

MAJOR CHANGES SUMMARY

MERCY HOSPITAL RELOCATION

Since the last update, Mercy Hospital has relocated to their new facility, and the move went very smoothly and without any major incidents. 135 patients were moved via ambulance in just over 6 hours, and the entire process was simultaneously managed as a hospital evacuation drill. The new facility is truly state of the art, and should serve the community well for many years to come.

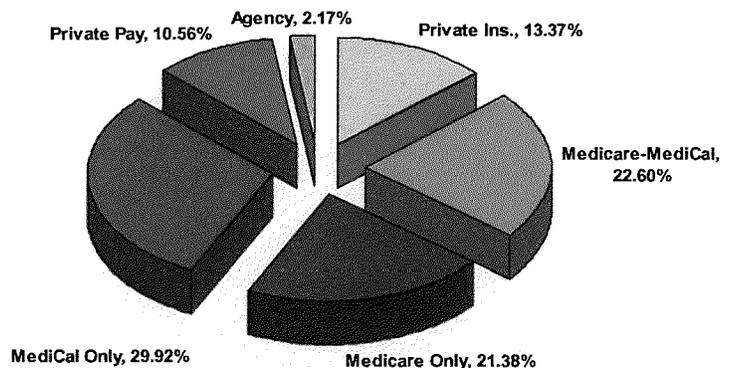
FINANCIAL OUTLOOK

The healthcare reimbursement picture in Merced is deplorable, and the forecast is for it to get even worse. Patients with legitimate third party insurance constitute about 13% of the prehospital transport population, and the remaining payers reimburse at substantially less than the cost of providing the service. The pie chart below illustrates the payer mix from the primary ambulance provider for calendar year 2010.

“Agency” refers to contracted services, e.g. Mental Health, etc.

The only reason there hasn't been a wholesale collapse of the system is that the few remaining third party payers continue to absorb the cost shift necessary to compensate for the unconscionably low rates of reimbursement from the government payers. We shudder to think of what will happen if those third party payers “just say no” to subsidizing the government. We're pretty sure that the system as we know it would implode within 60 days...maybe sooner.

Payer Mix - 2010



FIRSTWATCH ONLINE COMPLIANCE MONITORING

Contract compliance monitoring, particularly response time compliance, has been accomplished using an Access program that was developed in-house. It requires importing monthly raw CAD data from the contractor, and then analyzing that data through multiple and sometimes tedious steps to validate the reports.

With the implementation of the FirstWatch Compliance Utility in December, 2010, the Agency is now able to review compliance numbers on a daily basis, evaluate exemption requests in near real time and cut the time to review compliance by more than half.

Additionally, specific thresholds have been established that will send out email alerts to the Agency on-call staff, based on MCI conditions or protracted response times, allowing the Agency to respond as needed in a much more timely fashion.

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 or at designated trauma centers, 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. As noted above, 40 years of growth, maturity and advancement of emergency medical services could be eliminated overnight if the financing of healthcare isn't resolved.

A. SYSTEM ORGANIZATION AND MANAGEMENT

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:					
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:					
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

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Medical Direction:						
1.17	Medical Direction*		X	NA		
1.18	QA/QI		X	X		
1.19	Policies, Procedures, Protocols		X	X		
1.20	DNR Policy		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 Systems		X	X		
1.25	On-Line Medical Direction		X	X		
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		X	NA		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X			X
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		X	X		

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
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		
First Responders (non-transporting):						
2.05	First Responder Training		X	NA		
2.06	Response		X	X		
2.07	Medical Control		X	NA		
Transporting Personnel:						
2.08	EMT-I Training		X	X		
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

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:						
3.01	Communication 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

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
4.01	Service Area Boundaries*		X	X		
4.02	Monitoring		X	X		
4.03	Classifying Medical Requests		X	NA		
4.04	Prescheduled 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:						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X	NA		

RESPONSE/TRANSPORTATION (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		X	NA		
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		X	NA		
4.20	“Grandfathering”		X	NA		
4.21	Compliance		X	NA		
4.22	Evaluation		X	NA		

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		X	X		X
5.02	Triage & Transfer Protocols*		X	NA		
5.03	Transfer Guidelines*		X	NA		
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			
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X			
5.09	Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design	X		NA		X
5.11	Emergency Departments		X	NA		
5.12	Public Input		X	NA		
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X	NA		
5.14	Public Input		X	NA		

F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
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		
6.06	System Design Evaluation		X	NA		
6.07	Provider Participation		X	NA		
6.08	Reporting		X	NA		
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X	X		
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X	NA		
6.11	Trauma Center Data		X	X		

G. PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
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

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
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	NA		
8.09	DMAT Teams		NA	NA		
8.10	Mutual Aid Agreements*	X		NA		X
8.11	CCP Designation*		X	NA		
8.12	Establishment of CCPs		X	NA		
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X	NA		
8.16	Prehospital Agency Plans		X	NA		
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X	NA		
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X	NA		
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X	NA		

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.01	The local EMS agency shall assess and periodically reassess the EMS-related capabilities of acute care facilities in its service area.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In addition to Trauma Assessment, the Agency completed the criteria for STEMI Center designation.	Complete an assessment tool for basic emergency departments for the management of various categories of patients including CVA/Stroke Centers
5.13	Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved including:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	STEMI assessment criteria have been developed.	Complete an assessment tool for basic emergency departments for the management of various categories of patients including CVA/Stroke Centers

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: Merced County

Reporting Year: 2010

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: Merced

- | | |
|---|-------------|
| 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
- a - **Public Health Department**
 - b - County Health Services Agency
 - c - Other (non-health) County Department
 - d - Joint Powers Agency
 - e - Private Non-Profit Entity
 - f - Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to d
- a - Public Health Officer
 - b - Health Services Agency Director/Administrator
 - c - Board of Directors
 - d - Other: **Public Health Director**

4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	X
Designation of trauma centers/trauma care system planning	X
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	X
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	X
Enforcement of ambulance service contracts	X
Operation of ambulance service	_____

Table 2 - System Organization & Management (cont.)

Continuing education	X
Personnel training	X
Operation or <u>oversight</u> of EMS dispatch center	X
Non-medical disaster planning	X
Administration of critical incident stress debriefing team (CISD)	X
Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	_____
Other: _____	
Other: _____	
Other: _____	
 5. EMS agency budget for FY 10/11	 \$652,926

EXPENSES

Salaries and benefits (All but contract personnel)	\$415,150
Contract Services (e.g. medical director)	\$77,500
Operations (e.g. copying, postage, facilities)	\$34,131
Travel	\$10,075
Fixed assets	\$100,775
Indirect expenses (overhead)	\$15,295
Ambulance subsidy	\$0
EMS Fund payments to physicians/hospital	\$0
Dispatch center operations (non-staff)	\$0
Training program operations	\$0
Other: _____	_____
Other: _____	_____
Other: _____	_____
 TOTAL EXPENSES	 \$652,926

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$0
Office of Traffic Safety (OTS)	\$0
State general fund	\$0
County general fund	\$47,746
Other local tax funds (e.g., EMS district)	\$0
County contracts (e.g. multi-county agencies)	\$0
Certification fees	\$7,500
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
Trauma center application fees	\$0
Trauma center designation fees	\$25,000
Pediatric facility approval fees	\$0
Pediatric facility designation fees	\$0
Other critical care center application fees	\$0
Type: _____	
Other critical care center designation fees	\$0
Type: _____	
Ambulance service/vehicle fees	\$110,000
Contributions	\$0
EMS Fund (SB 12/612)	\$146,000
Other grants: HPP & Homeland Security	\$294,000
Other fees: Communications Fees	\$9,480
Other (specify): CAD Software Reimbursement	\$13,200
TOTAL REVENUE	\$652,926

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

Table 2 - System Organization & Management (cont.)

Fee structure for FY _____

_____ We do not charge any fees

_____ Our fee structure is:

First responder certification	\$0
EMS dispatcher certification	\$50
EMT-I certification	\$50
EMT-I recertification	\$50
EMT-defibrillation certification	\$0
EMT-defibrillation recertification	\$0
EMT-II certification	NA
EMT-II recertification	NA
EMT-P accreditation	\$100
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	\$60
MICN/ARN recertification	\$60
EMT-I training program approval	\$0
EMT-II training program approval	NA
EMT-P training program approval	\$2,500
MICN/ARN training program approval	\$0
Base hospital application	\$0
Base hospital designation	\$0
Trauma center application	\$0
Trauma center designation	\$12,500
Pediatric facility approval	NA
Pediatric facility designation	NA
Other critical care center application	
Type: STEMI	\$0
Other critical care center designation	
Type: _____	
Ambulance service license	Varies – *See below
Ambulance vehicle permits	NA

*Ambulance License fees are calculated using the County Cost System, based on staff time impact for the previous year. Typically, ambulance license fees run about \$120,000 per year for all licensed providers.

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 10-11.

Table 2 - System Organization & Management (cont.)

EMS System: _____

Reporting year _____

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator/EP Coordinator	1.0	49.22	73%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./ Training Coordinator					
Program Coordinator/ Field Liaison (Non-clinical)					
Trauma Coordinator	Public Health Nurse II	1.0	42.73	73%	
Medical Director	EMS Agency Medical Director	0.1 FTE	84.13	NA	Contract Physician
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner	EMS Specialist	1.0	22.93	76%	

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

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical					
Data Entry Clerk					
Other					

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

Merced County EMS Agency

Organizational Structure

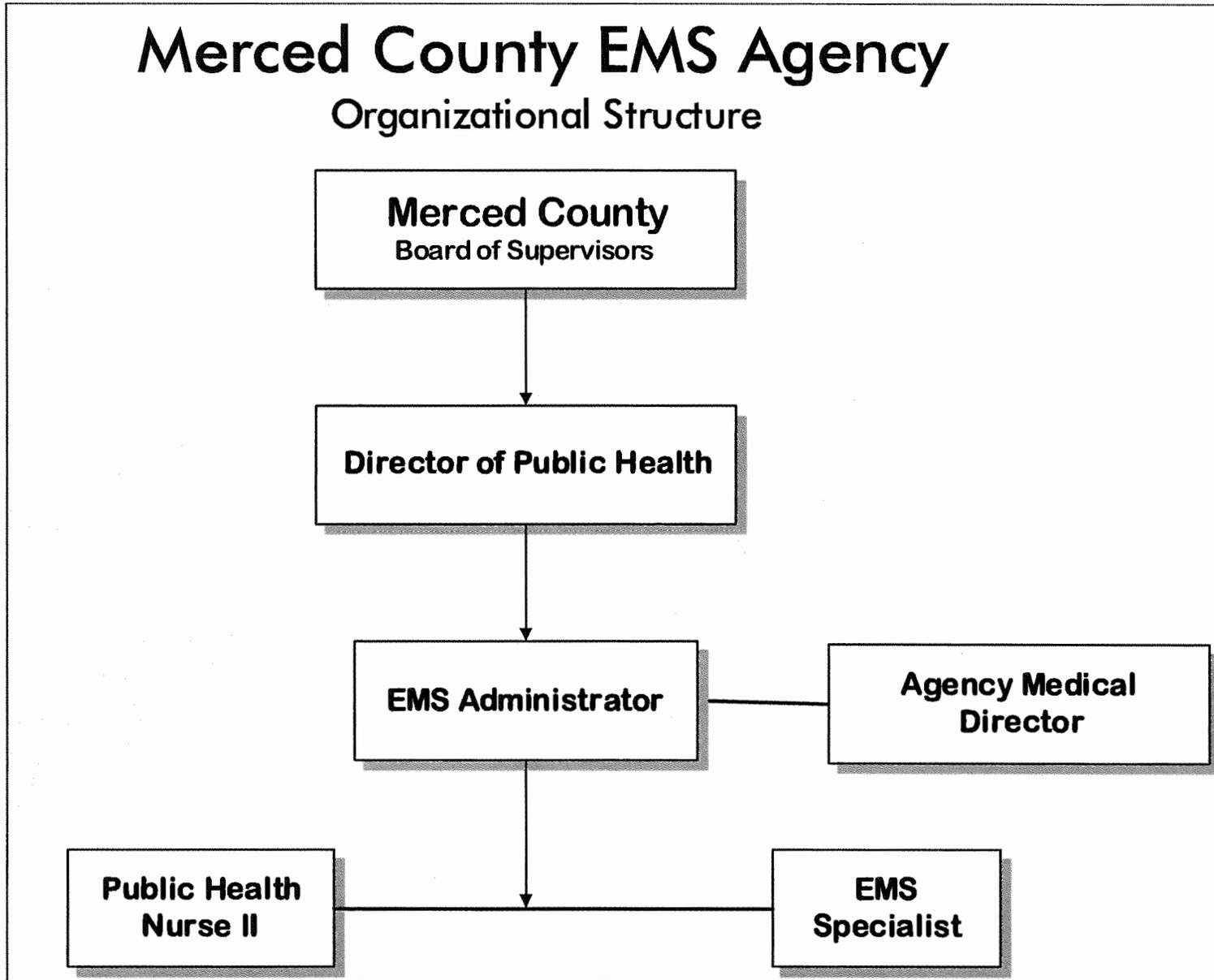


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Revision #4 (4/20/07)

EMS System: Merced County

Reporting Year: 2010

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	237	NA		35
Number newly certified this year	14*	NA		5
Number recertified this year	107*	NA		7
Total number of accredited personnel on July 1 of the reporting year	NA	NA	63	NA
Number of certification reviews resulting in:				
a) formal investigations	4	NA		0
b) probation	3	NA	0	0
c) suspensions	0	NA	0	0
d) revocations	0	NA		0
e) denials	0	NA		0
f) denials of renewal	0	NA		0
g) no action taken	1	NA		0

* Only those certified/recertified prior to 7/1/2010. Need report from EMSA on # certified/recertified after that date.

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 1
2. Early defibrillation:
 - a) Number of EMT=I (defib) certified: NA
 - b) Number of public safety (defib) certified (non-EMT-I): None
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: FY 10-11

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

1. Number of primary Public Service Answering Points (PSAP) 5
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: Cell Phone, Email, Code Red
 - 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
6. Who is your primary dispatch agency for day-to-day emergencies? Merced County EMS Dispatch Center (Contracted to Riggs Ambulance Service as Secondary PSAP for Medical).
7. Who is your primary dispatch agency for a disaster? Same as above.

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: Merced County

Reporting Year: FY 10-11

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

Reporting Year: FY 10-11

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma triage criteria	460
b) Number of major trauma victims transported directly to a trauma center by ambulance	391
c) Number of major trauma patients transferred to a trauma center	69
d) Number of patients meeting triage criteria who weren't treated at a trauma center	UNK

Emergency Departments

Total number of emergency departments	2
a) Number of referral emergency services	0
b) Number of standby emergency services	0
c) Number of basic emergency services	2
d) Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	2
2. Number of base hospitals with written agreements	1

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Merced County

County: Merced

Reporting Year: FY 10-11

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

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Two Fairgrounds and two hospital campuses
 - b. How are they staffed? Existing staff and volunteers (MRC)
 - c. Do you have a supply system for supporting them for 72 hours? yes X no

- 2. CISD
Do you have a CISD provider with 24 hour capability? yes X no

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

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

OPERATIONS

- 1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes X no

- 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 5

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Merced County

County: Merced

Reporting Year: FY 10-11

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

Training Institution Name Merced Community 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	**Program Level: ___ Number of students completing training per year: Initial training: <u>50</u> Refresher: <u>20</u> Cont. Education <u>15</u> Expiration Date: <u>6/30/2011</u> Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: <u>2</u>
	Basic \$90 Refresher \$90	

Training Institution Name Merced County EMS Agency¹ **Contact Person telephone no.** Greg Peterson 725-7010
Address 100 Riggs Avenue, Merced 95340

Student Eligibility: * Open to the Public EMT-1	Cost of Program	**Program Level: ___ Number of students completing training per year: Initial training: <u>40</u> Refresher: <u>20</u> Cont. Education 20 Expiration Date: <u>7/31/2011</u> Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: 2
	Basic \$450 Refresher \$15 / class	

- 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

County: Merced

Reporting Year: FY 10-11

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name, address & telephone:		Primary Contact:	
Merced County EMS Communications Center		Kim Alford, Communications Manager	
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: 22 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 15 Other: (SSC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone:		Primary Contact:	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

**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 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): 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 review. A new RFP process has begun as of April, 2011, to conclude with a new 9 year contract for service to begin on September 1, 2012.</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.

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

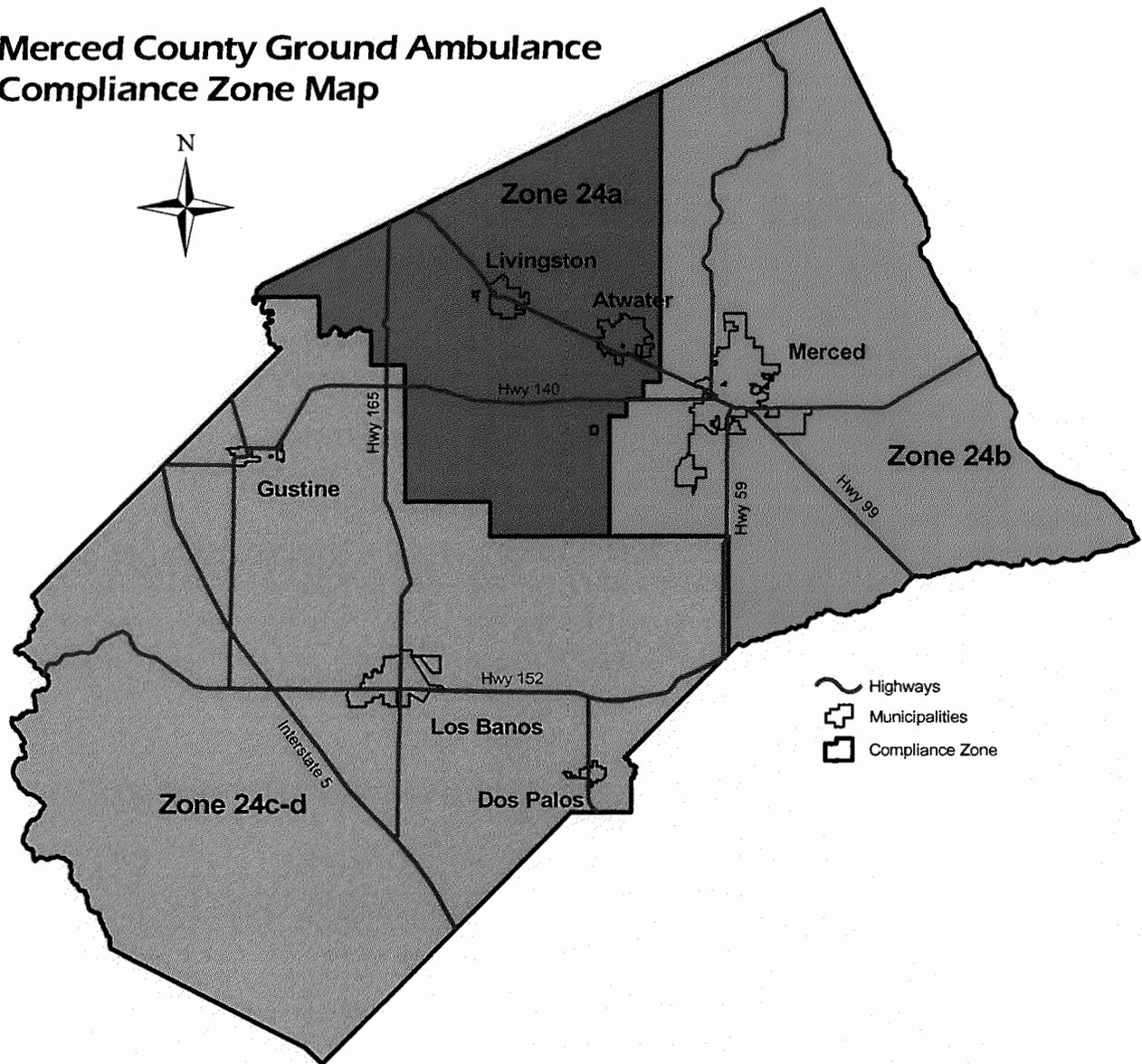
In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<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. 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. Note: RFP Instrument was submitted with last update. Please advise if you want another copy.</p>

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. For compliance purposes, the West Side Healthcare District zone has been incorporated into Zone C, however, response time data continues to be tracked separately for sub-contracting purposes.

Merced County Ground Ambulance Compliance Zone Map



EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DRIVE, SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



June 24, 2011

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 2010 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 implementation of a Pediatric Emergency Medical and Critical Care System.

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.

The EMS Authority requested Merced County's Trauma System Status Report be submitted with your EMS Plan Update. While in the past the Trauma System Status Reports have been requested separate from the EMS Plan Updates, the EMS Authority is working with all local EMS agencies to submit both documents on the same schedule. Please expedite the submission of Merced County's current Trauma System Status Report.

Your annual update will be due on June 24, 2012. Please submit Alameda County Agency's Trauma System Status Report, as a separate document, with your EMS Plan Update. If you have any questions regarding the plan review, please contact Sandy Salaber at (916) 431-3688 or by email ssalaber@emsa.ca.gov.

Sincerely,

A handwritten signature in black ink that reads "Daniel R. Smiley".

Daniel R. Smiley,
Interim Director