

ADDITIONAL AREAS OF RESPONSIBILITY

During FY 05-06 and up to the present, the EMS Agency has assumed administrative responsibility for Pandemic Planning, along with the other emergency preparedness activities for the Health Department. With this addition, all disaster preparedness operations fall under the responsibility of the EMS Agency including general medical/health emergency operations planning; the Hospital Preparedness Program (HPP) grant; Bio-Terrorism and Homeland Security grant coordination and the preparation of the Pandemic Influenza Plan and related activities.

While these additional areas of responsibility have increased the workload, it has allowed us to ensure proper coordination between these preparedness activities and avoid both conflicting protocols and the redundancy that can occur when such activities are not well coordinated.

AIR AMBULANCE OPERATIONAL ISSUES

As previously reported to the EMS Authority, Med-Trans has questioned the validity of the County's Air Ambulance EOA. They are the contracted provider for the Children's Hospital of Central California (CHCC) "Air George" program, which has responded to this county on numerous occasions to conduct interfacility transfers from Merced County hospitals to CHCC.

Med-Trans claims that Federal Preemption of local regulation of air ambulances invalidates our air EOA, and we disagree with their assessment. We have met with County Counsel and are in the process of assessing our strategy, should Med-Trans formalize their position with a legal filing.

OTHER CHANGES OF NOTE

With the continued implementation of the Medicare Fee Schedule, the local ambulance provider finds themselves having to make adjustments to their fee schedule and reducing costs to remain financially stable. The Fee Schedule has had a substantial impact on this area, as the payer mix is one of the worst in the state. Their ability to cost-shift those losses is quite limited, and their average reimbursement is calculated at about \$0.33 on the dollar.

The EMS Agency assisted with the purchase of Panasonic Toughbook laptop computers for the implementation of the Sansio EPCR system, which has greatly improved the quality of documentation; the accessibility of data (near real-time) and the delivery of PCRs to the hospital in a timely fashion. Sansio is a Gold NEMSIS vendor and we are very pleased with the results of this program.

Merced County implemented a STEMI program in February of this year, coordinating that effort with both Doctor's and Memorial Medical Centers in Modesto. We have had several very successful outcomes for patients with an acute MI, and are very pleased with the program, to date.



Major Changes in the Merced County EMS System - 2008

SUMMARY

The Merced County EMS System continues to provide quality services to the citizens and visitors to this county, despite the adverse health care conditions that exist. With the recent reductions to Medi-Cal rates and the continuing economic downturn, the long-term stability of the system is of great concern. Improvement in the economic conditions in the County and of the percentage of insured population is critical to improving the quality of health care services delivered to the community going forward.

EMSA TABLE 1: Summary of System Status

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.01 LEMSA Structure		X	NA		
1.02 LEMSA Mission		X	NA		
1.03 Public Input		X	NA		
1.04 Medical Director		X	X		

Planning Activities

1.05 System Plan		X	NA		
1.06 Annual Plan Update		X	NA		
1.07 Trauma Planning*		X	X		
1.08 ALS Planning*		X	NA		
1.09 Inventory of Resources		X	NA		
1.10 Special Populations		X			X
1.11 System Participants		X	X		

Regulatory Activities	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.12 Review & Monitoring		X	NA		
1.13 Coordination		X	NA		
1.14 Policy & Procedures Manual		X	NA		
1.15 Compliance w/Policies		X	NA		

System Finances

1.16 Funding Mechanism		X			X
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Medical Direction

1.17	Medical Direction		X	NA		
1.18	QA/QI		X	X		
1.19	Policies, Procedures, Protocols		X	X		
1.20	DNR		X	NA		
1.21	Determination of Death		X	NA		
1.22	Reporting of Abuse		X	NA		
1.23	Interfacility Transfer		X	NA		

Enhanced Level: Advanced Life Support

1.24	ALS System		X	X		
1.25	On-Line Medical Direction		X	X		

**Enhanced Level:
Trauma Care System**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.26	Trauma System Plan		X	NA	

Enhanced Level: Pediatric Emergency Medical and Critical Care System

1.27	Pediatric System Plan		X			X
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**Enhanced Level:
Exclusive Operating
Areas**

1.28	EOA Plan		X	X		
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B. STAFFING/TRAINING

Local EMS Agency	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
2.01 Assessment of Needs		X	NA		
2.02 Approval of Training		X	NA		
2.03 Personnel		X	NA		

Dispatchers

2.04 Dispatch Training		X	X		
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First Responder (non-transporting)

2.05 First Responder Training		X	NA		
2.06 Response		X	X		X
2.07 Medical Control		X	NA		

Transporting Personnel

2.08 EMT-1 Training		X	X		
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Hospital

2.09 CPR Training		X	NA		
2.10 Advanced Life Support		X	NA		

Enhanced Level: Advanced Life Support

2.11 Accreditation Process		X	NA		
2.12 Early Defibrillation		X	NA		
2.13 Base Hospital Personnel		X	NA		

C. COMMUNICATIONS

Communications Equipment	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
3.01 Communications Plan*		X	X		
3.02 Radios		X	X		
3.03 Interfacility Transfer		X	NA		
3.04 Dispatch Center		X	NA		
3.05 Hospitals		X	X		
3.06 MCI/Disasters		X	NA		

Public Access

3.07 9-1-1 Planning/Coordination		X	X		
3.08 9-1-1 Public Education		X	NA		

Resource Management

3.09 Dispatch Triage		X	X		
3.10 Integrated Dispatch		X	X		

D. RESPONSE/TRANSPORTATION

Universal Level		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.01	Service Area Boundaries*		X	X		
4.02	Monitoring		X	X		
4.03	Classifying Medical Requests		X	NA		
4.04	Pre-scheduled Responses		X	NA		
4.05	Response Time Standards		X	X		
4.06	Staffing		X	NA		
4.07	First Responder Agencies		X	NA		
4.08	Medical & Rescue Aircraft		X	NA		
4.09	Air Dispatch Center		X	NA		
4.10	Aircraft Availability		X	NA		
4.11	Specialty Vehicles*		X	X		
4.12	Disaster Response		X	NA		
4.13	Intercounty Response		X	NM		X
4.14	Incident Command System		X	NA		
4.15	MCI Plans		X	NA		

Enhanced Level: Advanced Life Support		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X	NA		

Enhanced Level: Ambulance Regulation

4.18	Compliance		X	NA		
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**Enhanced Level:
Exclusive Operating
Permits**

4.19	Transportation Plan		X	NA		
4.20	Grand fathering		X	NA		
4.21	Compliance		X	NA		
4.22	Evaluation		X	NA		

E. FACILITIES/CRITICAL CARE

Universal Level		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
5.01	Assessment of Capabilities		X	X		X
5.02	Triage & Transfer Protocols*		X			
5.03	Transfer Guidelines*		X	NA	X	
5.04	Specialty Care Facilities*		X	NA		
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*		X	NA	X	

Enhanced Level: Advanced Life Support

5.07	Base Hospital Designation*		X	NA		
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Enhanced Level: Trauma Care System

5.08	Trauma System Design		X	NA		
5.09	Public Input		X	NA		

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.10	Pediatric System Design	X		NA		X
5.11	Emergency Departments	X				X
5.12	Public Inputs		X	NA		

Enhanced Level: Other Specialty Care Systems

5.13	Specialty System Design		NA	NA		X
5.14	Public Input		X	NA		

F. DATA COLLECTION/SYSTEM EVALUATION

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
6.01 QA/QI Program		X	X		
6.02 Prehospital Records		X	NA		
6.03 Prehospital Care Audits		X	NM		X
6.04 Medical Dispatch		X	NA		
6.05 Data Management System*		X	X		X
6.06 System Design Evaluation		X	NA		X
6.07 Provider Participation		X	NA		
6.08 Reporting		X	NA		

Enhanced Level: Advanced Life Support

6.09 ALS Audit		X	X		
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Enhanced Level: Trauma Care System

6.10 Trauma System Evaluation		X	NA		
6.11 Trauma Center Data		X	X		

G. PUBLIC INFORMATION AND EDUCATION

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
7.01 Public Information Materials		X	X		
7.02 Injury Control		X	X		
7.03 Disaster Preparedness		X	X		
7.04 First Aid & CPR Training		X	X		

H. DISASTER MEDICAL RESPONSE

Universal Level		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.01	Disaster Medical Planning*		X	NA		
8.02	Response Plans		X	X		
8.03	HAZMAT Training		X	NA		
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties*		X	NM		X
8.06	Needs Assessment		X	X		
8.07	Disaster Communications		X	NA		
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		NA	NA		
8.10	Mutual Aid Agreements	X		NA		X
8.11	FTS Designation*		X	NA		
8.12	Establishment of FTSs		X	NA		
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Inter-hospital Communications		X	NA		
8.16	Prehospital Agency Plans		X	NA		

Enhanced Level: Advanced Life Support	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.17 ALS Policies		X	NA		

Enhanced Level: Specialty Care Systems

8.18 Specialty Center Roles		X	NA		
8.19 EOA/Disasters		X	NA		

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: Merced County

Reporting Year: 07-08

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:

(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County:

a. Basic Life Support (BLS) %	<u>0</u>
b. Limited Advanced Life Support (LALS) %	<u>0</u>
c. Advanced Life Support (ALS) %	<u>100</u>
2. Type of agency	
a - Public Health Department	<u>X</u>
b - County Health Services Agency	<u> </u>
c - Other (non-health) County Department	<u> </u>
d - Joint Powers Agency	<u> </u>
e - Private Non-profit Entity	<u> </u>
f - Other: _____	<u> </u>
3. The person responsible for day-to-day activities of EMS agency reports to	
a - Public Health Officer	<u> </u>
b - Health Services Agency Director/Administrator	<u> </u>
c - Board of Directors	<u> </u>
d - Other: <u>Public Health Director</u>	<u>X</u>
4. Indicate the non-required functions which are performed by the agency	
Implementation of exclusive operating areas (ambulance franchising)	<u>X</u>
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	<u>X</u>
Designation of other critical care centers	<u>X</u>
Development of transfer agreements	<u>X</u>
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	<u>X</u>
Operation of ambulance service	<u> </u>

Table 2 - System Organization & Management (cont.)

Continuing education		<u>X</u>
Personnel training		<u>X</u>
Non-medical disaster planning		<u>X</u>
Administration of critical incident stress debriefing (CISD) team		<u>X</u>
Administration of disaster medical assistance team (DMAT)		<u> </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]		<u> </u>
Other: Administration of HPP Grant Program		<u>X</u>
Other: Administration of CDC Grant Program		<u>X</u>
Other:		<u> </u>
5. EMS agency budget for FY 07-08		
A. EXPENSES		
Salaries and benefits		\$ <u>407,640</u>
(all but contract personnel)		
Contract Services		\$ <u>92,000</u>
(e.g. medical director)		
Operations (e.g. copying, postage, facilities)		\$ <u>63,225</u>
Travel		\$ <u>12,375</u>
Fixed assets		\$ <u>0</u>
Indirect expenses (overhead)		\$ <u>68,695</u>
Ambulance subsidy		\$ <u>0</u>
EMS Fund payments to physicians/hospital		\$ <u>0</u>
Dispatch center operations (non-staff)		\$ <u>0</u>
Training program operations		\$ <u>0</u>
Other:		\$ <u>0</u>
Other:		\$ <u>0</u>
Other:		\$ <u>0</u>
TOTAL EXPENSES		\$ <u>643,935</u>

Table 2 - System Organization & Management (cont.)

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	\$	<u>0</u>
Preventative Health and Health Services (PHHS) Block Grant	\$	<u>0</u>
Office of Traffic Safety (OTS)	\$	<u>0</u>
State general fund	\$	<u>0</u>
County general fund	\$	<u>54,647</u>
Other local tax funds (e.g., EMS district)	\$	<u>0</u>
County contracts (e.g. multi-county agencies)	\$	<u>0</u>
Certification fees	\$	<u>20,500</u>
Training program approval fees	\$	<u>0</u>
Training program tuition/Average daily attendance funds (ADA)	\$	<u>0</u>
Job Training Partnership ACT (JTPA) funds/other payments	\$	<u>0</u>
Base hospital application fees	\$	<u>0</u>
Base hospital designation fees	\$	<u>0</u>
Trauma center application fees	\$	<u>0</u>
Trauma center designation fees	\$	<u>25,000</u>
Pediatric facility approval fees	\$	<u>0</u>
Pediatric facility designation fees	\$	<u>0</u>

Table 2 - System Organization & Management (cont.)

Other critical care center application fees		\$	<u>0</u>
Type: _____			
Other critical care center designation fees		\$	<u>0</u>
Type: _____			
Ambulance service/vehicle fees		\$	<u>130,144</u>
Contributions		\$	<u>0</u>
EMS Fund (SB 12/612)		\$	<u>72,000</u>
Other grants:		\$	<u>297,000</u>
Other Fees:	<u>Fines/Forfeits</u>	\$	<u>30,000</u>
Other (specify):	<u>Communications fees</u>	\$	<u>9,480</u>
Other (specify):	<u>07-08 carry-over</u>	\$	<u>5,164</u>
Other (specify):	_____	\$	<u>0</u>
¹ TOTAL REVENUE \$		\$	<u><u>643,935</u></u>

TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.
IF THEY DON'T, PLEASE EXPLAIN BELOW.

¹ Revenue and Expenses for FY 08-09

Table 2 - System Organization & Management (cont.)

6. Fee structure for FY: 07-08

We do not charge any fees

Our fee structure is:

X

First responder certification	\$ <u> </u> 0
EMS dispatcher certification	\$ <u> </u> 50
EMT-I certification	\$ <u> </u> 50
EMT-I recertification	\$ <u> </u> 50
EMT-defibrillation certification	\$ <u> </u> 0
EMT-defibrillation recertification	\$ <u> </u> 0
EMT-II certification	\$ <u> </u> 0
EMT-II recertification	\$ <u> </u> 0
EMT-P accreditation	\$ <u> </u> 100
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	\$ <u> </u> 60
MICN/ARN recertification	\$ <u> </u> 60
EMT-I training program approval	\$ <u> </u> 250
EMT-II training program approval	\$ <u> </u> 0
EMT-P training program approval	\$ <u> </u> 0
MICN/ARN training program approval	\$ <u> </u> 0
Base hospital application	\$ <u> </u> 0
Base hospital designation	\$ <u> </u> 0
Trauma center application	\$ <u> </u> 12,500
Trauma center designation	\$ <u> </u> 12,500
Pediatric facility approval	\$ <u> </u> 0
Pediatric facility designation	\$ <u> </u> 0

Table 2 - System Organization & Management (cont.)

Other critical care center application fees	\$ <u>0</u>
Type: _____	
Other critical care center designation fees	\$ <u>0</u>
Type: _____	
Ambulance service license	\$ <u>Variable*</u>
Ambulance vehicle permits	\$ <u>0</u>
Other: _____	\$ <u>0</u>
Other: _____	\$ <u>0</u>
Other: _____	\$ <u>0</u>

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 06-07.

* based on County Cost System calculation, (e.g. number of staff hours dedicated to provider oversight and coordination)

Table 2 - System Organization & Management (cont.)
 EMS System: Merced County

Reporting Year: 07-08

Category	Actual Title	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% OF SALARY)	COMMENTS
Reporting Year:	EMS Administrator	1	\$42.71	63.0%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./Trng Coord.	EMS Specialist	1	\$20.68	72.0%	
Program Coord./Field Liaison (Non-clinical)					
Trauma Coord.	Public Health Nurse II	0.95	\$37.24	65.0%	
Med. Director		0.15	70		
Other MD/Med. Consult./Trng. Med. Dir.					
Disaster Med. Planner	EMS Specialist	1	\$20.68	72.0%	

Table 2 - System Organization & Management (cont.)

Revision #1 [2/16/95]

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT ¹	BENEFITS (% OF SALARY)	COMMENTS
QA/QI Coordinator					
Public Info. & Ed. Coord.					
Ex. Secretary					
Other Clerical					
Data Entry Clerk					
Other					

Include an organizational chart of the local EMS agency and a county organizational chart(s) indicating how the LEMSA fits within the county/multi-county structure.

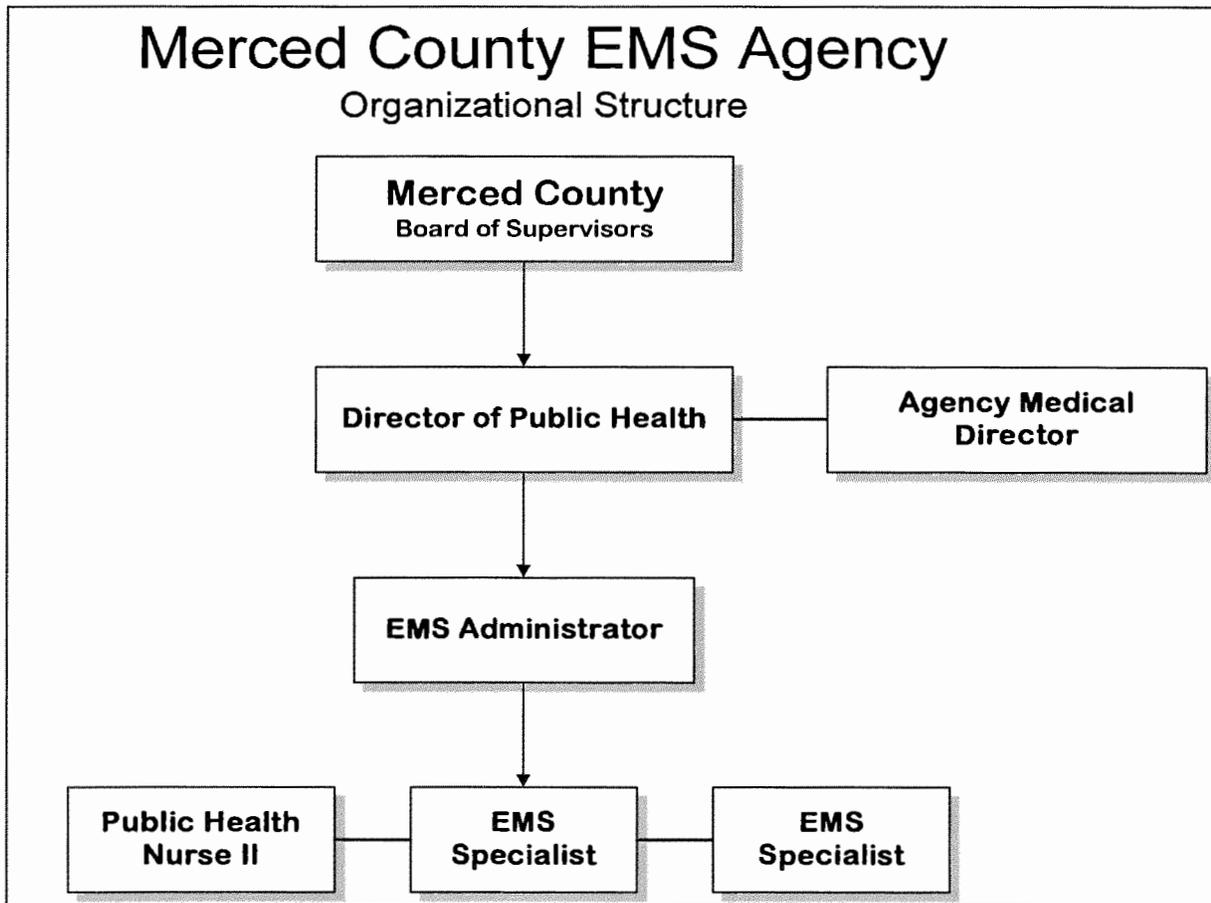


TABLE 3: SYSTEM RESOURCES AND OPERATIONS

Revision #4 (4/20/07)

EMS System: **Merced**

Reporting Year: 07-08

NOTE: Table 3 is to be reported by agency.

	EMT-I	EMT-II	EMT-P	MICN	EMS Dispatcher
Total Certified	233	N/A	N/A	N/A	N/A
Number newly certified this year	38	N/A	N/A	N/A	N/A
Number recertified this year	81	N/A	N/A	N/A	N/A
Total number of accredited personnel on July 1 of the reporting year	N/A	N/A	51	25	16
Number of certification reviews resulting in formal investigations (results below):					
a) pending (State Review)			1		
b) probations					
c) suspensions					
d) revocations					
e) denials					
f) denials of renewal					
g) no action taken					

1. Number of EMS dispatchers trained to EMSA standards: **16**

2. Early defibrillation:

a) Number of EMT-I (defib) certified: **N/A**

b) Number of public safety (defib) certified (non-emt-I): **N/A**

3. Do you have a first responder training program? Yes No

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: Merced County

County: Merced

Reporting Year: 07-08

Note: Table 4 is to be answered for each county.

- | | | |
|----|--|---|
| 1. | Number of primary Public Service Answering Points (PSAP) | <u>5</u> |
| 2. | Number of secondary PSAPs | <u>1</u> |
| 3. | Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. | Number of designated dispatch centers for EMS Aircraft | <u>1</u> |
| 5. | Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. | Radio primary frequency: <u>Trunked 800 mhz system</u> | |
| b. | Other methods: <u>MedNet 9 for dispatch, MedNet 8 for hospitals</u> | |
| c. | Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> * Yes <input type="checkbox"/> No |
| d. | Do you participate in OASIS? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. | Do you have a plan to utilize RACES as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | 1) Within the operational area? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | 2) Between the operational area and the region and/or state? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

* All medical response units can communicate on the MedNet frequencies. Ambulance Supervisors are able to communicate on the 800 mhz Disaster Communications system.

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation**

EMS System: Merced County

Reporting Year: 07-08

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 3

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	NA	NA	NA	NA
Early defibrillation responder	NA	NA	NA	NA
Advanced life support responder	10	12/15/20	40	NA
Transport Ambulance	10	12/15/20	40	NA

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care**

EMS System: Merced County EMS

Reporting Year: 07/08

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma triage criteria	<u>347</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>320</u>
c) Number of major trauma patients transferred to a trauma center	<u>27</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center	<u>Unknown</u>

Emergency Departments

Total number of emergency departments

	<u>2</u>
a) Number of referral emergency services	<u>0</u>
b) Number of standby emergency services	<u>0</u>
c) Number of basic emergency services	<u>2</u>
d) Number of comprehensive emergency services	<u> </u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>1</u>
2. Number of base hospitals with written agreements	<u>1</u>

TABLE 7: SYSTEM RESOURCES AND OPERATIONS - Disaster Medical

EMS System: Merced County

County: Merced

Reporting Year: 07-08

Note: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collection Points (CCP)
 - a. Where are your CCPs located? At Hospital Campuses
 - b. How are they staffed? Initially by Hosp. – backup from private and public
 - c. Do you have a supply system for supporting them for 72 hours? Yes No

2. CISD

Do you have a CISD provider with 24 hour capability? Yes No

3. Medical Response Team
 - a. Do you have any team medical response capability? Yes No*
 - b. For each team, are they incorporated into your local response plan? Yes No
 - c. Are they available for statewide response? Yes No
 - d. Are they part of a formal out-of-state response system? Yes No

4. Hazardous Materials
 - a. Do you have any HazMat trained response teams? Yes No
 - b. At what HazMat level are they trained? Technician
 - c. Do you have the ability to do decontamination in an emergency department? Yes No
 - d. Do you have the ability to do decontamination in the field? Yes No

Operations

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 6
3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes No

b. exercise?

Yes No

4. List all counties with which you have a written medical mutual aid agreement.

None

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?

Yes No

6. Do you have formal agreements with community clinics in your operational area to participate in disaster planning and response?

Yes No

7. Are you part of a multi-county EMS system for disaster response?

Yes No

8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **Health Dept. - Not Applicable**

Yes No

* Merced County MRC under development, not formally adopted as response team at the time of submission.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Merced County County: Merced Reporting Year: 07-08

Note: Table 8 is to be completed by county. Make copies to add pages as needed

Training Institution Name Merced College Contact Person Telephone no. 384-6130

Address 3600 M Street, Merced CA 95348

Student Eligibility:* Open to the Public EMT-1	Cost of Program Basic <u>\$90.00</u> Refresher <u>\$90.00</u>	**Program Level <u>EMT-1</u> Number of students completing training per year: Initial: <u>40</u> Refresher: <u>14</u> Cont. Education: <u>6</u> Expiration Date: <u>6/30/2009</u> Number of courses: <u>3</u> Initial training: <u>2</u> Refresher: <u>1</u> Cont. education: <u>1*</u>
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* CE offered concomitantly with primary class

Training Institution Name Merced County EMS Agency¹ Contact Person Telephone no. Greg Peterson 725-7010

Address 100 Riggs Avenue

Student Eligibility:* Open to the Public	Cost of Program Basic <u>\$400</u> Refresher <u>\$10 per class</u>	**Program Level <u>EMT-1</u> Number of students completing training per year: Initial: <u>30</u> Refresher: <u>10</u> Cont. Education: <u>5</u> Expiration Date: <u>6/30/2009</u> Number of courses: <u>3</u> Initial training: <u>2</u> Refresher: <u>1</u> Cont. education: <u>1*</u>
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* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

¹ Course taught by Riggs Ambulance Service under contract with the County of Merced EMS Agency

TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Merced County: Merced Reporting Year: 07-08

Note: Make copies to add pages as needed. Complete information for each facility by county.

Name: <u>Merced County EMS Communication Center</u>		Primary Contact: <u>Kim Burks, Communications Manager</u>	
Address: <u>100 Riggs Ave. Merced, Ca. 95340</u>			
Telephone: <u>(209) 725-7011</u>			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 17 EMD Training EMT-D ALS BLS LALS Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: <u>See below</u>	If Public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> other;

Private Company under contract with County - County rents physical space at center to allow Positron to be located there.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM
Exclusive Ground Ambulance Zone**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

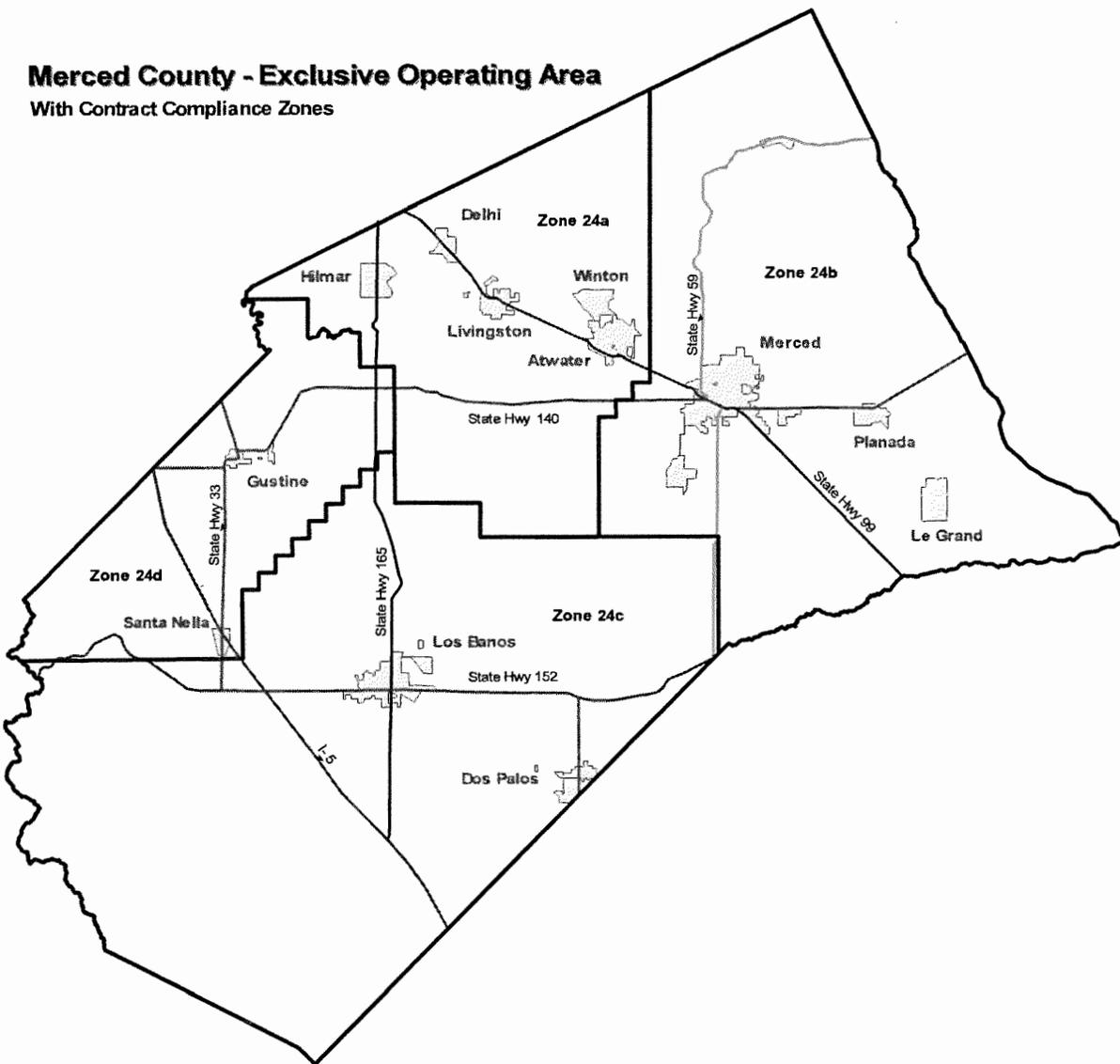
<p>Local EMS Agency or County Name: Merced County</p>
<p>Area or subarea (Zone) Name or Title: Merced County Exclusive Operating Area - Ground</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Riggs Ambulance Service. Began operations under new County-wide EOA on September 1, 2003. Riggs has served the majority of Merced County since 1948. West Side Ambulance serves their Healthcare District under a sub-contract with Riggs, described on the following page.</p>
<p>Area or subarea (Zone) Geographic Description: The Merced County EOA incorporates all cities and townships of Merced County as well as all unincorporated areas . Sub-zones within the EOA are not separately contracted, but established for the purpose of response time compliance only.*</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive – established by Board action at regularly scheduled meeting.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All calls requiring emergency ground ambulance service</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Competitive Bid process. Request for Proposals document submitted to EMSA with 10/9/02 update. Initial five (5) year contract with two (2), two year extensions possible. An evaluation committee was established by the County’s consultant. This committee was made up of three EMS system experts, two from out of state, that had no conflict of interest with this process nor any of the parties involved. Their recommendation was carried forward to the Board of Supervisors for final action.</p>

- The West Side Healthcare District continues to serve their district zone under sub-contract with Riggs Ambulance Service. That arrangement is further described on the following page.

The map below displays the compliance zones within the Merced County EOA. The entire county is a single EOA, with these zones created only for the purpose of grouping individual response time grids together for monthly response time compliance evaluation. The 24d Zone is the West Side District Ambulance Service area. Riggs Am balance Service sub-contracts with West Side to provide service to this area of Merced County, however, Riggs retains responsibility for the sub-contractor's performance. This was a requirement in the RFP and all bidders were required to commit to this sub-contract arrangement.

Any failure of the sub-contractor requires immediate assumption of this service area by the primary contractor with the County.

Merced County - Exclusive Operating Area
With Contract Compliance Zones



**EMS PLAN
AMBULANCE ZONE SUMMARY FORM
Exclusive Air Ambulance Zone**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<p>Local EMS Agency or County Name: Merced County</p>
<p>Area or subarea (Zone) Name or Title: Merced County Exclusive Operating Area - Air</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Medi-Flight (Air Methods Corporation) serves the entirety of Merced County under a competitively bid exclusive air ambulance operating agreement, which was finalized by contract in April, 2007. Their contract terms are for three, three year terms, which will be renewed up to a total of nine years, subject to the compliance of the provider and the concurrence of the County.</p>
<p>Area or subarea (Zone) Geographic Description: The Merced County EOA incorporates all cities and townships of Merced County as well as all unincorporated areas . Mutual aid responses are encouraged for those areas of the County that might be better served by mutual aid providers.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive – established by Board action at regularly scheduled meeting.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All calls requiring emergency air ambulance service, including 9-1-1 and Interfacility transfers. Exclusivity is waived for those Interfacility moves in which the exclusive provider cannot provide the necessary service.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Competitive Bid process. Request for Proposals document attached. Three year term with two (2) three year extensions possible. An evaluation committee was established by the County. This committee was made up of three County Personnel that had no conflict of interest with this process nor any of the parties involved. Their recommendation was carried forward to the Board of Supervisors for final action at a regularly scheduled meeting.</p>

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9th STREET
SACRAMENTO, CA 95811
(916) 322-4336 FAX (916) 324-2875



December 3, 2008

Chuck Baucom
Merced County EMS Agency
260 East 15th Street
Merced, CA 95340

Dear Mr. Baucom:

We have completed our review of *Merced County's 2007/08 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*.

Standards 1.27, 5.10 and 5.11 - Pediatric Emergency Medical and Critical Care System - In the 2006/07 EMS plan for Merced County your objective was for the full implementation of a comprehensive pediatric emergency medical system plan. While this is an enhanced level standard, I recommend you review the "*Development and Implementation of EMSC, a Step by Step Approach*", found on our web site at <http://www.emsa.ca.gov/systems/files/EMS-C.pdf>. This document provides information to Local EMS Agencies interested in developing an EMSC program.

Standard 8.10 - Mutual Aid Agreements - In the 2006/07 EMS plan for Merced County your objective was to negotiate mutual aid agreements with surrounding counties. Please show your progress towards meeting this standard in your next annual update.

Your annual update will be due on December 3, 2009. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Steven Tharratt".

R. Steven Tharratt, MD, MPVM
Director

RST:ss