

Merced County

Executive Summary-Major Changes

EMS Agency Leadership

Merced County EMS Agency will soon be experiencing a major change in leadership. The EMS Manager and the EMS Medical Director, who have been with the Agency for more than a decade, will be leaving to pursue other employment opportunities. The EMS Director, who also serves as the Public Health Director, will contract with Central California EMS Agency during the interim period to assist with medical oversight and management duties. The County will begin recruitment efforts to find qualified and skilled professionals to fulfill those roles.

Ground Ambulance Competitive Bid Process

Merced County continues to work through the competitive bid process. The Merced County Board of Supervisors has recently decided to cancel and re-issue the current RFP. County staff is currently working to obtain a consultant to develop a high quality RFP document that reflects the needs of the Merced County EMS System. County staff will continue to make every effort to conduct a fair and impartial bid process. The bid document, after approval, will be released to the public and all interested parties will be encouraged to submit a proposal. An evaluation process will include an evaluation committee made up of several EMS experts. The process will ensure that these experts have no conflict of interest to any of the parties involved. Once the final recommendation is made and a contract has been agreed upon, it will be taken to the Board of Supervisor for approval. The contract will have an initial five year term with two, two year extensions possible.

Trauma System

Mercy Medical Center, Merced has expressed an interest in becoming a Trauma Center. The Central California Regional Trauma Care Committee gap analysis supports the idea of a Trauma Center located within the city of Merced. There is currently no Trauma Center between Modesto and Fresno, an area that spans over 100 miles. Current trauma volumes from this area would also support this location. Hospital administration has just completed a Trauma Center feasibility study that supports these findings. Merced County EMS Agency will offer support and assist Mercy Hospital in obtaining this goal as they move forward.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.1	Special Population	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OES is currently hiring a consultant to look at County needs for special populations.	The EMS Agency will be working closely to ensure the needs the EMS populations are addressed. Completion should occur within two years
4.13	Intercounty Response	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mutual Aid agreements have been included in the new RFP requirements.	The EMS Agency staff will ensure mutual aid agreement are included in new contract language. Agency staff will ensure contract requirements are met. Contracts should be in place within one year.
5.08	Trauma System Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mercy Medical Center, Merced has completed a Trauma Center feasibility study with favorable results.	The EMS Agency will support and assist Hospital staff as they decide to move forward. Trauma System design plans will be modified as decisions are made.
8.1	Mutual aid agreements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mutual Aid agreements have been included in the new RFP requirements.	The EMS Agency staff will ensure mutual aid agreement are included in new contract language. Agency staff will ensure contract requirements are met. Contracts should be in place within one year.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Instructions for Completing the Annual Update:

The annual update will consist of the following:

Changes made on a Standard - any changes made on a standard that are different from the previous plan submission, need to be completed on the new format.

New Excel format:

Column A is a drop-down menu - choose what standard you are reporting on.

Column B type the Standard

Columns C, D, & E are check boxes

Columns F & G report your Progress and Objectives

Executive Summary - a narrative describing a brief overview of the plan. It should identify the major needs which have been found and proposed program solutions. Also, any changes which have occurred in your system, such as changing providers, designating new centers, changing key personnel, etc.

Tables 1-11.

Ambulance Zone Summary Form

In order to evaluate the nature of each area or subarea, an Ambulance Zone Form needs to be completed for each zone, whether exclusive or non-exclusive. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

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		
Medical Direction:						
1.17	Medical Direction		X	NA		
1.18	QA/QI		X	X		
1.19	Policies, Procedures, Protocols		X	X		

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
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	NA		
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		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		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		
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		
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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		
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			X
5.09	Public Input		X	NA		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X	NA		
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		
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		
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		

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: 2011

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 County

- | | |
|---|------|
| A. Basic Life Support (BLS) | 0% |
| B. Limited Advanced Life Support (LALS) | 0% |
| C. Advanced Life Support (ALS) | 100% |

2. Type of agency
- 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
- 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)	<u>X</u>
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	<u>X</u>
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	<u>X</u>
Operation of ambulance service	_____

Table 2 - System Organization & Management (cont.)

Continuing education	<u> X </u>
Personnel training	<u> X </u>
Operation of oversight of EMS dispatch center	<u> X </u>
Non-medical disaster planning	<u> X </u>
Administration of critical incident stress debriefing team (CISD)	<u> X </u>
Administration of disaster medical assistance team (DMAT)	<u> </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u> </u>
Other: _____	
Other: _____	
Other: _____	

Table 2 - System Organization & Management (cont.)

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$	428,351
Contract Services (e.g. medical director)		47,500
Operations (e.g. copying, postage, facilities)		34,131
Travel		5,875
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 **\$ 631,927**

Table 2 - System Organization & Management (cont.)

6. 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	40,181
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	95,854
Contributions	0
EMS Fund (SB 12/612)	136,000
Other grants: PHEP, HPP and Homeland Security	303,642
Other fees: Communication fees	10,550
Other (specify): CAD software reimbursement	13,200
TOTAL REVENUE	\$ 631,927

Table 2 - System Organization & Management (cont.)

7. Fee structure

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	0
MICN/ARN training program approval	0
Base hospital application	0
Base hospital designation	0
Trauma center application	0
Trauma center designation	0
Pediatric facility approval	0
Pediatric facility designation	0
Other critical care center application Type: _____	
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

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Manager	1.0	42.71	85%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./ Training Coordinator					
Program Coordinator/ Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	EMS Agency Medical Director	0.1	84.13	NA	Contract Physician
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner	Public Health Nurse II	1.0	36.51	78%	

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	EMS Specialist	1.0	21.82	95%	
QA/QI Coordinator	Public Health Nurse II	1.0	36.51	78%	
Public Info. & Education Coordinator					
Executive Secretary	Office Assistant III	0.5			
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

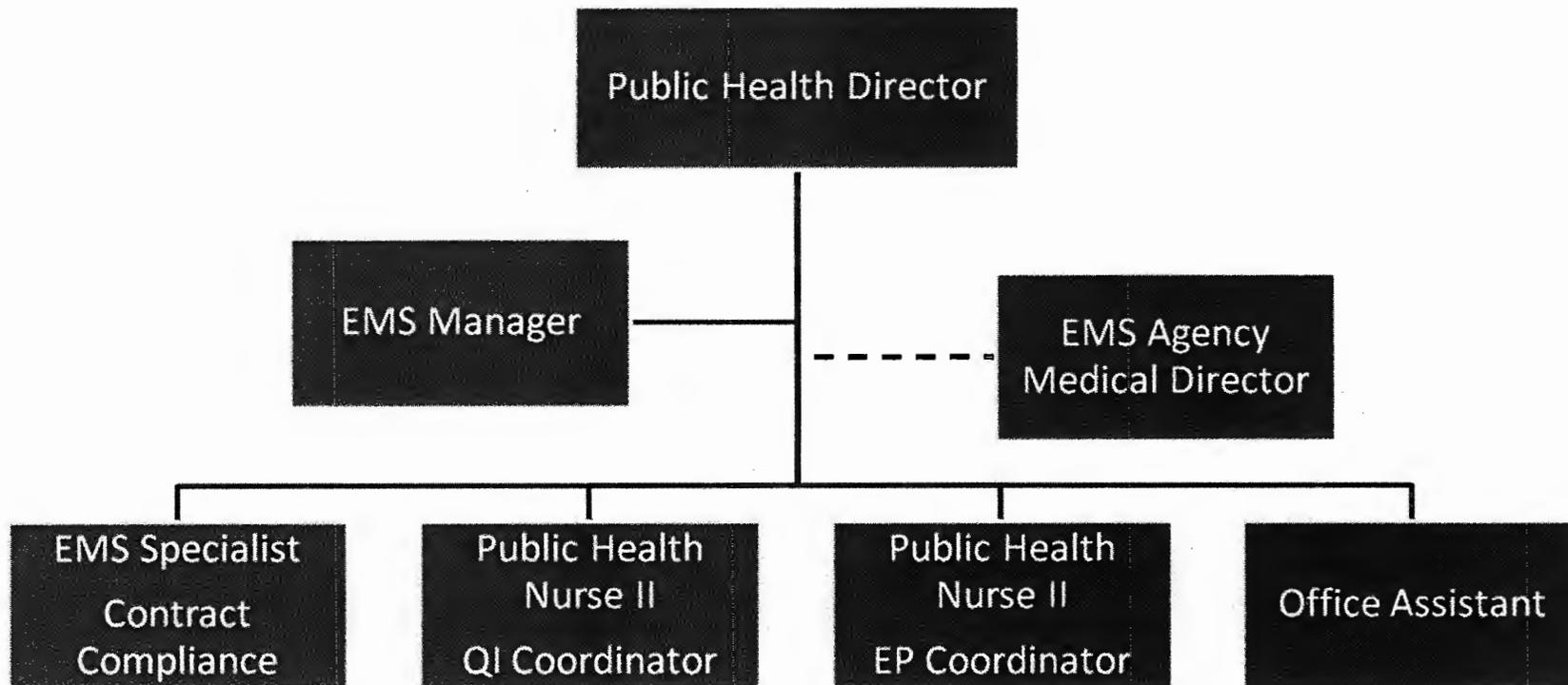


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Reporting Year: _____

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	222	NA		31
Number newly certified this year	23	NA		9
Number recertified this year	88	NA		18
Total number of accredited personnel on July 1 of the reporting year		NA	52	NA
Number of certification reviews resulting in:				
a) formal investigations	1	NA		0
b) probation	1	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	0	NA	0	0

1. Early defibrillation:

a) Number of EMT-I (defib) certified

b) Number of public safety (defib) certified (non-EMT-I)

NA

None

2. Do you have a first responder training program

yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

County: Merced

Reporting Year: 2011

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 EMS dispatch agencies utilizing EMD guidelines	1
5. Number of designated dispatch centers for EMS Aircraft	_____
6. Who is your primary dispatch agency for day-to-day emergencies? _Merced County EMS Dispatch- Contracted to Riggs Ambulance_	
7. Who is your primary dispatch agency for a disaster? ___ Merced County EMS Dispatch- Contracted to Riggs Ambulance	
8. Do you have an operational area disaster communication system?	X Yes <input type="checkbox"/> No
a. Radio primary frequency 162.950	
b. Other methods OA Command Channels	
c. Can all medical response units communicate on the same disaster communications system?	X Yes <input type="checkbox"/> No
d. Do you participate in the Operational Area Satellite Information System (OASIS)?	X Yes <input type="checkbox"/> No
e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? (ARES)	X Yes <input type="checkbox"/> No
1) Within the operational area?	X Yes <input type="checkbox"/> No
2) Between operation area and the region and/or state?	X Yes <input type="checkbox"/> No

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

Reporting Year: 2011

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

Reporting Year: 2011

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	548
2. Number of major trauma victims transported directly to a trauma center by ambulance	414
3. Number of major trauma patients transferred to a trauma center	97
4. Number of patients meeting triage criteria who weren't treated at a trauma center	UNK

Emergency Departments

Total number of emergency departments	2
1. Number of referral emergency services	0
2. Number of standby emergency services	0
3. Number of basic emergency services	2
4. Number of comprehensive emergency services	0

Receiving Hospitals

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: _____

County: _____

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? X Yes No

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

3. Medical Response Team
 - a. Do you have any team medical response capability? X Yes No

 - b. For each team, are they incorporated into your local response plan? X Yes No

 - c. Are they available for statewide response? X Yes No

 - d. Are they part of a formal out-of-state response system? Yes X No

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

OPERATIONS

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

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

- 3. Have you tested your MCI Plan this year in a:
 - a. real event? X Yes No
 - b. exercise? Yes X 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? X Yes No

- 6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? Yes X No

- 7. Are you part of a multi-county EMS system for disaster response? Yes X No

- 8. Are you a separate department or agency? Yes X No

- 9. If not, to whom do you report? _____

- 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? NA

Table 8: Resource Directory

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Merced County **Provider:** Riggs Ambulance **Response Zone:** Entire County

Address: 100 Riggs Ave **Number of Ambulance Vehicles in Fleet:** 40
Merced Ca 95301

Phone Number: 209-725-7000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 9

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

23,156 Total number of responses
23,156 Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 9: Resources Directory

Facilities

County: _____ Merced County _____

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

Facility: Mercy Medical Center, Merced
Address: 333 Mercy Ave
 Merced Calif. 95340

Telephone Number: 209-564-5184

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency</p> <p><input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: SOURCES DIRECTORY -- Approved Training Program

County: Merced County _____

Reporting Year: 2011 _____

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

Training Institution: <u>Merced Community College</u>		Telephone Number: <u>384-6130</u>
Address: <u>3600 M Street, Merced CA 95348</u>		
Student Eligibility*: _____	Open to the Public _____	
Cost of Program:	**Program Level <u>EMT-1</u>	
Basic: <u>\$90</u>	Number of students completing training per year:	
Refresher: <u>\$90</u>	Initial training: _____	
	Refresher: _____	
	Continuing Education: _____	
	Expiration Date: _____	
	Number of courses:	
	Initial training: _____	
	Refresher: _____	
	Continuing Education: _____	

Training Institution: <u>Merced County EMS Agency (Contracted by Riggs Ambulance)</u>		Telephone Number: <u>Greg Peterson 725-7010</u>
Address: <u>100 Riggs Avenue, Merced 95340</u>		
Student Eligibility*: _____	Open to the Public _____	
Cost of Program:	**Program Level <u>EMT-1</u>	
Basic: <u>\$450</u>	Number of students completing training per year:	
Refresher: <u>\$15/ class</u>	Initial training: <u>60</u>	
	Refresher: <u>0</u>	
	Continuing Education: <u>120</u>	
	Expiration Date: <u>7/31/15</u>	
	Number of courses:	
	Initial training: <u>2</u>	
	Refresher: <u>0</u>	
	Continuing Education: <u>12</u>	

*Open to general public or restricted to certain personnel only.

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

TABLE 11: SOURCES DIRECTORY -- Dispatch Agency

County: Merced County _____

Reporting Year: 2011

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

Name:	Merced County EMS Dispatch Center		Primary Contact:	Kim Alford, Communications Manager	
Address:	100 Riggs Ave Merced Ca 95340				
Telephone Number:	209-725-7011				
Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services:		
			<u>22</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership: <input type="checkbox"/> Public X 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:	_____		Primary Contact:	_____	
Address:	_____ _____				
Telephone Number:	_____				
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:		
			<u> </u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> 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**

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.

Local EMS Agency or County Name: Merced County
Area or subarea (Zone) Name or Title: Merced County Exclusive Operating Area - Ground
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.
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.*
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.
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
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. A new RFP process has begun as of April, 2011.

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

Local EMS Agency or County Name: Merced County
Area or subarea (Zone) Name or Title: Merced County Exclusive Operating Area - Air
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.
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.
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.
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.
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.

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

