Report to the EMS Ad Hoc Committee

Overall Goal of the committee: to make recommendations to the Board of Supervisors for EMS that:

- Provides good coverage
- Is high quality
- Is financially sustainable

My goal in this task: Paint a picture of local EMS systems in California counties with <40,000 population

Method: Interview in person as many individuals as possible to obtain enough information to achieve the above goal.

Richard O. Johnson, M.D., MPH

Health Officer, Mono County Health Department

Date: May 21, 2015

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Observations

Disclaimer: These observations are the result of my research over the last few months into EMS systems as they exist in California counties with less than 40,000 residents. They are my observations, not having been vetted by anyone else. As a result any inconsistencies or inaccuracies are totally mine, and I alone am responsible for the content herein. The name of individuals who have been contacted are included in this report. This is meant to be a broad brush stroke rather than a detailed assessment digging down into the weeds.

1. Many other rural counties have similar challenges to us – large difficult geography, low population densities, small widely scattered population centers, few major highways, and large influxes of visitors to or through the county.

2. EMS systems are constantly evolving, and there is no one solution that stands out that fits all situations. There are examples of private, volunteer fire, hospital, mutual aid, and cross border (East Fork and SEMSA) systems.

3. Impact on general fund is usually none, with 2 exceptions (Trinity - $30,000, and Alpine, >$60,000).

4. There are a few parcel taxes in place, with mixed results in attempts to pass them. Perhaps the most successful is Ebbetts Pass Fire Department – see Alpine County. There is one example of a membership program (Amador).

5. Most coverage is BLS. There is limited ALS, mostly around population centers. Attempts at providing EMT-A programs have been limited.

6. There is very limited Emergency Medical Dispatch, as it is very time, labor, and funding sensitive.

7. There are many examples of mutual aid being provided across county and/or state lines. There is very limited surge capacity without mutual aid.

8. Financial challenges are huge – for everyone - with lots of insecurity about the future (ACA, etc.).

9. There are examples of private firms that have been providing service for decades, and there are private firms that have come and gone.

10. Low call volumes present challenges of maintaining skills, with skill deterioration especially at the ALS level a real concern. One Medical Director looked at our document of all procedures performed, paused, and then seriously said, "This is dangerous".

11. A key to long-term sustainability – and a recurrent theme I heard over and over again – was the need for passionate long-term personnel and leadership in volunteer fire departments providing EMS services with dedicated community support.

12. Challenges for volunteer fire departments in recruitment, retention, and increasing regulation are universal.

Contacts

Backer, Howard

Director, EMSA

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EMS Administrator, Riverside County, RDMHC, Region VI

Carter, Patti

PHEP Coordinator, MHOAC, Nevada County

Corliss, Lynn

PHEP Coordinator, Siskiyou County

Cutler, Ken

Health Officer, Nevada County, former Health Officer, Sierra and Trinity County

Davis, Steve

Chief, Olancha-Cartago Fire Protection District

Fogerson, Dave

Deputy Fire Chief – Operations, East Fork Fire District

Herfindahl, David

Health Officer, MHOAC, Trinity County

Hughes, Terry

Chief, Eastern Alpine Fire Protection District

Johnson, Mike

Fire Chief, Ebbetts Pass Fire Department

Lapolla, Nancy

EMS Administrator, San Mateo County

McGinnis, Tom

EMSA

Murdock, Richard

Executive Director, Mountain-Valley EMS Agency

Rudnick, Eric

Medical Director, Northern California EMS Agency, Santa Clara County

Smiley, Dan

EMSA

Smith, Karen

Health Officer and Director, California Department of Public Health

Former Health Officer, Napa County

Smith, Marilyn

Response and Transport Coordinator, Mountain-Valley EMS Agency

Spiess, Dan

Chief Executive Officer, Northern California EMS Agency

Teem, Clarence

EMS Coordinator, Tuolomne County

Turner, Jean

Director, HHS, Inyo County

Weivoda, Kristin

EMS Administrator, Yolo County

Williamson, Nicole

HHS Director, Alpine County

Central California
Coastal Valley
Inland Counties
Mountain-Valley
North Coast
Northern California
Sierra-Sacramento Valley
Single County Agencies
Del Norte
Siskiyou
Modoc
Humboldt
Trinity
Shasta
Lassen
Tehama
Plumas
Mendocino
Glenn
Butte
Sierra
Lake
Colusa
Sutter
Yuba
Nevada
Placer
Yolo
El Dorado
Sonoma
Napa
Sacramento
Alpine
Amador
Calaveras
Mono
Solano
Marin
San Joaquin
Contra Costa
Tuolumne
San Francisco
Alameda
Stanislaus
Mariposa
San Mateo
Santa Clara
Merced
Santa Cruz
Madera
San Benito
Fresno
Inyo
Monterey
Tulare
Kings
Kern
San Luis Obispo
San Bernardino
Santa Barbara
Ventura
Los Angeles
Riverside
Orange
Imperial
San Diego

Small County Demographics*

	Alpine	Amador	Glenn	Inyo	Lassen	Mariposa	Modoc	Mono	Plumas	Sierra	Trinity
Pop 2012	1129	37035	27992	18495	33658	17905	9327	14348	19399	3086	13526
Area sqm	739	593	1315	10203	4557	1451	3944	3044	2554	953	3179
Density	1	64	21	2	8	13	2	5	8	3	4
Largest Town	Markle 262	Jack 4 Ione 8	Orl 7 Wil 6	Bishop area 10	Susan 18	Mariposa 1769	Alturas 2827	Mamm Lakes 8	Quin 1.7 Port 2.1	DV 282 Loy 769	Wville 3600
Maj Hwy	88	88/49	I-5	395/6	36/139 89/395	49/140	395 299	395/6	89/70	49/89	3/299
Health Facilities	clinic	Sutter A 52 beds SNF 123	GMC CAH47 SNF 77	NIH 25 SIH 4 SNF102	Banner LMC 38 SNF 81	Fremont CAH - 24 SNF - 26	MMC CAH 16 SNF 60	Mamm H CAH 17 clinics	Senec 26 PDH 25 EPH 36 SNF 38	Clinics SNF 33	Trinity 25 SNF 26
CR	0	4315	94	169	9317	131	129	16	91	4	144
House $	51959	52462	39839	43436	45054	42965	34150	55827	45105	44455	34384
Poverty %	12.2	8.9	17.8	10.9	13.8	10.1	15.8	14.3	11.0	6.9	15.1
#/% >65 2000	116 9.9%	6318 18%	3439 13%	3427 19%	3044 9%	2946 17.2%	1663 17.6%	977 7.6%	304 14.4%	629 17.7%	2239 17.2%
White	73	80	56	66	67	83	79	68	85	88	84
Hispanic	7	13	38	19	18	9	14	27	8	8	7
Native Am	18	1.4	1.7	10	3	2.5	3	1.7	2	1	4
Primary data source: www.city-data.com											

*Includes all counties in California with <40,000 residents who are in either Inland Counties EMS (ICEMA), Mountain-Valley EMS, or Nor Cal EMS (That only leaves out Colusa and Del Norte). See map on reverse side.

Scope of Practice

	EMR/public safety	EMT	A-EMT	EMT-P
Training hours	21 first aid and CPR, 60 EMR	170 didactic 16 clinical 5 documented patient contacts	Certified EMT+ 160 additonal: 48 didactic/skill 40 clinical 24 field intern 15 ALS contact	Certified EMT+ 1090 hours: 450 didactic 160 clinical 480 field 40 ALS contact
Total hours	21 or 60	186 minimum	186 + 208 minimum	186 + 1090 minimum
Scope of practice	CPR AED Optional scope (21 hours): Epi Pen Oxygen Mark 1-Duodote Naloxone OPA/NPA	Patient assess Advanced first aid NPA/OPA/O2 AED CPR BLS Transport	Perilaryngeal airway IV Venous blood draw Glucose measuring Additional 6 meds as per LEMSA	Laryngoscope Oral ET intubation Valsalva maneuver Needle thoracotomy or cricothyroidotomy ALS (meds) Medical control with base station

Alpine County

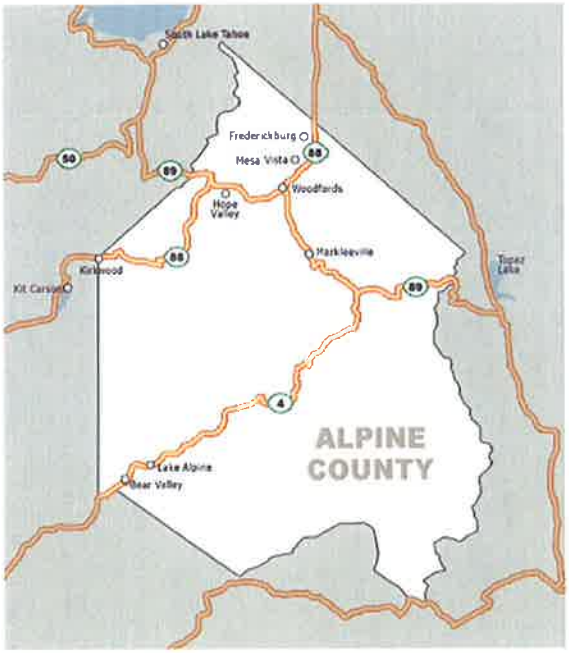
Alpine County has the smallest population of any county is California, at 1129 persons, 18% of whom are Native American. It is a forested, mountainous, winter and summer resort jurisdiction with scattered population centers of approx. 200 persons. The challenges of wildfire, road closures due to snow, avalanches and floods, communication gaps, and long distances with no local medical facilities, are similar to ours. The economy is supported by tourists, with ski areas, hiking, fishing, and camping in long narrow canyons, including the world renowned Grover Springs State Park, with lots of international visitors, and a campground with the capacity for hundreds of persons in the forest with one road in and one road out.

Alpine is served by several local volunteer fire departments within the county, at the BLS level. Challenges include recruitment, retention, and increasing regulation.

Mutual aid at the ALS level comes from Amador, Calaveras, and El Dorado Counties. Air support would come from Cal Star and Careflight. There is no hospital in the county.

In addition, there is an "Interlocal Contract" between Alpine County and East Fork Fire Protection District to provide both 911 Dispatch (at the Emergency Medical Dispatch – "EMD" level), and ALS ambulance response, to the eastern portions of Alpine County (essentially Markleeville, Woodfords, and Highway 88 up to Pickets Junction). This will cost their General Fund $67,500 in 2015, which will increase to $90,300 by 2020. There are approx.170 calls per year received by East Fork from Alpine County. East Fork's closest station to Mono County is at the Topaz Ranch Estates just off Holbrook Junction.

Reaching into the southwestern part of Alpine County on the Highway 4 corridor is Ebbetts Pass Fire Department. They are a paid fire department, with 7 people on duty 24/7/365, including an ALS ambulance, and a paramedic engine. They have about 950 911 calls per year, with approx. 650 transports. They operate mostly in Calaveras County, and go to Mark Twain and Sonora Regional Medical Center. They are partially funded through 2 parcel taxes passed in 2004 (>80%), at about $150 per parcel. They do not charge anything other than what insurance pays.



INTERLOCAL CONTRACT
BETWEEN THE
EAST FORK FIRE PROTECTION DISTRICT
AND
ALPINE COUNTY, CALIFORNIA
FOR
EMERGENCY MEDICAL SERVICES

This Interlocal Agreement between the East Fork Fire Protection District and Alpine County, California, for Emergency Medical Services in a portion of Alpine County (the "Agreement") is made and entered into by and between Alpine County, a political subdivision of the State of California ("Alpine County"), and the East Fork Fire Protection District ("East Fork"), a political subdivision of the State of Nevada. Alpine County and East Fork are at times collectively referred to hereinafter as the "Parties" or individually as the "Party."

WHEREAS, Alpine County does not have the necessary resources to provide for all of its emergency medical service needs; and

WHEREAS, East Fork is equipped, staffed and willing to provide a portion of Alpine County with emergency medical services; and,

WHEREAS, both Parties desire to enter into a contract for emergency medical services and East Fork is authorized to enter this Agreement pursuant to Nevada Revised Statute 277.180 and Alpine County is authorized to enter this agreement pursuant to California Government Code Joint Exercise of Powers Act, section 6500; and

NOW THEREFORE, in consideration of the promises and mutual covenants hereinafter contained, it is hereby mutually agreed by and between the Parties as follows:

1. SCOPE OF SERVICES. East Fork will provide Alpine County emergency medical services within the geographical limitation areas. Emergency medical services is defined for this contract as patient transportation and/or emergency treatment of the sick and injured. East Fork will send appropriate emergency medical service personnel to stabilize a patient if a transport unit is unavailable while East Fork finds the closest transport unit.

2. TERM OF CONTRACT. The term of this contract shall commence upon approval by both of the governing boards of both parties and shall continue for five years until July 1, 2020. Either Party may terminate this Agreement by giving the other Party no less than 30 days written notice of its intent to terminate the Agreement. If this contract is terminated, any fees that are due and owing, including uncollectibles, as of the effective date of the termination shall be paid by Alpine County.

3. PAYMENT FOR SERVICES.

A. Alpine County shall pay to East Fork an annual fee as shown in the below table for each of the five years of the contract. Payments shall be made quarterly in July, October, January and April.

a. 2015: $67,500.00

b. 2016: $71,500
c. 2017: $75,800
d. 2018: $80,300
e. 2019: $85,200
f. 2020: $90,300

B. In addition to the annual fee, Alpine County shall pay East Fork an amount equal to all 90-day delinquent or uncollectible ambulance invoices for services rendered in Alpine County. East Fork must forward all 90-day delinquent or uncollectible accounts to Alpine County, along with documentation of what steps East Fork has taken to collect on said accounts. Alpine County must make payment to East Fork on said accounts within 30-days of receipt. Upon receipt of payment for the delinquent or uncollectible accounts, East Fork shall assign all of its rights to the invoice to Alpine County.

3. GEOGRAPHICAL LIMITATION. The geographic response limits for East Fork providing emergency medical services under the terms of this agreement are as follows:

A. California State Route 4 from Kinney Reservoir to Woodfords, California including the area known as Wolf Creek;

B. California State Route 88 from the intersection of Pickets Junction in Hope Valley to the California/Nevada state line;

C. California State Route 89 (Monitor Pass) from the intersection of Pickets Junction in Hope Valley to the California/Nevada State line;

4. RESPONSE TO REQUEST. East Fork will authorize Douglas County 9-1-1 Emergency Services Dispatch to include one East Fork "Rescue" (paramedic ambulance) on emergency medical dispatching and emergency fire dispatching run cards that require an ambulance response. The East Fork unit will be dispatched simultaneously with the appropriate Alpine County resources. East Fork and Alpine County will review the run cards annually with Douglas County 9-1-1 at the Fire/EMS Policy User Group meeting.

A. If East Fork does not have an ambulance available, East Fork's chief officer will send a paramedic fire engine to the scene while working through Douglas County 9-1-1 Emergency Services to find a transport unit from one of East Fork's cooperators.

B. There may be rare periods of time where East Fork is unable to meet the obligations outlined in this contract due to major emergencies occurring within East Fork's home jurisdiction. East Fork will view the Alpine County coverage area as part of their response district and provide service as if it is their home jurisdiction. This may mean that calls are prioritized for service or East Fork may seek mutual aid providers to assist in service delivery.

5. COMMAND RESPONSIBILITY AT EMERGENCY SCENE. The Incident Commander from Alpine County at the scene of the emergency to which the response is made shall be in command of the operations under which the equipment and personnel sent by East Fork shall serve; provided, however, that the responding equipment and personnel shall be under the immediate supervision of the officer in charge of the responding apparatus.

If the Incident Commander specifically requests a senior officer of East Fork to assume command, or in the absence of an Incident Commander Alpine County to take command, East Fork may take command. The Alpine County shall remain responsible for the operation regardless of

which party is in command, and shall be solely responsible for any liability arising from the incident.

6. INCIDENT COMMAND SYSTEM: Each Party is expected to manage incidents under guidelines of the National Incident Command System (NIMS).

7. INSURANCE. Each Party will procure and maintain such insurance as is required by applicable federal and state law and as is appropriate and reasonable to cover its staff, equipment, vehicles and property, including, without limitation, comprehensive general liability insurance, automobile insurance and public officials' errors and omissions insurance.

8. **AGREEMENT NOT EXCLUSIVE.** This Agreement is not intended to be exclusive as between the Parties. Either of the Parties may, as each Party deems necessary or expedient, enter into separate Mutual Assistance Agreements, or similar agreements, with other entities or agencies. Entry into such separate Agreements shall not change any relationship or covenant herein contained.

9. CHOICE OF LAW. The laws of the State of Nevada shall govern the interpretation and enforcement of this Agreement. The Parties agree that the Ninth Judicial District Court, in and for the County of Douglas, State of Nevada, will be the forum for any litigation arising from or relating to this Agreement. Alpine County agrees to submit to the jurisdiction of the Ninth Judicial District Court, in and for the County of Douglas, State of Nevada for any litigation arising from or relating to this Agreement. There shall be no presumption for or against the drafter in interpreting or enforcing this Agreement.

10. SEVERABILITY. The illegality or invalidity of any provision or portion of this Agreement shall not affect the validity of the remainder of the Agreement and this Agreement shall be construed as if such provision did not exist and the non-enforceability of such provision shall not be held to render any other provision or provisions of the Agreement unenforceable.

11. NON-ASSIGNABILITY. Neither Party shall assign, transfer or delegate any right, obligation or duty under this Agreement without the prior written consent of the other Party.

12. HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT. Both East Fork and Alpine County agree to follow the requirements of the Health Information Portability and Accountability Act in carrying out the terms of this agreement. This includes execution of the Business Associate Agreement that is Appendix A of this contract.

IN WITNESS WHEREOF, the parties hereto have caused this Interlocal Agreement for emergency fire services to be executed as of the day and year herein below.

_____ _____

Katherine Rakow, Chair (date)
Alpine County Board of Supervisors

_____ _____

Carol McElroy, County Administrative Officer (date)
Alpine County

_____ _____

Doug N. Johnson, Chairman (date)
Board of Fire Commissioners

_____ _____

Tod F. Carlini, District Fire Chief (date)
East Fork Fire and Paramedic Districts

Approved as to form by Alpine County Counsel: David A. Prentice _____

Amador County

Amador County is the most populated county under 40,000, with 37,035 residents occupying only 593 square miles. Thus it is the most densely populated county we have looked at. A third of the population lives in two towns – Jackson (4,000) and Ione (8,000). There is a 52 bed hospital, a SNF with 123 beds, and over 4,300 inmates. Housing is expensive, and poverty rates are low.

Emergency Medical Dispatch is provided by the Sheriff's Office. ALS services are provided by American Legion Ambulance, with an exclusive agreement since 1929. There are 6 stations, with almost 5,000 calls annually. This ALS provider is supported by volunteer fire at the BLS level.

There is an Ambulance Membership Program involving PHI Air, CalStar Air, Reach Air, and American Legion ground ambulance, starting Sep 1, 2014, costing $190 per member.

There is no county subsidy, other than Maddy funds and HPP funds used to enhance communication (e.g., repeaters).

Mountain-Valley EMS Agency

Amador County

EMS Report FY2013/14

August 19, 2014

August 19, 2014

Honorable Members of the Board of Supervisors

The Mountain-Valley EMS Agency is pleased to present the annual report for FY2013/14. The report reviews the operation of the EMS Agency and EMS System Descriptive Statistics on the Amador County EMS System. This report emphasizes the period from July 1, 2013 through June 30, 2014.

During the period of FY2013/14 much of the work of the EMS Agency and the EMS System focused on three areas :

1. Revising the annual Ambulance Provider Contract between American Legion Ambulance and Mountain-Valley EMS Agency
2. Implementing a defendable process and methodology assuring Ambulance provider compliance with contractual response time standards, and ;
3. Working towards State compliance for receiving and transmitting California Emergency Medical Services Information System (CEMSIS) data.

The Mountain-Valley EMS Agency has provided authority and responsibility as the local EMS agency for the County of Amador by carrying out the duties and responsibilities associated with the Health and Safety Code, Division 2.5, Chapters 4 through 7 Sections 1797.202 through 1798.205.

MVEMSA is meeting its statutory and regulatory responsibility to the JPA Board of Directors, the Amador County EMS System stakeholders, and the general public by making sure high quality, clinically-safe, and operationally-efficient emergency medical services are provided in Amador County.

As always, please don't hesitate to contact me with any questions. The EMS Agency appreciates your leadership and support to ensure an efficient high standard of care is provided within Amador County.

Sincerely,

Richard Murdock
Executive Director
Mountain-Valley EMS Agency

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EMS Agency Activities

Contractually, Mountain-Valley EMS Agency assigns a .3 FTE to be available at the County agreed upon site (or attend meetings on behalf of Agency or County). Pat Murphy fulfills the responsibility of EMS Agency liasion to our mountain county members. In addition, several staff members (including the Executive Director and Medical Director) participated in meetings/exercises/system issues within Amador County. The information listed below provides a detailed look at the Agency's involvement for each quarter within FY2013/14:

Quarter 1 (July 1, 2013 – September 30, 2013

- Agency Executive Director working on contract renewal for Amador County Ambulance Provider (American Legion Ambulance)
- Dr. Kevin Mackey conducted base hospital training at Sutter Amador Hospital – the topics focused on Trauma Triage Criteria and Trauma Perils.
- Worked on development of new response area standards within Amador County, which are based off of 2010 population density numbers.
- Continued to monitor and assist with the quarterly Triage Tag drills within Amador County
- Dr. Mackey approved and reviwed Amador County's quality improvement indicators on Sepsis and Trauma.
- Staff attended several state, regional, and local disaster planning meetings regarding Medical Health Mutual Aid Advisory for Region IV
- Continued further development in conjunction with Amador County Public Health on re-defining the scope and practice of the Medical Health Operational Area Coordinator (MHOAC) program.
- Staff worked on the development of a MCI policy with a workgroup from Amador County
- Staff is working with Amador County Public Health partners on an MCI exercise slated for Spring 2014.
- Staff attended the following meetings during the second quarter :
    - Hospital Preparedness Program Grant – Coalition partnership meetings
    - Amador County Fire Chiefs monthly meeting
    - Amador County Emergency Medical Care Committee
    - Quality Improvment Committee meetings
    - Base Hospital meetings

Quarter 2 (October 1, 2013 – December 31, 2013)

- Agency Executive Director working on revision to Base Hospital agreement between MVEMSA and Sutter Amador Hospital.
- JPA Board agreed to a one-year extension with American Legion Ambulance in Amador County. Executive Director requested an additional year in order to work through some State EMS issues and development of compliance reporting mechanism.
- Continued to monitor and assist with the quarterly Triage Tag drills within Amador County

- Staff met with Amador County Public Health partners to discuss MHOAC role/responsibilities

- Staff attended the following meetings during the second quarter :
    - Hospital Preparedness Program Grant – Coalition partnership meetings
    - Amador County Fire Chiefs monthly meeting
    - Amador County Emergency Medical Care Committee
    - Quality Improvment Committee meetings
    - Base Hospital meetings
- Continued working on develoing new response area standards within Amador County, which are based off of 2010 population density numbers

Quarter 3 (January 1, 2014 – March 31, 2014)

- MCI ribbon kits were puchased for Amador County First Responder Agencies. Kits will be issued to agencies after they receive training on the kits and review START.
- First Responder tests were administered on site to agencies in Amador County
- Staff coordinated an EMS awards presentation and dinner in Amador County for EMS Week in May, 2014.
- Staff attended the following meetings during the second quarter :
    - Hospital Preparedness Program Grant – Coalition partnership meetings
    - Amador County Fire Chiefs monthly meeting
    - Amador County Emergency Medical Care Committee
    - Quality Improvment Committee meetings
    - Base Hospital meetings
- Continued working on develoing new response area standards within Amador County, which are based off of 2010 population density numbers

Quarter 4 (April 1, 2014 – June 30, 2014)

- American Legion Ambulance Amador County ambulance provider agreement terms December 2014. Agency Executive Director and staff are working to finalize draft revisions. Planning to have the draft agreement on the September JPA BOD agenda for approval
- Agreements were developed and signed between Mountain-Valley EMS Agency and FirstWatch for 14/15FY to work towards compliance reports for Mountain Counties
- Conducted four onsite CE Provider audits on June 11, 2014 Sutter Amador Hospital, Jackson Rancheria Fire Department, American Legion Ambulance and City of Jackson Fire Department. All are in compliant with state regulations except for Jackson Rancheria Fire and they will be re-audited before the end of the calendar year.
- MCI Classes with the Ribbon Kits were done this quarter, with four in Amador County
- One First Responder test was administered on site in Amador County
- Mountain-Valley Staff helped broker a collaborated membership program with three air ambulance companies and one ground Ambulance Company in Amador and Calaveras Counties to start September 1st.

- The MVEMSA responsibility as part of the MHOAC program continues with further development in conjunction with Amador Public Health partners. The collaborations continue to streamline and re-define the program scope and practices. Retirements in Amador County Public Health Emergency Preparedness programs affected the MHOAC planning process during the quarter.
- MVEMSA Staff is participating in Healthcare Coalition Meetings in Amador County
- Amador County performed a full-scale disaster exercise in May with Mountain-Valley staff involved in the planning as well as participating in the exercise. An AAR was done in June for the Amador Exercise.
- Staff attended the following meetings during the second quarter :
    - Hospital Preparedness Program Grant – Coalition partnership meetings
    - Amador County Fire Chiefs monthly meeting
    - Amador County Emergency Medical Care Committee
    - Quality Improvment Committee meetings
    - Base Hospital meetings

Amador County Ambulance Provider Agreement

The Amador County Ambulance Provider Agreement between American Legion Ambulance (ALA) and Mountain-Valley EMS Agency (MVEMSA) termed on December 31, 2013. The Executive Director of MVEMSA asked the Agency JPA Board of Directors to extend the agreement for one additional year with a new term date of December 31, 2014. The JPA Board approved the extension. The purpose of the request to extend the contract was to allow more time for the following:

1. Development of new map showing the population density based upon the 2010 census.

    a. The agency hired a GIS consultant to provide a detailed map showing the changes in population for each ambulance zone within Amador County. The changes (either an increase in population or decrease in population) could effect the response standards set for each respective zone.

    b. The current response zone standard :

        - **Urban** - Less than or equal to 12 minutes
        - **Urban Goal** - Less than or equal to 16 minutes
        - **Suburban** - Less than or equal to 20 minutes
        - **Rural** - Less than or equal to 30 minutes
        - **Wilderness** - As soon as possible

c. Definitions:

- **Urban** – The term used to denote a geographic service area (Map Grid) with a population density of greater than 100 persons per square mile
- **Suburban** – The term used to denote a geographic service area with a population density of 51 to 100 persons per square mile
- **Rural** – The term used to denote a geographic service area with population density of 7 to 50 persons per square mile.
- **Wilderness** – The term used to denote a geographic service area with a population density of less than 7 persons per square mile.

2. The current contract language hasn't changed for over 20+ years therefore a revision is required to bring the contract up to industry standards

   a. The Agency will address the following items in the new agreement :

   - Addition of Code 2 Response Time Requirements
   - Population Density Maps for Response Time Standards based upon 2010 Census
   - Automatic fine process for contractual non-compliant issues
   - System Status Plan Compliance for Posting and Mutual Aid Coverage
   - Progression towards using FirstWatch software for early event detection and situational awareness – pandemic & bioterrorism, real-time performance indicators, and time compliance analysis
   - Clincal and Staffing Standards
   - Data Reporting Responsibilities
   - Continous Quality Improvement Performance Standards

3. The implementation of First Watch to provide interface with Amador County Sheriff Dispatch CAD. First Watch will produce real-time compliance monitoring and biosurveillance software to be accessed through a web based program on the internet. The Agency will begin working with FirstWatch during the 2013/14FY.

   a. First Watch provides the methodology and process for defendable and validated data. The methodology written by First Watch is based upon contractual compliance language

4. Mountain-Valley EMS Agency continues to work with American Legion Ambulance making sure the CEMSIS data submitted to the state is validated and compliant with state CEMSIS data dictionary. The process for validation and compliance is ardous and time consuming.

   The State EMS Authority is contracted with ICEMA Regional EMS Agency to utilize ImageTrend Software for a data repository of CEMSIS data. Each LEMSA within California is required to submit monthly CEMSIS data to the repository (ImageTrend) for submission to the STATE EMS Authority.

EMS System Descriptive Statistics

Listed in the following set of tables are statistics that describe the characteristics of the EMS System in Amador County during Calendar Year 2013. Disclaimer – the data listed below has been extracted from American Legion Ambulance's Patient Care Reports by Inspironix, inc.

911 System Call Volume January through December 2013	
Total Code 3 Responses	**2648**
Total Code 2 Responses	**2127**

Incident Counts by Call Disposition for Code 3 Responses January through December 2013	
Transport to Emergency Department	2182
Refused/Against Medical Advice	216
Dead on Scene	42
No Patient Contact Made	68
Patient Released at Scene	140
Total Incidents	**2648**

Incident Counts by Call Disposition for Code 2 Responses January through December 2013	
Transport to Emergency Department	1969
Refused/Against Medical Advice	68
Dead on Scene	3
No Patient Contact Made	23
Patient Released at Scene	64
Total Incidents	**2127**

Inter-Facility Transports January through December 2013	
Code 2	**563**

Transport Counts per Receiving Hospital for Code 3 Responses January through December 2013	
Receiving Hospital	**Number of Transports**
Sutter Amador Hospital	2043
Kaiser Hospital South Sacramento	40
Lodi Memorial Hospital	2
Mark Twain	4
Mercy General Hospital	4
Methodist Hospital of Sacramento	1
San JoaquinGeneral Hospital	35
Sutter General Hospital	3
Saint Josephs Medical Center	1
Sutter Memorial Hospital	5
UC Davis Medical Center	13
Valley Childrens Hospital	3
Total Transports	**2154**

Transport Counts per Receiving Hospital for Code 2 Responses January through December 2013	
Receiving Hospital	**Number of Transports**
Sutter Amador Hospital	695
Dameron Hospital	3
Doctors Medical Center	2
Kaiser Hospital South Sacramento	94
Lodi Memorial Hospital	12
Mark Twain	9
Memorial Medical Center Modesto	3
Mercy General Hospital	170
Other Hospital Not Listed	76
Other Sacramento County Hospital	1
San Joaquin General Hospital	67
Saint Josephs Medical Center	10
Stanford University Hospital	1
Sutter General Hospital	78
Sutter Memorial Hospital	138
UC Davis Medical Center	27
Valley Childrens Hospital	45
Total Transports	**1431**

Amador County Certification Counts	
January through December 2013	
Type	*Count
First Responder	14
EMT	53
Paramedic	20
MICN	22

*The count listed for certification type reflect the county listed as primary employment for the certification holder on file with the Agency.

MVEMSA Certification Counts	
January through December 2013	
Type	*Count
First Responder	4
EMT	232
Paramedic	59
MICN	4

*The certification counts are for those certification holders without a primary employer living within one of the 5 member counties.

Exclusivity for Inter-Facility Transports

The Agency Executive Director met with Amador County officials and American Legion Ambulance president to discuss the State EMS Authority's denial of Amador County's Transportation Plan. The 2011 EMS Transportation Plan was denied due to the inability to substantiate that American Legion Ambulance has been the only Advanced Life Support ambulance providing inter-facility transfers out of Sutter Amador Hospital to other destinations. The Transportation Plan language has not changed and has been approved by the State EMS Authority for over 20 years. The Agency, along with Amador County representatives and American Legion Ambulance, are working to overturn the States decision.

Critical Care Paramedic (CCP) Program

2013 regulations provided a new option for licensed paramedics to receive an additional certification. The certification of Critical Care Paramedic by the Board for Critical Care Transport Paramedic Certification (BCCTPC) can be obtained through education and training in critical care transport. American Legion Ambulance developed a plan to implement CCP within Amador County beginning in December 2014. The plan was submitted to Dr. Mackey (MVEMSA Medical Director) for approval. Dr. Mackey approved the plan and the Agency will be working with ALA to develop policies and procedures specific to CCP. American Legion Ambulance will be sending hand selected staff back east for training and certification.

Implementation of CCP will expeditiously facilitate the inter-facility transfers of patients requiring a specialized paramedic trained in CCP. Currently, if a hospital is requesting a Critical Care Transport ambulance the time it takes for an RN to be located can delay the patient's transfer.

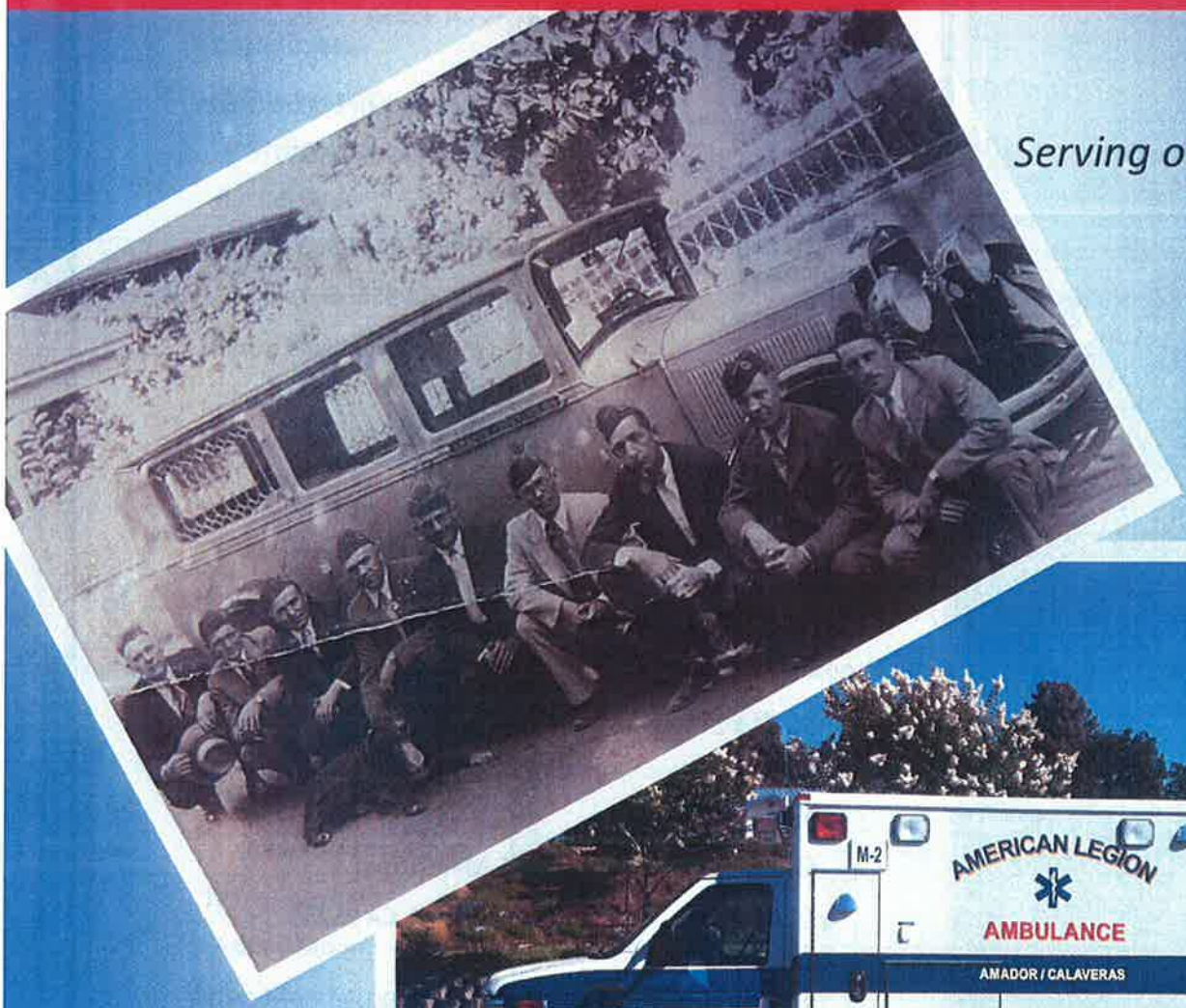
Ambulance Membership Program

The Agency worked with both air and ground ambulance providers during the latter part of 2013 to discuss a collaborative approach for providing ambulance ticket membership benefits to citizens living in either Amador or Calaveras Counties. The providers involved with the membership program are PHI Air, CalStar Air, Reach Air, and American Legion ground ambulance. The benefit provides membership to the subscriber at the total reimbursement paid for by the insurance company to the transport provider. For example, If the cost of the transport is more than what the transport provider receives from the insurance company the subscriber will not have to pay the difference in cost. The membership program begins on Monday, September 1, 2014. The cost of the membership program is one hundred and ninety dollars ($190.00).

AMERICAN LEGION

POST NO. 108

AMBULANCE SERVICE



Serving our community for 85 years.

ANNUAL REPORT

2013 ~ 2014

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HIGHLIGHTS

After 20 years of service, Paramedic and Field Supervisor Brian Heuser has retired. Brian will be missed by all and wish him the best in his retirement.

A **HUGE** Thank You to Mick Murray for his 12 years of service and dedication to the community. We all wish Mick the best in his retirement!!

Caleb Heuser, Renee' Laymon, Ashley Moore and Devin Strehl have promoted to Paramedic.

Congratulations to all of you for your hard work!

OFFICE & STATIONS

Main Business Office: 11350 American Legion Drive (209) 223-2963
P.O. Box 100
Sutter Creek, CA 95685

Calaveras Office: 310 Russell Road (209) 754-3498
San Andreas, CA 95249

AMADOR COUNTY

Station 1 — 15 Plymouth Hwy.
Ione, CA 95640

Station 2 — 11350 American Legion Drive
Sutter Creek, CA 95685

Station 3 — 24440 Highway 88
Pioneer, CA 95666

Station 5 — 18544 Sherwood Street
Plymouth, CA 95669

CALAVERAS COUNTY

Station 21 — 191 E. Highway 12
Valley Springs, CA 95252

Station 22 — 396 West St. Charles Street
San Andreas, CA 95249

Station 23 — 405 Main Street
West Point, CA 95255

Station 24 — 1168 Bush Street
Angels Camp, CA 95222

70th Annual CEA CONFERENCE
Laugh. Learn. Leave Inspired

CALIFORNIA AMBULANCE ASSOCIATION

FIELD SUPERVISORS

AMADOR COUNTY

Dave Barstow

Larry Petite

Michelle Clark

CALAVERAS COUNTY

Debbie Kuhn

Rich Bright

Thomas Hector

PARAMEDICS

Becky Booker

Bob Breckenridge

Bryn Buhler

Rachel Butler

Trevor Carter

Aaron DuBois

Alison England

Jeff Faillers

Tim Guzman

Scott Hertzog

Caleb Heuser

Ruth Honeycutt

Desiree Jimenez

Sarah Kertesz

Will Koelzow

David Lasavio

Rich Lawrence

Renee' Laymon

Ashley Moore

Drake Morehouse

Ken Sherfey

Amber Slusser

Rich Steffensen

Juniper Stone

Devin Strehl

Samantha Wagoner

EMT

David Avevedo

Jessica Belshe

Ryan Bota

Erin Burton

Anthony Cabri

Duane Challacombe

Melissa Cherry

Shannon Clark

Anthony Corsiglia

Jerry Darrow

Dirk Deckard

Danny Dowden

Josh Durham

Mark Gonzalez

Dana Greathouse

Pauli Greer

Liz Gundy

Matt Hector

Scott Hemingway

Kevin Krantz

Chris Maness

Rich Martin

Jessica Martinsen

Bette Oneto

Lee Rhodes

James Rice

Daniel Tate

Michael Vicini

Jim Whitaker

Gina Yelinek

Jason Zysman

BOARD OF DIRECTORS

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Al Lennox

Vice President

Alan F. McNany

Medical Director

Dr. Drew Hood

Operations Manager

Nicole Vasquez

Training Coordinator

Michelle Clark

CCT Coordinator

Barbara Light

Office Administrator

Jeanette Milbourne

Admin. Assistant

Nicole Guzman

Leslye Fischer

Melissa Scholtes

Nicole Milbourne

PRESIDENTS MESSAGE

from the desk of:

Al Lennox, President

It is with great pride that I add my message to this annual report. The success of American Legion Am lance is not without effort and expertise. Each and every year challenges and nuances enter the realm healthcare and transportation. American Legion Ambulance continues to demonstrate the ability to ad and meet the challenges of business in California. This past year was no different than others; we met new and old challenges head on with successful outcomes.

The real strength of our company is our people. The Board of Directors, Administration, Field Staff (R Paramedics and EMTs) are without a doubt the best the in the industry. American Legion's success is t expertise and commitment to the communities of Amador and Calaveras Counties. I cannot express enc words of gratitude to each and every one of American Legion Associates.

American Legion will continue to meet the challenges with enthusiasm and excellence with a promis all; *"we will continue the restless pursuit of perfection"* in each and every endeavor.

As always, best wishes to you and yours,

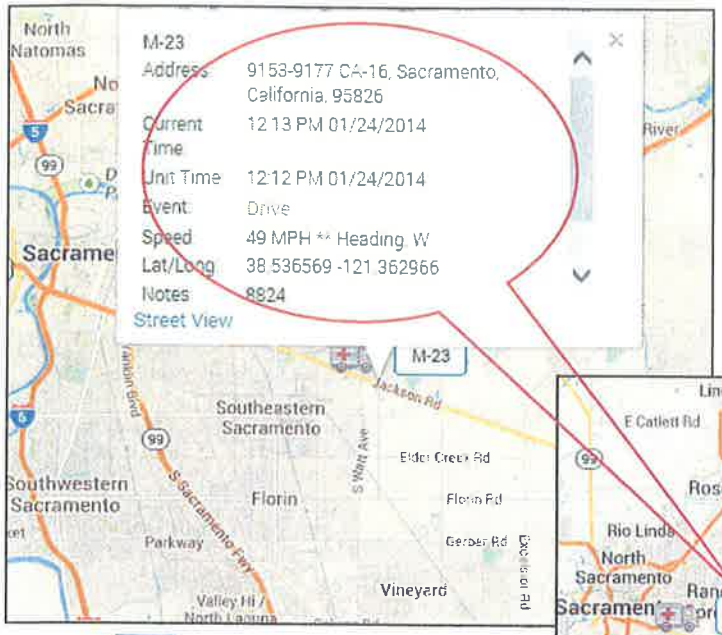
Al

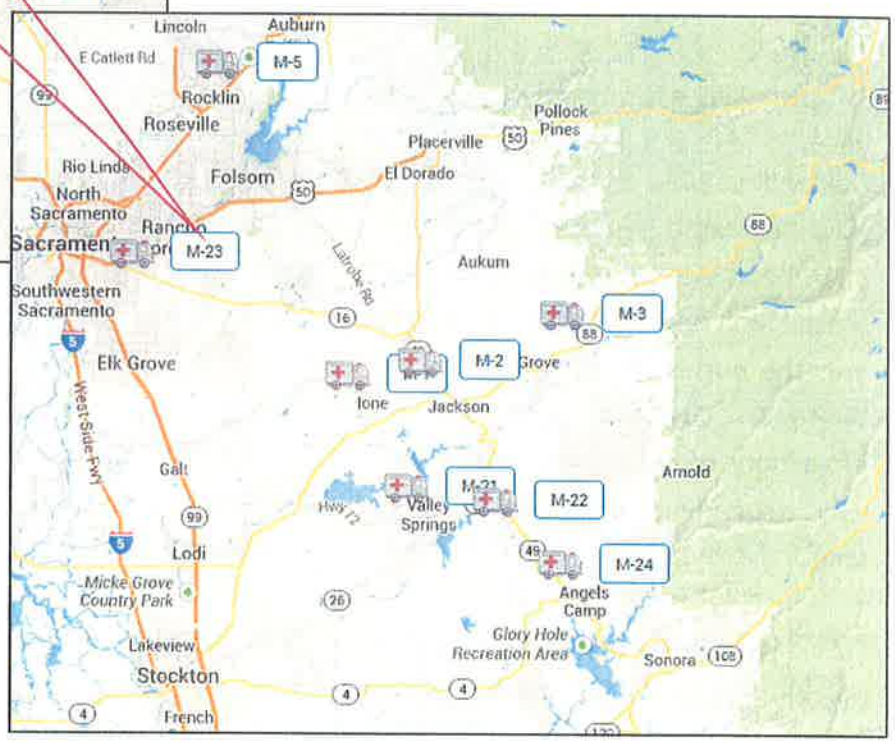
VEHICLE FLEET

Our fleet of vehicles include 18 ambulances and 3 support vehicles that are fully ALS equipped. Our fleet of vehicles are equipped with GPS tracking provided by Global Tracking Systems. Dispatchers and Supervisors can track unit locations, speeds, stops and starts, and even pull up past vehicle trails. The GPS system tracks unit mileage and sends alerts when units are due for routine service.

Most units are equipped with ar ticom system, allowing traffic si to change to green lights during code 3 operation. This only appl to Amador County.

Snapshot of Real Time GPS Positioning

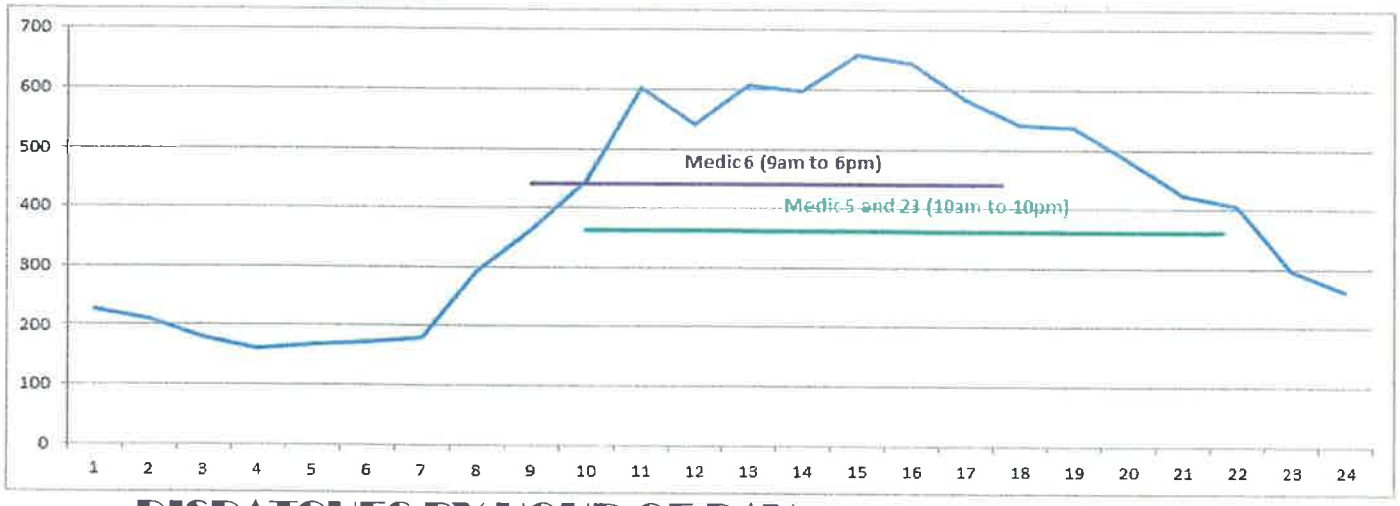




Tracking time of dispatches determines the hours we staff additional ambulances.

Medic 1, 2, 3, 21, 22 and 24 operate 24 hours a day.

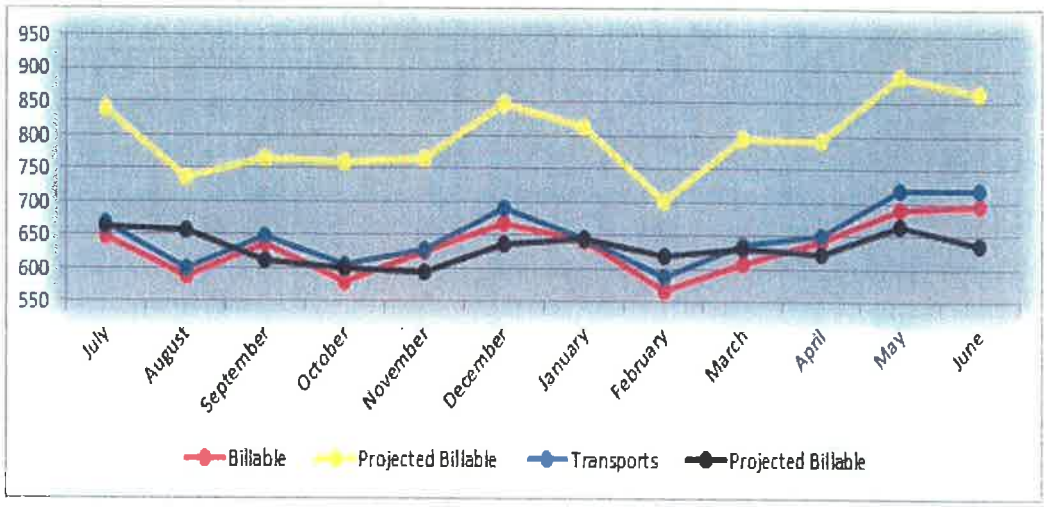
Medic 5 and 23 operate from 10am to 10pm and Medic 6 operates 9am to 6pm.



DISPATCHES BY HOUR OF DAY

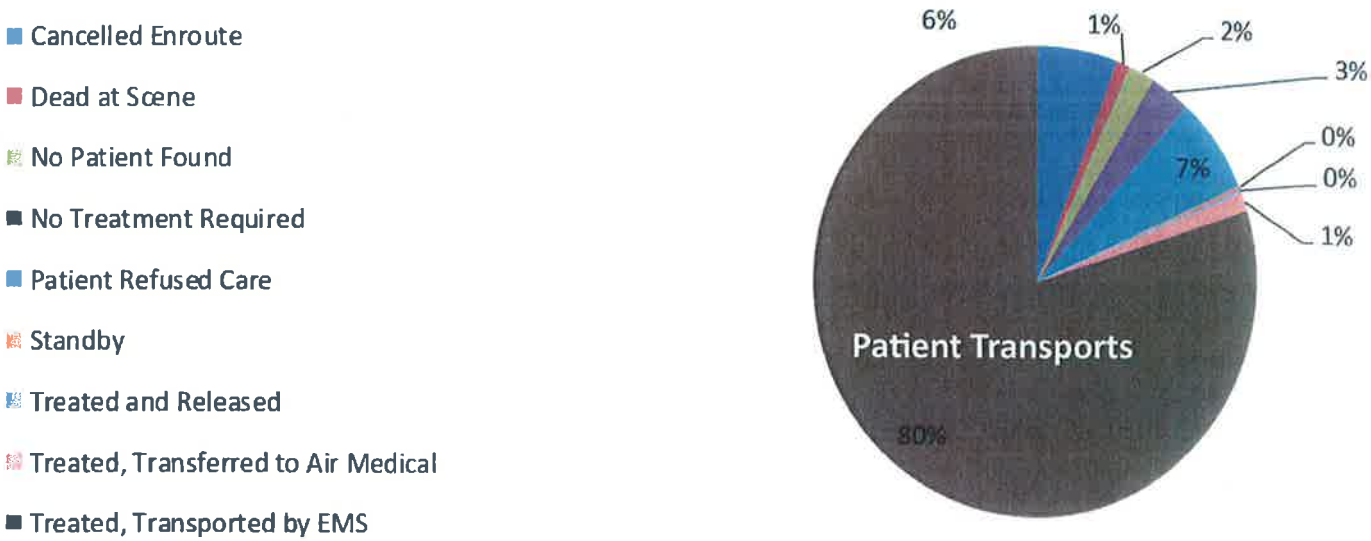
CALL VOLUME

American Legion Ambulance Service is a fee for service provider, meaning we bill for services rendered only and we are not subsidized by taxes or assessments. Our projections for increases in revenue are mainly based on an increase in call volume or billable patient transports. This fiscal year (2013-2014) we projected 7,588 billable transports for a 2.25% increase. At the end of the fiscal year we ended up at 100.07% of projection or 5 transports above projection.



Call volume is unpredictable in the EMS world, but with over a decade of data we do see trends. Our call volume has always fluctuated month to month and we know that winter and summer time are the busiest times of the year. Our monthly projections of call volume vary depending on the month. Out of the total dispatches per month we transport patients 80% of the time.

For the fiscal year we had 9,575 dispatches (shown in yellow above) and transported 7,803 patients (shown in blue above). American Legion Ambulance billed 7,593 patients (shown in red). There were 210 patients transported that were not billed. These were patients that were taken home or back to care facilities and did not meet medical necessity for an ambulance. At an average cost of $817.00 per transport, this calculates into **$171,570.00 of community service donation**.

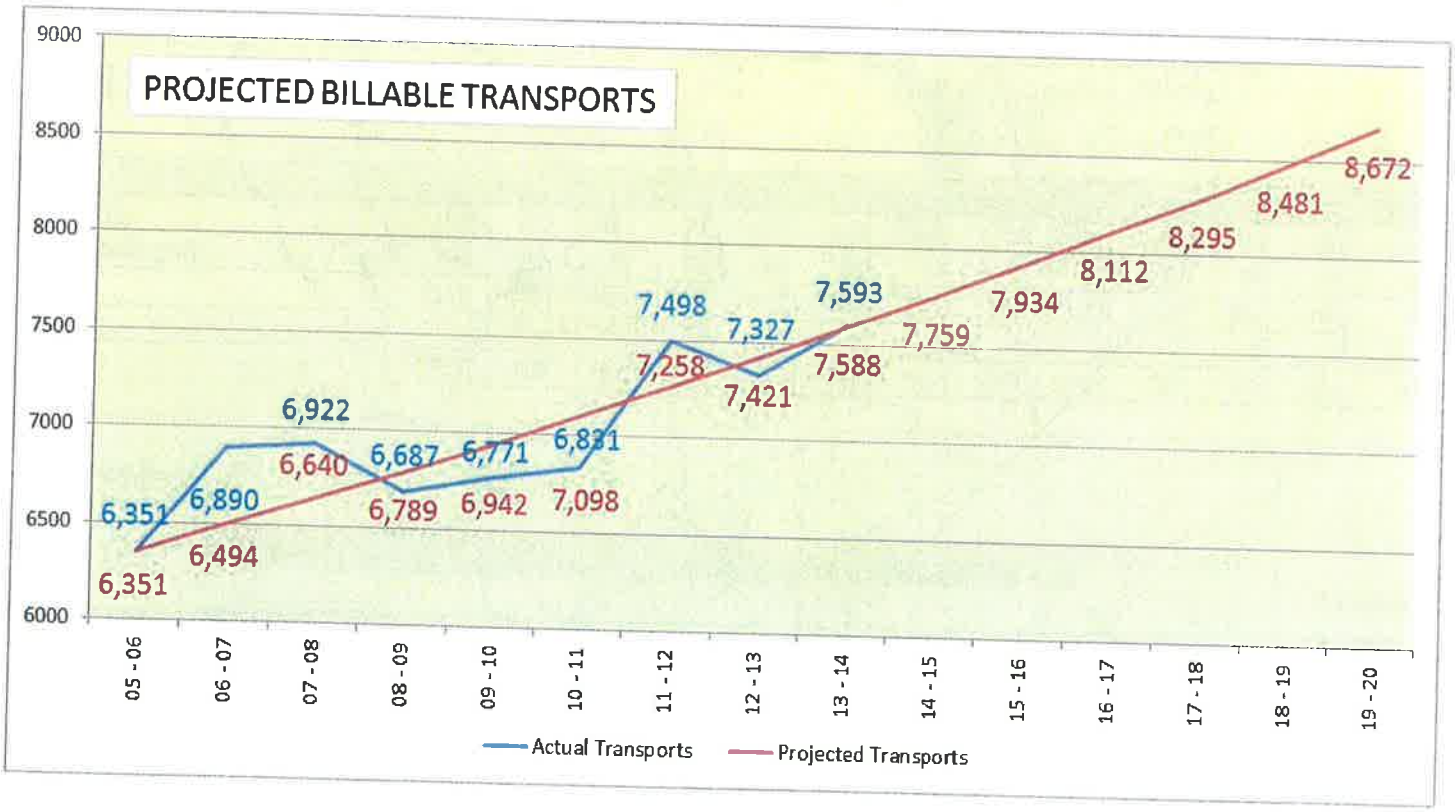


AMERICAN LEGION POST NO. 108 AMBULANCE SERVICE

Transport per Month

	2005-2006 Billed	2006-2007 Billed	2007-2008 Billed	2008-2009 Billed	2009-2010 Billed	2010-2011 Billed	2011-2012 Billed	2012-2013 Billed	2013-2014 Billed	Avg. Billed	%	Dispatches	Transports	Non-Billable	Billable	Projected Billable
July	533	623	537	627	618	625	621	640	647	608	8.70%	0	0	0	0	675
August	536	597	568	609	558	594	648	685	587	598	8.56%	0	0	0	0	664
September	533	518	538	518	572	569	581	624	636	565	8.09%	0	0	0	0	628
October	522	517	492	515	579	558	613	570	580	550	7.87%	0	0	0	0	610
November	531	570	555	507	512	565	547	540	626	550	7.88%	0	0	0	0	611
December	477	579	623	566	603	542	635	618	667	590	8.45%	0	0	0	0	655
January	534	615	595	492	552	555	704	656	643	594	8.50%	0	0	0	0	660
February	483	629	627	503	512	559	627	581	569	566	8.10%	0	0	0	0	628
March	581	553	562	563	533	564	644	601	607	579	8.28%	0	0	0	0	643
April	505	551	631	579	554	563	611	552	642	576	8.25%	0	0	0	0	640
May	555	613	620	616	625	572	635	621	691	616	8.82%	0	0	0	0	685
June	561	525	574	592	553	565	632	639	698	593	8.49%	0	0	0	0	659
Total Billed	6,351	6,890	6,922	6,687	6,771	6,831	7,498	7,327	7,593	6,986		0	0	0	0	7,759
+/- Previous Yr		8.49%	0.46%	-3.39%	1.26%	0.89%	9.76%	-2.28%	3.63%							2.25%

Over the years we have seen call volume increase as high as 10% and decrease as low as 4%. The average over the last 10 years has been a 2.28% increase per year. Our revenue projections are based on an annual increase of 2.25% in call volume. If call volume exceeds projection, excess revenue is put into reserves for those years that call volume falls below projections. Below is annual projections through the year 2020.

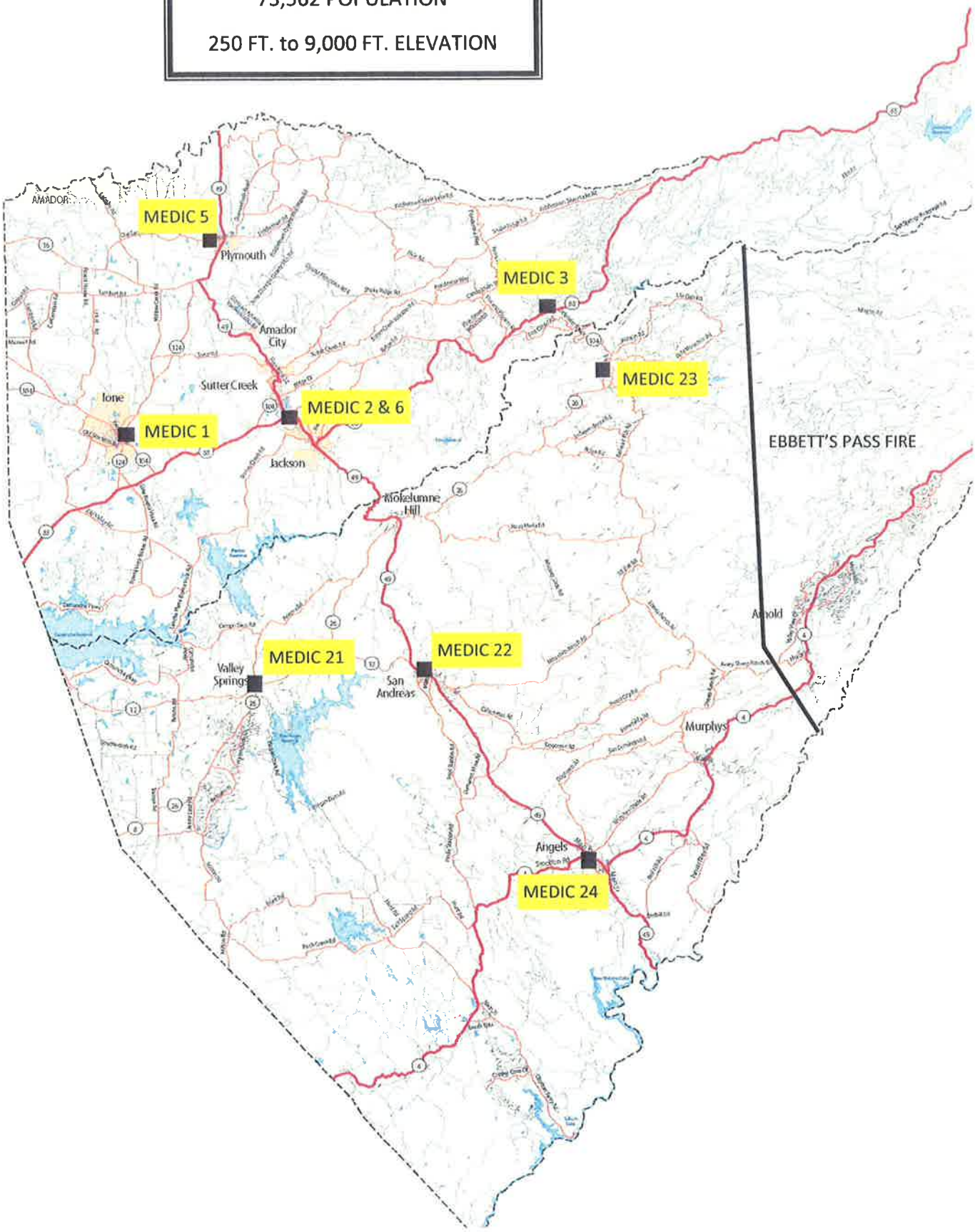


SERVICE AREA

1,390 SQUARE MILES

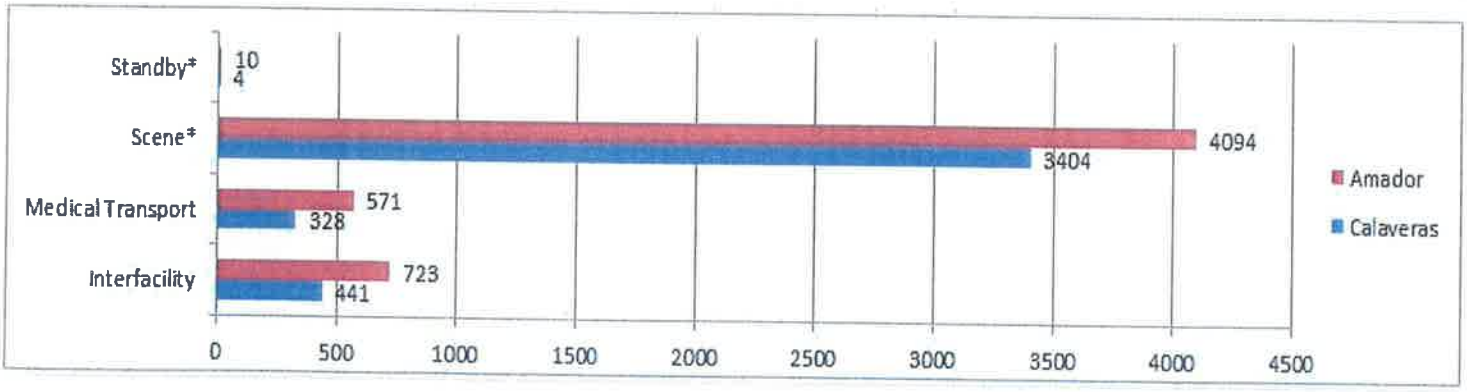
73,562 POPULATION

250 FT. to 9,000 FT. ELEVATION



TYPE OF DISPATCHES

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total
Interfacility	105	92	89	73	119	110	104	89	90	93	94	106	1164
Medical Transport	75	62	72	75	60	86	77	73	77	77	90	75	899
Scene*	657	582	605	608	582	654	631	541	627	626	681	704	7498
Standby*	2	2	1	2	1	0	0	1	1	1	2	1	14
	839	738	767	758	762	850	812	704	795	797	867	886	9575



BALANCE SHEET

Balance	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Income	1,836,169.02	1,800,868.24	1,752,830.13	1,592,247.65	6,982,115.04
Expense	1,551,053.14	1,626,186.60	1,659,343.19	1,595,768.50	6,432,351.43
Profit / Loss	**285,115.88**	**174,681.64**	**93,486.94**	**-3,520.85**	**549,763.61**

Account	Beg of Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Change
ASSETS						
Wells Fargo Bank	256,016.60	530,802.83	705,484.47	809,988.18	805,780.21	549,763.61
TOTAL Bank Accounts	256,016.60	530,802.83	705,484.47	809,988.18	805,780.21	549,763.61
Other Assets						
Accounts Receivable	2,752,368.07	2,801,710.65	2,697,149.46	2,413,612.01	2,515,469.70	-236,898.37
Buildings	1,757,500.00	1,757,500.00	1,757,500.00	1,757,500.00	1,757,500.00	0.00
Equipment & Inventory	898,658.23	913,568.26	913,568.26	913,568.26	913,568.26	14,910.03
Vehicles	624,280.86	595,126.20	565,715.18	540,632.27	525,896.36	-98,384.50
TOTAL Other Assets	6,032,807.16	6,067,905.11	5,933,932.90	5,625,312.54	5,712,434.32	-320,372.84
Investments						
Investments	511,660.48	525,509.31	491,614.11	491,975.89	504,607.51	-7,052.97
TOTAL ASSETS	6,800,484.24	7,124,217.25	7,131,031.48	6,927,276.61	7,022,822.04	-7,052.97
LIABILITIES						
Employee Vacation	117,569.32	115,879.56	119,596.32	120,563.23	121,589.66	4,020.34
Patient Refunds	16,894.33	18,510.98	17,596.32	19,875.63	20,563.22	3,668.89
Wells Fargo Loan	286,597.35	244,335.68	212,213.20	179,678.80	146,853.91	-139,743.44
TOTAL LIABILITIES	421,061.00	378,726.22	349,405.84	320,117.66	289,006.79	-132,054.21
Net Worth	**6,379,423.24**	**6,745,491.03**	**6,781,625.64**	**6,607,158.95**	**6,733,815.25**	**354,392.01**

INCOME 13 ~ 14

Total Income	**6,982,115.04**

BUDGET 14 ~ 15

Total Budget	**6,708,800.00**

EXPENSE 13 ~ 14

Ambulance	820,859.53
Employee	4,581,238.80
General	720,694.28
Post	246,107.01
Carryover	52,725.04
Total Expense	**6,432,351.43**
Profit	**549,763.61**

BUDGET 14 ~ 15

Ambulance	908,200.00
Employee	4,774,000.00
General	740,600.00
Post	200,000.00
Carryover	76,000.00
Total Expense	**6,698,800.00**
Profit	**10,000.00**

2013– 2014 Actual vs Budget

Revenue	102%
Expenses	102%
Transports	100%

In Fiscal year 2012 ~ 2013 the company experienced a loss of $566,471.64. This was due to a lower than projected call volume and a delay in billing of over 400 calls which we recouped in this fiscal year.

2014 ~ 2015 Budget includes:

Critical Care Paramedic Class and Travel for 4 employees.

2 New ventilators for CCP transports.

2 New ambulances

12 New Zoll X series EKG monitors

New Operations Manager

New 2014 Chevy Ambulance

INCOME 13 ~ 14

Ambulance Tickets	275,840.75
Collections	28,055.98
In House Receipts	204,789.65
Interest Inc	55.16
Misc	4,781.05
Net Receipts	6,442,009.95
Post Membership	21,182.50
Training	5,400.00
Total Income	**6,982,115.04**

BUDGET 14 ~ 15

Ambulance Tickets	282,000.00
Collections	28,000.00
In House Receipts	210,000.00
Interest Inc	60.00
Misc	34,740.00
Net Receipts	6,125,000.00
Post Membership	21,000.00
Training	8,000.00
Total Income	**6,708,800.00**

EXPENSE 13 ~ 14

Auto Insurance	11,630.08
Dispatch Fees	101,235.32
EMS Fees	0.00
Equipment	1,729.99
Gas & Fuel	203,944.99
Patient Supplies	178,905.25
Medical	164,879.75
Oxygen	14,025.50
Radio	1,223.10
Registration	7,546.00
Service & Parts	175,430.04
Vehicle Payment	139,214.76
Total Ambulance	**820,859.53**
Employee Insurance	392,973.00
Dental Insurance	64,005.30
Life Insurance	8,920.50
Medical Insurance	309,320.60
Vision Insurance	9,826.60
Payroll	3,880,801.61
401k Match	122,449.95
Taxes	260,350.81
Wages	3,498,000.85
Uniforms	12,593.25
Workers Comp	294,870.94
Total Employee	**4,581,238.80**
Emblem Sales	16,509.37
Events	29,641.17
Insurance	4,737.95
Membership	20,955.00
Memorial Park	400.00
Misc	53,490.12
Repair & Maintenance	54,493.31
Travel	65,880.09
Total Post	**246,107.01**

BUDGET 14 ~ 15

Auto Insurance	12,000.00
Dispatch Fees	106,000.00
EMS Fees	36,000.00
Equipment	36,900.00
Gas & Fuel	210,000.00
Patient Supplies	180,000.00
Medical	168,000.00
Oxygen	12,000.00
Radio	3,200.00
Registration	7,900.00
Service & Parts	168,000.00
Vehicle Payment	148,200.00
Total Ambulance	**908,200.00**
Employee Insurance	410,800.00
Dental Insurance	64,800.00
Life Insurance	9,000.00
Medical Insurance	327,000.00
Vision Insurance	10,000.00
Payroll	4,056,000.00
401k Match	132,000.00
Taxes	276,000.00
Wages	3,648,000.00
Uniforms	7,200.00
Workers Comp	300,000.00
Total Employee	**4,774,000.00**
Emblem Sales	18,000.00
Events	30,000.00
Insurance	5,000.00
Membership	21,000.00
Memorial Park	2,400.00
Misc	54,000.00
Repair & Maintenance	9,600.00
Travel	60,000.00
Total Post	**200,000.00**

EXPENSE 13 ~ 14

Advertising	60,089.42
Amador Ledger	18,252.23
Calaveras Enter	4,164.16
KVGC	9,750.00
TSPN	14,000.00
Other	13,923.03
Bank Charges	17,115.83
Payroll	4,465.61
Other	12,650.22
Donations	54,736.86
Dues & Fees	5,255.78
Insurance	36,512.05
Legal Services	2,610.00
Office & Sta	67,244.75
Copier	14,463.36
Postage	8,974.83
Printing	1,290.33
Other	42,516.23
Patient Refunds	24,581.47
Repair & Maint	13,084.97
Rent	112,928.95
Calaveras Office	11,636.28
Ione Memorial	2,750.00
Post 108	32,000.00
Station 1	11,524.30
Station 21	15,000.00
Station 22	13,500.00
Station 23	10,200.00
Station 24	12,600.00
Station 4	238.37
Storage	3,480.00
Service Contracts	207,863.43
emsCharts	12,516.00
GPS Tracking	8,892.00
Wittman	171,432.00
CAA	8,546.37
CEA	1,931.06
TeleStaff	4,985.60
Other	2,973.46
Training	16,594.82
Travel	1,559.60
Utilities	100,754.72
Cable	6,052.96
Electric	24,483.60
Garbage	3,903.83
Mobile Phone	15,958.12
Pest Control	4,720.02
Propane	6,399.65
Telephone	24,507.60
Water & Sewer	14,728.94
Total	**720,694.28**

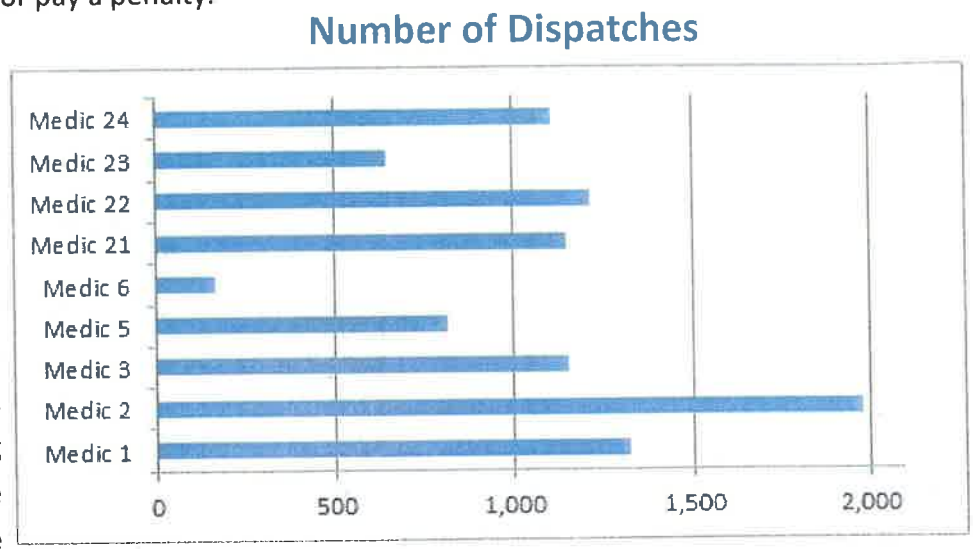
BUDGET 14 ~ 15

Advertising	56,400.00
Amador Ledger	18,000.00
Calaveras Enter	4,650.00
KVGC	9,750.00
TSPN	12,000.00
Other	12,000.00
Bank Charges	16,800.00
Payroll	4,800.00
Other	12,000.00
Donations	52,000.00
Dues & Fees	6,000.00
Insurance	36,000.00
Legal Services	3,600.00
Office & Sta	52,000.00
Copier	15,000.00
Postage	10,000.00
Printing	3,000.00
Other	24,000.00
Patient Refunds	24,000.00
Repair & Maint	18,000.00
Rent	117,300.00
Calaveras Office	11,640.00
Ione Memorial	2,750.00
Post 108	36,000.00
Station 1	12,130.00
Station 21	15,000.00
Station 22	13,500.00
Station 23	10,200.00
Station 24	12,600.00
Station 4	0.00
Storage	3,480.00
Service Contracts	215,500.00
emsCharts	12,516.00
GPS Tracking	8,892.00
Wittman	175,000.00
CAA	8,500.00
CEA	1,992.00
TeleStaff	5,000.00
Other	3,600.00
Training	32,000.00
Travel	10,000.00
Utilities	98,000.00
Cable	6,000.00
Electric	25,000.00
Garbage	4,000.00
Mobile Phone	16,000.00
Pest Control	4,800.00
Propane	7,200.00
Telephone	20,000.00
Water & Sewer	15,000.00
Total	**740,600.00**

Payor mix is also an important factor in revenue. Over the years we have seen only a slight change in payor mix so it has been pretty constant and fairly predictable.

Now that the Affordable Care Act, Individual Mandate began on January 1, 2014, we have only experienced a slight change in the payor mix. The goal of the ACA is to insure the uninsured. It is now Federal law that every individual have health insurance or pay a penalty.

What does this mean for us??



Currently our Private Pay is at 10% (this is a mixture of uninsured and patient responsibility portion). Our uninsured is approximately 8%. We are predicting that not every uninsured individual will purchase insurance. They will simply just pay the fine. We are projecting half will purchase insurance. We believe Medi-Cal will increase from 13% to 14% and insurance will increase from 13% to 16%. Currently we do not have enough data collected to see what the actual impact is.

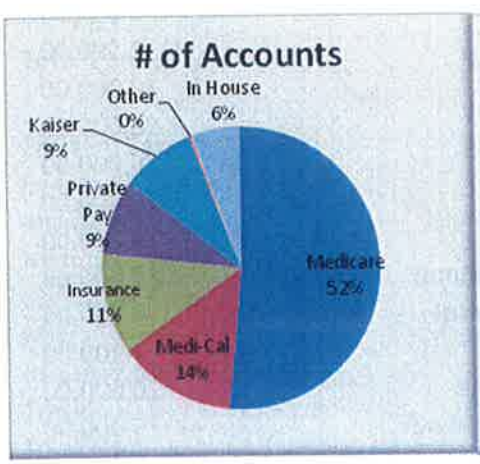
Fiscal Year To Date (2013-2014) Company-Wide

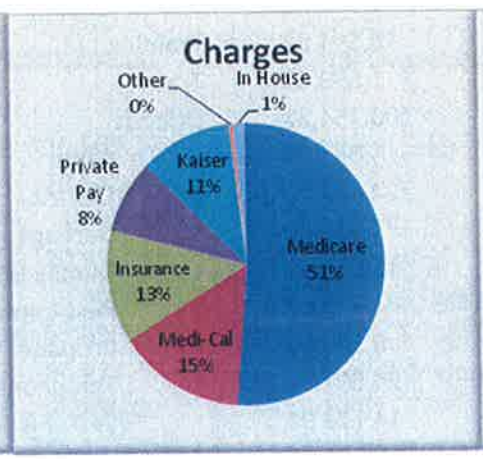
July 1, 2013 - June 30, 2014

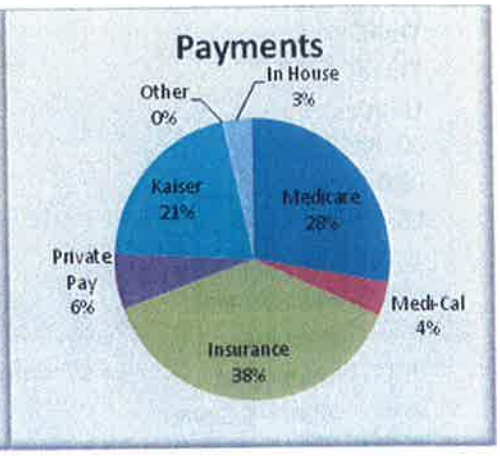
	# of Accounts	% of Accounts
Medicare	4046	52%
Medi-Cal	1076	14%
Insurance	901	11%
Private Pay	678	9%
Kaiser	680	9%
Other	25	0%
In House	438	6%
total	7844	100.00%

	Charges	% of Charges
Medicare	$ 13,831,680.00	51%
Medi-Cal	$ 3,996,118.75	15%
Insurance	$ 3,464,484.58	13%
Private Pay	$ 2,260,752.99	8%
Kaiser	$ 2,899,938.46	11%
Other	$ 108,002.25	0%
In House	$ 389,179.68	1%
	26,950,156.71	100.00%

	Payments	% of payments
Medicare	1,895,715.58	28%
Medi-Cal	265,771.96	4%
Insurance	2,580,808.03	38%
Private Pay	434,887.77	6%
Kaiser	1,415,232.71	21%
Other	58.99	0%
In House	234,666.66	3%
	6,827,141.70	100.00%







FUTURE OUTLOOK

Exclusivity for IFT's— currently working with Mountain Valley EMS Agency in regards to exclusivity on Inter-Facility Transfers in Amador County.

Calaveras County Contract—Bid is submitted to Mountain Valley EMS Agency. Winning bidder is to be announced in September. Looks very favorable to American Legion Ambulance.

Amador County Contract—negotiations are close and will have a new 5 year agreement with Mountain Valley EMS Agency by the end of the year.

Employee Negotiations—New contract (CBA) went into effect July 1, 2014. This is a 3 year contract.

Minimum Wage— effective July 1, 2014 minimum wage increased to $9.00/hour. Since we have a CBA and are exempt from certain labor laws such as overtime, we must provide a "premium wage" to our employees. A premium wage is 130% of the minimum wage or $11.70/hour. This would only affect our starting EMT's which is currently $10.60. Minimum wage will again increase on January 1, 2016 to $10.00/hour or $13.00/hour premium wage.

Employer Mandate (ACA)— effective January 1, 2015 we must provide medical insurance to employees that work over 30 hours. This provision of the ACA may be delayed again.

Critical Care Paramedic (CCP)—In addition to the approved paramedic scope of practice, the CCP may perform the following procedures and administer medications, as part of the basic scope of practice for inter-facility transports, when a licensed and accredited paramedic has completed a Critical Care Paramedic (CCP) training program and successfully completed competency testing, holds a current certification as a CCP from the BCCTPC, and other requirements as determined by the medical director of the LEMSA.

1. set up and maintain thoracic drainage systems;
2. set up and maintain mechanical ventilators;
3. set up and maintain IV fluid delivery pumps and devices;
4. blood and blood products;
5. glycoprotein IIB/IIIA inhibitors;
6. heparin IV;
7. nitroglycerin IV;
8. norepinephrine;
9. thrombolytic agents;
10. maintain total parenteral nutrition

QUALITY ASSURANCE / QUALITY IMPROVEMENT

The ongoing Quality Improvement/Quality Assurance program we practice at American Legion Ambulance allows us to meet two objectives: First, to ensure that all calls our Paramedics respond to meet compliance with local, regional and state protocols for treating patients; Second, to identify areas in our system in which we wish to elevate the types of services we can deliver by developing pilot studies and new protocols to improve the quality of pre-hospital care.

Quality Improvement/Quality Assurance involves reviewing the Patient Care Reports our Paramedics write following every call for service. The Patient Care Report contains the nature of the call, in addition to all assessments and treatments performed on the patient. The QI/QA process ensures that the assessments and treatments were accurate and appropriate for the patient's stated medical complaint or injury, and that they followed state, regional and local standards of care. Any deficiencies are identified and medics are placed on performance improvement plans designed to help the medic meet the quality we strive to provide our community.

The identification of health concerns and needs specific to our community is another way the QI/QA process improves patient care and helps set new industry standards. We work with local hospital and regional QI Liason personnel, and share data at meetings on a continual basis. We have used this data to implement new trial studies and protocols that target specific areas of pre-hospital healthcare we are seeking to bring advances in improved care to. Through pilot studies, we developed concepts of care for the field treatment of sepsis, an often fatal infectious process. Our paramedics are among the first in California to treat sepsis in the pre-hospital setting, and as a result we have seen a decrease in the length of hospital stays for patients diagnosed with Sepsis as well as a decrease in the overall severity of the infection.

Another example of how QI improves care is shown by our selection to submit data to the National Cardiac Arrest Registry to Enhance Survivability (CARES) data registry. This includes our data along with other nationally selected providers so we can track the outcomes of patients who suffer cardiac arrest across the US as well as in our own response areas. This data has allowed us to implement exciting new concepts in High-Performance CPR, also known as Pit Crew CPR. Initially started as a pilot study, through QI oversight and sharing of data, it has become the standard of care for our Paramedics and EMTs. The result has been more patients surviving cardiac arrests and returning home to lead normal lives with their loved ones.

American Legion Ambulance's commitment to the QI process ensures that not only will we continue to provide the highest quality of professional care, but we will continue to identify, improve, and implement new standards to better serve our community.

COMMUNITY SERVICE

All community service provided to the individuals and/or agencies below were at no charge.

JULY — Amador County Fair, First Aid and event stand-by
Mark Twain Convalescent, Fireworks show

AUGUST — High School football stand-by's

SEPTEMBER — High School football stand-by's
Amador Jr. Buffaloes Football stand by's
ACRA, Triathlon Stand by (Bear River)
ROP ride-a-longs for Amador and Calaveras County High Schools
Camp Out for Cancer stand-by
Top Cop Competition stand-by

OCTOBER — High School football stand-by's
Amador Jr. Buffaloes Football stand by's
ACRA, Triathlon Stand by (Lake Camanche)
ROP ride-a-longs for Amador and Calaveras County High Schools
Mark Twain Medical Center, Teddy Bear Clinic (3 days)

NOVEMBER — ROP ride-a-longs for Amador and Calaveras County High Schools
Amador Jr. Buffaloes Football stand by's
CPR and AED training provided to Amador County Public Health Department

DECEMBER — ROP ride-a-longs for Amador and Calaveras County High Schools
EMT student ride-a-longs for Murphy's Fire EMT Class
CPR, AED, BBP and First Aid training provided to Amador County Sheriff's Department

JANUARY— CPR and First Aid training provided to Amador County Public Works

MARCH— California High School Rodeo Association, rodeo stand-by
Pit Crew CPR to fire departments

APRIL— Calaveras County Training Burn for Firefighter Academy stand-by

MAY — Calaveras County Fair event stand-by
MICN ride-a-longs for Sutter Amador and Mark Twain Hospitals

JUNE— Amador County Sober Grad stand-by
MICN ride-a-longs for Sutter Amador and Mark Twain Hospitals

American Legion Amador Post #108

Year in Review

2014

Post Accomplishments:

- Boys State
- Memorial Day, Veterans Day, and Pearl Harbor Day Observances
- Donations: Children & Youth

Ambulance Accomplishments:

- Ambulance Subscription Program
- California Pilot Study
- Community Medical Training
- 100% Ambulance Performance Compliance

Auxiliary Accomplishments:

- Girls State
- Memorial & Veterans Day Luncheons
- Peace Officer Luncheon
- Donations to Hospitalized Veterans
- Christmas Care Packages to Soldiers
- Scholarships

Riders Accomplishments:

- Jackson Veterans Day Parade
- Funeral Honor Guard Processions
- Fundraising Poker Runs for Veterans Rehabilitation

Honor Guard Accomplishments:

- Military Funeral Services
- Patriotic Holiday Participation

Scholarships:

- Graduating High School Seniors
- Veterans' Children
- Tuition Assistance

Donations:

- Non-Profit & Hardship Donations
- Sutter Amador & VA Hospitals
- Wounded Warriors

Hall Donations:

- Veterans Blood Drives
- Women, Infants and Children (WIC)
- Memorial Services
- Amador County Non-Profits Org.

Ambulance Standbys:

- High School Football
- Amador Junior Buffalos
- Amador County Fair

Veterans Still Serving America

In 2013 - 2014 The American Legion Post No. 108 has proudly donated the use of The American Legion Hall to the following organizations

The ARC

Veterans Affairs Outreach

Friends of the Amador County Library

WIC (Women, Infants, and Children)

California Police Officers Association

Amador County Peace Officers

Amador County Sheriff's Department

Boy Scouts of America, Cub Scouts of America

Amador School District (multiple):

Financial Aid Meeting, Independence High testing,

District Christmas Party, Amador Football

Blood Source Blood Drives and Platelet Drives

Daughters of the American Revolution

Knights of Columbus

Sierra Pacific Industries (meeting)

Senior Center Volunteer Tax Preparers

Amador County

EMS Dinner

Memorial Services

Suicide Prevention Seminar

CalFire

Calvary Church Community Thanksgiving Dinner

Sons in Retirement

Master Gardeners

Sutter Amador Hospital

ACART (Animal Evacuation)

Radio Club

Amador County Secret Witness

Amador Central Railroad

The Marine Corps League

Reflective Sign Project

If We Can't Find You, We Can't Help You.

Signs Are:

- 6x18
- Highly Visible Day or Night
- Reflective Numbers on Both Sides
- Fade Resistant
- Pre-Drilled Holes
- Tax Deductible Donation

$20

For Seniors

Contact Emma: 209-295-1188

Or Marta 209-296-1389

Email: AmadorRsp@gmail.com

Every year, hundreds of emergency responses are delayed due to the hard to see address markings that make it difficult for Police, Fire and EMS Crews to respond to residences.

It could help save you or a loved one's life!

$25.00 per sign for all parties under 55. Split Driveway options available for additional fee Delivery and Installation available for additional fee.

Project administered by Amador County Commission on Aging.

****Project intended for Amador County Residents***

Glenn County

Glenn County has 27,992 residents spread over 1,315 square miles. The largest towns are Orland (7,000) and Willows (6,000). I-5 runs north and south through the eastern half of the county. The economy is primarily based on agriculture. Of all the small counties, it has the highest % of the population living below the poverty level.

The county is divided into 2 zones for EMS. The north zone is covered by a private provider – Westside – with an EOA. The southern zone is covered by Enloe Medical Center (Chico), without an EOA. There is one ALS unit in each zone. There are approx. 2,000 calls per year.

Volunteer fire departments provide BLS services.

Coverage was provided in the north from Tehema, but the provider was not able to meet the performance standards. When a unit leaves the county to go to Chico, it leaves the area uncovered. Surge capacity is extremely limited, and any MCI (e.g., the FedEx bus crash on I-5) immediately becomes a multi-county and regional response, with 5-6 counties and multiple air providers responding.

Inyo County

Inyo County has one private ALS provider – Symons – in Bishop, which staffs 1-2 ambulances, with a mix of paramedics and EMT's. The remainder of the county is served by volunteer fire departments, mostly at the BLS level, with transport capability. There is an increased A-EMT capability through creative acquisition of funds for recruitment and training. There is active participation of the fire chiefs in the EMS system.

In 2013, Symons carried out 1,046 transports (737 = EMS/911, IFT = 309), all but 12 from within 2 miles of the station. Big Pine = 110 transports, Independence = 16, Lone Pine = 109, Olancha Cartago = 30, Southern Inyo = 25.

In 2014, Symons performed 877 EMS/911 transports, with 310 IFT's, Big Pine = 82, Independence = 54, Lone Pine = 108, Olancha Cartago = 21, and Southern Inyo = 17.

Inyo has 8 EOA's, and ICEMA will be presenting an RFP to the Bishop City Council on June 8th and to the Inyo BOS on June 9th.

There is no General Fund support for EMS.

Lassen County

Lassen County has 33,658 residents over 4,557 square miles. The economy is based on tourism (Lassen Volcanic National Park), agriculture, and correctional institutions (with over 9,000 inmates). More than half of the population lives in Susanville.

Total annual EMS calls are less than 3,500. with approx.. 500 inter-facility transports.

The south county was served by a private provider, who went out of service after being turned down by the county for money.

Currently the provider is SEMSA (Sierra EMS Agency) – the parent company is REMSA (Reno), with 2 ALS units – in Westwood and Susanville. This is zone 1, which is also currently out to bid. (Other potential bidders are AMR and FALCK).

Zone 2 is in the sparsely populated north east county, and is served by Modoc County (Alturas, Mairs, Surprise Valley), with a mixture of ALS and BLS. There used to be a provider and hospital in Adin (Modoc), but they closed. Attempts are being made to get a parcel assessment in this zone.

Mariposa County

Mariposa County is one of the gateways to Yosemite National Park, and has 17,905 residents in its 1,451 square miles. It has an all season tourist based economy.

BLS services are provided by a county fire department, as well as local fire departments. Challenges are recruitment, retention, and increased regulation.

Emergency Medical Dispatch is provided by Cal Fire.

A private ambulance provider – Mercy ambulance – has been providing ALS services for 10 years. It has 2 ALS units in the county, one based in Coulterville, and one in Mariposa. They are supported by a Quick Response Vehicle (QRV) based in Mariposa, and staffed by supervisors who respond if necessary. They have a non-exclusive contract.

There are approx. 1,500 calls per year.

There is no subsidy, tax, or impact on the General Fund.

Modoc County

Modoc County has 9,327 residents spread out over 3,944 square miles. Almost a third of the population lives in Alturas. There is one small Critical Access Hospital and a SNF. Modoc is the second poorest county of the small counties, after Glenn County. The economy is tourism based, with lots of federal land and government employees.

EMS services are provided by the Modoc Medical Center in Alturas (ALS), and Surprise Valley Hospital (BLS). Volunteer fire provides BLS back-up without transport.

There used to be a hospital based EMS provider in Adin, but they closed. They tried to give their equipment to the fire department if they would continue to operate the EMS service, but they declined. Now there is mutual aid from Alturas and Lassen County.

A ballot measure failed once. A rich landowner is now pushing to have a parcel tax put back on the ballot.

Mono County

The Mono County Paramedic Program has 4 ALS units (1 – Walker, 2 – June Lake, 3 – Mammoth Lakes, 7 – Bridgeport) staffed 24/7/365 with a combination of EMT-P's and EMT's. The Base Station is Mammoth Hospital.

In 2014, there were 1,471 EMS/911 calls, of which 884 resulted in transport by Mono County Paramedic Ambulance. (Medic 1 – 171, Medic 2 – 294, Medic 3 – 735, Medic 7 – 271). There were 196 inter-facility transports.

There are also 11 volunteer fire departments which have BLS capability. They generally do not transport, with the exception of White Mtn/Chalfant and Mammoth Lakes Fire. Mammoth Lakes Fire Department had 17 runs, and White Mtn/Chalfant had 110 calls in 2013. There is no data from Mountain Warfare Training Center, which has one ALS unit, and responds off base for mutual aid.

Mono County supports White Mtn/Chalfant Fire directly for equipment costs and offers a stipend per run to encourage volunteers.

The overall impact on the Mono County General Fund is over $2,000,000 annually.

All Procedures Performed in Mono County for Non-InterFacility Patients
01/01/2013 - 11/30/2014

Procedure Name	2013	2014	Total
12 Lead ECG-Obtain	34	83	117
12 Lead ECG-Transmitted	1	0	1
Activation-Other Specialty Service/Response Team	2	0	2
Airway - Manual	0	1	1
Airway-Bagged (via BVMask)	4	3	7
Airway-CPAP	0	6	6
Airway-Endotracheal Intubation	6	5	11
Airway-Intubation Confirm Colorimetric ETCO2	0	1	1
Airway-King LT Blind Insertion Airway Device	3	0	3
Airway-Nasopharyngeal	3	3	6
Airway-Nebulizer Treatment	0	3	3
Airway-Oropharyngeal	4	4	8
Airway-Suctioning	4	0	4
Assessment-Adult	0	1	1
Assessment-Pediatric	1	0	1
Backboard-Short	0	1	1
Bleeding/Hemorrhage Control	14	10	24
Blood Glucose Analysis	64	120	184
Blood Pressure	1	6	7
Capnography	1	1	2
Cardiac Monitor	54	127	181
Cardiac Pacing-External	1	0	1
Childbirth	2	0	2
Contact Medical Control	1	0	1
CPR - Citizen (trained)	1	0	1
CPR by Other External Automated Device	0	1	1
CPR-Start Compressions and Ventilations	8	6	14
CPR-Start Compressions only without Ventilation	0	1	1
CPR-Stop	0	1	1
Defibrillation-Manual	4	1	5
Extrication	1	1	2
Fluid Challenge - 0.9% NS	17	25	42
Intraosseous Infusion	2	1	3
Last Seen Normal	3	4	7
ME - Medication Administered	3	1	4
Needle Thoracostomy	0	2	2
Orthostatic Blood Pressure Measurement	1	0	1
Other	4	6	10
Patient Cooling (Cold Pack, etc.)	3	9	12
Patient Loaded-Helicopter Hot-Load	1	2	3
Patient Off-Loaded	0	1	1
Patient Warming (Hot Pack, etc.)	3	2	5

All Procedures Performed in Mono County for Non-InterFacility Patients
01/01/2013 - 11/30/2014

Procedure Name	2013	2014	Total
Pulse Oximetry	34	21	55
Rescue	0	2	2
Restraints-Physical	2	1	3
Spinal Assessment - Deficits Noted	1	4	5
Spinal Assessment - No Deficits Noted	6	9	15
Spinal Immobilization	45	81	126
Spinal Immobilization - K.E.D.	1	3	4
Spinal Immobilization - Long Back Board	25	38	63
Spinal Immobilization - Rigid Cervical Collar	2	9	11
Splinting	15	40	55
Splinting-Traction	2	2	4
Stroke Scale	1	2	3
Temperature Measurement	4	16	20
Transferred Patient Care	0	4	4
Vagal Maneuver-Carotid Massage	1	1	2
Valsalva Maneuver	0	4	4
Venous Access-Blood Draw	40	52	92
Venous Access-Existing Catheter/IV Monitoring	1	1	2
Venous Access-Extremity	217	418	635
Venous Access-Intraosseous Adult	2	2	4
Venous Access-Saline Lock	2	27	29
Wound Care	17	24	41
Wound Care - Burn Care	0	1	1
Wound Care - Pressure Dressing	1	7	8
Wound Care-Irrigation	0	1	1
Zofran - Post Assessment	10	11	21
Zofran - Pre Assessment	9	11	20
Grand Total	**689**	**1231**	**1920**

All Procedures Performed in Mono County for InterFacility Patients
01/01/2013 - 11/30/2014

Procedure Name	2013	2014	Total
Airway-Bagged (via tube)	0	2	2
Airway-CPAP	0	2	2
Airway-Endotracheal Intubation	2	3	5
Airway-Endotracheal Tube Existing/Monitoring	0	1	1
Airway-Gastric Tube Inserted Nasally	1	0	1
Airway-Gastric Tube Inserted Orally	0	1	1
Airway-Intubation Confirm Colorimetric ETCO2	0	1	1
Airway-Suctioning	0	1	1
Airway-Ventilator	0	1	1
Airway-Ventilator with PEEP	1	0	1
Assessment-Adult	4	2	6
Assessment-Pediatric	1	1	2
Blood Pressure	2	0	2
Capnography	0	1	1
Cardiac Arrest	0	1	1
Cardiac Monitor	12	29	41
Fluid Challenge - 0.9% NS	0	1	1
Other	0	1	1
Pain Measurement	2	0	2
Patient Cooling-Post Resuscitation	0	1	1
Patient Loaded	3	3	6
Patient Monitoring of Pre-existing Devices, Equipment, or Ongoing Medications	1	4	5
Patient Off-Loaded	2	2	4
Pulse Oximetry	10	5	15
Spinal Assessment - No Deficits Noted	1	0	1
Spinal Immobilization	2	3	5
Spinal Immobilization - Long Back Board	1	2	3
Spinal Immobilization - Rigid Cervical Collar	0	1	1
Temperature Measurement	1	0	1
Transferred Patient Care	5	4	9
Venous Access-Central Line Maintenance	6	1	7
Venous Access-Discontinue	0	1	1
Venous Access-Existing Catheter/IV Monitoring	48	62	110
Venous Access-Extremity	11	17	28
Venous Access-Intraosseous Adult	0	2	2
Venous Access-Saline Lock	6	8	14
Wound Care	0	1	1
Zofran - Post Assessment	1	0	1
Zofran - Pre Assessment	2	1	3
Grand Total	**125**	**166**	**291**

COUNTY OF MONO

PARAMEDIC FIRE RESCUE DIVISION

P.O. Box 2415 Mammoth Lakes, CA 93546 * (760) 684-1565 * Fax (760) 924-1697

1/10/11

Brief history and information about the EMS program in Mono County

Our system (Mono County Paramedics) was originally developed and approved by the Board of Supervisors in the late 1970's to respond to 911 calls for medical help and other emergencies, and to transport patients to the nearest medical facility. Mono County Paramedic Fire Rescue (MCPFR) as it is called now, is a public service ALS ambulance agency provided by the County and funded with general fund dollars. Although the agency does bill transported patients, costs exceed revenues and the program is subsidized with over two and a half million dollars annually by the general fund.

The agency consists of four stations (four primary ALS ambulances) along the Hwy.395 corridor from Mammoth to Walker; staffed 24/7. Each station has a working Captain that supervises all personnel when on-duty (for 48 hours at a time.) The Captains, as rotating supervisors, are the primary persons that authorize and help facilitate the transfer requests under current policy. We have a total of 24 full-time paramedics (including the Chief and Captains) and one full-time EMT. The County paramedics work in a mutual aid fashion with the local volunteer fire departments; providing additional help and manpower on fire scenes, and receiving help from the volunteers for vehicle extrications and additional patient care duties in the immediate absence of the medics.

MCPFR is the primary ambulance transportation system in the county; authorized by ICEMA (Inland Counties Emergency Medical Agency) and the state Emergency Medical Services Authority (Cal-EMSA) as the Exclusive Operating Area (EOA) ambulance providers. Our system also includes the volunteer Basic Life Support (BLS) ambulance of Mammoth Fire (which is a designated back-up to our system in Mammoth), the two volunteer fire department BLS ambulances within the Tri-Valley and the Mountain Warfare Training Center (MWTC) Fire Department BLS ambulance on the Marine Base at Sonora Pass road (Hwy. 108). Mammoth Hospital also has a BLS ambulance that operates under certain conditions, such as special events or for requested mutual aid.

MCPFR (also called Mono County EMS) is authorized to transport patients from the northern portions of the county to receiving facilities in southern Nevada, as well as to Mammoth Hospital and NIH in Bishop, as applicable. Additionally, ambulance ground transfers for patients utilizing medical flight services are provided, as available, to Mammoth and Bishop Airports. Mono County EMS also interacts with emergency medical helicopter services such as CareFlight and CalStar out of southern Nevada (and others).

Generally, ground ambulance interfacility transfers from Mammoth Hospital to NIH can be performed and occasional interfacility transfers to southern Nevada hospitals from Mammoth are sometimes approved (in clear road conditions), however flight services are always a first transportation choice.

Current operational logistics of long distance ground ambulance transfers to the south

Mono County has historically never provided long distance ground ambulance interfacility transfers to the south as a standard practice, as the system is not designed to facilitate and support such challenging logistics and the inherent risks. Consider the following:

- Long distance interfacility transfers south to regions beyond Bishop require multi-hour (10-16 hrs + round trip) transports that would remove an ambulance from their normal response area(s) for extended periods.
- To sporadically staff an ***additional*** ALS transport ambulance requires a voluntary "call back" of personnel, if available (best case scenario) or potentially a "force hire" (probable scenario). Either scenario currently requires overtime for our ALS personnel, but a more immediate problem lies with their ability to respond back to staff a rig with the weather conditions and road closures. Our personnel do not have carte blanche to travel on closed roads.
- Mono County ***usually*** has two additional "reserve" ambulances to back up the usual four rigs in daily service. There are several times each year when these back up rigs both become "front line" rigs due to breakdowns and maintenance issues within the normal fleet, preventing the option of staffing an additional unit.
- LDTs (long distance transfers) are proposed for times when the Bishop Airport cannot facilitate (relatively immediate) flight services. These sporadic situations are likely to involve large storms that produce snow down to the Owens Valley floor, which would probably entail chain restrictions and/or slow driving conditions on Hwy. 395 down the Owens; increasing the hazards for the crews and patient and significantly extending ground transfer drive-times.
- In addition, these same circumstances would in all probability have Hwy. 395 ***closed from Mammoth south towards Bishop….requiring a Caltrans or CHP escort for the ambulance*** (unless the medic unit was authorized to proceed solo) which in all cases requires good communication, CHP authorization and good fortune to proceed. In the past, we have had a situation where CHP allowed the ambulance to proceed south from Mammoth to Bishop during a "closed road" situation, but then refused to let the ambulance return to the area until conditions improved the following morning…..***problematic!***

- Bishop airport rarely "closes" (never closed in 2009) but does have periods when the visibility is "below minimums," and/or other factors exist that ground most planes. This usually last for 2-8 hours but rarely beyond 12 hours. It is a dynamic situation that can change fairly rapidly. Should the airport get actual snow, once the snowfall has stopped the runway can be opened (cleared) in about 2 hours. A contact number exists for up-to-date weather info; specific for airport closure information. (This probably should be used in conjunction with information received from Sierra LifeFlight, for flight service ETAs.)
- Should an ambulance have a breakdown or serious problem well away from our region, there is no current support system to retrieve the crew and potentially repair the rig. Options for ambulance service and repair are few and far in-between, once our unit has traveled significantly beyond the Bishop/Lone Pine area.
- Cost is a factor: preliminary estimates indicate that it would probably cost the County several thousand dollars to facilitate a LDT, with a crew of two medics on weighted overtime rates, fuel, supplies and general wear and tear on the rigs. This may or may not be offset by billing charges (depending on what is actually collected).

Patient care issues

- Although the logistical/operational issues are substantial, the biggest concern is really with patient care, or more specifically, what could happen if there was a rapid deterioration of a patient, or an ambulance or equipment malfunction that contributed to the deterioration of the patient within the remote areas. There are no health care facilities and/or no additional ALS transport services within much of these areas of ground travel. It is doubtful that there is assured communication between the medics and the base hospital (or our dispatch) within these same areas (limited and/or non-existent radio and cell communications).

Risk vs. Benefit

Are long distance ground transfers to southern California really in the best interest of the patient considering the extended time frames in the ambulance and all the uncontrollable factors that could very well come into play? Is there more potential liability exposure for the physicians (and Mono County) and danger for the patients, if we put them "on the road" in these conditions vs. keeping them in a controlled-environment health care facility (with additional help available) until the time comes when a flight can be safely facilitated?

Because of our location, environment and current system limitations there are no perfect solutions. The emergency department physicians should probably be consulted (along with Rosemary Sachs, the Paramedic Liaison Nurse) for their input, as they have been operating under the same constraints for years and have developed a system; anticipating (as best as possible) a course of action for patient care needs in relation to approaching weather (get 'em out while you can!) and if stuck, re-evaluating the conditions for flight evacuation every 2-3 hours until it can safely become a reality.

As we try and explore all options, it should be noted that the Board of Supervisors will have to provide the final approval for any potential changes to our current operating policy. In all probability, the Board will desire a brief report from County Risk Management, County Counsel, and County Finance (as well as from my department) prior to approving this type of service. It is very possible that the Board would also ask for the opinion of the Mono County Emergency Medical Care Committee, and ICEMA (our local emergency medical agency).

This correspondence is intended to provide some initial information and "talking points" regarding long distance ambulance transfers. I would be happy to meet with any and all interested parties to discuss this issue further, if need be. I can be contacted at (760) 924-1696 (office) or (760) 684-1565 (cell) or by email at mmikulicich@mono.ca.gov

LETTERS

Hazard some history

Dear Editor:

Thank you for the excellent story and accurate reporting in the Paramedic article published April 4. As a prior Mono County Paramedic, and program founder, I have some additional information that might explain the structural defects in the funding of the Paramedic budget.

Mono County's program is unique because of how it is structured. It is not a private ambulance system and it isn't structured under a fire department system. It is what I've always described as a "Third Agency" system. The majority of the citizens and current paramedics likely don't understand the history of this paramedic system and why it's such a difficult problem to fund adequately.

I got involved in emergency medicine in 1972 in Los Angeles County. Just prior to that time, the pre-hospital transportation services were simply an ambulance ride from an accident or home to the hospital. It was against the law to provide emergency medical care beyond simple Red Cross First Aid, provide oxygen, and perform suction to clear a patient's airway in the back of an ambulance. EMTs were just coming to the field as an attempt to provide training for additional treatments prior to arrival at the hospital and improve patient outcomes. I received my EMT certificate at the same time California was just starting the first pilot paramedics program. I became one of the first certified paramedics in L.A. County, graduating in 1975. Beginning in 1976, six of us moved up to Mono County.

During the 1960s and early 1970s Mono County met its requirement to transport the sick and injured by having the Sheriff's Department transport people in the back of station wagon patrol cars. You can imagine how well that worked out.

Prior to the 1970s, Mono County had experimented with a number of ambulance services, many of them privately owned. At one point in time, in June Lake, a guy had a four-door 1957 Chevy sedan with the back seat removed. He would load the patient on a backboard and slide them through the trunk head first to transport them.

In 1973, American Ambulance Service came to Mammoth and operated until about 1975, but they were unable to collect the ambulance fees and financially make it. This is where the first signs of the problems of today began.

They sold the ambulance to Mono County with the belief that with its accounting and collection services the County would be more efficient banking revenue. The County now owned a private ambulance system, the equipment, and the EMT staff.

Between 1975 and 1976 the EMT's, with approval of the County Health Officer, began to upgrade the service level from EMT care to Paramedic Care. The EMT staff paid its own way to Paramedic School, equipment was improved and medical drug supplies added. The staff never sought attention for its new skill levels and no salary increases were given. Mono County had a full paramedic system for the price of EMTs.

In 1976, two boys were riding on their dirt bikes out on Sawmill Road when they hit a tree and one of the boys sustained major head injuries. Mono County paramedics transported him to Bishop Hospital, before he was taken to UCLA Medical Center where he lay unconscious for several days. He woke up and spoke to his parents on Christmas Eve. The parents were told that the only reason their son survived was because of the paramedics in Mono County. This endeared the paramedics to the citizens of the County and changed the status of the program from that day forward.

However, an article in the LA Times and the local media marked the first time the Mono County Board of Supervisors learned it had a paramedic program and not just an ambulance service staffed with EMTs. Board members felt deceived, misled, and betrayed. A very real distrust formed between the Board of Supervisors and the medics.

In 1977, the county experienced a budget shortfall in the amount of approximately $300,000. The Board members now believed the budget shortfall was due to the increased cost of having Paramedics and not EMTs. Due to the mistrust that had formed, the Board attempted to end the program.

The Board issued layoff notices to the entire staff in April, 1978, effective if Prop 13, which significantly decreased tax revenue to the County, passed. The Board planned to return the service program to the Sheriff's Department and figured any problems would go away.

When these layoff notices became public the first group of community leaders began meeting to look at options to save the paramedics. The group considered a sales tax increase and fees, but this wasn't practical because of voter anger. In August, the State came out with bailout money after Prop 13 passed and the County

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reinstated the program as it was, without cost savings or reduction of services.

In 1978, the Mammoth Station was handling about 300 calls per month in the winters. Of those calls about 90 were for Advanced Paramedic care while the other 200 were transportation calls.

This 90/210 ratio is important because the service was still based on the private ambulance model. Emergency calls are money losing when you respond and treat anyone who requests service. The 200 transport calls are billed with a profit design to offset the loss on the emergency side. The Mammoth Station was a break even station. In fact, it partly paid for the June Lake and Coleville stations.

From 1980-1983, Mammoth had several large earthquakes and received a lot of bad national press. The County was in bad financial shape and the paramedics were back on the chopping block. Another committee was formed to explore funding options.

They recommended a sales tax increase, which would require a 2/3 voter approval as dictated by Prop 13. This failed at the ballot box. Over the next 12 years at least three sales tax increases were attempted and all failed. After this continued failure, a TOT tax increase was tried and passed. This is part of the funding that is in place today.

By this time, most of the original paramedics had moved on to other career opportunities and the replacement medics wanted to be paid at the average paramedic salary of fire service employees. This is still the situation today.

In the mid-'80s, the Town of Mammoth Lakes was formed. The Town, County, and Mammoth Lakes Fire would jointly fund the program. The medics would move from the hospital to the fire station. This system lasted for several years and was then disbanded.

At about the same time, the County gave up the transportation side of the private ambulance system it purchased when Mammoth Hospital offered to take over the transportation calls at no cost to the County. By doing this, they lost all that income and the budget shortfall became exponential. When the County stopped transporting, the whole money-making, break even, close-that -ap side of the equation was gone. That set the stage for where we're at today.

In the 1990s, the U.S. Congress passed the Fair Labor and Standards Act (FLSA). In the law, Fire Departments are exempted from the standard 40-hour work week and the requirement to pay overtime after the 40 hour cap. Mono County's third agency does meet the definition of a fire service and therefore does not get the exemption.

The paramedics work on average ten, 24 hour shifts each month. This mandates that they will be paid overtime on each pay period. Their salaries are listed as lower because when the overtime is added it makes their pay fair and reasonable for the positions held.

In the mid-1990s the medics were again restructured and placed under the management of the Sheriff's Department. During this time, the Board of Supervisors closed the Bridgeport Hospital and replaced it with another paramedic unit. This increased the budget shortfall again. For several reasons this program was ended and today the medics are now back as a third agency.

Since the removal of the medics from the Sheriff's Department, at least three other citizens groups have looked at options. Around 2010 the Board of Supervisors went to an outside consulting group and paid for an independent review. The resulting Fitch report is remarkably similar to all the prior findings. The current committee will likely come up with some variation of prior groups' recommendations that have been made all through the years since 1978.

The big question: does the current Board have the political desire to fix the structural problem. They will be faced with significant political pressure to maintain the status quo. The individual Supervisors will face a choice of changing the system and being threatened with recall or not being elected, or turning away from all the past recommendations. To date the Board has not been able to find the three votes needed to make the needed changes.

Please stop blaming the paramedics for a structure they had no say in forming and don't have the power to change.

As a side note: This letter was to inform the citizens of the issues at hand. I have fought to save and preserve this program for 2/3 of my adult life. I have sat on a number of these working groups and heard the discussions and the resulting recommendations. I have no interest at this time to become involved in the debate or the outcome of this latest round.

I am proud of my service both with the Mono County Paramedic Service and in support of that service over my 37 years of involvement.

Duane "Hap" Hazard
Sunny Slopes

Plumas County

Plumas County has 19,399 residents over 2,554 square miles, with the population centers of Portola and Quincy. It is unique in that it has 3 hospitals (26, 25, and 36 beds). The economy is tourism based.

Total EMS call volume is approx. 2,300 annually, divided almost equally between 2 hospital based services at Eastern Plumas Hospital (1,100) and Plumas District Hospital (800). Seneca Hospital had an ambulance service, but it was closed when it could not be sustained financially.

In addition, Peninsula Fire runs a "country club" ALS ambulance in the northwest corner with about 150 calls per year (wealthy retired community).

All are supported by volunteer fire. In fact, the hospitals are considered the providers of last resort, and volunteer fire is strong with a real sense of community support.

Sierra County

Sierra County has a population of 3,086 persons living over 953 square miles, with 2 small towns – Downieville and Loyalton.

Sierra, along with Alpine, are the only 2 counties in California without a hospital. The nearest hospital is in Nevada City – which means an EMS vehicle is gone for 3 hours. Often this leads to a choice to fly rather than drive. The future of the remaining clinic (Downieville) is fragile, given the small volume, decreasing reimbursement, and difficulties with provider retention.

The economy is tourism based, with an emphasis on summer activities.

EMS is provided solely by volunteer fire departments at the BLS level, who struggle with recruitment, retention, and increased regulation. Downieville Fire has approx. 108 calls per year. The eastern portion of the county is covered by Truckee Fire or Eastern Plumas Hospital ambulance.

The EMS Medical Health Operational Area Coordinator (MHOAC) functions are housed in Public Health.

Other than Hospital Preparedness Program (HPP) funds ($1,500), there is no other county support, and no impact on the General Fund.

Trinity County

Trinity County has a population of 13,526 spread out over 3,179 square miles, with the largest town being Weaverville. There are no main highways, and the economy is tourism based along with some logging and light industry.

There are several small volunteer fire department providing BLS services, with the usual stressors.

There are also 2 not-for-profit ALS providers, both of whom are struggling (financially and staffing), with low call volume, long distances, and decreasing reimbursement.

Trinity County (TC) Life Support handles 85% of the calls, and has 2 ALS units based in Weaverville and Hayford.

South Trinity Area Rescue (STAR) is staffed through a community clinic, and provides ALS services in a small part of the south county, and also has an AEMT training program.

TC Life Support receives $30,000 from the General Fund.