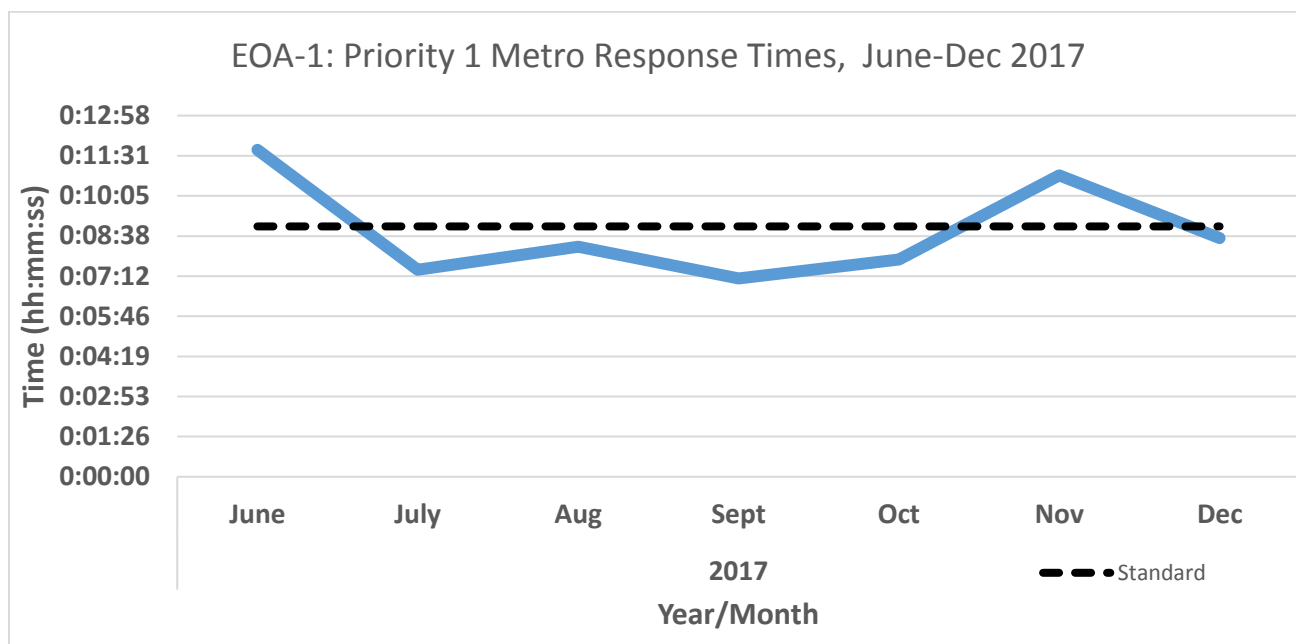
Kern County EMS System Update: 2017

Pediatric Destination

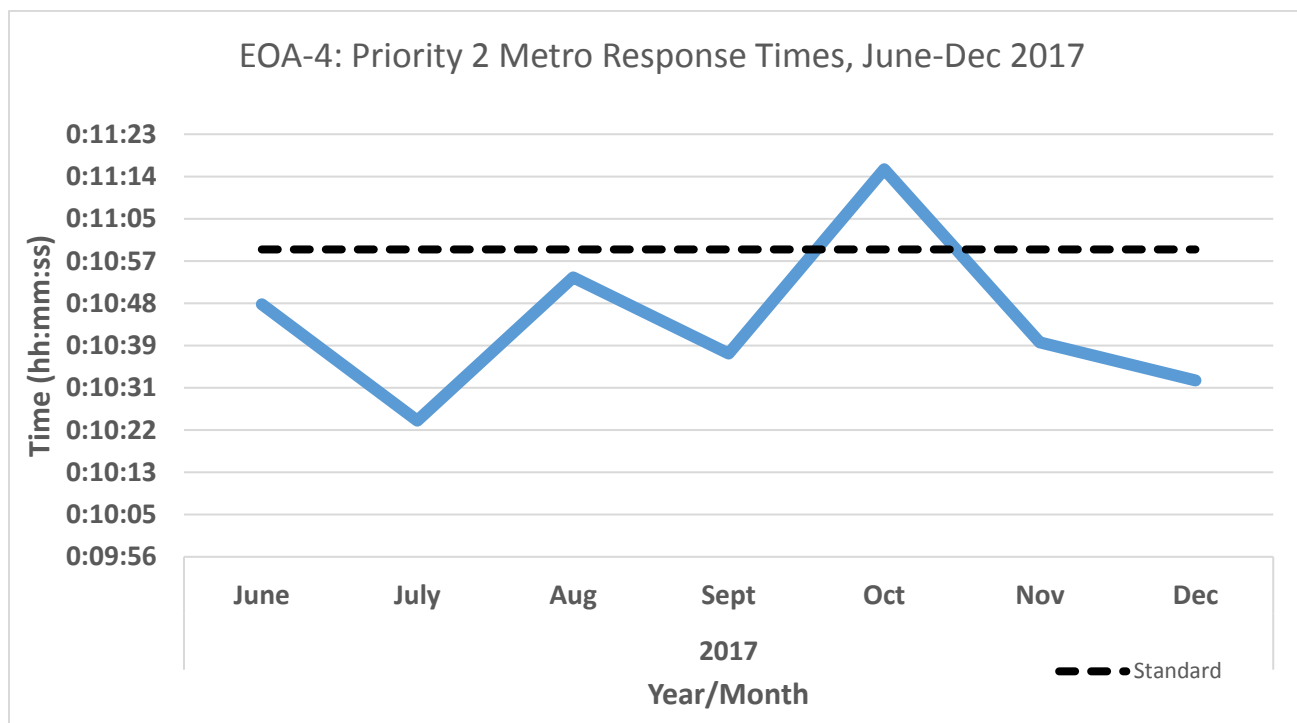
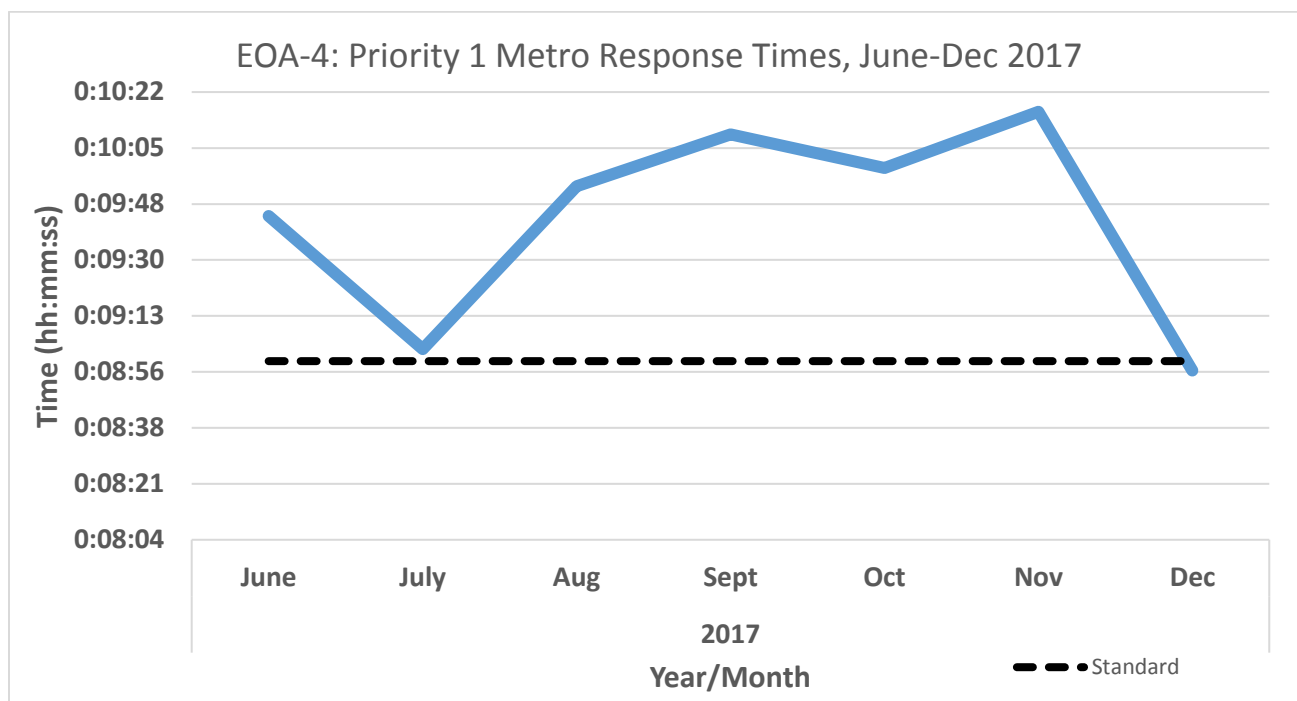


ADVENTIST HEALTH BAKERSFIELD	171
Antelope Valley Hospital Medical Center	21
ANTELOPE VLLY MED CT	128
Bakersfield Memorial Hospital- 34th Street	19
BARSTOW COMM HOSP	4
BKFLD HEART HOSP	3
Childrens Hospital Central California	2
DELANO REG MED CNTR	26
Delano Regional Medical Center	155
Kern County Med Center	1
KERN MEDICAL	315
Kern Medical Center	11
Kern Valley Healthcare District	27
MEMORIAL HOSPITAL	1,035
MERCY HOSPITAL	42
Mercy Southwest Hospital 1	MERCY SW HOSPITAL 141
Ridgecrest Regional Hospital	69
SAN JOAQUIN COMM HOSP	57
San Joaquin Community Hospital	2
TEHACHAPI HOSPITAL	19
Total:	2,249

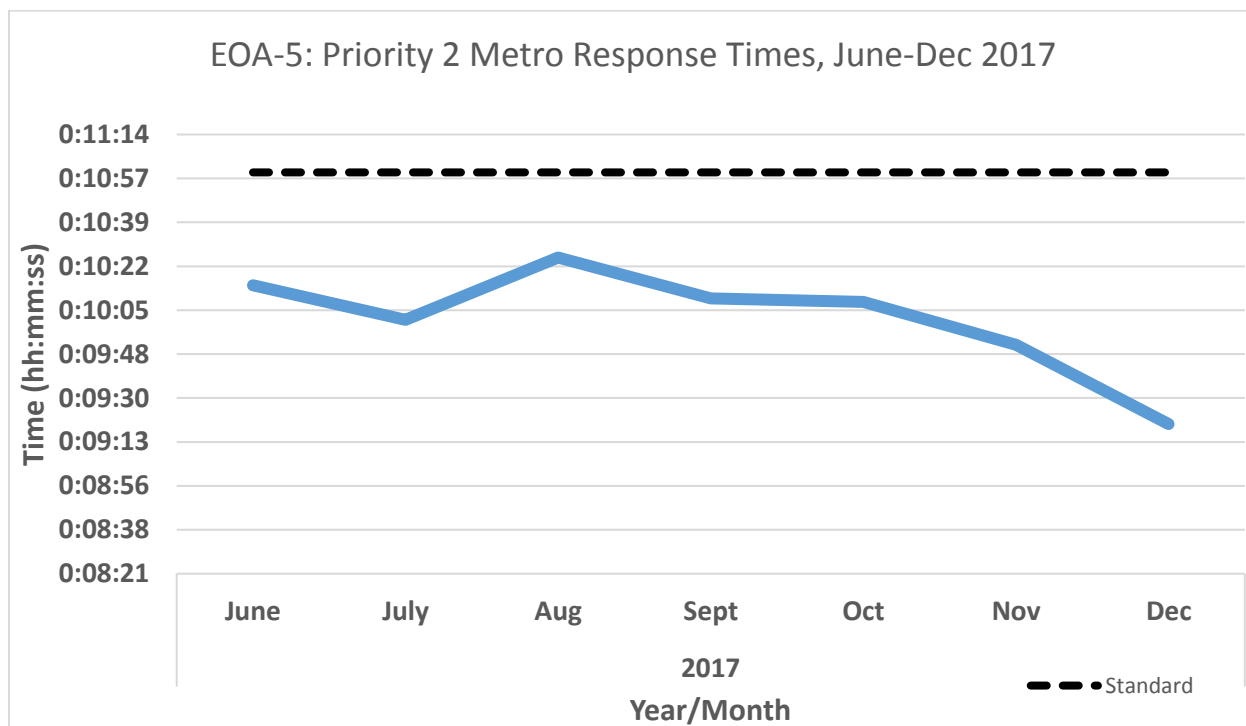
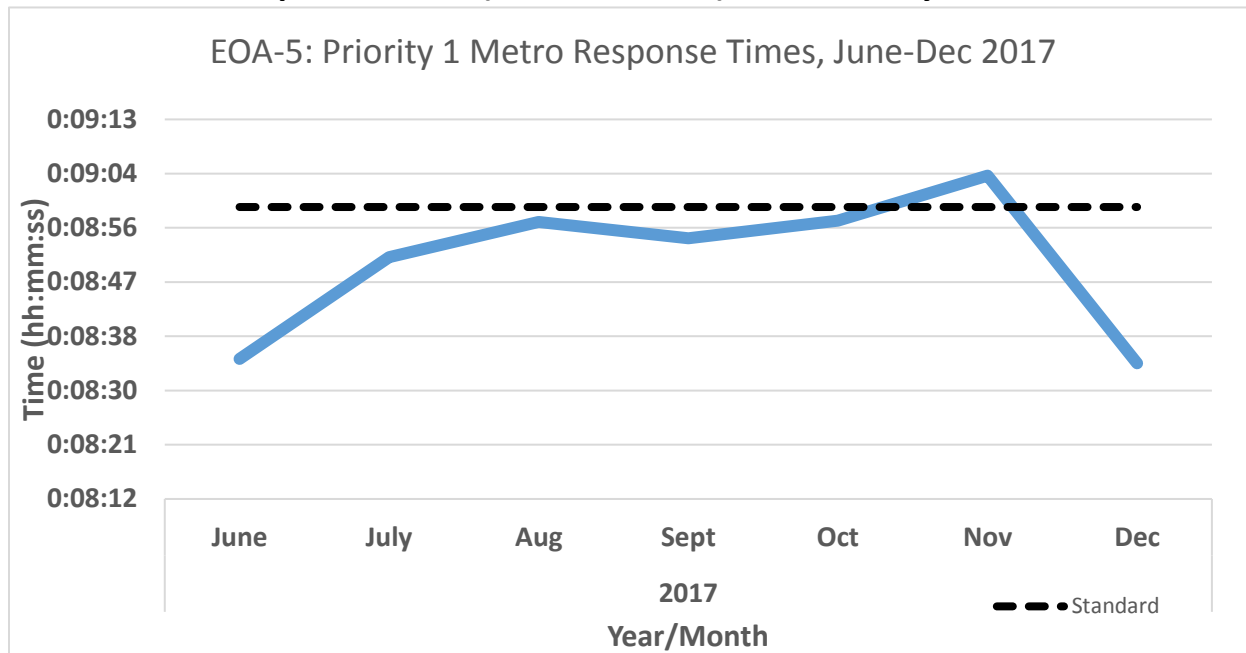
Response Times (90th Percentile): Kern County Metro



Response Times (90th Percentile): Kern County Metro

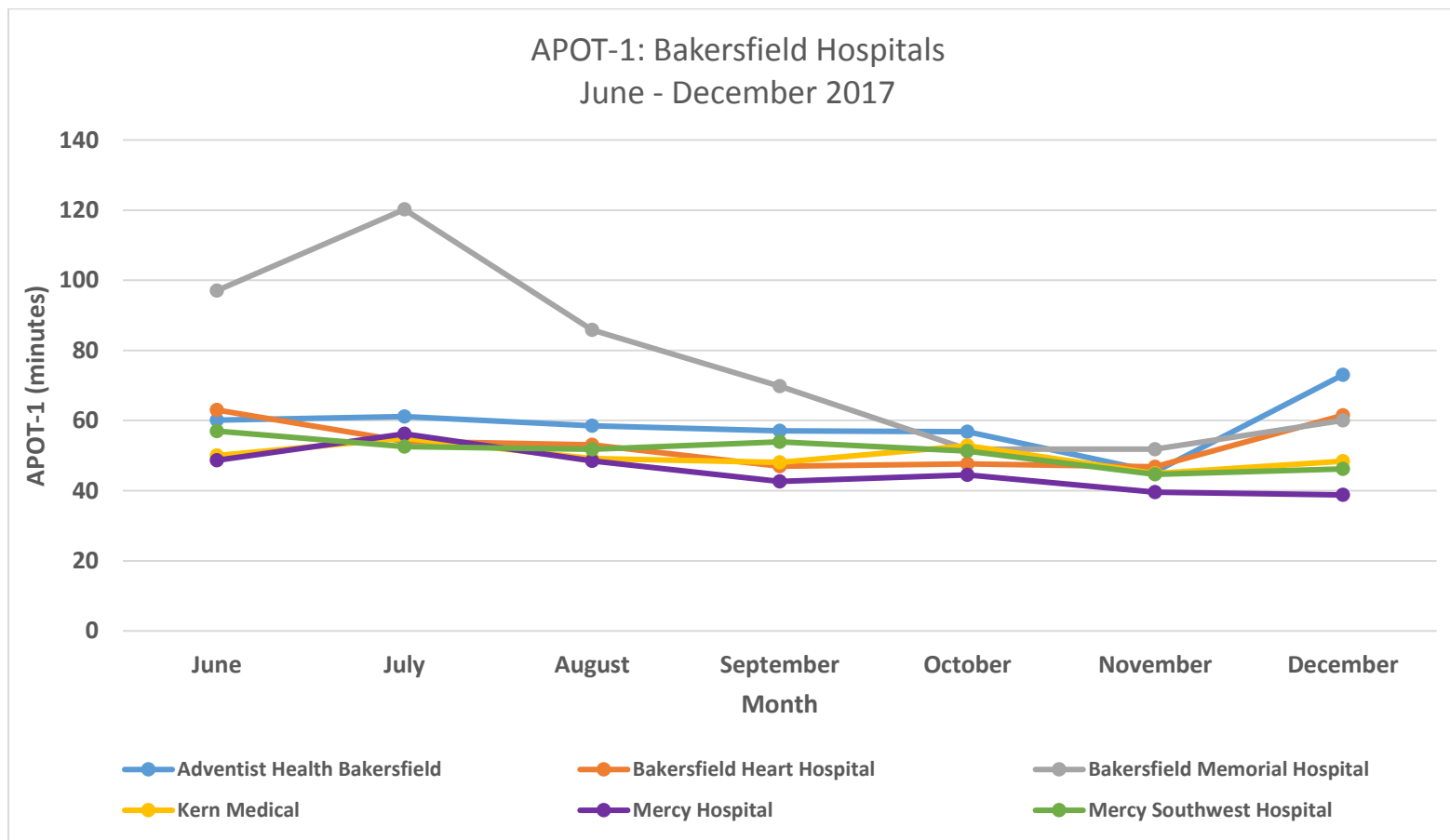


Response Times (90th Percentile): Kern County Metro



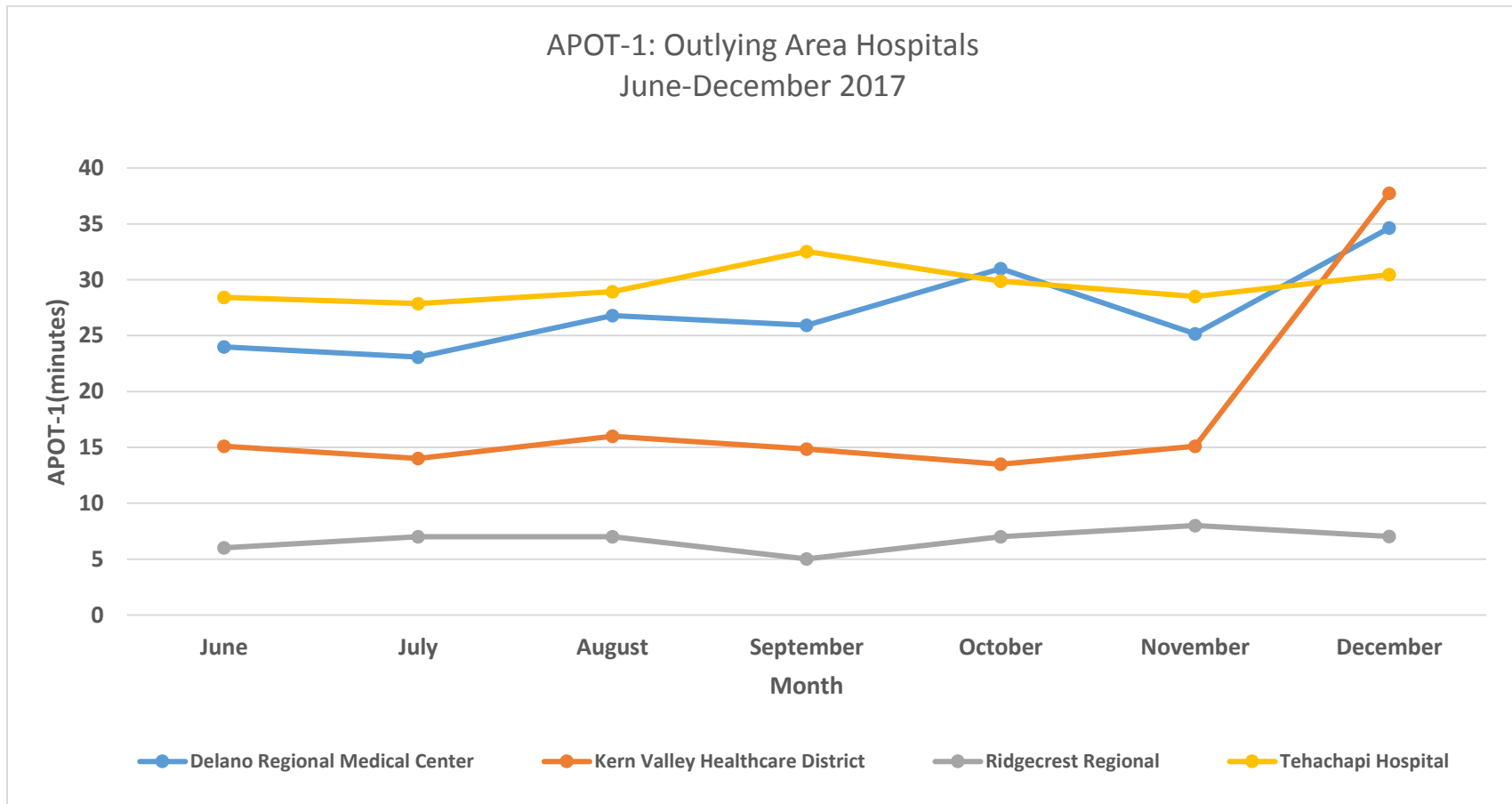
Kern County EMS: Quality Improvement Plan, 2018

Ambulance Patient Offload Time (APOT): 90th Percentile, by Hospital



Kern County EMS:
Quality Improvement Plan, 2018

Ambulance Patient Offload Time (APOT): 90th Percentile, by Hospital



Kern County EMS:
Quality Improvement Plan, 2018

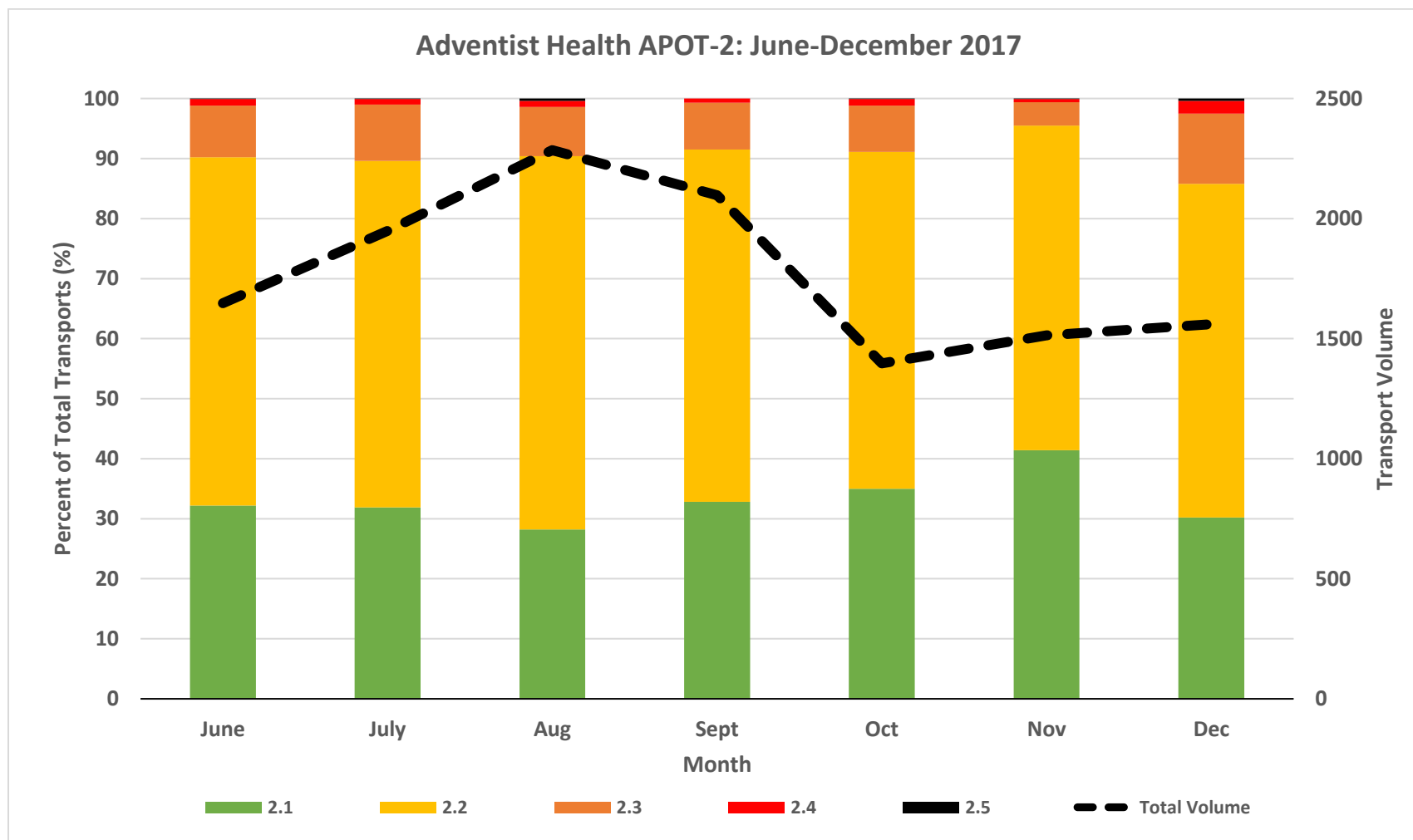
Ambulance Patient Offload Time (APOT): Time Criteria and Transport Volume, by Hospital

APOT-2 Time Criteria

CATEGORY	TIME (MINUTES)
2.1	<= 20
2.2	21-60
2.3	61-120
2.4	121-180
2.5	>180

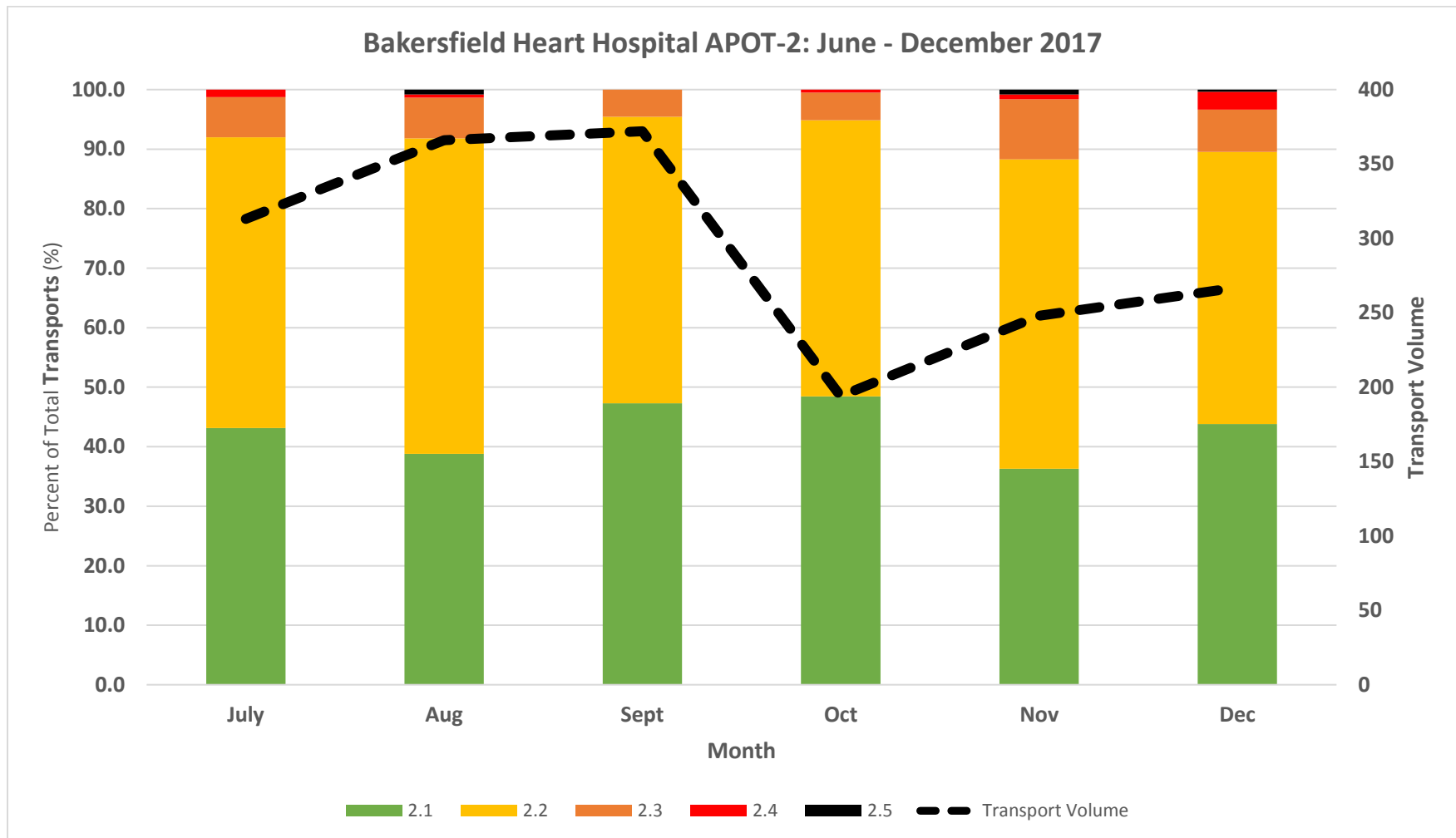
Kern County EMS:
Quality Improvement Plan, 2018

Ambulance Patient Offload Time (APOT): Time Criteria and Transport Volume, by Hospital



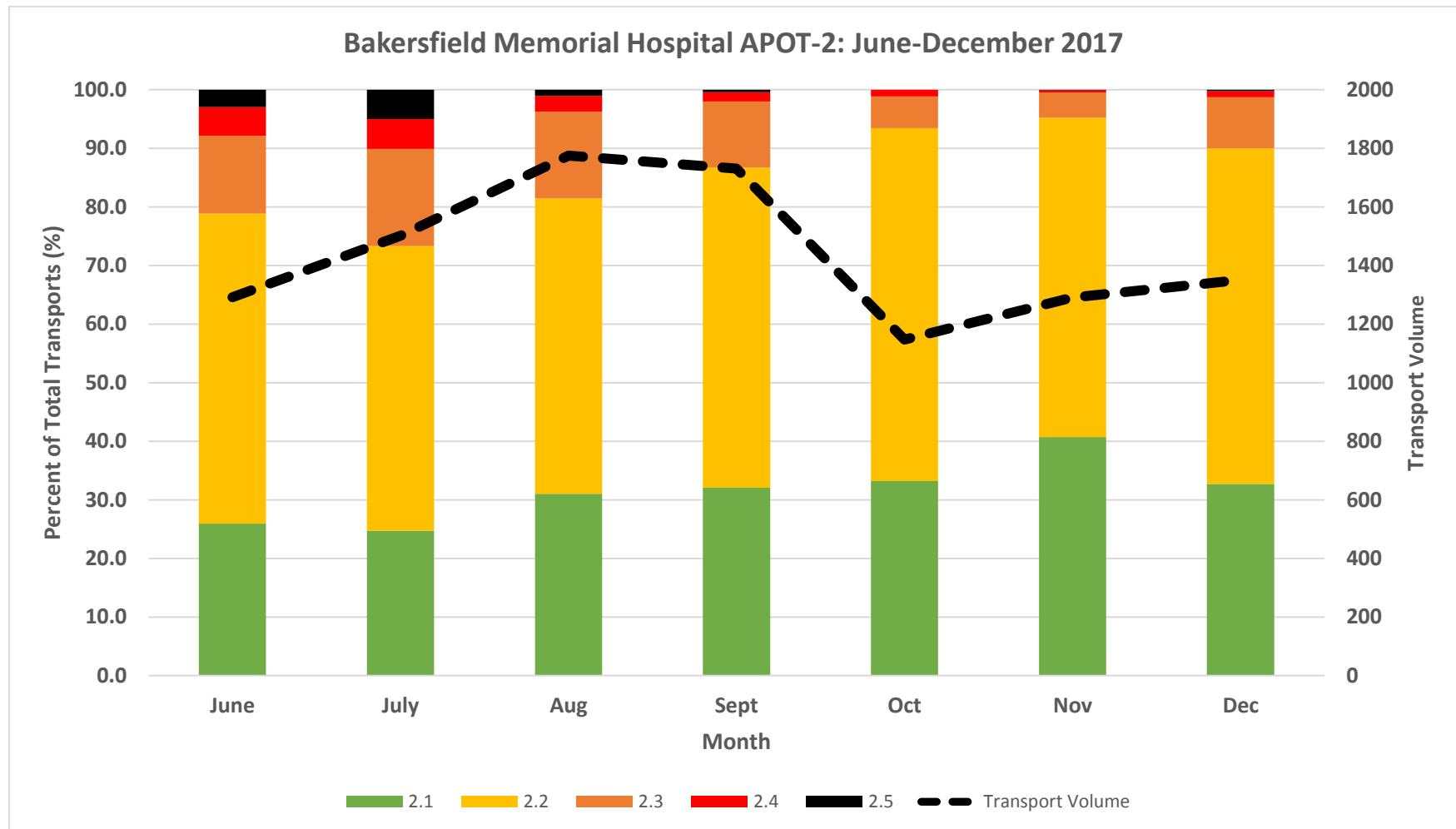
Kern County EMS:
Quality Improvement Plan, 2018

Ambulance Patient Offload Time (APOT): Time Criteria and Transport Volume, by Hospital



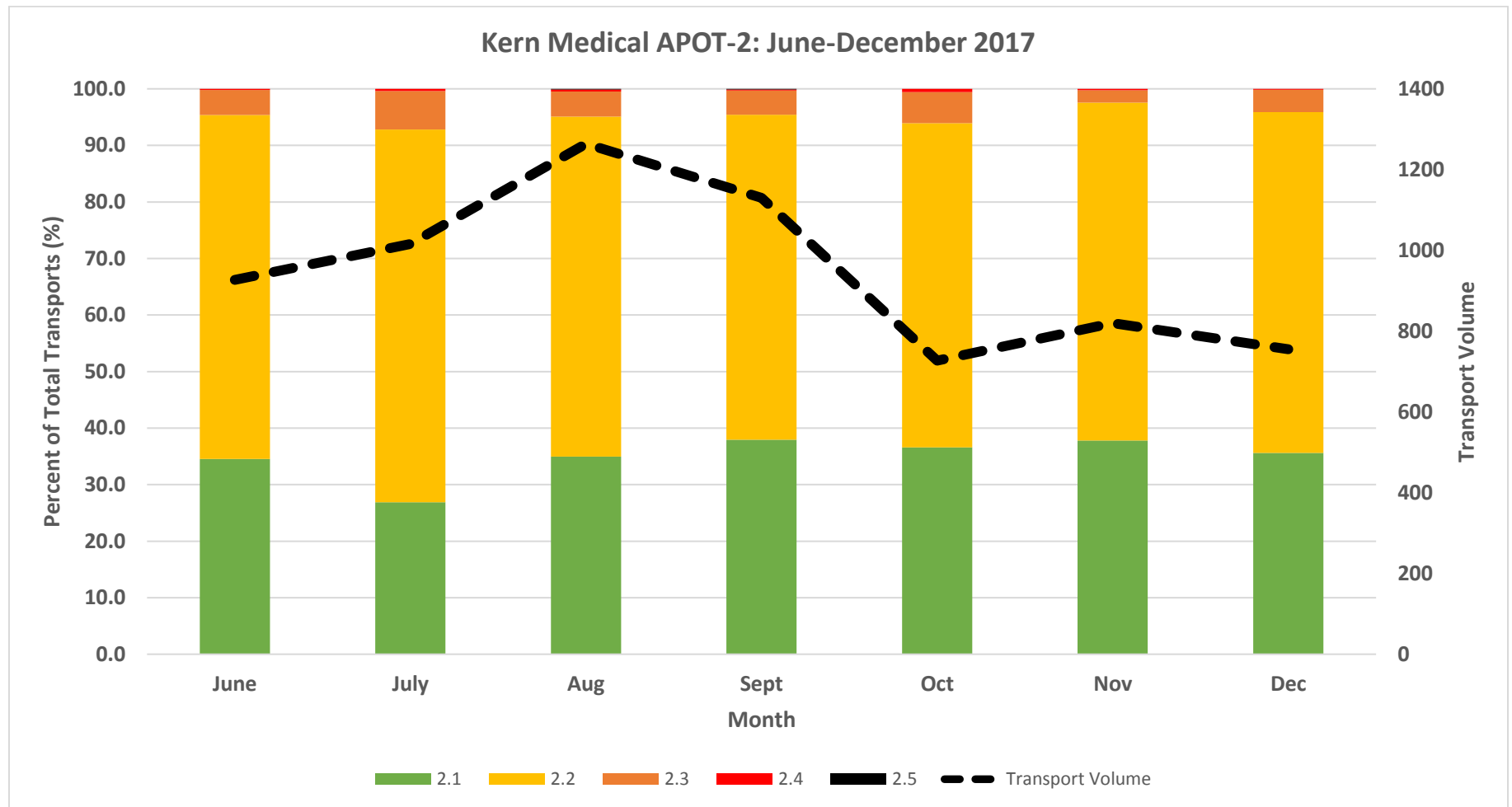
Kern County EMS:
Quality Improvement Plan, 2018

Ambulance Patient Offload Time (APOT): Time Criteria and Transport Volume, by Hospital



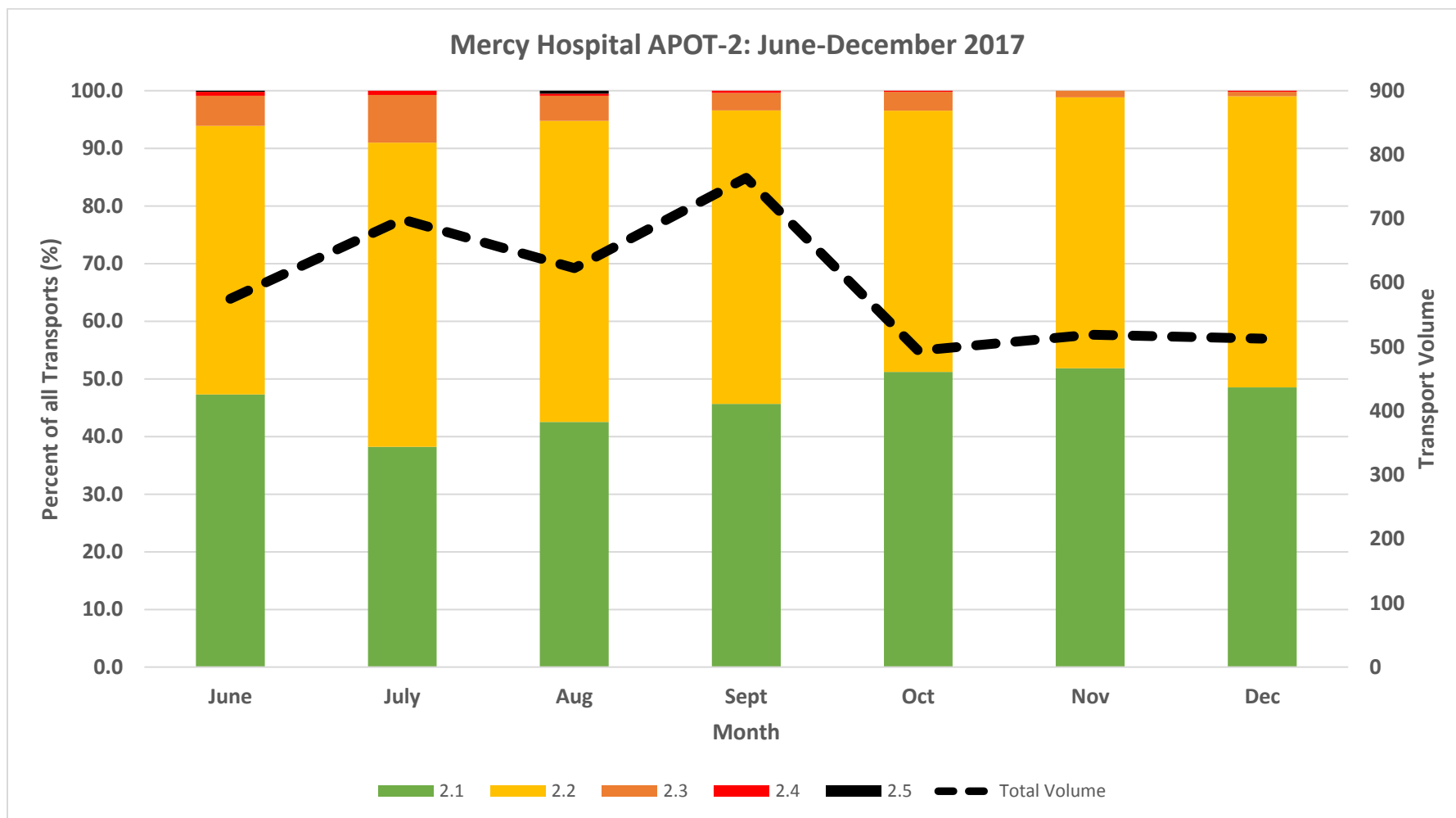
Kern County EMS:
Quality Improvement Plan, 2018

Ambulance Patient Offload Time (APOT): Time Criteria and Transport Volume, by Hospital



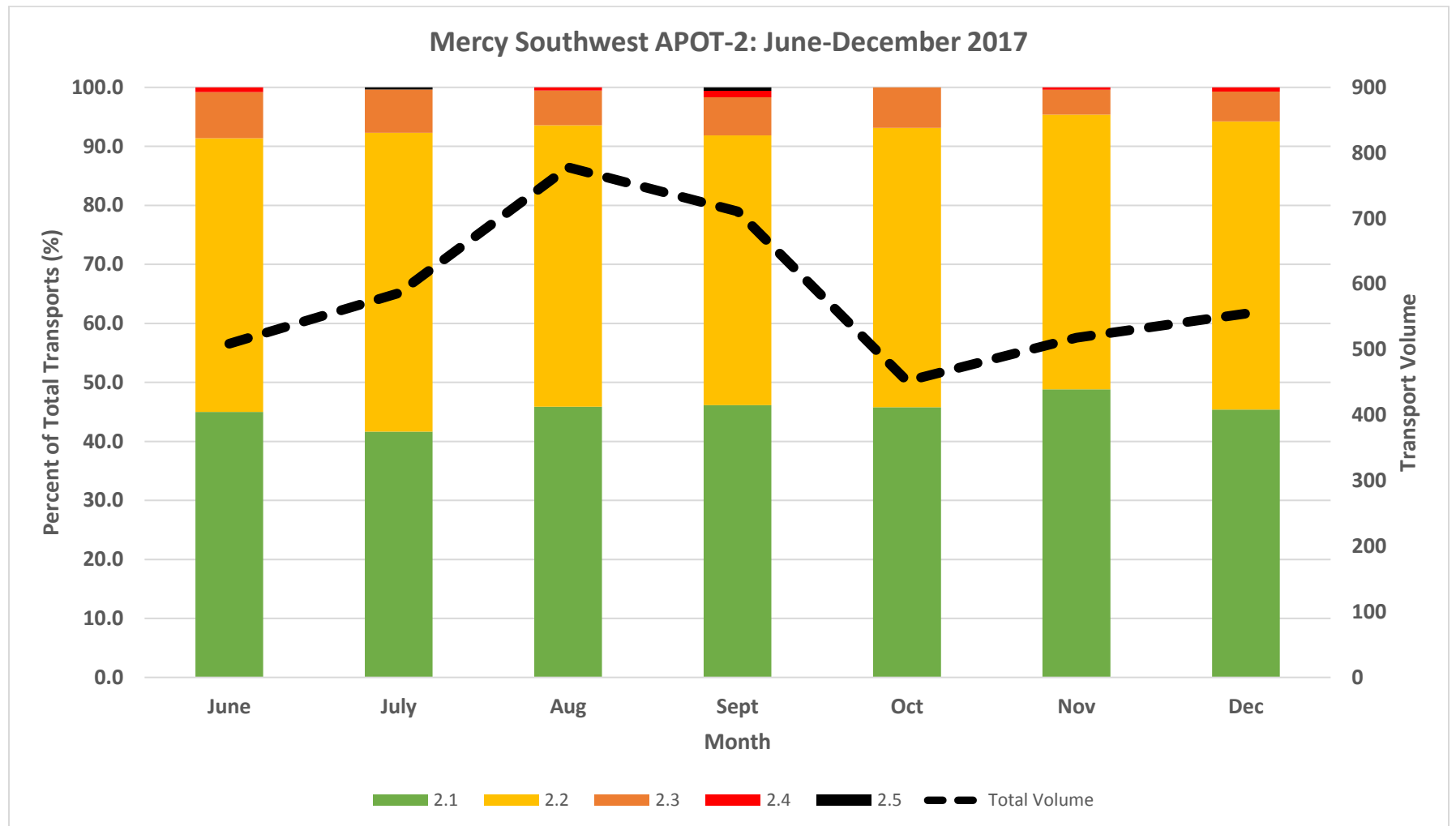
Kern County EMS:
Quality Improvement Plan, 2018

Ambulance Patient Offload Time (APOT): Time Criteria and Transport Volume, by Hospital



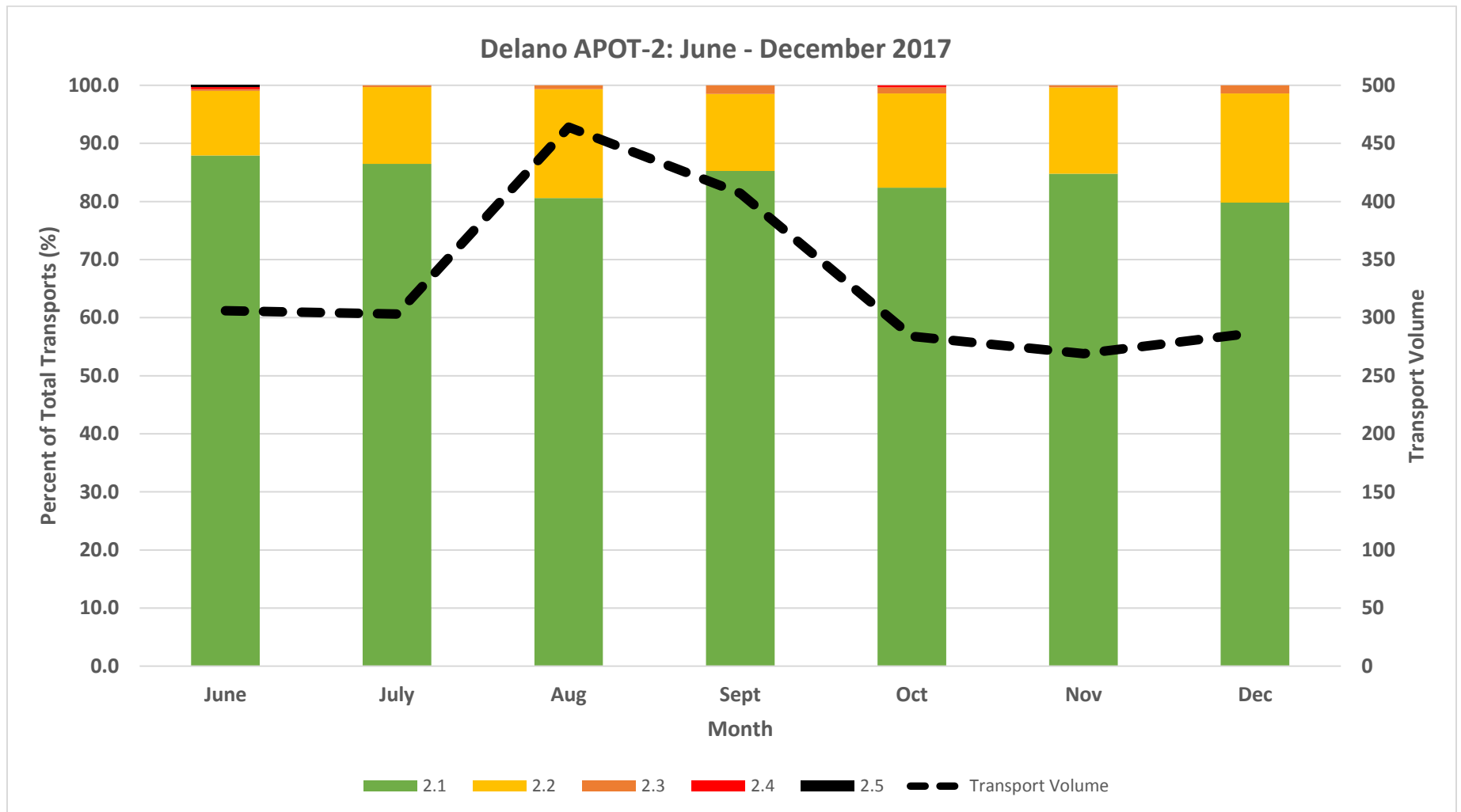
Kern County EMS:
Quality Improvement Plan, 2018

Ambulance Patient Offload Time (APOT): Time Criteria and Transport Volume, by Hospital



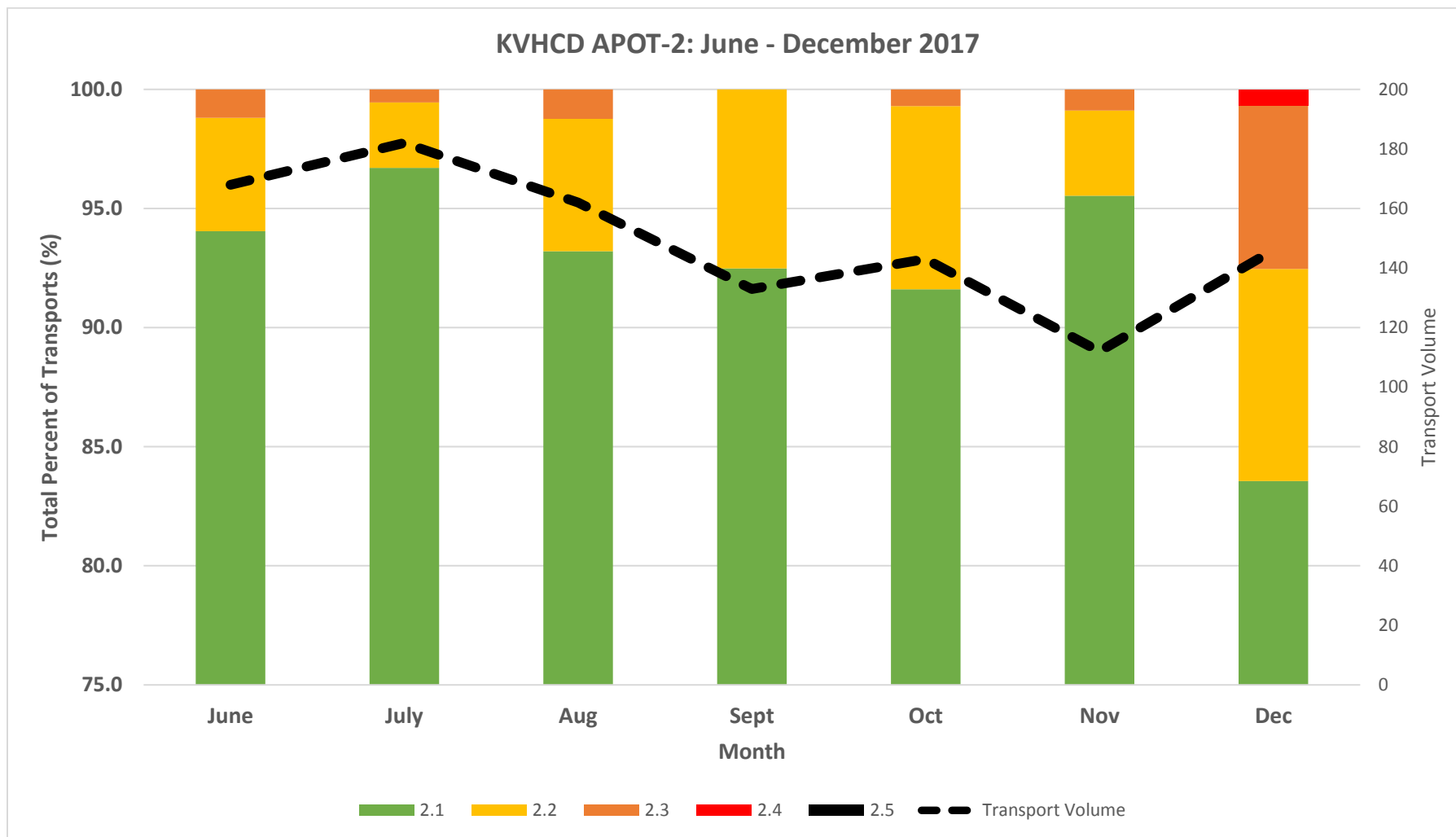
Kern County EMS:
Quality Improvement Plan, 2018

Ambulance Patient Offload Time (APOT): Time Criteria and Transport Volume, by Hospital



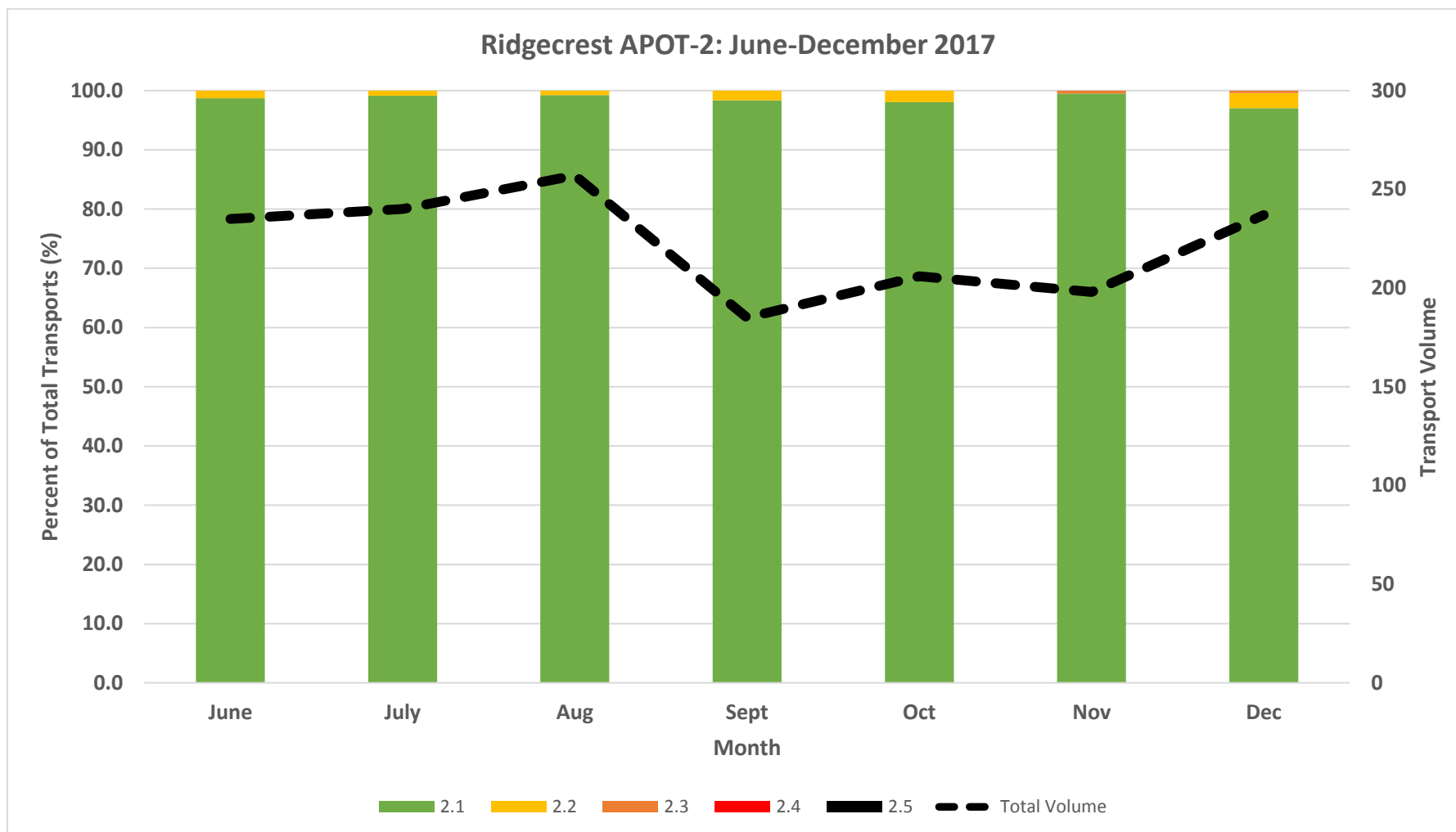
Kern County EMS:
Quality Improvement Plan, 2018

Ambulance Patient Offload Time (APOT): Time Criteria and Transport Volume, by Hospital



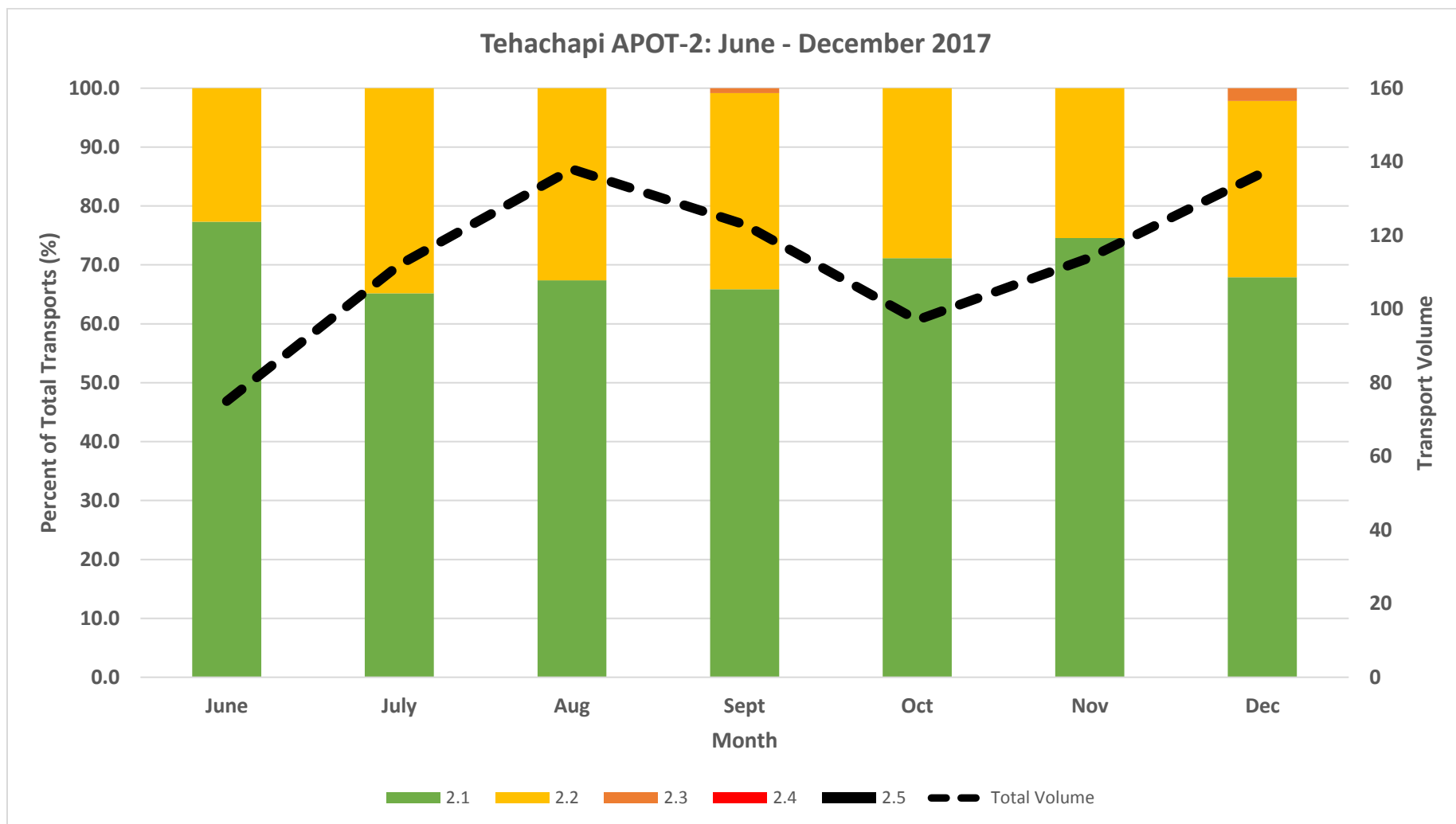
Kern County EMS:
Quality Improvement Plan, 2018

Ambulance Patient Offload Time (APOT): Time Criteria and Transport Volume, by Hospital



Kern County EMS:
Quality Improvement Plan, 2018

Ambulance Patient Offload Time (APOT): Time Criteria and Transport Volume, by Hospital



Emergency Medical Care Advisory Board Summary 2017

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 2017:

February 9, 2017		
Issue	Suggested Action	EMCAB Action
Ambulance Destination Decision Policies and Procedures	Approve	No action taken due to lack of quorum
Patient Care Record Policies and Procedures	Approve	No action taken due to lack of quorum
Burn Center Designation Policy	Approve	No action taken due to lack of quorum
EMS Fund Report	Receive and File	No action taken due to lack of quorum
May 11, 2017		
Issue	Suggested Action	EMCAB Action
Ambulance Destination Decision Policies and Procedures	Approve	Approved
Patient Care Record Policies and Procedures	Approve	Approved
Burn Center Designation Policy	Approve	Approved
Annual ALS Provider Performance Reports	Receive and file	Received
Annual EMS System Activity Report	Receive and file	Received
Directors Report	Receive and file	Received
EMS Fund Report	Receive and file	Received
August 10, 2017		
Issue	Suggested Action	EMCAB Action
Meeting canceled		
November 9, 2017		
Issue	Suggested Action	EMCAB Action
Meeting Canceled		



VII Fund Summary

Maddy EMS Fund (Original Assessment)				
	Available Funds for Distribution			Fund Total
Balance on July 1, 2016	\$ 1,467,999.95 <i>(1c)</i>			\$ 1,467,999.95
Deposits for July 1, 2016-June 30, 2017	\$ 1,316,686.04 <i>(5c)</i>			\$ 2,784,685.99
Interest for July 1, 2016-June 30, 2017	\$ 14,681.47 <i>(8a)</i>			\$ 2,799,367.46
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 <i>(8b)</i>			\$ 2,799,367.46
Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 134,287.49 <i>(9a)</i>		\$ 134,287.49	\$ 134,287.49 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 700,980.62 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 700,980.62	\$ 377,194.97 <i>(16a)</i>
Hospitals (25%)	\$ 302,146.87 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 302,146.87	\$ 0.00 <i>(20b Pd)</i> \$ 302,146.83 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 205,459.82 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 205,459.82	\$ 205,459.82 <i>(24a)</i>
Total	\$ 1,342,874.81 <i>(9e)</i>	\$ 0.00 <i>(9e)</i>	\$ 1,342,874.8	\$ 1,019,089.11
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 1,780,278.35
Reimbursements				
Physicians/Surgeons	\$ 12,732.82 <i>(16c)</i>			\$ 1,793,011.17
Hospitals	\$ 0.00 <i>(20e)</i>			\$ 1,793,011.17
Ending Balance for Total Available Funds as of June 30, 2017				\$ 1,793,011.17

Signature of Maddy EMS Fund Administrator

Brynn Carrigan, Assistant Director

Printed Name & Title

04/16/2018

Date

brynn@kerncounty.com

Email Address



VII Fund Summary
(cont.)

Maddy EMS Fund
(Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2016	\$ 458,326.44 (2c)		\$ 458,326.44
Deposits for July 1, 2016-June 30, 2017	\$ 1,264,992.29 (6c)		\$ 1,723,318.73
Interest for July 1, 2016-June 30, 2017	\$ 14,105.73 (10a)		\$ 1,737,424.46
Other Deposits for July 1, 2016-June 30, 2017	\$ 0.00 (10b)		\$ 1,737,424.46

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 117,003.51 (11a)		\$ 117,003.51	\$ 117,003.51 (14)
Richie's Fund (15%)	\$ 175,505.28 (11b)		\$ 175,505.28	\$ 175,505.28 (15)
Physicians/Surgeons (58%)	\$ 508,965.33 (11c)	\$ 0.00 (11c)	\$ 508,965.33	\$ 273,872.28 (17a)
Hospitals (25%)	\$ 219,381.65 (11d)	\$ 0.00 (11d)	\$ 219,381.65	\$ 0.00 (21b 1d) \$ 544,066.42 (21d)
Other Discretionary EMS (17%)	\$ 149,179.49 (11e)	\$ 0.00 (11e)	\$ 149,179.49	\$ 149,179.49 (25a)
Total	\$ 1,170,035.2 (11f)	\$ 0.00 (11f)	\$ 1,170,035.2	\$ 1,259,626.98
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 477,797.48

Reimbursements			
Physicians/Surgeons	\$ 0.00 (17c)		\$ 477,797.48
Hospitals	\$ 0.00 (21e)		\$ 477,797.48
Ending Balance for Total Available Funds as of June 30, 2017			\$ 477,797.48


Signature of Maddy EMS Fund Administrator
Brynn Carrigan, Assistant Director
Printed Name & Title

04/16/2018

Date

brynn@kerncounty.com

Email Address