

## ADDITIONAL AREAS OF RESPONSIBILITY

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

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

## AIR AMBULANCE OPERATIONAL CHANGES

As was reported in the previous update, Merced County released a Request for Proposals for exclusive air ambulance operations. The County has previously grand-fathered Medi-Flight of Northern California into an exclusive contract, however, County Administration has taken the position that exclusive arrangements must be periodically bid to ensure a fair, competitive environment.

Two providers submitted proposals (Air Methods [MediFlight] and Petroleum Helicopters, Inc [formerly Air Med Team]) for consideration, and the selection committee recommended Air Methods to the County. A new exclusive agreement with MediFlight was approved by the Board of Supervisors on April 17, 2007, which provides for an initial three year contract with the possibility of two, three year extensions.

## OTHER CHANGES OF NOTE

With the continued implementation of the Medicare Fee Schedule, the local ambulance provider finds themselves having to make adjustments to their fee schedule and reducing costs to remain financially stable. The Fee Schedule has had a substantial impact on this area, as the payer mix is one of the worst in the state. Their ability to cost-shift those losses is limited to less than 13% of their billable events.

As the West side of the county continues to grow substantially, there has been an overall increase this past year of 24 – 36 ALS unit hours to meet the increased demand. Overall, the unit hour commitment to the county has increased by 96 hours per week since the original bid in 2003.

## SUMMARY

*The Merced County* EMS System continues to provide a good quality of service to the citizens and visitors to this county, despite the adverse health care conditions that exist. With the recent announcement of the addition of a medical school at the University of California, Merced, we are hopeful that this will improve the availability of medical providers and attract business to this region, improving the overall economic picture and delivery of healthcare services in Merced County. Long-term improvement of the percentage of insured population is critical to improving the quality of health care services delivered to the citizens of Merced County.

# EMSA TABLE 1: Summary of System Status

## A. SYSTEM ORGANIZATION AND MANAGEMENT

<b>Agency Administration</b>	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range Plan</b>	<b>Long-range Plan</b>
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		

<b>Regulatory Activities</b>	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range Plan</b>	<b>Long-range Plan</b>
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	NM		X

### 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

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

### **Public Access**

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

### **Resource Management**

<b>3.09</b> Dispatch Triage		<b>X</b>	<b>X</b>		
<b>3.10</b> Integrated Dispatch		<b>X</b>	<b>X</b>		

## D. RESPONSE/TRANSPORTATION

<b>Universal Level</b>	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range Plan</b>	<b>Long-range Plan</b>
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		

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

### **Enhanced Level: Ambulance Regulation**

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

<b>4.19</b>	Transportation Plan		<b>X</b>	<b>NA</b>		
<b>4.20</b>	Grand fathering		<b>X</b>	<b>NA</b>		
<b>4.21</b>	Compliance		<b>X</b>	<b>NA</b>		
<b>4.22</b>	Evaluation		<b>X</b>	<b>NA</b>		

## E. FACILITIES/CRITICAL CARE

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

### Enhanced Level: Advanced Life Support

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

5.08	Trauma System Design		X	NA		
5.09	Public Input		X	NA		

### Enhanced Level: Pediatric Emergency Medical and Critical Care System

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

### Enhanced Level: Other Specialty Care Systems

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

**F. DATA COLLECTION/SYSTEM EVALUATION**

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

**Enhanced Level: Advanced Life Support**

<b>6.09</b> ALS Audit		<b>X</b>	<b>NM</b>		<b>X</b>
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**Enhanced Level: Trauma Care System**

<b>6.10</b> Trauma System Evaluation		<b>X</b>	<b>NA</b>		
<b>6.11</b> Trauma Center Data		<b>X</b>	<b>X</b>		

## 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		

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

**Enhanced Level: Specialty Care Systems**

<b>8.18 Specialty Center Roles</b>		<b>X</b>	<b>NA</b>		
<b>8.19 EOA/Disasters</b>		<b>X</b>	<b>NA</b>		

# Merced County 2005 EMS Plan Update

## Response to EMSA Comments

### Standard 5.04 – Specialty Care Facilities:

5.04 The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

**CURRENT STATUS:**

Such evaluation occurs for trauma patients, both adult and pediatric through the Trauma Audit Committee activity of the agency, in collaboration with MVEMSA. The two receiving hospitals are under contract with the agency, are designated and are included in the CQI process. Issues of care or policy are brought forward to that committee for discussion and resolution. There are no specialty care facilities within Merced County. The Agency will recognize specialty designations made by surrounding EMS systems, as appropriate and necessary. All system participants will participate in the annual EMS Plan review, and shall be queried regarding the need for specialty care facility designation.

**NEED(S):**

Periodically review the need for specialty center recognition with the receiving facilities within the County.

**OBJECTIVE:**

To establish a process for the periodic review regarding the need for specialty care center designations.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

### Standard 5.06 – Hospital Evacuation:

5.06 The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

**CURRENT STATUS:**

A draft evacuation plan has been developed by the EMS Agency. While both hospitals have existing evacuation plans, they lack adequate specificity regarding transportation and alternate care sites. Hospital evacuation will become an addendum to the Medical-Health Emergency Operations Plan, once completed. Specific transportation issues remain for critical care patients, and will be addressed in the next revision.

**COORDINATION WITH OTHER EMS AGENCIES:**

Has not occurred to date. With a vacant hospital available for the next few years, we anticipate a limited impact on surrounding hospitals. Will coordinate with surrounding systems once the draft evacuation plan is released for stakeholder review.

**NEED(S):**

See above.

**OBJECTIVE:**

Complete the hospital evacuation plan in coordination with the hospitals and other stakeholders.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**Enhanced Level Standard 1.27, 5.10, and 5.11 – Pediatric Emergency Medical and Critical Care System:**

**1.27 The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:**

- a) the optimal system design for pediatric emergency medical and critical care in the EMS area, and
- b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

**CURRENT STATUS:**

In August, 2003, Merced County entered into an agreement with Children’s Hospital of Central California (CHCC) to receive critical trauma for patients 0 – 14 years of age. CHCC is a designated Level II Pediatric Trauma Center, and participates in the Trauma Audit Committee process.

Both local hospitals have interfacility transfer agreements with CHCC for pediatric patients with specialty care needs, and appropriate referrals occur.

**NEED(S):**

A comprehensive pediatric emergency medical and critical care system plan was completed at the end of 2001. Most recommendations of that plan have been implemented. Full implementation of a comprehensive pediatric system will require a substantial change in the availability of pediatric services locally, and remains a long-term objective.

**OBJECTIVE:**

Full implementation of a comprehensive pediatric emergency medical and critical care system plan for Merced County, consistent with the standards promulgated by the Emergency Medical Services for Children project.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**5.10 Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:**

- a) the number and role of system participants, particularly of emergency departments,
- b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- c) identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- d) identification of providers who are qualified to transport such patients to a designated facility,
- e) identification of tertiary care centers for pediatric critical care and pediatric trauma,
- f) the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
- g) a plan for monitoring and evaluation of the system.

**CURRENT STATUS:**

Prehospital treatment guidelines have been implemented specifically for the treatment of pediatric patients. The Agency has implemented pediatric triage protocols and an agreement with CHCC for receiving critical pediatric trauma patients directly from the field. See Section 1.27.

**NEED(S):**

Continue working toward full implementation of the EMSC plan.

**OBJECTIVE:**

Address each of the pediatric recommendations above through completion of the EMSC plan.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**5.11 Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:**

- a) staffing,
- b) training,
- c) equipment,
- d) identification of patients for whom consultation with a pediatric critical care center is appropriate,
- e) quality assurance/quality improvement, and
- f) data reporting to the local EMS agency.

**Recommended Guideline**

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

**CURRENT STATUS:**

The EMS Agency has developed criteria and standards for pediatric capability in emergency departments. We have finalized the EMSC Plan for the County which established a voluntary process for recognizing or designating EDAPs or emergency departments with enhanced services. With only two basic EDs in the County, trying to force designation is of limited value.

**NEED(S):**

See 5.10 above.

**OBJECTIVE:**

See 5.10 above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**Standard 8.09 – DMAT Teams:**

8.09 The local EMS agency shall establish and maintain relationships with DMAT teams in its area. The local EMS agency should support the development and maintenance of DMAT teams in its area.

**CURRENT STATUS:**

DMATs are now Federal assets – no longer a viable objective. No local DMATs.

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Objective Met

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

### **Standard 8.10 – Mutual Aid Agreements:**

**8.10** The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

**CURRENT STATUS:**

Inter-county medical mutual aid planning is occurring, however, no agreements have been forwarded by the RDMHC. Until the issue of reimbursement gets resolved, there will continue to be resistance to signing medical mutual aid agreements.

**COORDINATION WITH OTHER EMS AGENCIES:**

None to date.

**NEED(S):**

Continue to develop and negotiate mutual aid contracts with surrounding counties. Develop policies and procedures to address provider mutual aid response from outside the County. Continue to monitor and develop, if necessary, standardized procedures to be followed during a multi-casualty incident which require more resources than are immediately available locally.

**OBJECTIVE:**

Establish agreements and procedure to acquire adequate response resources in the event of significant medical incidents and extraordinary system demand.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

### **Standard 8.16 – Prehospital Agency Plans:**

**8.16** The local EMS agency shall ensure that all prehospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use. The local EMS agency should ensure the availability of training in management of significant medical incidents for all prehospital medical response agencies and acute-care hospital staffs in its service area.

**CURRENT STATUS:**

Hospitals have developed guidelines for the management of medical incidents. Both local hospitals train all of their management staff in HICS. All prehospital providers have been trained to ICS 100 level, at a minimum, and bi-annual full scale exercises are conducted by the Office of Emergency Services, in which all providers participate. We will coordinate with local providers to ensure that all responders are trained to the IS 700 standard by the end of October, 2006.

**NEED(S):**

Continue to conduct multi-agency disaster drills.

**OBJECTIVE:**

Conduct periodic multi-agency disaster drills.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**

System Organization and Management

EMS System: Merced County

Reporting Year: 06-07

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

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

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

County:

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

**Table 2 - System Organization & Management (cont.)**

Continuing education		<u>X</u>
Personnel training		<u>X</u>
Non-medical disaster planning		<u>  </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 HRSA Grant Program		<u>X</u>
Other: Administration of Bioterrorism Program		<u>X</u>
Other: Administration of Pandemic Planning Grant		<u>X</u>
<b>5. EMS agency budget for FY 06-07</b>		
<b>A. EXPENSES</b>		
Salaries and benefits		\$ <u>350,675</u>
(all but contract personnel)		
Contract Services		\$ <u>130,000</u>
(e.g. medical director)		
Operations (e.g. copying, postage, facilities)		\$ <u>112,986</u>
Travel		\$ <u>12,741</u>
Fixed assets		\$ <u>0</u>
Indirect expenses (overhead)		\$ <u>32,449</u>
Ambulance subsidy		\$ <u>0</u>
EMS Fund payments to physicians/hospital		\$ <u>0</u>
Dispatch center operations (non-staff)		\$ <u>0</u>
Training program operations		\$ <u>0</u>
Other:		\$ <u>0</u>
Other:		\$ <u>0</u>
Other:		\$ <u>0</u>
<b>TOTAL EXPENSES</b>		<u>\$ 638,851</u>

**Table 2 - System Organization & Management (cont.)**

**B. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]	\$ <u>0</u>
Preventative Health and Health Services (PHHS) Block Grant	\$ <u>0</u>
Office of Traffic Safety (OTS)	\$ <u>0</u>
State general fund	\$ <u>0</u>
County general fund	\$ <u>98,248</u>
Other local tax funds (e.g., EMS district)	\$ <u>0</u>
County contracts (e.g. multi-county agencies)	\$ <u>0</u>
Certification fees	\$ <u>5,000</u>
Training program approval fees	\$ <u>0</u>
Training program tuition/Average daily attendance funds (ADA)	\$ <u>0</u>
Job Training Partnership ACT (JTPA) funds/other payments	\$ <u>0</u>
Base hospital application fees	\$ <u>0</u>
Base hospital designation fees	\$ <u>0</u>
Trauma center application fees	\$ <u>0</u>
Trauma center designation fees	\$ <u>25,000</u>
Pediatric facility approval fees	\$ <u>0</u>
Pediatric facility designation fees	\$ <u>0</u>

**Table 2 - System Organization & Management (cont.)**

Other critical care center application fees		\$ <u>0</u>
Type: _____		
Other critical care center designation fees		\$ <u>0</u>
Type: _____		
Ambulance service/vehicle fees		\$ <u>70,020</u>
Contributions		\$ <u>0</u>
EMS Fund (SB 12/612)		\$ <u>72,000</u>
Other grants:		\$ <u>329,103</u>
Other Fees:	<u>Fines/Forfeits</u>	\$ <u>30,000</u>
Other (specify):	<u>Communications fees</u>	\$ <u>9,480</u>
Other (specify):	_____	\$ <u>0</u>
Other (specify):	_____	\$ <u>0</u>
TOTAL REVENUE \$		\$ <u>638,851</u>

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

Table 2 - System Organization & Management (cont.)

6. Fee structure for FY: 06-07

We do not charge any fees

Our fee structure is:

    X    

First responder certification	\$ <u>    0    </u>
EMS dispatcher certification	\$ <u>    30    </u>
EMT-I certification	\$ <u>    30    </u>
EMT-I recertification	\$ <u>    30    </u>
EMT-defibrillation certification	\$ <u>    0    </u>
EMT-defibrillation recertification	\$ <u>    0    </u>
EMT-II certification	\$ <u>    0    </u>
EMT-II recertification	\$ <u>    0    </u>
EMT-P accreditation	\$ <u>    75    </u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	\$ <u>    40    </u>
MICN/ARN recertification	\$ <u>    40    </u>
EMT-I training program approval	\$ <u>   250    </u>
EMT-II training program approval	\$ <u>    0    </u>
EMT-P training program approval	\$ <u>    0    </u>
MICN/ARN training program approval	\$ <u>    0    </u>
Base hospital application	\$ <u>    0    </u>
Base hospital designation	\$ <u>    0    </u>
Trauma center application	\$ <u>  12,500    </u>
Trauma center designation	\$ <u>  12,500    </u>
Pediatric facility approval	\$ <u>    0    </u>
Pediatric facility designation	\$ <u>    0    </u>

**Table 2 - System Organization & Management (cont.)**

Other critical care center application fees	\$ <u>0</u>
Type: _____	
Other critical care center designation fees	\$ <u>0</u>
Type: _____	
Ambulance service 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: 06-07

EMS System:		FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% OF SALARY)	COMMENTS
Reporting Year:	EMS Administrator	1	39.64	52.0%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./Trng Coord.	EMS Specialist	1	20.56	52.0%	
Program Coord./Field Liaison (Non-clinical)					
Trauma Coord.	Specialty Services Operations Nurse	0.7	34.24	52.0%	
Med. Director		0.15	70		
Other MD/Med. Consult./Trng. Med. Dir.					
Disaster Med. Planner	EMS Specialist	1	20.56	52.0%	

**Table 2 - System Organization & Management (cont.)**

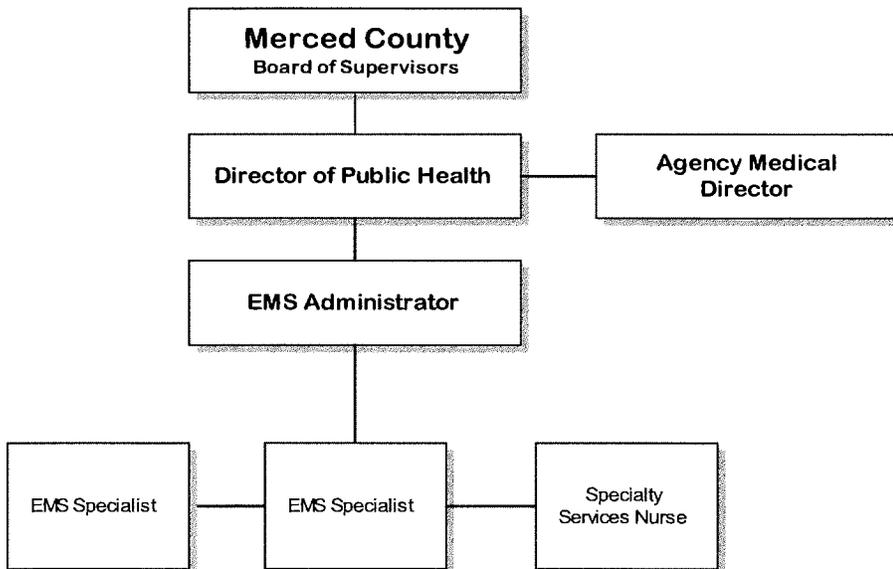
Revision #1 [2/16/95]

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

<sup>1</sup> Dollar amount includes salary and benefits package

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.

## Merced County EMS Agency Organizational Structure



**TABLE 3: SYSTEM RESOURCES AND OPERATIONS**

EMS System: **Merced**

Reporting Year: 06-07

**NOTE:** Table 3 is to be reported by agency.

	EMT-I	EMT-II	EMT-P	MICN	EMS Dispatcher
Total number of certified personnel on June 30th of the reporting year	315	N/A	N/A	N/A	N/A
Number newly certified this year	50	N/A	N/A	N/A	N/A
Number recertified this year	99	N/A	N/A	N/A	N/A
Total number of accredited personnel on June 30th of the reporting year	N/A	N/A	78	46	17
Number of certification reviews resulting in formal investigations (results below):					
a) pending (State Review)					
b) probations					
c) suspensions					
d) revocations					
e) denials					
f) denials of renewal					
g) no action taken					

1. Number of EMS dispatchers trained to EMSA standards: **17**
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: 06-07

**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 (in county)
- 3. Number of dispatch centers directly dispatching ambulances 2
- 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: 06-07 (Calendar Year 2006 Numbers)

**Note:** Table 5 is to be reported by agency.

**TRANSPORTING AGENCIES**

1.	Number of exclusive operating areas	<u>2*</u>
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	<u>100%</u>
3.	Total number responses	
	a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	<u>13,705</u>
	b) Number non-emergency responses (Code 1: normal)	<u>3,921</u>
4.	Total number of transports	
	a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	<u>10,019</u>
	b) Number of non-emergency transports (Code 1: normal)	<u>3,048</u>

**Early Defibrillation Providers**

5.	Number of public safety defibrillation providers	
	a) Automated	<u>4</u>
	b) Manual	<u>0</u>
6.	Number of EMT-Defibrillation providers	
	a) Automated	<u>0</u>
	b) Manual	<u>0</u>

**Air Ambulance Services**

7.	Total number of responses	
	a) Number of emergency responses	<u>1,862</u>
	b) Number of non-emergency responses	<u>0</u>
8.	Total number of transports	
	a) Number of emergency (scene) transports	<u>273</u>
	b) Number of non-emergency transports	<u>0</u>

\* 1 ground EOA and 1 air EOA

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

EMS System: Merced County

Reporting Year: 06-07

**Note:** Table 6 is to be reported by agency.

**TRAUMA**

Trauma Patients

a) Number of patients meeting trauma triage criteria	<u>314</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>264</u>
c) Number of major trauma patients transferred to a trauma center	<u>50</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

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>0</u>

**Receiving Hospitals**

1. Number of receiving hospitals with written agreements	<u>2</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: 06-07

**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

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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

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Merced County: Merced Reporting Year: 06-07

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

Name: <u>Riggs Ambulance Service</u>		Primary Contact: <u>Kraig Riggs, President</u>			
Address: <u>100 Riggs Ave., Merced, Ca. 95340</u>					
Telephone: <u>(209) 725-7031</u>					
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed wing	Number of personnel providing services: ____ PS      ____ PS-defib <u>31</u> BLS      ____ EMT-D ____ LALS <u>40</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: <u>18</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Merced County: Merced Reporting Year: 06-07

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

Name: <u>West Side Community Ambulance</u> Address: <u>151 South Highway 33, Newman, Ca. 95360</u> Telephone: <u>(209) 862-2951</u>						Primary Contact: <u>Chuck Coelho</u>					
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No*		Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water		<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-transport		Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue		If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed wing		Number of personnel providing services: _____ PS _____ PS-defib <u>10</u> BLS _____ EMT-D _____ I.ALS _____ 14 ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 <input checked="" type="checkbox"/> Healthcare Dist.		System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Number of ambulances: _____ <u>3</u>	

\* Sub-contractor to Riggs Ambulance Service - no contract directly with EMS Agency

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Merced County: Merced Reporting Year: 06-07

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

Name: <u>Medi-Flight (c/o Air Methods, Inc.)</u> Address: <u>McCready Drive, Merced Airport</u> Primary Contact: <u>Don Campbell</u> Telephone: <u>(209) 572-7050</u>					
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed wing	Number of personnel providing services: _____ PS _____ PS-defib _____ BLS _____ EMT-D _____ LALS _____ 32 ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: _____ 2

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Merced County: Merced Reporting Year: 06-07

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

Name: <u>Los Banos City Fire Department</u>		Primary Contact: <u>Tim Marrison, Asst. Chief</u>			
Address: <u>333 7th Street, Los Banos, Ca 93635</u>					
Telephone: <u>(209) 827-7025</u>					
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed wing	Number of personnel providing services (paid only): _____ 1 PS _____ 9 PS-defib _____ 8 BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: _____ 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Merced County: Merced Reporting Year: 06-07

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

Name: <u>Merced City Fire Department</u> Address: <u>99 East 16th. Street, Merced, Ca. 95340</u> Telephone: <u>(209) 385-6891</u>						Primary Contact: <u>Bryan Donnelly, Battalion Chief</u>					
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water		<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-transport		Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue		If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed wing		Number of personnel providing services (paid only): 16 PS                      46 PS-defib 27 BLS                      EMT-D LALS                      3 ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____		If Public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Number of ambulances: <u>0</u>	

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Merced County: Merced Reporting Year: 06-07

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

Name: <u>Merced County Fire</u> Address: <u>735 Martin Luther King Jr. Way, Merced, Ca. 95340</u> Telephone: <u>(209) 385-7450</u>						Primary Contact: <u>Pat Kerrigan, Chief</u>					
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed wing	Number of personnel providing services (paid only): 19 PS                      51 PS-defib 31 BLS                      EMT-D LALS                      1 ALS						
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: <u>0</u>						

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Merced County: Merced Reporting Year: 06-07

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

Name: <u>Atwater City Fire Department</u> Address: <u>699 Broadway, Atwater, Ca. 95301</u> Telephone: <u>(209) 357-6745</u>						Primary Contact: <u>Jeremy Rahn, Asst. Chief</u>					
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed wing	Number of personnel providing services (paid only): _____ 12 PS _____ 16 PS-defib _____ 4 BLS _____ EMT-D _____ LALS _____ 0 ALS						
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: _____ 0						

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: Merced County County: Merced Reporting Year: 06-07

Note: Table 9 is to be completed by county. Make copies to add pages as needed

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

Address 3600 M Street, Merced CA 95348

Student Eligibility:* Open to the Public EMT-1	Cost of Program Basic <u>\$90.00</u> Refresher <u>\$90.00</u>	**Program Level <u>EMT-1</u> Number of students completing training per year: Initial: <u>40</u> Refresher: <u>14</u> Cont. Education: <u>6</u> Expiration Date: <u>06/30/2009</u>  Number of courses: <u>3</u> Initial training: <u>2</u> Refresher: <u>1</u> Cont. education: <u>1*</u>
--	---	---

\* CE offered concomitantly with primary class

Training Institution Name Merced County EMS Agency<sup>1</sup> Contact Person Telephone no. Greg Peterson 725-7010

Address 100 Riggs Avenue

Student Eligibility:* Open to the Public	Cost of Program Basic <u>\$400</u> Refresher <u>\$10 per class</u>	**Program Level <u>EMT-1</u> Number of students completing training per year: Initial: <u>30</u> Refresher: <u>10</u> Cont. Education: <u>5</u> Expiration Date: <u>06/30/2009</u>  Number of courses: _____ 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 10: RESOURCES DIRECTORY -- Facilities**

EMS System: Merced County: Merced Reporting Year: 06-07

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

Name: <u>Mercy Medical Center Merced, Community Campus</u>		Primary Contact: <u>Phillip Brown, RN, MICN</u>		
Address: <u>301 East 13th Street Merced, Ca 95340</u>				
Telephone: <u>(209) 385-7201</u>				
Written Contract <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center:* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP:** <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU:*** <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center what level:****

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

EMS System: Merced County: Merced Reporting Year: 06-07

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

Name: <u>Memorial Hospital of Los Banos</u>		Primary Contact: <u>Phyllis Stark, RN</u>			
Address: <u>520 West I Street., Los Banos, Ca. 93635</u>					
Telephone: <u>(209) 826-0591</u>					
Written Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center:* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP:**	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU:*** <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center what level:****

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Merced County: Merced Reporting Year: 06-07

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

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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.

<b>Local EMS Agency or County Name:</b> Merced County
<b>Area or subarea (Zone) Name or Title:</b> Merced County Exclusive Operating Area
<b>Name of Current Provider(s):</b> 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.  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. The sub-zones described below refer only to the ground service area.
<b>Area or subarea (Zone) Geographic Description:</b> 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.*
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive – established by Board action at regularly scheduled meeting.
<b>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</b> 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
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Competitive Bid process. Request for Proposals document submitted to EMSA with 10/9/02 update. Initial five (5) year contract with two (2), two year extensions possible. An evaluation committee was established by the County’s consultant. This committee was made up of three EMS system experts, two from out of state, that had no conflict of interest with this process nor any of the parties involved. Their recommendation was carried forward to the Board of Supervisors for final action.

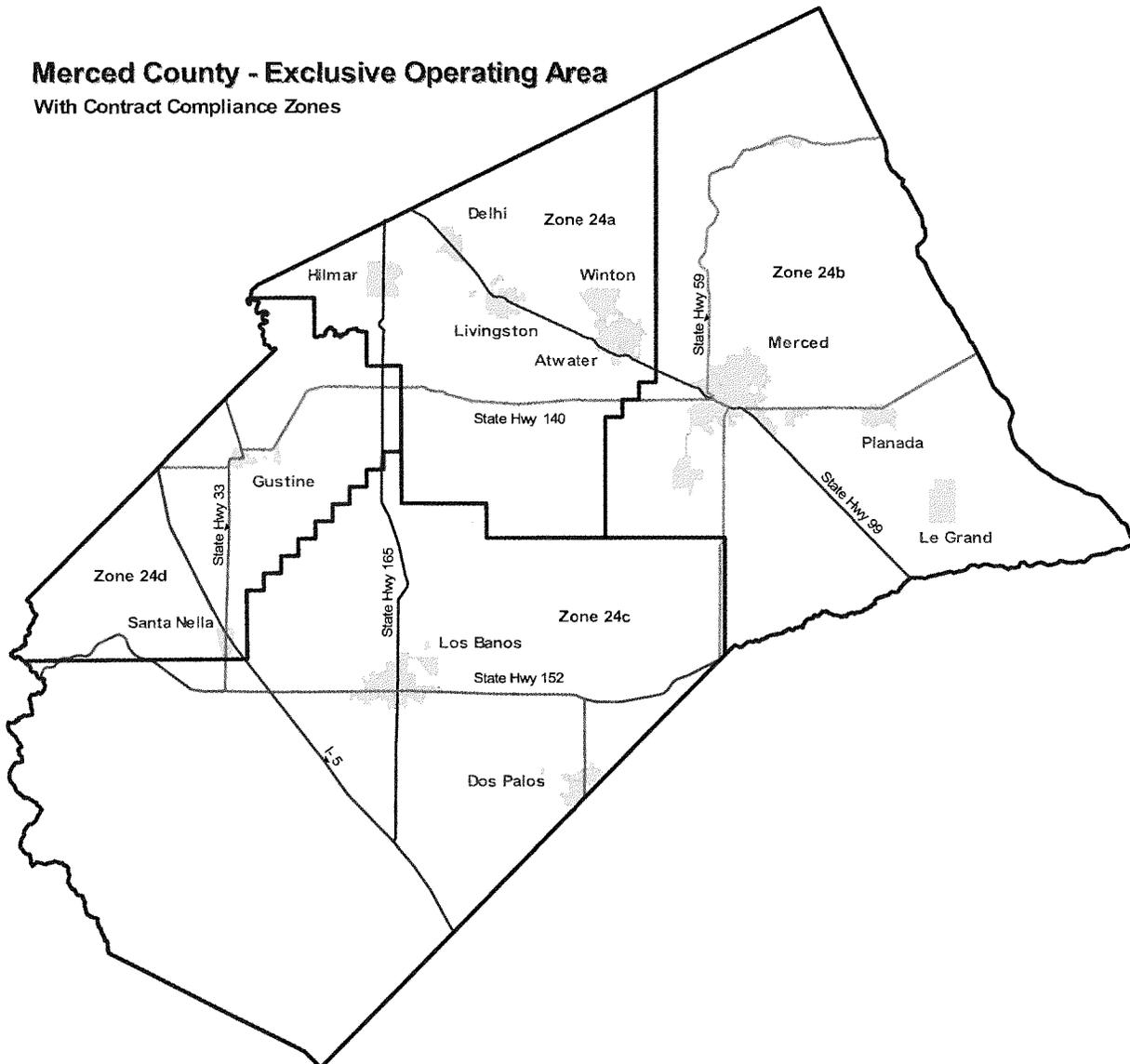
- The West Side Healthcare District continues to serve their district zone under sub-contract with Riggs Ambulance Service. That arrangement is further described on the following page.

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 - Exclusive Operating Area

With Contract Compliance Zones



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

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

<p><b>Local EMS Agency or County Name:</b> Merced County</p>
<p><b>Area or subarea (Zone) Name or Title:</b> Merced County Exclusive Operating Area - Air</p>
<p><b>Name of Current Provider(s):</b> 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><b>Area or subarea (Zone) Geographic Description:</b> 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 ares of the County that might be better served by mutual aid providers.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive – established by Board action at regularly scheduled meeting.</p>
<p><b>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</b> 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><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> 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>

**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.

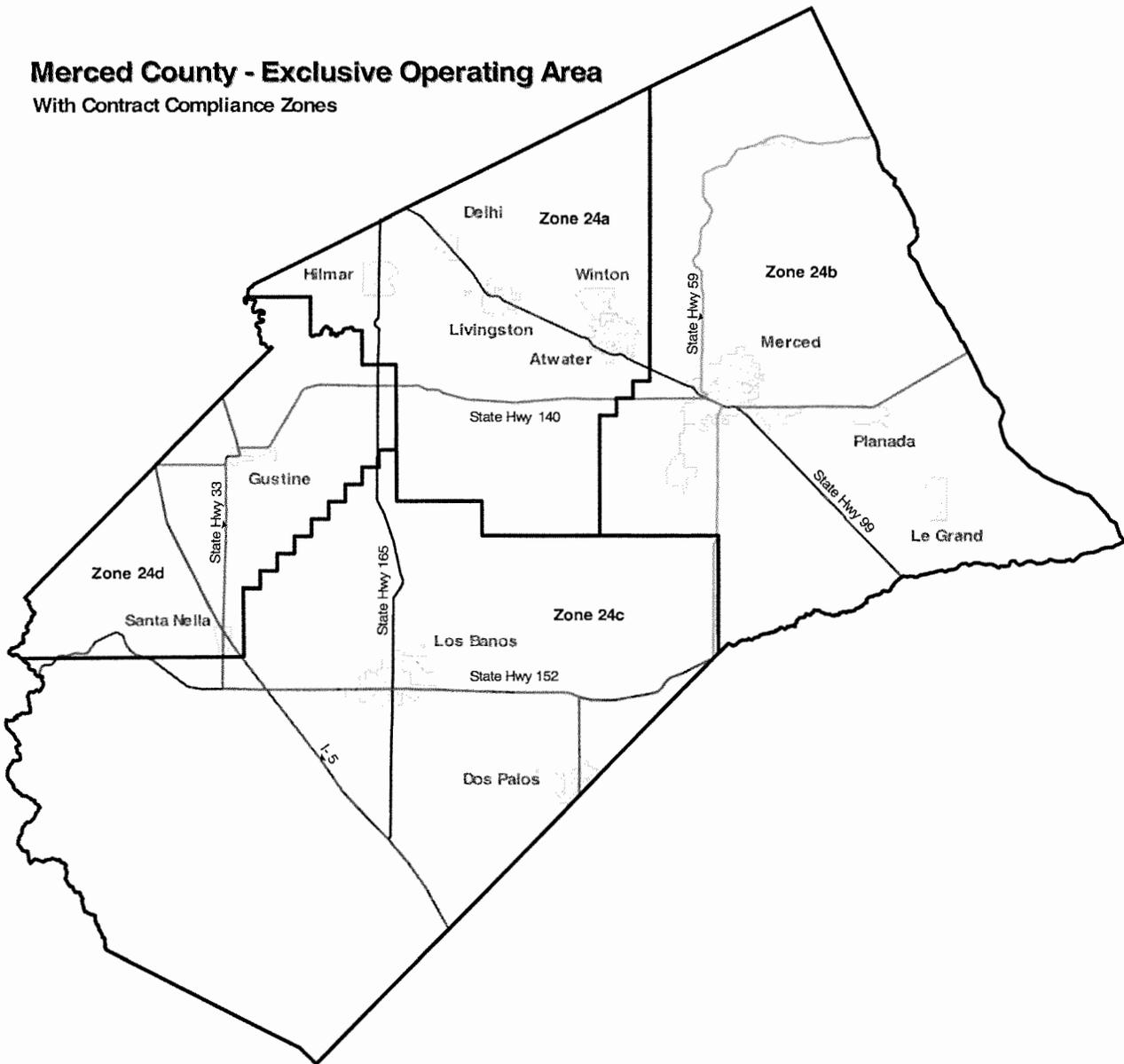
<p><b>Local EMS Agency or County Name:</b> Merced County</p>
<p><b>Area or subarea (Zone) Name or Title:</b> Merced County Exclusive Operating Area - Ground</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Riggs Ambulance 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><b>Area or subarea (Zone) Geographic Description:</b> 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><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive – established by Board action at regularly scheduled meeting.</p>
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<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Competitive Bid process. Request for Proposals document submitted to EMSA with 10/9/02 update. Initial five (5) year contract with two (2), two year extensions possible. An evaluation committee was established by the County’s consultant. This committee was made up of three EMS system experts, two from out of state, that had no conflict of interest with this process nor any of the parties involved. Their recommendation was carried forward to the Board of Supervisors for final action.</p>

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

The map below displays the compliance zones within the Merced County EOA. The entire county is a single EOA, with these zones created only for the purpose of grouping individual response time grids together for monthly response time compliance evaluation. The 24d Zone is the West Side District Ambulance Service area. Riggs 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 - Exclusive Operating Area**  
With Contract Compliance Zones



**EMERGENCY MEDICAL SERVICES AUTHORITY**

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



July 26, 2007

Chuck Baucom  
Merced County EMS Agency  
260 East 15<sup>th</sup> Street  
Merced, CA 95340

Dear Mr. Baucom:

We have completed our review of *Merced County's 2006/07 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*.

Standard 5.06, *Hospital Evacuation* - While a draft evacuation plan has been developed, I encourage you to continue working towards your objective to complete Merced County's hospital evacuation plan.

Enhanced Level Standard 1.27, 5.10 and 5.11, *Pediatric Emergency Medical and Critical Care System* - Even though this is an enhanced level standard, please continue working towards the full implementation of a comprehensive pediatric emergency medical and critical care system plan for Merced County.

Standard 8.10, *Mutual Aid Agreements* - As inter-county medical mutual aid planning is occurring continue to develop and negotiate mutual aid contracts with surrounding counties.

Your annual update, utilizing the attached guidelines, will be due on July 26, 2008. 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 that reads "Cesar A. Aristeiguieta".

Cesar A. Aristeiguieta, M.D., F.A.C.E.P.  
Director

CAA:ss

Enclosure