**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT**

Reporting Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Basic Life Support (BLS) \_\_\_\_\_\_\_\_\_%
	2. Limited Advanced Life Support (LALS) \_\_\_\_\_\_\_\_\_%
	3. Advanced Life Support (ALS) \_\_\_\_\_\_\_\_\_%

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Implementation of exclusive operating areas (ambulance franchising) \_\_\_\_\_\_\_\_\_

 Designation of trauma centers/trauma care system planning \_\_\_\_\_\_\_\_\_

 Designation/approval of pediatric facilities \_\_\_\_\_\_\_\_\_

 Designation of other critical care centers \_\_\_\_\_\_\_\_\_

 Development of transfer agreements \_\_\_\_\_\_\_\_\_

 Enforcement of local ambulance ordinance \_\_\_\_\_\_\_\_\_

 Enforcement of ambulance service contracts \_\_\_\_\_\_\_\_\_

 Operation of ambulance service \_\_\_\_\_\_\_\_\_

Continuing education \_\_\_\_\_\_\_\_\_

Personnel training \_\_\_\_\_\_\_\_\_

Operation of oversight of EMS dispatch center \_\_\_\_\_\_\_\_\_

Non-medical disaster planning \_\_\_\_\_\_\_\_\_

Administration of critical incident stress debriefing team (CISD) \_\_\_\_\_\_\_\_\_

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

Administration of disaster medical assistance team (DMAT)

Administration of EMS Fund [Senate Bill (SB) 12/612]

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. EXPENSES**

Salaries and benefits (All but contract personnel) $ \_\_\_\_\_\_\_\_\_

Contract Services (e.g. medical director) \_\_\_\_\_\_\_\_\_

Operations (e.g. copying, postage, facilities) \_\_\_\_\_\_\_\_\_

Travel \_\_\_\_\_\_\_\_\_

Fixed assets \_\_\_\_\_\_\_\_\_

Indirect expenses (overhead) \_\_\_\_\_\_\_\_\_

Ambulance subsidy \_\_\_\_\_\_\_\_\_

EMS Fund payments to physicians/hospital \_\_\_\_\_\_\_\_\_

Dispatch center operations (non-staff) \_\_\_\_\_\_\_\_\_

Training program operations \_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

**TOTAL EXPENSES** $ \_\_\_\_\_\_\_\_\_

**6. SOURCES OF REVENUE**

Special project grant(s) [from EMSA] $ \_\_\_\_\_\_\_\_\_

Preventive Health and Health Services (PHHS) Block Grant \_\_\_\_\_\_\_\_\_

Office of Traffic Safety (OTS) \_\_\_\_\_\_\_\_\_

State general fund \_\_\_\_\_\_\_\_\_

County general fund \_\_\_\_\_\_\_\_\_

Other local tax funds (e.g., EMS district) \_\_\_\_\_\_\_\_\_

County contracts (e.g. multi-county agencies) \_\_\_\_\_\_\_\_\_

Certification fees \_\_\_\_\_\_\_\_\_

Training program approval fees \_\_\_\_\_\_\_\_\_

Training program tuition/Average daily attendance funds (ADA) \_\_\_\_\_\_\_\_\_

Job Training Partnership ACT (JTPA) funds/other payments \_\_\_\_\_\_\_\_\_

Base hospital application fees \_\_\_\_\_\_\_\_\_

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

Trauma center application fees \_\_\_\_\_\_\_\_\_

Trauma center designation fees \_\_\_\_\_\_\_\_\_

Pediatric facility approval fees \_\_\_\_\_\_\_\_\_

Pediatric facility designation fees \_\_\_\_\_\_\_\_\_

Other critical care center application fees \_\_\_\_\_\_\_\_\_

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other critical care center designation fees \_\_\_\_\_\_\_\_\_

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ambulance service/vehicle fees \_\_\_\_\_\_\_\_\_

Contributions \_\_\_\_\_\_\_\_\_

EMS Fund (SB 12/612) \_\_\_\_\_\_\_\_\_

Other grants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Other fees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

**TOTAL REVENUE** $ \_\_\_\_\_\_\_\_\_

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.*

*IF THEY DON’T, PLEASE EXPLAIN.*

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

**7. Fee structure**

 \_\_\_\_\_ We do not charge any fees

 \_\_\_\_\_ Our fee structure is:

First responder certification $ \_\_\_\_\_\_\_\_\_\_

EMS dispatcher certification \_\_\_\_\_\_\_\_\_\_

EMT-I certification \_\_\_\_\_\_\_\_\_\_

EMT-I recertification \_\_\_\_\_\_\_\_\_\_

EMT-defibrillation certification \_\_\_\_\_\_\_\_\_\_

EMT-defibrillation recertification \_\_\_\_\_\_\_\_\_\_

AEMT certification \_\_\_\_\_\_\_\_\_\_

AEMT recertification \_\_\_\_\_\_\_\_\_\_

EMT-P accreditation \_\_\_\_\_\_\_\_\_\_

Mobile Intensive Care Nurse/Authorized Registered Nurse certification \_\_\_\_\_\_\_\_\_\_

MICN/ARN recertification \_\_\_\_\_\_\_\_\_\_

EMT-I training program approval \_\_\_\_\_\_\_\_\_\_

AEMT training program approval \_\_\_\_\_\_\_\_\_\_

EMT-P training program approval \_\_\_\_\_\_\_\_\_\_

MICN/ARN training program approval \_\_\_\_\_\_\_\_\_\_

Base hospital application \_\_\_\_\_\_\_\_\_\_

Base hospital designation \_\_\_\_\_\_\_\_\_\_

Trauma center application \_\_\_\_\_\_\_\_\_\_

Trauma center designation \_\_\_\_\_\_\_\_\_\_

Pediatric facility approval \_\_\_\_\_\_\_\_\_\_

Pediatric facility designation \_\_\_\_\_\_\_\_\_\_

Other critical care center application

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other critical care center designation

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ambulance service license \_\_\_\_\_\_\_\_\_\_

Ambulance vehicle permits \_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CATEGORY** | **ACTUAL TITLE** | **FTE****POSITIONS****(EMS ONLY)** | **TOP SALARY****BY HOURLY****EQUIVALENT** | **BENEFITS****(%of Salary)** | **COMMENTS** |
| EMS Admin./Coord./Director |  |  |  |  |  |
| Asst. Admin./Admin.Asst./Admin. Mgr. |  |  |  |  |  |
| ALS Coord./Field Coord./Trng Coordinator |  |  |  |  |  |
| Program Coordinator/Field Liaison(Non-clinical) |  |  |  |  |  |
| Trauma Coordinator |  |  |  |  |  |
| Medical Director |  |  |  |  |  |
| Other MD/Medical Consult/Training Medical Director |  |  |  |  |  |
| Disaster Medical Planner |  |  |  |  |  |
| 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.