

ADDITIONAL AREAS OF RESPONSIBILITY

During FY 05-06 and 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.

This year has been extremely busy with the Health Department's H1N1 response, particularly in light of the fact that the department took a 20% personnel hit this budget year. From a high of just under 200 staff three years ago, the department is down to less than 125 staff. With the increased tasks associated with the Pandemic Response, it has been very difficult to maintain the day-to-day operations expected of the Agency and Health Department.

As part of that response effort, the Agency submitted and was approved to temporarily expand paramedic scope of practice to include vaccination services, which were instrumental in quickly and efficiently vaccinating the first response community.

2010 HOSPITAL RELOCATION

The Agency has been assisting Mercy Hospital in their planning for the move of the hospital operations to their new facility on the North end of Merced. This new hospital will provide the facilities and basis for the expansion of healthcare services provided to the community, both in terms of the number of inpatient rooms as well as services provided. As part of the hospital move, planned for May 2, 2010, the Agency is coordinating with the local OES to conduct a hospital evacuation exercise simultaneously with the actual move of patients. In addition, we will be assisted by CalEMA with the development and execution of this exercise, which will be a combination of full-scale and functional activities.

FINANCIAL OUTLOOK

As with most systems in California, the issue of reimbursement for providers is becoming of critical importance, as the economy and depressed nature of business in the Central Valley continues to decrease the number of insured patients being served. Patients with a previous, standard 80 – 20 type insurance plan have diminished to less than 15% of those transported, with Medi-Care and MediCal both paying at rates substantially less than the cost of providing the service. Adequate financing of the healthcare safety net will continue to be an issue of utmost importance for the foreseeable future, and with the condition of local government in California, the option of tax subsidy seems out of the question. Without a long term solution to

these diminishing revenues, changes to the system standards are almost inevitable to reduce the financial burden placed on providers.

SUMMARY

The Merced County EMS System continues to provide a high quality of service to the community, despite the considerable challenges faced within this system. Trauma victims (both adult and pediatric) continue to be cared for in trauma centers; STEMI patients are taken directly to PCI centers outside of the county for interventional services; pediatric patients, once stabilized locally, are taken to pediatric centers of excellence for their care and various continuous quality improvement activities remain in place to ensure that this care is provided.

It must be stated, however, that our ability to continue to provide a high level of service to the community is directly related to the ability of the federal and state government to address the deplorable condition of healthcare reimbursement and join in a truly collaborative effort to resolve the healthcare crisis facing us all.

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

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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		

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			
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 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: Administration of MRC	<u>X</u>
5. EMS agency budget for FY 08-09	
A. EXPENSES	
Salaries and benefits	\$ 409,726
(all but contract personnel)	
Contract Services	\$ 92,000
(e.g. medical director)	
Operations (e.g. copying, postage, facilities)	\$ 63,061
Travel	\$ 12,375
Fixed assets	\$ 0
Indirect expenses (overhead)	\$ 68,695
Ambulance subsidy	\$ 0
EMS Fund payments to physicians/hospital	\$ 0
Dispatch center operations (non-staff)	\$ 0
Training program operations	\$ 0
Other:	<u> </u>
Other:	<u> </u>
Other:	<u> </u>
TOTAL EXPENSES	<u>\$ 645,857</u>

Table 2 - System Organization & Management (cont.)

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	\$ 0
Preventative Health and Health Services (PHHS) Block Grant	\$ 0
Office of Traffic Safety (OTS)	\$ 0
State general fund	\$ 0
County general fund	\$ 56,569
Other local tax funds (e.g., EMS district)	\$ 0
County contracts (e.g. multi-county agencies)	\$ 0
Certification fees	\$ 20,500
Training program approval fees	\$ 0
Training program tuition/Average daily attendance funds (ADA)	\$ 0
Job Training Partnership ACT (JTPA) funds/other payments	\$ 0
Base hospital application fees	\$ 0
Base hospital designation fees	\$ 0
Trauma center application fees	\$ 0
Trauma center designation fees	\$ 25,000
Pediatric facility approval fees	\$ 0
Pediatric facility designation fees	\$ 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/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>645,857</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	\$ Variable*
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: 08-09

Category	Actual Title	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% OF SALARY)	COMMENTS
Reporting Year:	EMS Administrator	1	\$79.74	71.0%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./Trng Coord.	EMS Specialist	0.5	\$41.45	78.0%	
Program Coord./Field Liaison (Non-clinical)					
Trauma Coord.	Public Health Nurse II	1	\$64.32	68.0%	
Med. Director		0.15	\$70.00	NA	
Other MD/Med. Consult./Trng. Med. Dir.					
Disaster Med. Planner	EMS Specialist	0.5	\$41.45	78.0%	

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.

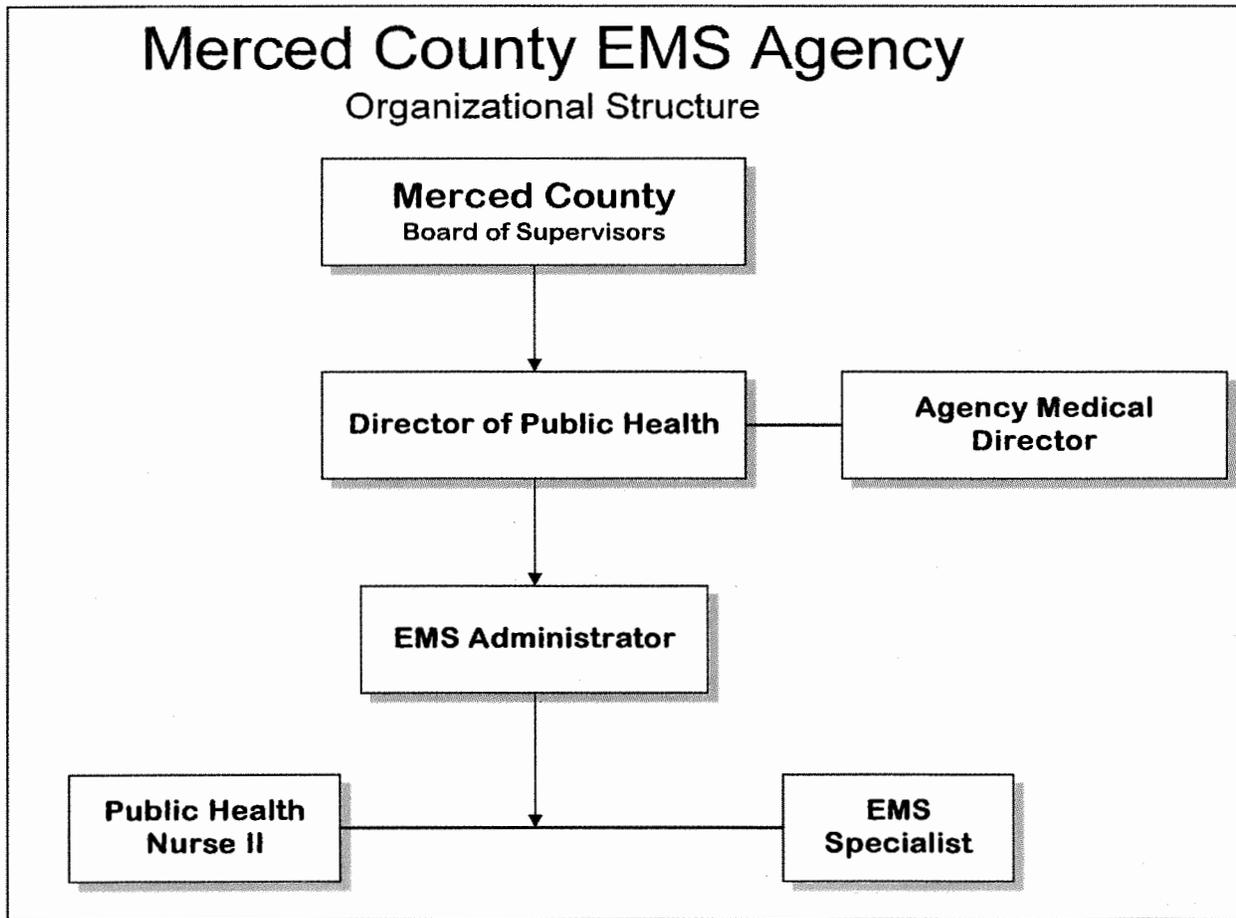


TABLE 3: SYSTEM RESOURCES AND OPERATIONS

Revision #4 (4/20/07)

EMS System: **Merced**

Reporting Year: 08-09

NOTE: Table 3 is to be reported by agency.

	EMT-I	EMT-II	EMT-P	MICN	EMS Dispatcher
Total Certified	249	N/A	N/A	N/A	N/A
Number newly certified this year	35	N/A	N/A	N/A	N/A
Number recertified this year	36	N/A	N/A	N/A	N/A
Total number of accredited personnel on July 1 of the reporting year	N/A	N/A	54	33	21
Number of certification reviews resulting in formal investigations (results below):					
a) pending (State Review)			1		
b) probations					
c) suspensions					
d) revocations					
e) denials	1				
f) denials of renewal					
g) no action taken					

1. Number of EMS dispatchers trained to EMSA standards: 21
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: 08-09

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

- 1. Number of primary Public Service Answering Points (PSAP) 6
- 2. Number of secondary PSAPs 1
- 3. Number of dispatch centers directly dispatching ambulances 1
- 4. Number of designated dispatch centers for EMS Aircraft 1
- 5. Do you have an operational area disaster communication system? Yes No
 - a. Radio primary frequency: Trunked 800 mhz system
 - b. Other methods: MedNet 9 for dispatch, MedNet 8 for hospitals
 - c. Can all medical response units communicate on the same disaster communications system? * Yes No
 - d. Do you participate in OASIS? Yes No
 - e. Do you have a plan to utilize RACES as a back-up communication system? Yes No
 - 1) Within the operational area? Yes No
 - 2) Between the operational area and the region and/or state? Yes 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: 08-09

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

Response time is calculated from phone pick-up at the secondary PSAP for medical emergencies until ambulance wheels stopped.

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

EMS System: Merced County EMS

Reporting Year: 08-09

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

- | | |
|----------------------------------------------------------------------------------------|----------------|
| a) Number of patients meeting trauma triage criteria | <u>303</u> |
| b) Number of major trauma victims transported directly to a trauma center by ambulance | <u>231</u> |
| c) Number of major trauma patients transferred to a trauma center | <u>72</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: 08-09

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: 08-09

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 EMT-1 Number of students completing training per year: Initial: <u>40</u> Refresher: <u>14</u> Cont. Education: <u>6</u> Expiration Date: <u>6/30/2010</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 EMT-1 Number of students completing training per year: Initial: <u>30</u> Refresher: <u>10</u> Cont. Education: <u>5</u> Expiration Date: <u>6/30/2010</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: 08-09

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: 21 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): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> 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): <small>Include intent of local EMS agency and Board action.</small> Exclusive – established by the EMS Agency and reviewed through Board action at regularly scheduled meeting.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): <small>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.).</small> All calls requiring emergency ground ambulance service</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> 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 review.</p>

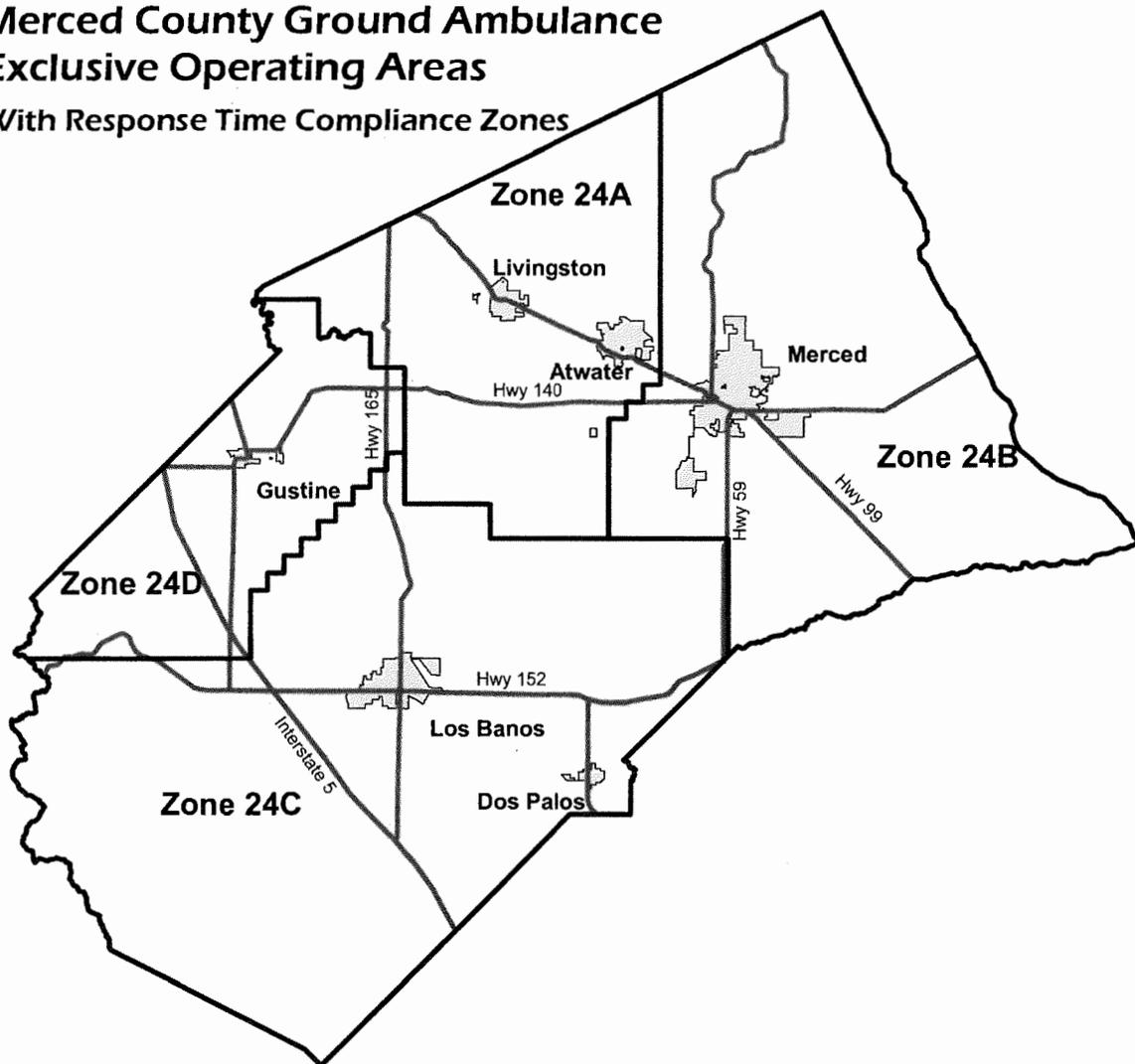
- The West Side Healthcare District continues to serve their district zone under sub-contract with Riggs Ambulance Service. That arrangement is further described on the following page.

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 Ambulance 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 Ground Ambulance Exclusive Operating Areas

With Response Time 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 the EMS Agency and reviewed 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>

MAR 17 2010

EMERGENCY MEDICAL SERVICES AUTHORITY

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



March 18, 2010

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 2009 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*. Following are comments on your EMS plan update:

Standards 1.27, 5.10, and 5.11 - Pediatric Emergency Medical and Critical Care System - In Merced County's 2006/07 EMS plan update your objective was for the full implementation of a comprehensive pediatric emergency medical system plan. Your current plan shows no progress in meeting this objective. In your next annual update please show the progress that Merced County has achieved in obtaining this objective.

Standard 8.10 - Mutual Aid Agreements - In Merced County's 2006/07 EMS plan update your objective was to negotiate mutual aid agreements with surrounding counties. Your current EMS plan update shows no progress in meeting this objective. Please show your progress towards meeting this standard in your next annual update.

Your annual update will be due on March 18, 2010. 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