

San Benito County
Office of Emergency Services
Emergency Medical Services Division



June 2016

ANNUAL REPORT

Prepared for Board of Supervisors

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Background

This document is the annual written report on County Service Area #36 (CSA 36) as required by San Benito County Code §19.07.004(A), and an Annual Report on the activities of San Benito County Emergency Medical Services. This written report must be filed with the Clerk of the Board of Supervisors and is subject to a public hearing.

Summary

In December of 2015, the Office of Emergency Services (OES) and Emergency Medical Services (EMS) were combined into one organization. In the months since, a lot of work has been done to reconcile the budget, assure fiscal responsibility, and analyze the needs of the EMS division of OES. Some of our accomplishments to date include:

- Approved 3 ambulance providers to operate in county
- Completed ambulance inspections on approved ambulance providers
- Partnering with South Bay Regional Public Safety Consortium to offer a satellite EMT Training Program
- Reviewing and revising Policies & Procedures as required by the State of California Health & Safety Code Division 2.5 Statutes
- Revised the Paramedic Accreditation process
- Streamlined the Continuing Education program process
- Planning and Developing EMS Systems Plan and the Trauma Systems Summary as required by State of California Emergency Medical Services Authority
- Launched an EMS Newsletter
- Conducted a *Multi-Casualty Incident* Training Exercise and Drill in cooperation with Hollister Fire Dept., CalStar, Hollister Police Dept. and Hazel Hawkins Hospital
- Implementing a new QI/OA Program
- Appointed Hollister Fire Station #4 (San Juan Bautista) a Safe Surrender site
- Implementing ID Badges for all county accredited EMTs and Paramedics
- Prepared and executed EMS Week activities and acknowledgments
- Received approval on the extension of the Medical Director's contract
- Placed Automatic External Defibrillators (AEDs) in service at the Sheriff's Office, Hollister Police Department and the Court House
- Reviewing the Hazel Hawkins Memorial Hospital Base Station Contract

We are pleased to share that by adjusting our expenditures, we were able to save approximately **\$150,000** in this current fiscal year over the approved budget, offsetting the \$100,000 deficit. This allowed EMS to request the minimum amount of \$14 while maintaining a small contingency fund of approximately \$90,000.00 which can be used for non-budgeted, unforeseen items, such as additional ambulance coverage, supplies/equipment for new policies and/or procedures implemented, and emergency and disaster response.

CSA 36 was established by the Board of Supervisors in December 1990 and affects all parcels in San Benito County. The legal description of the County of San Benito serves as the description of parcels subject to this Benefit Assessment and is included in this report as **Attachment A**.

CSA 36 supports Emergency Medical Services and Advanced Life Support (paramedic services), including coordination and oversight of medical protocols, personnel, training, communications, and the administration of the Emergency Medical Services Agency. The latest update to the CSA 36 Fund Policy was adopted by the Board of Supervisors on May 1, 2012, and is included in this report as **Attachment B**.

CSA 36 revenues partially cover the cost of the EMS budget, including expenditures for Advanced Life Support (paramedic services). Other sources of revenue for the EMS program include:

- Maddy Funds (Government Code, Sections 76000 & 76000.5) which by California law permits counties to establish the funds for the purposes of reimbursing physicians and hospitals for uncompensated emergency medical care, pediatric trauma in the hospital, and for other EMS purposes as determined by the County. The source of the fund is derived from penalties and assessments collected by the courts for certain violations of the Vehicle and Penal Codes, and;
- A service contract with the California Department of Parks & Recreation, Hollister Hills State Vehicular Recreation Area, and;
- Additional funding and the acquisition of fixed assets are made available through the federal Hospital Preparedness Program (HPP) grant. Funds are used to pay for satellite and web-based communications. Emergency preparedness equipment and supplies are also acquired through the HPP grant, and;
- In December 2014 the Board of Supervisors adopted a fee schedule for various services provided by the EMS Agency to cover the cost of those services. A copy of the current fee schedule is included as **Attachment C**.

Proposed Fiscal Year 2016/2017 CSA 36 Assessment

The Benefit Assessment Unit (BAU) is charged countywide and funds are used for the essential services of the EMS Agency. There is a twenty dollar (\$20) maximum charge for the BAU, and the minimum is \$14.00. The number of BAUs for FY 2016/2017 is 23,162.05. This represents an increase of 120.8 BAUs from FY 2015/2016. The assessment rate for FY 2016/2017 is proposed at \$14.00 per BAU, which represents **no change** from FY 2015/2016, due to the savings described in the third paragraph on page 2.

The chart below provides an overview of the actual dollars allocated from CSA 36 for the EMS budget in FY 2013/2014, FY 2014/2015, as adopted for FY 2015/2016, and proposed for FY 2016/2017.

| | ACTUAL | ACTUAL | ADOPTED | PROPOSED |
|--------------------------|-----------|-----------|-----------|------------|
| | 2013/2014 | 2014/2015 | 2015/2016 | 2016/2017 |
| Expenditures | 325,282 | 321,490 | 322,577.5 | 324,268.70 |
| Benefit Assessment Units | 22,870 | 22,963.6 | 23,041.25 | 23,162.05 |
| CSA Charge | 14.00 | \$ 14.00 | \$ 14.00 | \$ 14.00 |

What We Do:

The San Benito County Emergency Medical Services Division of the Office of Emergency Services serves as the lead agency for the countywide Emergency Medical Services program. EMS is responsible for coordinating all system participants within the county and is also responsible for planning, implementing, monitoring, and evaluating the local EMS system. This includes establishing policies addressing the financial aspects of system operation, and making provisions for collection, analysis, and dissemination of EMS related data. The local EMS agency is also responsible for:

- Establishing policies and procedures for EMS system operations in accordance with the California EMS Authority's EMS System Standards and Guidelines.
- Developing and submitting annual plans to the California EMS Authority for the county's Emergency Medical Services and Trauma Care systems.
- Contracting with the EMS base hospital for online emergency medical care in the field.
- Developing guidelines, standards, and protocols for the triage, prehospital treatment, transportation and transfer of emergency patients.
- Coordination of the prehospital Advanced Life Support program.
- Certifying EMTs in accordance with the California Code of Regulations, Title 22, Division 9, Chapter 4.
- Accrediting California licensed paramedics to work in San Benito County.
- Developed and maintain local Trauma Registry to allow Medical Director evaluation of appropriate patient triage, treatment, and if required, transfer to a trauma center.
- Emergency Medical Services Quality Improvement Program (EQUIP) in accordance to Title 22, Chapter 12 and EMSA Guidelines #166.

- Investigate all complaints and concerns regarding clinical care or service provided by EMS participants.
- Investigate and determine disciplinary action or probationary terms as defined in Health and Safety Code, Division 2.5, Section 1798.00(e) and EMSA Guidelines #134.
- Maintaining the EMS web site and smart phone application by providing system users and the public, current and relevant information regarding the local EMS system.
- Support and participate in Hospital Base Station Meetings.
- Participate in Emergency Medical Care Commission, Prehospital Advisory Committee, Dispatch Center User Committee and Task Teams, and the Fire Protection Committee.
- Planning for disaster medical services such as EMS Field Treatment Sites, Alternate Care Sites, and Mass Casualty Events.
- Medical Health Operational Area Coordinator (MHOAC)
- Administering the state's Disaster Healthcare Volunteers System on the county level.
- Coordinate medical and health emergency preparedness with the Public Health Department.

Emergency Medical Services for Children (EMSC) and Pediatric Trauma Prevention

The goal of the EMSC program is to ensure that acutely ill and injured children have access to high quality, coordinated, and comprehensive emergency and critical care services appropriate for the special needs of children. The EMSC model provides a continuum of care beginning with the detection of sick or injured children and transport to the appropriate emergency department through rehabilitation.

The EMS Agency manages funds received through MADDY fines and fees. The fees collected via the Richie's Fund are specifically intended to go toward the hospital's pediatric trauma care and has been used to purchase equipment and training at Hazel Hawkins Memorial Hospital.

Disaster Medical Services

The Medical Health Operational Area Coordinator (MHOAC) program in the EMS Agency provides local emergency and disaster planning and response, and regional coordination. The MHOAC is integrated into the county Emergency Operations Plan and is responsible for managing medical and health resources and personnel. The MHOAC identifies and coordinates sites for mobile field hospitals and EMS field treatment sites. Alternate Care Site (ACS) caches are managed by EMS.

911 Emergency Calls for Service

American Medical Response responded to 2994 calls in 2015, an increase of 24% over 2014. The Call Volume Comparison is in **Attachment D**. They had an average response

time compliance of 94.91%. In addition, AMR provided 287 inter-facility transports for specialty care facilities, including trauma centers, stroke and cardiac care centers, nursing homes and Hazel Hawkins Hospital. A breakdown of calls by zone can be found in **Attachment E**.

Take note of the trend of increasing call volume over the past 3 years, particularly in the Rural, Wilderness, and Remote areas. After analysis EMS predicts this trend will continue and the potential for additional resources will be needed in the near future.

Attachment A

THE LEGAL DESCRIPTION OF THE COUNTY OF SAN BENITO, CALIFORNIA AND COUNTY SERVICE AREA #36:

Commencing at a point in the center of the Pajaro River, said point being the northwest corner of the Rancho Las Arromitas y Agua Caliente, and being on the northern boundary line of Monterey, and running thence in a southerly direction along the southwest boundary of said Rancho to the southwest corner thereof; thence southerly in a direct line to the summit of said Gabilan Range of Mountains, and thence southeasterly along the summit of said Gabilan Mountains to the Chalone Peak; thence southeasterly in a direct line to the division line of the parts of San Lorenzo Sobrantes Rancho owned respectively by Breen and Dunn; thence along said dividing line of said Rancho to the southern boundary thereof; thence due south to the San Lorenzo Creek; thence southeasterly up the center of said Lorenzo or Lewis Creek, and up the north fork thereof, to the summit of the divide between the waters of said Lewis Creek and San Benito Creek; thence following said divide southerly to the eastern boundary of Monterey and the summit of the Coast Range Mountains; Thence northerly, following the summit of said mountains to where the range line between T. 18S, or R. 12 and 13 E., M. D. B. & M., crosses the same; thence northerly along said range line to the northeast corner of T. 18 S., R. 12 E., ; thence northerly along said township line to the south line of T. 16 N., R. 13 E., M. D. B. & M., thence west to the southeast corner of T. 16 S., R. 12 E., M. D. B. & M.; thence northwest in a straight line to the northeast corner of T. 14 S., R. 9 E.; thence in a straight line northwesterly, running toward the northeast corner of T. 13 S., R. 7 E., to a point where said line intersects the county line between San Benito and Merced; thence along the boundary line between San Benito and Merced to the northeast corner of San Benito and southeast corner of Santa Clara; thence following the county line between Santa Clara and San Benito to the place of beginning.

Attachment B

San Benito County Funding Policy for County Service Area 36 May 1, 2012

I. Purpose

- A. To provide a policy for the allocation of funds collected under County Service Area 36 (CSA 36).

II. Background

- A. On October 3, 1990 the San Benito County Board of Supervisors passed Resolution 90-124 which declared the intent to establish CSA 36 and provide funding for:
 - Coordination of the Emergency Medical Services system
 - Advanced Life Support (ALS) services
 - Training, equipment and improved radio communications
 - Expansion of early defibrillation programs
 - Hospital medical direction
- B. On December 4, 1990 the San Benito County Board of Supervisors passed Resolution 90-149 creating CSA 36.

III. Funding Priorities

- A. Administration of the countywide EMS system by the San Benito County Emergency Medical Services Agency (EMS Agency) as required by Health & Safety Code 1797.200
- B. Advanced Life Support Services (ALS) subsidy, if necessary and required to sustain countywide paramedic services and determined by the County Board of Supervisors and ambulance provider under contract.
- C. Base Hospital Subsidy, if necessary to provide for medical direction as determined by the County Board of Supervisors and the hospital under contract.
- D. Communications Systems necessary to support EMS functions and Advanced Life Support Services. This includes radio communications systems, and infrastructure to include initial purchase, maintenance, and replacement of equipment as necessary.

E. Early defibrillation devices and training necessary for saving lives. This includes:

- Initial purchase, maintenance and replacement of equipment as needed
- Training for first responder agencies and the public
- A Public Access Defibrillator Program

F. Equipment and supplies used to maintain the scope of practice for the highest standard of care as determined by the EMS Medical Director. These may include, but are not limited to:

- Equipment needed to adhere to new standards of the ALS scope of practice
- Training program equipment and supplies

(The intent of the funding is not to supplant the responsibility of first responder agencies to provide standard equipment and supplies or personal protective equipment as part of standard practices or legal requirements.)

G. Training to maintain the scope of practice for the highest standard of care as determined by the EMS Medical Director.

IV. Equipment Purchased

A. Equipment purchased by the EMS Agency for first responder agencies will be considered a loan from the EMS Agency to the provider. The provider and EMS Agency will sign an agreement for the loan of the equipment. The provider will be responsible for the cost to maintain and repair the equipment.

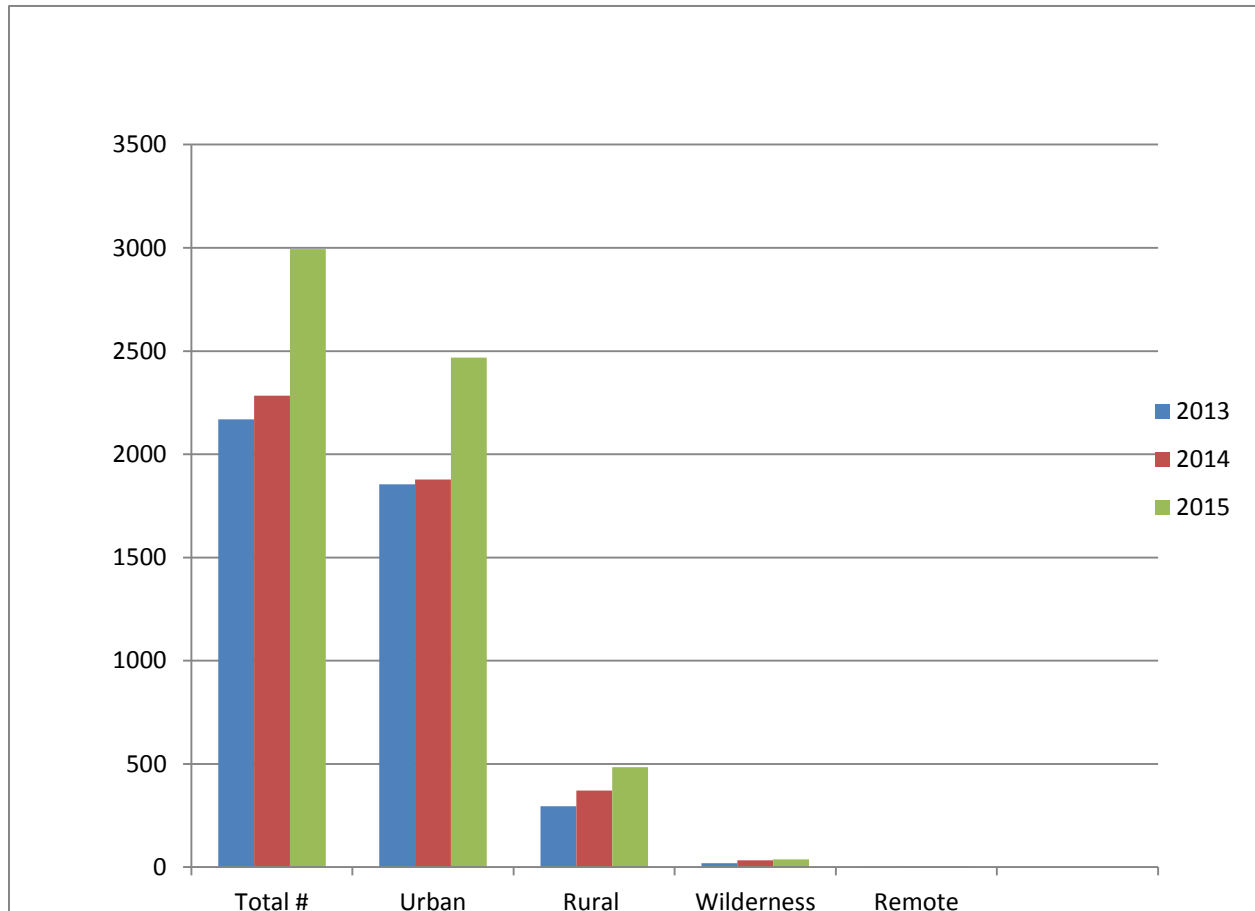
Attachment C

Emergency Medical Services Fees December 2014

| Schedule A - Emergency Medical Services Fees | |
|--|-----------|
| Nonrefundable Fees for Service/Application | Fees |
| Emergency Medical Responder (EMR) | |
| Certification | 54.00 |
| Recertification | 47.00 |
| Certification (Non-county resident who is not a local provider) | 94.00 |
| Recertification (Non-county resident who is not a local provider) | 87.00 |
| Emergency Medical Technician (EMT) | |
| Certification | 54.00 |
| Recertification | 47.00 |
| Certification (Non-county resident who is not a local provider) | 94.00 |
| Recertification (Non-county resident who is not a local provider) | 87.00 |
| Paramedic | |
| Local Accreditation | 146.00 |
| Local Re-Accreditation | 99.00 |
| Mobile Intensive Care Nurse (MICN) | |
| Certification | 169.00 |
| Recertification | 100.00 |
| Ambulance Provider Certificate of Operation - Annual Fee | |
| Gurney/Wheelchair Van | 601.00 |
| Basic Life Support | 601.00 |
| Advanced Life Support | 735.00 |
| Critical Care Transport | 735.00 |
| Air Ambulance Provider | 601.00 |
| Ambulance Permits - Annual Vehicle Fee | |
| Gurney/Wheelchair Van | 102.00 |
| Basic Life Support | 102.00 |
| Advanced Life Support | 133.00 |
| Critical Care Transport | 133.00 |
| Air Ambulance Provider | NC |
| Non-Transport BLS/ALS Unit (Quick Response/Community Paramedicine) | 133.00 |
| Education Program Certification - Every 4 Years | |
| First Aid / AED Course Approval | 123.00 |
| Training Center Approval | 740.00 |
| Paramedic Program | 828.00 |
| Prehospital Continuing Education Authorization | NC |
| Education Program Training | |
| First Aid Course (Per Person) | 20.00 |
| CPR Course (Per Person) | 20.00 |
| First Aid and/or CPR Course for County Employees | NC |
| Specialty Care Designation | |
| Trauma Center Designation - Annual Fee | 4,493.00 |
| STEMI Referral Center Designation - Annual Fee | 4,493.00 |
| 911 Receiving Center | NC |
| Additional Services | |
| Replacement Card (Certification, Accreditation, Etc.) | 25.00 |
| Photocopying (1st page .50¢, each additional page .25¢) | .50¢/.25¢ |

Attachment D

Call Volume Comparison



2013

2169 total EMS calls
Urban – 1854
Rural – 295
Wilderness – 19
Remote – 1

2014

2283 total EMS calls
Urban – 1879
Rural – 370
Wilderness – 32
Remote – 3

2015

2994 total EMS calls
Urban - 2468
Rural - 484
Wilderness - 37
Remote – 5

Attachment E

Response Zones & Times

