

COUNTY OF MONO
EMS/PARAMEDIC PROGRAM
BUSINESS PLAN



Draft II - September 9, 1991

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Note: This document is being released as a courtesy for input only. The opinions expressed are those of the authors and not necessarily that of the County of Mono, or any other governmental jurisdiction.

Special thanks to the Mono County Paramedic Association and in particular Jon Buccowich, who spend many hours researching the key data in support of this document.

Substantive changes to this draft are noted in shadow (i.e. ~~changes~~) and deletions noted as strikeouts (i.e. ~~deletions~~). Minor grammar changes are not noted.

EMS GLOSSARY

To assist the reader in understanding key terms and abbreviations used in this plan, the following glossary of terms is included:

Advanced Life Support (ALS):

In prehospital care, this term denotes the level of care provided by paramedics over and above basic life support, including: defibrillation, medications, intravenous (IV) therapy and advanced airway management skills.

ALS Ambulance:

An ambulance staffed by one or two certified paramedics and equipped to provide advanced life support (ALS).

Basic Life Support (BLS):

Emergency care rendered by first responders or Emergency Medical Technicians IA (EMT-1A). Skills include CPR, oxygen administration, control of bleeding and splinting.

Basic Life Support (BLS):

An ambulance staffed by two EMT-1As and equipped to provide basic life support (BLS).

Emergency Medical Service (EMS)

Services provided in a community to respond to the immediate threat to life or limb or the perceived threat to such.

EMS Systems

A series of program elements carefully designed and integrated to assure the highest quality EMS services to the community it services. Components of an EMS system include immediate public access, appropriate, timely and knowledgeable dispatch, response by BLS and ALS services including first responders and the appropriate transportation to the most qualified medical facility. There are many other components to an EMS system that are more completely illustrated in the attached plan.

EMT-1A:

An emergency medical technician trained to provide basic life support (BLS) services. It is desirable to have all first responders trained to this level. EMT-1As can perform CPR,

EMS GLOSSARY (con't)

administer oxygen, control bleeding, splint fractures and assist with obstetrical, medical and traumatic emergencies. Training requires approximately 120 hours.

First Responder:

First responders are individuals that have a formal responsibility to respond first to the scene on an EMS incident. In Mono County this is usually accomplished by a volunteer fire agency, law enforcement agency or park ranger. First responders are a desirable goal countywide as strategically located first responders can provide EMS response services in a more timely manner.

Inlands County Emergency Medical Agency (ICEMA)

ICEMA is the EMS agency, which has been contracted by the Mono County Board of Supervisors to provide management input and EMS personnel certification and training support to the county.

Paramedic (EMT-P):

An individual trained to provide advanced life support (ALS) services. This is the highest level of prehospital care available. Paramedics communicate with a physician at the hospital who authorizes them to administer medications, defibrillate, start IV therapy and provide advanced airway management. Training requires approximately 1000 hours.

Transport:

When a patient is transported by ambulance to a hospital.

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SECTION I
INTRODUCTION

SECTION I
INTRODUCTION

A. SUMMARY

The Mono County EMS/Paramedic Program Business Plan, drafted during August and September, 1991, is submitted in draft form for review and comment.

The Plan was drafted by Mr. Mike Williams of The Abaris Group. Mr. Williams was formerly Director of Emergency Medical Services for Imperial County and then for Orange County. He has acted as a consultant to Mono County in the preparation of the Plan.

Before preparing this draft of the plan, Mr. Williams traveled extensively in Mono County, speaking to representatives of paramedics, the Mammoth Lakes Fire Protection District, and appearing before the Emergency Medical Care Committee.

Your review and comments concerning the draft plan will be greatly appreciated. The draft plan was prepared in cooperation with the Mono County C.A.O.'s Office, Mr. Bill Mayer, and Supervisors Paranick and Reid, appointed to a task by the Board of Supervisors.

B. HISTORY OF PROGRAM

The recent history of the EMS/Paramedic Program has been driven by legal technicalities such as the Supreme Court Garcia decision, which applied the Fair Labor Standards Act ("FLSA") to local governmental entities.

Prior to 1985, the program was administered through Mono County. In 1985, the County determined that it was unable (primarily due to the Garcia decision applying to FLSA to local governmental entities) to continue by itself to fund, administer and operate the program after October 31, 1985, and it, therefore, terminated the employment of all of its paramedic services personnel.

[The problem created by applying to FLSA to the County was that the FLSA work period requirements and regulations at the time would have led to the County's liability for massive amounts of overtime. It is interesting to note that recent amendments to the FLSA regulations will now permit the Program to be administered under County auspices provided that certain requirements are met. See 29 U.S.C. Sec. 207(K).]

Commencing November 1, 1985, the County, the Town of Mammoth Lakes ("Town"), and the Southern Mono Hospital District ("Hospital District"), and the Mammoth Lakes Fire Protection District ("Fire District") entered into an Agreement for Provision of Emergency Ambulance and Advanced Fire Support Services ("Agreement"), which Agreement has been renewed annually and provides for the administration of emergency ambulance and advanced life support services in various areas of the County by the Fire District.

A copy of the Agreement, together with the most recent addendum, is attached hereto as Exhibit "A" for reference.

The Fire District has recently informed the County that it wishes to terminate the Agreement, effective November 30, 1991.

The Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act ("EMS Act") set forth in California Health and Safety Code Section 1797, et seq. provides for the creation by the County of an exclusive operating area "for the operation of emergency ambulance services or providers of limited advanced life support or advanced life support."

For example, Section 1797.6 of the EMS Act provides for immunity from the federal antitrust laws for the creation of "exclusive operating areas." Section 1797.85 of the EMS Act defines an "exclusive operating area" as "....an EMS area or subarea defined by the emergency medical services plan for which a local EMS agency, upon the recommendation of a County, restricts operations to one of more emergency ambulance services or providers of limited advanced life support or advanced life support." (Emphasis added).

Section 1797.224 of the EMS Act provides for the creation of exclusive operating areas as follows: "a local EMS agency may create one or more exclusive operating areas in the development of a local plan, if a competitive process is utilized to select the provider or providers of the services pursuant to the Plan ... a local EMS agency which elects to create one of more exclusive operating areas in the development of a local plan shall develop and submit for approval to the authority, as part of the local EMS Plan, it's competitive process for selecting providers and determining the scope of their operations..." (Emphasis added.)

The "Authority" refers to the State Emergency Medical Services Authority ("Authority"), which Authority has established guidelines for the competitive bidding process referred to above.

The first step in examining the EMS Program in the County was to contact Mr. John C. Huntley, an Associate Program Analyst with the Authority. Mr. Huntley has appeared before the County Board of Supervisors with Ms. Diane Fisher of Inland Counties Emergency Medical Agency, when the Board held a recent workshop on the Inland Counties Emergency Medical Agency ("ICEMA").

Mr. Huntley, who is very knowledgeable in the field of exclusive operation areas, suggested strongly that the concept of creating an exclusive operating area for the entire County and seeking competitive bids from private operators for the operation of emergency ambulance services within that exclusive operating area. Mr. Huntley assured us that, through the competitive bidding process, we could assure continued employment for the current paramedics and control of pricing practices of the private operator.

Mr. Huntley also suggested that it would be in the County's best interest to hire a consultant for advice in regard to the competitive bidding process, or to assist the County with defining other options. He suggested Mr. Mike Williams of The Abaris Group. We contacted Mr. Williams who agreed to visit the County on August 5 and 6, 1991.

Mr. Williams first contacted Ms. Diane Fisher of ICEMA, who informed him that the Agreement's and

the Fire District's paramedics in the County were "the best and most self-motivated paramedics in the system!" Mr. Williams conducted extensive interviews and research when present in the County on August 5 and 6. Based upon the statements of Ms. Fisher, the interviews and the results of his research, Mr. Williams and our office now feel that this draft Plan, and not a private operator, would be in the best interests of the citizens of the County. Accordingly, this draft Plan is submitted for your review and comment.

C. FUNDING MECHANISMS

1) County Service Area

As is the case in numerous other counties (i.e. El Dorado, San Diego, Sonoma), the plan suggests that this program be administered through a County Service Area (CSA), under the direction of the newly created position of EMS Manager.

Pursuant to Resolution No. 78-123, adopted by the Board of Supervisors on August 8, 1978, a County Wide Service Area (CWCSA) was created under California Government Code Section 25210, et seq.

Although at present the CWCSA only furnishes television service to the Small Meadows/Paradise Area, its latent powers include the capacity to furnish countywide ambulance services.

While, the County Board of Supervisors is the formal governing body for the CWCSA, it is recommended that an advisory board be appointed for the implementation of the Plan, such advisory board to consist of representatives of the County, the Fire District, the Hospital District, the Town EMS providers and the public at large.

There are several advantages in using the CWCSA. First, employees of the CWCSA will be included in the County's existing liability, health and workers' compensation insurance programs, thus saving significant amounts of money over the current EMS Program. Second, if additional funding of the Plan is necessary in the future, the CWCSA may, by a simple majority vote of the Board of Supervisors, impose a countywide benefit assessment to supplement the existing funding of the EMS Program under the Agreement.

However, as set forth in the CWCSA Sphere of Influence Local Agency Formation Commission ("LAFCO") Study of October 1986, several minor problems must be solved before activating the Plan through the CWCSA. First, there is some uncertainty as to whether the CWCSA includes the Town area. Section 25210.90 of the California Government Code specifies that "territory shall be automatically excluded from the county service area upon the effective date of its inclusion in the city." It consequently appears that the Town may have been automatically detached from the CWCSA upon incorporation in August 1984. On the other hand, Government Code Section 56375 allows LAFCO "to waive the application of Section 25210.90 if it finds that the application would deprive an area of service needed to ensure the health, safety, or welfare of the residents of the area and if it finds that the waiver would not affect the ability of a city to provide any service."

The State Board of Equalization indicates that its records show that the Town is still within the CWCSA, and therefore, the ability for LAFCO to waive the automatic exclusion may still exist. The

questions of the automatic exclusion should be considered and resolved by LAFCO with the assistance of counsel from the County and from the Town at such time as the CWCSA proposes to expand its latent powers to implement the Plan, to serve the incorporated territory.

Second, as the Sphere of Influence Report recommends, an application should be submitted to LAFCO prior to expanding its latent powers to implement the Plan.

D. NEEDS OF THE PROGRAM

1. Population

According to the 1990 United States Census, the current population of Mono County is 9,956. The county encompasses an area of 3,019 square miles. The population density, taking into consideration the entire county is 3.2 persons per square mile. This density is defined by the Census Bureau as a "wilderness" area. However, approximately 48% of the population (4,785) live in the county's only incorporated city, the Town of Mammoth Lakes.

The population of Mono County is expected to grow approximately 10% during the next ten years, however, the overall growth level is expected to be smaller than the major growth experienced between 1970-1980 (113%) and between 1980-1990 (17%). Table 1 describes the projected population and growth rates expected for Mono County. It should be noted that the population base is from the U.S. Census Bureau, whose figures are presently being updated. Growth projections were extrapolated from the California Department of Finance growth estimates for Mono County.

2. Tourism

Mono County is host to many year-round visitors and vacationers. The exact number of visitors to the county is, however, unknown. Various study groups particularly the forestry services and the parks use different formulas to compute the visitor population. One helpful calculation is the use of the Recreational Visitor Day (RVD), which provides for a representation of the traffic flow through the county. RVDs are calculated such that one RVD is equivalent to twelve visitor hours, where one person for twelve hours or twelve persons for one hour all equal one Recreational Visitor Day.

The Mono County Draft Master Environmental Assessment (1991) provides the most current estimates of RVDs as calculated by the respective jurisdictions. These calculations along with their 24-hour equivalents are shown on Table 2.

While Table 2 is only an estimate of total visitors to Mono County, it does provide a tool for determining a daily estimate of the effect of visitors on the population in the county. Using the Table 2 data, it is estimated that the visitor population adds approximately 5,555 person per average day to the total county population.

It should be noted that in Mono County there is no "average day" population. Tourism tends to peak in the summertime with touring, boating, camping, swimming being the most popular visitor activities and again in the winter, with the primary interest being skiing and other winter sports. It must not be

presumed that an average-day population would be a predictor of peak days. In fact, it is estimated that the Town of Mammoth Lakes population swells from its base population of 5,000 to upwards of 35,000 on a busy winter skiing weekend. Thus average population estimates in this report are merely used to define a population's annual impact for estimating the number of EMS calls.

Second homeowners further complicate accurately estimating the population in Mono County. It is estimated that there may be as many as 5,000 of the 7,100 dwelling units in the Town of Mammoth Lakes that may be second homes or vacation rentals. A 1985 resident survey in June Lake alone found that, of 535 households, only 232 were permanently occupied. The population effect on the county of these homes is not included in the RVD estimates unless these visitors used the forestry or Mammoth Lakes recreational facilities. The Abaris Group estimates that this second-home visitor may add as much as an additional average 15% population increase on the county.

Table 3 describes the net effect of these two factors on the overall population, using the growth projections provided in Table 2. Table 3 assumes that the growth for the visitor load and second-home effect will be proportionate to the overall population growth. This assumption may not be valid due to changes in the climate (the on-going drought), changes that are occurring at tourism locations (snow-making capability at Mammoth Ski Resort) and changes that have been proposed at the national parks (decrease bus traffic, increase in camping units, etc.).

3. EMS Calls

Information on current EMS call volume was obtain from the EMT-P units (Medic Units I, II and III) in the county as well as from first responders in the Chalfant and Benton areas. Considerable effort was made by these providers to provide this information including verifying and reverifying information. The lack of a coordinated and automated data collection system has been a significant detriment to the current EMS program.

Table 4 provides a listing of the past and current EMS response pattern for Mono County and is the best data available for the county. It should be noted that the data for Medic I during 1988 is estimated (data lost) as is the total data for the Marine Corps Unit (unable to respond to request). There may also be some overlap in the response data from the Chalfant and Benton unit as occasionally, both units respond to the same call.

4. Predicted Call Volume

The current call volume demonstrated by Table 4 (approximately 5.7 calls per day) exceeds the predicted volume using historical models that are used for predicting EMS responses/transport¹. These models use an estimate of 3.5% of the annual population (using the adjusted population provided in Table 3 this provides for 1.6 transports per day) or 1.0 transports per 10,000 population (using Table 3 this provides for 1.6 transports per day). The lack of usefulness of these models further illustrates the major impact of the tourism and second-homeowner visitors and the inability of these

¹ "Predicting Demand for Emergency Ambulance Service", *Annals of Emergency Medicine*, June, 1989.

models to adequately predict this impact on the population and EMS call volume in Mono County.

Table 5 provides an EMS call volume prediction based on the population growth predicted in Table 1 using the existing baseline EMS calls from 1990. Once again, this projection is based on population growth and assume tourism and second-homeowner growth will remain constant with the population growth. This assumption is broad and general and will need to be challenged on an ongoing basis as better indices are developed.

The relatively low EMS volume increase is indicative of the relatively low population growth (4.3%) which is predicted by the Department of Finance in Mono County during the next five years.

These volume estimates, coupled with the low utilization rates currently experienced by the EMS units implies little need for additional paramedic units based on volume considerations alone. Additional considerations to achieve response-time or other service-delivery options will include unit placement, system-status management, peak-load staffing and other resource allocation issues designed to enhance service delivery.

TABLE 1
MONO COUNTY
Population Projections

Year	Population	Growth
1990	9,956	—
1995	10,384	4.3%
2000	10,976	5.7%
2020	13,105	19.4%

Source: 1990 Census and California Department of Finance

TABLE 2
MONO COUNTY
Recreational Visitor Days (RVDs)

Location	RVDs	24 Hour Equivalent
Inyo National Forest	2,103,800	1,150,900
June Lake	92,300	46,150
Mammoth Mountain Ski Area	726,800	363,400
Toiyabe National Forest	934,300	467,150
TOTAL	4,055,200	2,027,600
	PER DAY EQUIVALENT	5,555

Source: Mono County recreational facilities' data

TABLE 3
MONO COUNTY
Net Effect Population Load

Year	Base Population	AVD Effect	Second Home Effect	Total
1990	9,956	5,555	1,493	17,004
1995	10,384	5,794	1,557	17,735
2000	10,976	6,124	1,646	18,746
2020	13,105	7,312	1,965	22,382

Source: 1990 Census
Department of Finance Projections
Recreational Area Calculations
The Abaris Group's estimates

TABLE 4
MONO COUNTY
EMS Responses 1988-90

Unit	Year		
	1988	1989	1990
Medic I - EMT-P (Walker)	200	205	237
Medic II - EMT-P (June Lake)	264	260	217
Medic III - EMT-P (Mammoth)	661	647	625
Medic IV BLS (Benton)	15	4	30
Medic V BLS (Chalfont)	24	24	69
Mono General BLS Unit	100	112	106
Mammoth Lakes Hospital BLS Unit	726	874	748
Marine Corps. Mt. Warfare Unit	30	30	30
TOTAL	2,020	2,156	2,062

Source: Mono County EMS providers

**TABLE 5
MONO COUNTY
Projected EMS Call Volume**

Year	Volume
1990	2,062 (current)
1991	2,080
1992	2,098
1993	2,116
1994	2,134
1995	2,152

**SECTION II
OVERVIEW OF PLAN**

**SECTION II
OVERVIEW OF PLAN**

A. PHILOSOPHY:

The purpose of this plan is to provide a planning vehicle for the provision of the highest quality of EMS services to patients in need, throughout Mono County.

1. Rationale/Needs:

- a) The Mammoth Lakes Fire Protection District has notified the county that they no longer are able to manage or operate the entire paramedic program due to demands placed on management time and on the financial constraints of the program.
- b) The current paramedic program needs to remain intact as a unit to operate efficiently, to assure backup resources and to allow utilization of the skills of the network of EMT-P's and EMT-IAs that currently exist.
- c) The focus on the paramedic program needs to be expanded to encompass a county-wide network of EMS services.
- d) The existing program suffers from significant limitations of management structure/time commitments, budget constraints, lack of quality assurance documentation and the overall all lack of a true "systems" approach to service delivery, countywide. The components of a quality EMS program must include program efforts to solve these concerns.

2. Program Tenets:

- a) The proposed EMS program shall utilize state-of-the-art clinical standards including: high quality access and dispatch services, consistent and standardized first responder response to all EMS calls, paramedic transport for the primary service areas of the county, medical audit and control process, and an ongoing review of the clinical and business components of the program.
- b) The new system will have financial efficiency and stability to ensure continuous and uninterrupted service to the community.
-  c) A county-wide EMS integrated system is both achievable and mandated to assure the success of this plan.
- d) The new system shall have a maximum response time of 8 minutes or less on at least 85% of all life threatening calls and a response to all other emergencies in 12 minutes

or less, 85% of the time for the town communities (i.e. Mammoth Lakes, June Lake, ~~Lee Vining, Bridgeport~~ and Walker) and a response time of 20 minutes or less for 80% of the calls in the remaining areas of the county. The response-time standards to the communities of Mammoth Lakes, June Lake and Walker shall include ALS services. It is the eventual goal of this plan to include the response-time standard with ALS services to the communities of Lee Vining and Bridgeport.

- e) The new system shall have a professional EMS dispatch center with EMT-Dispatcher trained staff and with quality controlled call screening implemented.
- f) The new system shall operate under the auspices of the County of Mono within the framework of a County Service Area (CSA). This framework will include a set of operating bylaws, policies and procedures and will be managed by a full-time professional. The management team will have an advisory board which will provide substantial input and direction to the program. The advisory board will report to the Board of Supervisors.
- g) The system of ALS units (Medic Units I, II, III) will be linked to the existing fire districts that house the units through a contractual affiliation, allowing those districts to proscribed control over the use of the facilities, day-to-day firefighter/paramedic tasks, input on performance reviews and the selection of staff at the specific station.
- h) The system shall provide direct linkages to all other EMS responding services in the county, including all services (first responder, EMT-I, EMT-II, EMT-P, air medical, search and rescue) which respond within or from outside the county. These linkages include training and equipment assistance as well as written documentation of their relationships and expectations.
- i) The system will continue to provide primary fire response to those jurisdictions currently benefiting from this capability and will do so under contractual authority.
- j) Numerous other program components commitments are inherent in this plan and are more fully described in Section III, Program Plan.

SECTION III
PROGRAM PLAN

SECTION III
PROGRAM PLAN

A. PROGRAM MANAGEMENT

1. EMS Manager

Program management is recognized as a critical feature in the overall success of this plan. The importance of management cannot be overstated as there are key elements to running a successful EMS program that cannot be obtained from limited management or management that does not have the expertise in EMS systems. The Mono County program is also seriously dependent on operating with limited resources in a large geographical area and doing so in a financially sound manner. Further, important elements of a quality EMS program have not been accomplished to the degree desired by system participants thus limiting the overall program effectiveness. Finally, the EMS system is a dynamically changing field. Key recommendations made in this plan will require significant monitoring of the trends in the EMS industry in order to achieve the desires and the recommended program tenets, as listed in Section II.

Based on this analysis, it appears critical that the management of the EMS program be accomplished through a full-time professional with experience in prehospital care and EMS system management. A position of EMS Manager should be established to accomplish this role. This professional would provide overall management to the EMS resources at the disposal of the County (i.e. Medic Units I-III), and play a coordination and facilitation role for all other resources (i.e. Medic Units IV-V and other first responders). The EMS Manager would serve as the County's EMS liaison and coordinate with liaison agencies such as the Inland Counties EMS Agency (ICEMA) and the State EMS Authority.

This position would be supported by at least half-time secretarial support. For a complete job description for this position, please see Exhibit B.

2. Fire District Supervision

It is both desirable and achievable to encourage local fire district monitoring of Medic Units I, II and III. This plan contemplates allowing proscribed monitoring and supervision of these units by the local fire districts that are housing the units. This monitoring would include:

- : Day-to-day task assignments within the context of the priorities of this plan.
- : Rules and regulations of the station.
- : Fire suppression assignments within the context of the priorities of this plan.
- : Input on:

- performance standards
- performance reviews
- hiring and firing of staff
- selection of staff working at the station

This fire district supervision would occur under contractual authority granted by the CSA to each of the three fire districts affected. The EMS Manager would retain responsibility for overall system performance, staff hiring and firing, staff performance, and with facility coordination with the fire districts.

3. Medic Unit Supervision

This plan contemplates the establishment of a limited number of field training officers/station supervisors (1-3). These positions would be used to monitor station activities, assist with scheduling, conduct key training, orient new personnel, and conduct quality assurance/improvement activities listed in Section IV of this plan. An appropriate incentive pay system should be established for this position.

B. EMS PREHOSPITAL PROGRAM COMMITTEE EMS OVERSIGHT COMMITTEE

There is a need for the EMS program to operate with significant policy input from the governmental and provider agencies participating in the EMS program. The existing program operates within the framework of a Joint Powers Authority (JPA) and a Paramedic Program Committee. It is the intent of this plan to maintain the JPA and the members of the Paramedic Program Committee through an expanded committee. This committee, to be titled the **EMS Prehospital Program Committee EMS Oversight Committee**, will be an enlarged version of the current program committee, to allow for increased representation. This committee will be advisory to the Board of Supervisors and supported by the EMS Manager. Their responsibilities will be limited to input, advise and direction on operating the prehospital EMS program. The separate functions of the County's Emergency Medical Care Committee shall remain intact and distinct from the operation of the prehospital program.

Membership of the **EMS Oversight Committee Prehospital Program Committee** is recommended as follows:

- Existing JPA:**
 - County of Mono(2)
 - Mammoth Lakes Fire Protection District(2)
 - Town of Mammoth(2)
 - Southern Mono Hospital District(2)
- New membership:**
 - County of Mono(1)
 - Paramedic Representative(1)

Volunteer BLS Provider(1)
EMS Manager (ex officio)

C. BYLAWS/OPERATIONAL GUIDELINES

The EMS County Service Area and its staff shall operate under guidelines set forth in the proposed bylaws and policies and procedures provided for in Exhibit C. These guidelines shall be approved by the Board of Supervisors after input has been solicited by interested parties.

D. PERFORMANCE STANDARDS

The prehospital program should have available to it, guidelines for operation that define performance standards. These performance standards should be measurable and may be adjusted as program needs change.

1. Response Time

The most commonly used performance standard in the prehospital industry is the response-time standard. This standard is commonly referred to as a percentage of responses within "x" minutes. For the Mono County area a proposed response-time standard is as follows:

Town Areas: For the communities of Mammoth Lakes, Walker, ~~Lee Vining, Bridgeport~~ and June Lake, a response time of 8 minutes or less on at least 85% of all life-threatening calls and a response to all other emergencies in 12 minutes or less. This response-time standard includes ALS response to the above communities. ALS services are also contemplated for the communities of Lee Vining and Bridgeport and the greater areas of all the mentioned communities. It is the ultimate goal of this plan to extend the 85% response time standard with ALS services to the communities of Bridgeport and Lee Vining.

Other Areas: A response time of 20 minutes or less for 80% of the calls in the remaining areas of the county.

To achieve this response time pattern, it may be necessary to consider the following service delivery alternatives:

Peak load staffing (i.e. adding a third unit on peak weekends);

Maintaining a backup ALS unit and establishing a formal or informal on-call system to generate a fourth unit (i.e. during a prolonged search and rescue);

Consider upgrading the Mono General Hospital BLS unit to full-time or part-time ALS status;

Adjusting the current location of units on a temporary or full-time basis to reflect actual needs (i.e. system status management); or,

Eventually adding a fourth unit in the Bridgeport or Lee Vining area.

11-30-91

2. Full-time EMT-P/EMT-1A Staff

Performance standards should be designed for all full-time EMS staff. The standards would consist of service delivery standards (as measured by field training officers or base hospital nurses), continuing education standards, as well as standards defining exceptional performance such as special certifications (i.e. trauma medic, tox medic, firefighter I & II, A.A./B.A. degrees, merit pay, etc.), public education efforts and the like. Performance standards should be in writing and contain measurable behavioral objectives. A point system might be used with pay incentives and disincentives to support the desired behavior.

3. BLS/Volunteer Staff

Voluntary standards for performance by the BLS/volunteer services should be developed in conjunction with the appropriate agencies. These agencies should be encouraged to adopt these standards. Standards might include training, certification, continuing education, equipment maintenance, and public education standards. These standards would be voluntary but should have some financial incentive tied to them (i.e. billing assistance, equipment purchases, etc.)

E. **FUNDING MECHANISMS**

1. Agency Contribution

It is expected that the current agency contribution funneled through the JPA will remain intact. These agencies include the: County of Mono, Town of Mammoth Lakes, Mammoth Lake Fire Protection District and the Southern Mono Hospital District. The current approved level of funding adjusted with a 5% cost of living index, is as follows:

<u>Agency</u>	<u>1991 Proposed Funding</u>
County of Mono	\$ 573,396 = 286,698 / Station
Town of Mammoth Lakes	65,421
Mammoth Lakes Fire Protection District	65,421 } = 327,105 / Station
Southern Mono Hospital District	196,263 } + 40,407 for Mammoth?
TOTAL	\$ 900,501

2. User Fees/Payor Sources

The proposed Mammoth Lakes Fire Protection District budget (91/92) indicates that the current fee schedule is expected to generate \$156,121 in revenue for 1991. Using an estimated 66% collection (current experience), this would yield a total gross charge of \$236,547 or an average patient charge of \$293 per patient (using 1079 patients minus a 25% dry run rate per year). This average charge is below the current ALS base rate (\$330) and it implies that either numerous patients are not being billed for the service or that patients are being undercharged (i.e. BLS rate versus ALS rate). Some of this difference may be accounted for by responses without transport and dry runs.

In addition, the overall charge master reflects charges that have not been updated in greater than five years. The current charges are below marketplace as well as the Medicare "allowable". An updated fee schedule necessary to bring the charges into alignment with the industry and the payors.

Table 6 provides an overview of the current and proposed fee schedule. Using the proposed fee schedule, the average charge would be approximately \$755, assuming an average travel distance of 20 miles.

In addition to the fee structure, there are many payor opportunities available to a contemporary EMS provider for collecting on EMS runs, that are not currently being pursued. A sample of these opportunities include:

- . Auto insurance
- . Homeowner/business insurance
- . Victims of Crime Fund
- . California Children Services
- . Indian Health Service
- . Screen Actors Guild
- . Insurance copays and supplementals
- . Special travelers/moving health insurance
- . Rental car medical coverage
- . Victim restitution/drunk driving restitution

Due to the complexity of keeping abreast of these different forms of coverage and in maintaining a competitive charge system, it is recommended that an outside billing service specializing in EMS billing be retained to conduct the EMS program billing on behalf of Mono County.

Based on a revised fee schedule and using an outside expert billing service, it is expected that the net revenue for Mono County for 1991/92 will be increased to \$488,787 (assuming a \$755 average charge, 20% dry runs and an average collection rate of 75%).

Outside billing agencies generally charge a per-run charge (i.e. \$10 per run) or a percentage of collections (i.e. 12% of collections). The cost of an outside agency conducting this billing (estimated at 12%) have be subtracted from this revenue projection to show true "net revenue".

3. County Service Area (CSA)

The EMS program will operate within the framework of an EMS CSA capable of assessing a special fee for the provision of services. There are four EMS CSAs in the state operating on a county-wide basis (Alameda, Contra Costa, Monterey, San Benito) and approximately 50 more that operate as subareas of the county or that operate under the auspices of a County Services District. The trend in EMS in establishing a countywide CSA, is to assist the primary transporting ALS units as well as to financially support the first responders, other BLS units and the ALS base hospitals. The range in EMS CSA assessments is from \$25 - 55, depending on the location and need of the area. The CSA authority allows subareas within the county to be established should a special assessment be needed in a specific area.

~~No special assessment is anticipated within the first year of operation. It should be noted that while the authority of the special assessment remains with the Board of Supervisors, this plan contemplates that any recommendation for an assessment would be made through the EMS Program Oversight Committee.~~

Based on an estimate of 10,664 dwelling units, the CSA for Mono County would generate between \$266,600 - 586,520 in revenue (using \$25-55 per dwelling unit). Fees for business parcels would be in addition to the dwelling unit fee. ~~It is not expected, however, that the CSA special assessment authority would be needed in the first year of operation.~~

4. Other Sources of Revenue:

a) Memberships

Another popular funding tool for EMS programs is a volunteer membership program for residents. Residents are asked to become a member of the EMS program and in return, should they need EMS services, these services are provided at no cost to the patient or family. Billing of the patient's insurance is, however, pursued. The normal membership fee is \$25 per household and it is common to have a 25% participation rate. It generally takes 12-18 months for a membership program to mature.

The second-home environment in Mono County makes it difficult to project an accurate potential for revenue for a membership program. Assuming that there are approximately 4,300 permanent households in Mono County, at a 25% participation rate, would generate \$26,875 in annual revenue. The membership program would be in lieu of a CSA special assessment.

c) Special Grants

The federal and state governments often have special grants that are available to assist health care programs in rural areas. This is particularly true if the area has been listed as a "Rural Health Manpower Shortage Area" as defined by the Department of Health Services. These grants generally have a limited term and are aimed at start-up programs but nonetheless

remain as a viable option to the Mono County EMS program.

d) Park Area Support

The U.S. Park Service has a limited history of providing financial support for ambulance services provided in their jurisdiction (i.e. Pt Reyes National Seashore, Marin County). While it is not known whether the U.S. Forest Service would follow this history in Mono County, it is worth considering as a long-term strategy.

e) Visitor Fees

Some recreational areas across the country have established a user-fee surcharge that has been specifically designated for EMS services. Colorado, for example, adds \$.50 on to each fishing license for EMS services. Given the recent state tax increases, the environment in California is not ideal for special fees, but future consideration may be needed for this concept.

F. INTEGRATION OF ALL EMS SERVICES

One of the basic tenets described in Section II, is the need to coordinate and integrate all EMS services. The backbone to the EMS program in Mono County is the high-quality paramedic program support by BLS and first responder services.

A recent Sacramento Bee newspaper article indicated that the state's rural emergency workers are in need of more support and without such, the state is in danger of losing many of these volunteer workers (See "Volunteer firefighters' slow burn", Sacramento Bee, August 18, 1991 in Exhibit D). Further research has indicated that for rural EMTs, job satisfaction can be enhanced by reinforcing cooperation and cohesiveness within EMS work groups²

The needs of the Mono County EMS program, including the geographical size, numerous provider groups and the limited resources of the county, dictate a cohesive network of EMS providers. The EMS program should integrate these services through programs such as:

- . training and continuing education assistance
- . certification and licensure assistance
- . billing and revenue generation program
- . equipment purchases/repair

² Whitley, Ph.D, T.W. et al, "Predictors of Job Satisfaction Among Rural; Emergency Medical Technicians. Prehospital and Disaster Medicine. 1990;5(3):217-224.

- . standard setting
- . development of written agreements
- . on-going communications and coordination

One simple step would be to set voluntary standards for all BLS units and first responders for equipment and training. Funding for resources would be defined in the budget for the EMS program and obtained through new revenue generated, as defined in the above paragraphs. A sampling of first-responder equipment is provided in Exhibit E.

Other services serving the county from outside the region (i.e. Symons Ambulance, Care Flight, etc.) also need to be integrated and commitments refined in writing. Finally public safety, park ranger and other key system participants need to be further integrated into the EMS system.

The process for this integration starts with the priority it is given in this plan along with the participation and cooperation of all participants. The generation of resources (i.e. funds for equipment, training assistance) will be specifically identified in the proposed budget provided for in Section V.

TABLE 6
Mono County
Current/Proposed Fee Schedule

Description	Current	Medicare Allowable	Proposed
ALS	\$330.00	\$340.07	\$475.00
Paramedic Base Rate	\$280.00	\$0.00	Delete
Mileage	\$7.00	\$7.01	\$10.25
Night	\$0.00	\$43.87	\$50.00
Oxygen	\$30.00	\$18.85	\$50.00
EKG	\$50.00	(1)	Delete
Medication	\$25/unit	Per fee schedule	Per fee schedule
BLS Rate (2)	—	\$219.03	\$275.00
Service Charge	\$30.00	\$0.00	Delete
Advanced Airway	\$100.00	\$0.00	Delete

(1) Included in all inclusive ALS charges.

(2) Only for total BLS (EMT-1A) runs

Note: The Medicare "allowable" is estimated and will be updated upon receipt from the intermediary.

SECTION IV

KEY ISSUES/PROGRAM COMMITMENTS

SECTION IV

KEY ISSUES/PROGRAM COMMITMENTS

A. PROGRAM MANAGEMENT

Program management has been previously defined in Section III. It is expected that an interim EMS Manager would be appointed by November 1 with concurrent recruitment for the final candidate. A 30-day overlap with the current program management is recommended to assure a smooth transition.

B. PARAMEDIC/EMT

1. Training/credentialing

The training and credentialing of the EMT-P/EMT-1As will need to be tightly defined and committed to in writing. In particular, a complete program for entry-level standards, initial training and orientation and competency verification (initial and ongoing) needs to be developed. This is particularly true of the EMT-1A positions. This effort should be completed by October 30.

2. Staffing

Staffing inequities need to be addressed. The existing paramedic staffing of Medic III (2 EMT-Ps) and staffing of Medics Units I and II (one each: EMT-P and EMT-1A) needs to be better defined and justified. An eventual upgrading of all positions to the EMT-P level is both desirable and obtainable given the overall dimensions of this plan. It is desirable and achievable to accomplish this goal by January 1, 1992. However, the actual timeframe for this goal may extend for 18-24 months from the date of adoption of this plan.

The use of part-time and limited-shift EMT-1As should be reviewed and a goal established to set minimum shift standards to assure adequate call-volume exposure for the EMT-1As. This standard should be defined and implemented by October 31.

3. Compensation

Existing compensation for both the EMT-Ps and EMT-1As is inadequate. There are pay inequities between the Level A and B EMT-P levels. Also, there are EMT-1As working full time that have been denied benefits due to budget constraints. Further, there may be a need to establish limited pay parity with other similar providers in California. All of these areas should be rectified. Recommendations have been made in Section V, Financial Program. The pay equity issues should be resolved and implemented by November 1.

4. Skill Maintenance

Skill maintenance is a critical issue for the Mono County EMT-Ps and EMT-1As due to relatively low call volume coupled with a sophistication clinical program need. A formal call rotation system may be desirable to allow lower volume unit personnel (i.e. Medic Units I and II) to rotate through the busier Medic III unit or to formally rotate these personnel to busier units in the ICEMA region (i.e. San Bernadino). A commitment to developing skill stations and practical exams, possibly through the base hospital, should be pursued.

C. EQUIPMENT

All three current transport vehicles are currently in good operating order and with the exception of Medic III, have five years or less life on the vehicle. While Medic Unit III, serving the Town of Mammoth Lakes, is the oldest unit, the more serious concern is the BLS units out of Mono General Hospital, which is over 12 years old and has limited equipment and the BLS units out of Chalfont, which has had serious mechanical problems. Immediate consideration should be given to replacing Medic III with a new vehicle and providing the existing vehicle to the Mono General Hospital unit and that unit to Chalfont. This goal should be accomplished by January 1, 1992.

There is also a radio hardware concern with radio/pager notification of the medics units, particularly Medic Unit I (Walker). It has been previously estimated that the hardware solution for this problem would cost \$3,000 per station. This effort should be accomplished by April, 1992.

Overall, a commitment to a capital budget replacement program should be adopted. Initially the program would be funded on a limited basis and as patient-fee revenues increase, the program funded at a full capital replacement level.

D. NEEDS OF BLS UNITS/FIRST RESPONDERS

It has been previously stressed that the need to integrate the entire EMS program is critical. The complete assessment of prehospital BLS and first-responder units that was completed by the Mammoth Lakes Fire Protection District (May 2, 1990), should be updated. Particular attention should be placed on the equipment needs of the Chalfant and Benton units. This assessment should be completed by December 1.

A foundation of goals should be established in collaboration with the BLS and first responder units to include training/certification standards, equipment needs/desires, response time and staffing issues. These goals would be voluntary and the agencies encouraged to adopt the goals. Consideration in this plan for EMT-Defibrillator training and equipping all BLS units (i.e. Medic Units IV-V, and the Centinela Mammoth Lakes and Mono General hospital units), should be a high priority of this plan. Funding to implement the efforts would be provided by the EMS program under contract with the agencies. Equipment for the plan would be funded through special grants and fund raising efforts. The goals for this effort should be developed by December 1.

E. COMMUNICATIONS ISSUES

Dispatching EMS services is handled over the existing fire frequency by the County Sheriff Department and by the Bishop Police Department the Highway 6 corridor. These services have not been properly integrated into the EMS system to assure: a logical dispatching methodology by highly qualified Emergency Medical Dispatch (EMD) trained personnel, utilizes the most appropriate technology (i.e. call screening, pre-arrival instructions). There are also occasional radio "dead spots" within the county that may hamper critical communications.

A written plan should be prepared in cooperation with the Sheriff Department and the Inyo County Fire Department to resolve these key elements. The feasibility of establishing an EMD training program and adopting a call-screening program, establishing a free-standing dispatch center, or adding resources to the existing Sheriff Department, should be specifically studied through the establishment of a "blue ribbon" EMS/fire dispatch committee appointed by the Board of Supervisors. This committee should also be asked to study the prospects of highway call boxes, enhancing base hospital communication at Centinela Mammoth Hospital and providing radio linkages with Carson Tahoe Hospital. Funding for this program may be requested from grant funds (i.e. State EMS Authority) or special fee assessments defined under the CSA mention earlier in this plan.

Radio dead spots should be surveyed and identified along with a plan of action to correct. The heavy contribution that highway traffic accidents play on the EMS call load might provide for a source of mitigation through an Office of Traffic Safety EMS grant. These plans should be developed by January 1, 1992.

F. DISASTER CAPABILITY

The risk of catastrophic disaster in Mono County is ever present. The EMS component for the county disaster plan needs to be significantly increased in terms of resource identification (both within and outside the county) and the allocation of resources. Rehearsals, extending beyond the basic hospital drills should be conducted at least once a year. The EMS component to the disaster plan should be prepared by March 1, 1992. A rehearsal drill should be conducted by June 1, 1992.

G. MUTUAL AID/BACKUP CAPABILITY

A written mutual-aid plan should be written for resources within and outside the county. To the extent possible, all commitments and agreements should be identified in writing and agreed to by all parties. This is particularly true of out-of-area resources (i.e. Symons Ambulance Service, Care Flight, etc.). This plan should be prepared by March 1, 1992.

H. PUBLIC SAFETY COORDINATION

Another critical component in mutual aid is the coordination and cooperation of the numerous federal,

state, local and private agencies that might be involved with the potential EMS incident. Coordination and chain of command are not currently identified leaving the potential for fragmentation and confusion at the scene of an emergency. A written Incident Command Systems (ICS) should be developed in cooperation with all agencies, identifying roles and responsibilities at single or multi-casualty incidents. Due to the important role of this plan, it should be developed on a priority basis and be completed by January 1, 1992.

I. TRAINING

Basic training and continuing education programs should be made available to primary medic units, BLS and first responders, and to the public at large. The following actions are suggested for each category of participant:

EMT-P - Continuing education programs and simulations scheduled at least six times per year.

EMT-1A - Continuing education programs and simulations scheduled at least six times per year. Consideration for an in-county EMT-1A program at least once a year.

First Responder - A first responder course should be conducted twice per year.

Public - Initially public education campaigns should be aimed at educating the public about the new EMS plan and the need for the funding sources identified in the plan (i.e. patient fees, CSA, etc). As a follow up, a series of public access and first aid/CPR courses should be scheduled every other month, at strategic locations throughout the county.

A plan for implementing the suggested training should be prepared and implemented by December 1.

J. DATA COLLECTION/ANALYSIS

A priority should be given to assuring high-quality management data on the total number and breakdown of services provided by all agencies as well the degree of compliance with the performance standards. Run sheets should be completed by all agencies and the data automated and reports provided on at least a monthly basis. The funds to budget for the necessary computer, software and data entry time should be included in the final approved budget. The data entry and reporting function should be operating by December 1.

K. QUALITY IMPROVEMENT/ASSURANCE PROGRAM

Shortly after program implementation, the EMS program should have in place a comprehensive EMT-P, EMT-1A, first responder quality assurance program. The program should continue to offer the current high quality and expand quality assurance parameters as well as topic specific issue

identification and monitoring. The new trend in this area is to not view the program as punitive but rather as a continuous effort at excellence. This concept, called Continuous Quality Improvement (CQI). The concept employs a philosophy of designing a continuous effort to study a process in order to improve it rather than to inspect it for defects.³

A sample of basic components of a CQI EMS program might include:

- . Review of statistically significant number of ALS trip reports, MICN radio logs and calls with base hospital radio contact.
- . Review of median response times.
- . Review all cardiac arrests and outcome data using uniform reporting format.
- . Review number and appropriateness of all non transports.
- . Review trauma cases for appropriateness of destination using triage protocols and scene times greater than 10 minutes without extrication.
- . Review a statistical significant number of first responder reports.
- . Monthly review of radio tapes using random and stratified (topic) sampling methods.
- . Other issues as selected.

A QA/CQI program should be implemented by December 1.

L. BASE HOSPITAL COORDINATION

A key element in a coordinated EMS program is a quality medical control provided by the base hospital. In Mono County the base hospital is Centinela Mammoth Hospital which has been providing high quality emergency and base hospital services. There is a need, though, to evaluate those circumstances where a physician or mobile intensive care nurse (MICN) is not immediately available in the emergency department, to provide alternative communication capability (i.e. high wattage/vehicular repeater radios to physicians on call) to assure that the EMT-Ps have a medical control person to communicate with at all times. Additionally, there is no current method for the EMS units to communicate by radio with Carson Tahoe Hospital. Both of these areas should be investigated and options proposed by January 1, 1992.

M. RESEARCH

³ Berwick, D.M. "Continuous Improvement as an Ideal in Health Care. NJEM 1989; 320:53-56.

The terrain of Mono County coupled with its divergent climate and the committed and well-trained EMS delivery system makes the Mono County system ideal for research into the unique EMS needs and solutions needed for rural communities. Funding for such research would be solicited from various state and national organizations. Investigation of such research potential should be pursued by June 1, 1992.

SECTION V
FINANCIAL PROGRAM

SECTION V
FINANCIAL PROGRAM

*Assuming J.P.A. Remain-
er is - What happen-
if Centinella pull-out?*

A. PROGRAM BUDGET

1. Costs

Table 7 describes the expected program costs for the EMS program in Mono County. The overall proposed costs include pay-equity adjustments for EMT-Ps and EMT-1As, establishment of an EMS Manager position, consideration for training costs, support for first responders and an initial capital replacement contribution.

The full-year cost of the proposed budget listed on Table 7 is \$1,388,483. It should be noted that a substantial portion of the increased costs (i.e. paramedic equity adjustment, EMS Manager salary and expenses) are not expected to be realized until five months into the budget year, thus contributing to a substantial first-year savings, from this budget, of approximately 30% (excluding existing overhead not considered).

2. Revenue

Revenue considerations for 1991/92 are as follows:

JPA Contribution for 1991/92:	\$ 900,501
Patient fees:	488,787
CSA Support	0

*No distribution to
income?*

	\$1,389,288
--	-------------

3. Five Year Cost and Revenue

Table 8 provides five-year cost and revenue projections. The assumptions follow the premise set in Table 7 with additional adjustments to the charge systems and additional funding to the capital replacement fund.

B. FINANCIAL POLICIES

The new costs, proposed in Table 7, will be primarily financed through adjustments in the patient fee schedule. As noted before, this adjustment is long overdue and in keeping with the marketplace. Another key recommendation is the use of an outside, experienced billing service to maximum revenue considerations. As it will take 3-6 months for the accounts receivables to mature, it is essential that the recommendations on the fee schedule and on retaining an outside expert billing service occur

immediately. The transition to a new fee schedule and retention of a billing service should occur by October 1.

Consideration for CSA special-assessment fees for the first year operations, do not appear to be necessary.

C. CONTINGENCIES

Sufficient contingencies exist within the proposed budget due to lag time of program implementation. Support from the CSA is not recommended during the first year, but may be requested should changes in the reimbursement environment occur. The fee schedule proposed is also approximately 80% of what the marketplace will allow. Additionally, no consideration was given to potential grants and other membership fee options listed in the plan.

TABLE 7

MONO COUNTY

Emergency Medical Services Program

Proposed Program Costs – 1991/1992

<i>Category:</i>	<i>Cost</i>	<i>Assumptions</i>
Salaries and Benefits		
Regular Staff		
Paramedic	\$574,008	1
Incentive	\$10,150	2
Merit pay pool	\$5,000	3
EMT – 1A Coverage	\$25,000	4
Overtime	\$25,000	4
Holiday pay	\$75,000	4
Disability	\$0	4
Retirement County	\$161,400	6
Social Security	\$2,000	7
Group Health/Life	\$66,000	7
Compensation Insurance/life	\$92,841	8
Unemployment Insurance	\$2,500	6
Total Salaries and Benefits		\$1,038,898
Services and Supplies		
Books/Periodicals	\$500	9
Clothing	\$2,000	9
Conferences	\$3,000	9
Document Reproduction	\$150	9
Drug/medical Supplies	\$10,000	9
First Responder Equipment	\$15,000	10
Gas/Oil/Grease	\$7,000	9
Gen. Maint/Radio Supply	\$3,000	9
Household Expense	\$500	9
Miscellaneous Fees	\$2,000	9
Misc. Maintenance	\$3,000	9
Ofc. Equip. Rep./Maint.	\$500	9
Office Supplies/Expense	\$1,500	9
Outside Equipment Rental	\$2,000	9
Small Tool/Instruments	\$500	9
Telephone	\$4,500	9
Training	\$10,000	9
Uniform Allowance	\$10,000	9
Utilities – cable	\$880	9
Utilities – electric	\$3,000	9
Utilities – propane	\$1,000	9
Vehicle Maint.	\$8,000	9
Total Services and Supplies		\$80,030

TABLE 7
MONO COUNTY
Emergency Medical Services Program
Proposed Program Costs – 1991/1992

<i>Category:</i>	<i>Cost</i>	<i>Assumptions</i>		
Administrative Expense				
EMS Manager	\$45,000			4
Secretarial Support	\$20,000			4
Retirement County	\$14,690			5
Health/Life Insurance	\$3,600			4
CA Amb. Ass. Membership	\$600			4
Compensation Life	\$8,450			9
Accounting	\$3,000			9
Advertising	\$2,500			4
Bank charges	\$300			9
Consultant services	\$10,000			4
Furniture Rental	\$7,500			4
Office Expense	\$3,500			4
Payroll Services	\$2,000			9
Postage	\$1,200			4
Rent	\$10,000			4
Telephone	\$3,000			9
Travel	\$3,400			4
Total Administrative			\$138,740	
Fixed Assets				
Medic I loan payment	\$14,600			9
New medic unit payment	\$14,900			9
Manager vehicle lease	\$9,600			4
Radio Lease	\$5,000			4
Capital replacement	\$10,000			11
Miscellaneous Equipment	\$5,000			4
Total Fixed Assets			\$59,100	
Indirect	Rate	Total Direct	Total Indirect	
Calculation		Budget	Contribution	
Cost of county				
departmental support	0.055	\$1,316,768	\$72,422	4
TOTAL EMS BUDGET			\$1,389,191	

TABLE 7

MONO COUNTY

Emergency Medical Services Program

Proposed Program Costs – 1991/1992

Proposed Personnel Budget

Paramedic:

<i>Step</i>	<i>Period</i>	<i>Pay/month</i>	<i>Number Eligible</i>	<i>Total</i>
Step 1	0–6 months	\$1,996	3	\$71,856
Step 2	6–12 months	\$2,200	1	\$26,400
Step 3	1–2 years	\$2,400	0	\$0
Step 5	2–3 years	\$2,547	2	\$61,128
Step 6	3–4 years	\$2,673	2	\$64,152
Step 7	4–5 years	\$2,807	2	\$67,368
Step 8	5+ years	\$2,949	8	\$283,104
TOTAL				\$574,008

Note: EMT 1As are primarily used as backup staff and are paid at steps 1–3.

Proposed Incentive pay:

Firefighter I	2.5%
Firefighter II	2.5%
A.A./A.S. Degree	2.5%
B.A./B.S. Degree	2.5%
FTO/Station Super.	2.5%

Assumptions:

1. From proposed personnel budget.
2. From proposed incentive budget (\$1015 x 10 staff)
3. Proposed merit pool based on performance.
4. Estimated.
5. Total commensation x 22.5%
6. EMT–1As
7. Assumes lower County costs.
8. 13% of gross.
9. Estimated from proposed budget.
10. See proposed first responder equipment list.
11. Initial contribution for equipment replacement.

TABLE 8

MONO COUNTY
Emergency Medical Services Program
Projected Revenue/Costs – 1991/1996

YEAR	1991/92	1992/93	1993/94	1994/95	1995/96 Assumptions
<i>Data:</i>					
EMS Runs	1,076	1,085	1,095	1,104	1,113
Avg. Charge	\$755	\$831	\$914	\$1,005	\$1,105
Revenue:					
JPA Agreement	\$900,501	\$945,526	\$992,802	\$1,042,442	\$1,094,565
Patient Fees	\$487,428	\$540,782	\$599,976	\$665,649	\$738,511
CSA Support	\$0	\$0	\$0	\$0	\$0
Total Revenue	\$1,387,929	\$1,486,308	\$1,592,778	\$1,708,092	\$1,833,076
Costs					
Salaries and Benefits	\$1,038,898	\$1,090,843	\$1,145,385	\$1,202,655	\$1,262,787
Services and Supplies	\$80,030	\$84,032	\$88,233	\$92,645	\$97,277
Administrative	\$138,740	\$145,677	\$152,961	\$160,609	\$168,639
Fixed Assets	\$59,100	\$72,055	\$85,658	\$99,941	\$114,938
County Services	\$72,422	\$76,043	\$79,846	\$83,838	\$88,030
Total Costs	\$1,389,191	\$1,468,650	\$1,552,083	\$1,639,687	\$1,731,671
Revenue—Costs	(\$1,262)	\$17,658	\$40,696	\$68,405	\$101,405
Cumulative	\$0	\$16,396	\$58,354	\$109,101	\$169,810

Table 8 – Assumptions:

1. Assumes EMS run growth of 4.8% over 5 years (pop. growth estimate).
2. 10% rate increase each year (5% COLA and 5% market rate adjust.).
3. 5% COLA adjustment.
4. Used for contingency funding only.
5. 5% COLA plus an additional \$10,000 annual contribution.
6. Contingency funding.

SECTION VI
RISK ANALYSIS

SECTION VI

RISK ANALYSIS

A. POTENTIAL RISKS TO THE PLAN

This plan is based on the premise of substantial cooperation of the JPA participants and on approval by all parties to a quality, coordinated, county-wide EMS program. Early approval of the proposed fee schedule and professional billing are critical to the success of the plan. Finally, quality management and accountability are also important to the success of the program.

One potential risk to the program would be a substantial change in insurance payor policies particularly Medicare. Another risk is escalating costs or a catastrophic equipment failure. Finally, an important framework to the success of this effort, is the continued support and priority given to the program by the Board of Supervisors, the governmental jurisdictions of the JPA and the support of the medical community and the public at large. Fragmentation of the program, (i.e. a jurisdiction that elects not to participate) would seriously impair the potential to achieve many of the objectives of this plan.

B. MEASURES TO LIMIT RISK

A key ingredient to limit the risk of the EMS program is quality management and quality control. This plan incorporates a framework of expertise and monitoring that provides this control. All parties having a key role to play with the EMS program will be represented on the EMS Oversight Committee.

From a financial end, insurance industry changes may be handled one of two ways. The first is to stay abreast of payor changes and participate in lobbying efforts to minimize such changes. Membership in the California Ambulance Association is essential for this to happen. The second is the potential from unanticipated catastrophic costs (i.e. loss of a paramedic unit) is the financial protection that the CSA provides. Finally, adjustments to the fee schedule may ultimately be needed irrespective of the payor market, to keep pace with inflation.

One comforting aspect of the EMS client base in Mono County is that the patients are predominately younger (therefore not as reliant on the volatile Medicare payment system) and their needs come primarily from auto accidents. Auto insurance is a potent source of funding for the Mono County EMS program.

Overall, it is believed that the risks to the program are minimal with proper program management and the support of all jurisdictions.

SECTION VII

SUMMARY

SECTION VII

SUMMARY

Table 9 provides an overview of milestones provided for in this plan. This plan has been developed with the philosophy of a quality, coordinated, county-wide EMS system, with financial stability. The success of this business plan is dependant on the concerted effort of all parties involved. Professional management, ongoing monitoring, financial controls and revenue enhancement will go a long way to achieving the objectives stated in Section II of this plan. Most importantly is the need to maintain flexibility and to consider the plan a dynamic tool capable of responding to the changing needs of the communities and people in Mono County.

TABLE 9

**COUNTY OF MONO
EMS/PARAMEDIC PROGRAM**

Proposed Milestones

Task	1991		1992		May	Jun
	Nov	Dec	Jan	Mar		
1 Appoint Interim EMS Manager/ begin recruitment for position.	█					
2 Establish training/credentialing standards for personnel.	█					
3 Evaluate shift efficiency of EMT-1As.	█					
4 Initiate pay equity recommendations.	█					
5 Complete assessment of first responder/ BLS unit needs.					█	
6 Develop voluntary goals (i.e. training, certification, equipment needs, etc.).					█	
7 Develop basic training, CE plan for Medic Units, BLS and first responders.					█	
8 Implement monthly data entry and reporting functions.					█	
9 Implement Continuous Quality Improvement						

EXHIBIT A

JOINT POWERS AUTHORITY AGREEMENT

AGREEMENT FOR PROVISION OF
EMERGENCY AMBULANCE AND
ADVANCED LIFE SUPPORT SERVICES

I. PARTIES

The parties to this Agreement are the County of Mono, the Mammoth Lakes Fire Protection District, the Town of Mammoth Lakes and the Southern Mono Hospital District. For convenience, this agreement is dated July 1, 1986, and it shall be effective as of July 1, 1986.

II. DEFINITIONS

Terms used in this Agreement have the following definitions:

- A. "Account" means the joint account established by the parties for the funding of the program pursuant to paragraph VIII. C. of this Agreement.
- B. "Chief" means the Chief of the Mammoth Lakes Fire Protection District.
- C. "County" means the County of Mono, a political subdivision of the State of California.
- D. "District" means the Mammoth Lakes Fire Protection District.
- E. "Hospital" means the Southern Mono Hospital District, a public hospital district duly organized and existing under the laws of the State of California.

F. "ICEMA" means Inland Counties Emergency Medical Authority.

G. "Program" means the funding, administration and operation of an emergency ambulance and advanced life support services program as described in this Agreement.

H. "Services" means those services described in Section V of this Agreement.

I. "Town" means the Town of Mammoth Lakes.

III. RECITALS

A. The County determined that it was unable to continue by itself to fund, administer and operate its paramedic services program after October 31, 1985, and it therefore terminated the employment of all of its paramedic services personnel on October 31, 1985.

B. The Town, the Hospital and the District desired to have emergency ambulance and advanced life support services for the benefit of all persons within the geographic boundaries of their respective jurisdictions commencing November 1, 1985.

C. The County likewise desired to have emergency ambulance and advanced life support services for the benefit of persons within the rest of the County area, to the extent that such services could be rendered from the three stations contemplated to be used by the District for the program commencing November 1, 1985.

D. Pursuant to a previous agreement entered into in October 1985, the District has been employing the necessary personnel and administering and operating an emergency ambulance and advanced life support services program inside and outside the District boundaries in the County from November 1, 1985 to the present time with certain funds, facilities, equipment, supplies and insurance provided by the County and that certain additional funds provided by the Hospital and the Town. The parties desire by this agreement to ratify and to provide for continuation of the program, effective after the June 30, 1986 termination date of the previous agreement.

IV. TERM

The term of this Agreement is July 1, 1986 to and including June 30, 1988, subject to earlier termination as provided paragraph VIII (A) of this agreement.

V. SERVICES

A. During the term of this Agreement, the District shall provide emergency ambulance and advanced life support services in the Town of Mammoth Lakes and in the unincorporated areas of Mono County, it being understood that the greater the distance from a station, the greater will be the response time.

B. The parties understand and agree that the District is empowered to provide such services pursuant to sections 13853, 13854, and 13855 of the Health and Safety Code.

C. In establishing, administering and operating the program, the District shall employ such personnel as it deems necessary without obligation of any kind to any person previously engaged in the County's paramedic services program. The District shall not be obliged to follow or continue any of the County's practices or procedures heretofore or hereafter existing, or any ordinance, rule or regulation of the Hospital or Town.

D. The program shall be operated with a station in the District, a station in June Lake, and a station in Walker. The County shall arrange for payment of all expenses for telephone, gas and electric service at the June Lake and Walker stations. The June Lake and Walker stations shall be at the locations used by the County in the operation of its paramedic services program prior to November 1, 1985 and there shall be no charge to the District or to the program for the use of said stations. The District shall have full discretion in the management and control of all of the stations, without regard to any of the County's practices or procedures heretofore or hereafter existing at any station, or otherwise. "

E. The Board of Fire Commissioners of the District shall be the governing board for the program and shall have the right to establish and organize the program and to make all changes in the program during the term of this Agreement at any regular meeting or special meeting of said Board as may be required to conform to policy as determined by said Board. Such changes include, but are not limited to, (1) increase or reduction of the number of employees scheduled to provide the services

(other than the voluntary or involuntary termination or replacement of individual employees); and (2) increase or reduction of the number of emergency vehicles used by the County in its paramedic services program before November 1, 1985. The District shall provide the other parties to this agreement with notice of each meeting of the Board of Fire Commissioners, the agenda for which includes a proposed substantial change in the program, such notice to be mailed not later than one week or personally delivered not later than three business days before such regular or special meeting.

VI. RELATIONSHIP TO ICEMA

A. The parties recognize that the County has certain responsibilities under the joint powers agreement creating ICEMA. A copy of the agreement has heretofore been received by each of the parties hereto, and it is made a part hereof.

B. The County represents that the program which is the subject of this agreement was carried out by the County prior to November 1, 1985 and was not, therefore, delegated to ICEMA.

C. To the extent that it is agreed by all parties to this agreement that powers or regulations of ICEMA apply to the program, the County and the District shall cooperate with ICEMA in the administration of the program and the carrying out of the joint powers agreement.

VII. ADMINISTRATION AND OPERATION OF PROGRAM

A. The District shall have the responsibility for establishing, administering and operating the program during the term of this agreement. The District shall collect or cause to be collected all revenue of the program and shall pay, from the program funds, all bills incurred by the program. Personnel handling program funds shall be covered by a fidelity bond at the expense of the program.

B. Subject to the control of the Board of Fire Commissioners of the District, the Chief shall be the chief executive officer in establishing, administering and operating the program.

C. Subject to the control of the Board of Fire Commissioners of the District, the Chief shall decide and direct the terms of employment, probation period, working hours and conditions, discipline, and duties of individual employees engaged by the District to provide the services.

D. The District may use District lands, buildings and property in operating the program without a rental charge to the program, but any actual cost or expense associated with such use shall be chargeable to the program. However, such cost or expense shall not increase the total financial obligation of the parties which shall be as specified in section VIII of this Agreement.

E. Financial accounting for the program shall include monthly reports covering operational, financial and statistical summaries for each of the stations operated by the program and an aggregate summary. Similar reports shall be made by fiscal year.

A pro forma budget shall be prepared on a monthly basis and shall include year-to-date budget accounting. All financial reports shall be on an accrual basis and shall be in accordance with generally accepted principles. Said reports shall include the following: statements of assets and liabilities (balance sheet); statement of income and expense (on a monthly, fiscal year-to-date, and budgeted year-to-date basis); all of the foregoing by department (station) and aggregate total; and statement of changes in financial position (on a monthly, fiscal year-to-date, and budgeted year-to-date basis). Monthly reports shall include the following: reconciliations for cash and other appropriate accounts; aged listing of accounts receivable; bad debts and charge-offs; lists of accounts transferred to collection agencies; inventory reporting including equipment and other property; and aged accounts payable. Copies of all the foregoing reports shall be sent to each of the parties to this agreement, and a copy of each of the reports shall be made available at the program office in Mammoth Lakes for examination by interested persons.

F. A Paramedic Program Committee shall be constituted by two representatives appointed by each party to this agreement. The committee shall meet and confer to review all aspects of the program and to formulate a Policy and Procedures Manual for the administration of the program, subject to approval by the Board of Fire Commissioners of the District. A certified public accountant shall oversee all accounting aspects of the program and shall meet with and advise said committee on all accounting

matters including, but not limited to, the annual special district report for the program.

VIII. FUNDING

A. Each party shall provide the following specified amount to fund the program for the first year of this Agreement:

County	\$416,255.02
Town	48,186.66
District	48,186.66
Hospital	<u>141,186.66</u>
TOTAL	\$653,815.00

On or before March 31, 1987, the parties shall determine the specified amounts to fund the program for the second year of the term, by an amendment in writing. If no such amendment is timely made, this agreement shall terminate at 11:59 P.M., June 30, 1987, unless the term is otherwise extended by a writing signed by the parties to this agreement.

B. If the total cost of the program exceeds the foregoing total for any reason whatsoever, the governing body of the County shall appropriate such additional funds upon thirty days notice by the District or the Chief and reasonable proof that the costs of the program will exceed the total specified in paragraph A. If there are unexpended funds of the program at the end of a fiscal year, such funds will be credited to the parties in proportion to their respective contributions.

C. The parties shall promptly establish all accounts and funding mechanisms necessary for the orderly and timely transfer of funds to the program. In monthly installments, at least thirty days before the date of budgeted expenditures, sufficient funds for the operation of the program shall be deposited pro rata by the parties into the account established by the County Auditor for the program, and expenditures shall be made by procedures approved by the County Auditor. The parties shall request the County Auditor to send copies of its statements reflecting account activity to the Chief and to specified financial officers of each of the remaining parties. The County Auditor shall invest all available funds of the program in interest bearing accounts or certificates or in the common trust fund of the County, and all interest earned shall be added to the funds of the program.

D. All funds received on and after January 1, 1987 from billings for services rendered in the program, regardless of the age of the accounts receivable, shall be placed into a separate account in the Mono County Auditor's Office for distribution quarterly to the parties to this agreement in proportion to their respective contributions to the program.

E. Books and records maintained by the County Auditor and the District for the operation and administration of the program shall be open for inspection by representatives of the governing boards of the parties during business hours upon reasonable notice.

F. At the end of the term and renewals thereof, all funds remaining after payment of all obligations shall be distributed to the parties in proportion to their respective contribution of money to the program. Any deficit shall be offset by contributions by the parties in the same proportions.

IX. VEHICLES, EQUIPMENT AND SUPPLIES

A. All vehicles and equipment, including medical service, safety and communications equipment, and all medical equipment and supplies used or kept by the County in providing paramedic services prior to October 31, 1985, was transferred without cost to the District for its operation of the program. An inventory identifying all such vehicles, equipment, and supplies, signed by the Chief and the Public Works Director of the County is to be attached to this Agreement as Exhibit A and made a part hereof.

B. The County shall retain title to such vehicles and equipment during the term of this Agreement.

C. The District shall be responsible for the maintenance of such vehicles and equipment, and the expense thereof shall be charged to the program. After expiration of the term of this Agreement and renewals thereof, all such vehicles and equipment which have not been replaced by other vehicles or equipment shall be returned by the District to the County in good working order, as ascertained by the Public Works Director and Chief, less normal wear and tear.

D. All vehicles and equipment purchased or leased by the District during the term of this Agreement from the funds provided by the parties shall be maintained by the District at the expense of the program. Upon expiration of this Agreement and renewals thereof, such vehicles and equipment shall be distributed to the parties as they may agree. If no agreement is reached within a reasonable time, the vehicles and equipment shall be sold by the District and the proceeds distributed to each party in proportion to the the amount of funding provided by that party to operate the program.

X. INSURANCE AND INDEMNIFICATION

A. The County shall carry the District as a named insured on policies insuring the County vehicles transferred to the District for the program. A copy of each certificate of insurance to that effect shall be provided to the District.

B. The District shall carry the District, the County, the Hospital and the Town as named insureds on liability policies insuring the District's operation of the program, and all such insurance shall be charged to the program. A copy of each certificate of Insurance to that effect shall be provided to the County, the Hospital and the Town.

C. The District shall insure the equipment, other than vehicles, transferred to it by the County, against fire and theft, and the cost of such insurance shall be charged to the program. Payments received pursuant to any claims against such insurance policy shall be given to the County, unless such funds are used to

pay for or reimburse for the cost of replacing such equipment.

D. To the extent that insurance covers claims, expenses, or losses (including attorney fees and court costs), based on or resulting from acts or omissions of the District, its Board of Fire Commissioners, officers, agents or employees, pursuant to or in carrying out the terms of this Agreement, the District hereby agrees to indemnify the other parties to this Agreement through such insurance. All premiums for such policies, also covering the District, its board, officers, agents and employees, shall be charged to the program.

E. To the extent that insurance covers claims, expenses or losses (including attorney fees and court costs), the County shall defend, hold harmless and indemnify the District from and against all claims, expenses or losses based on or resulting from acts or omissions of the County, its officers, agents and employees in carrying out the County's paramedic program prior to November 1, 1985. Expenses include attorney fees and court costs.

XI. INDEPENDENT CONTRACTOR

In operating the program, the District is an independent contractor. The parties, and each of them, have powers and duties consistent with the independent contractor status of the District, and shall act in accordance therewith. No party other than the District shall have any control of the day-to-day administration and operation of the program.

XII. GENERAL PROVISIONS

A. This Agreement contains the entire agreement between and among the parties with respect to its subject matter. It supersedes all prior agreements or understandings. This agreement may not be changed, modified or terminated in whole or in part without a written agreement to that effect signed by the parties, and each of them.

B. Except as specified in the following paragraph, if any part of this Agreement is contrary to law or applicable regulation, the other provisions are not affected and shall continue in full force and effect, to which end they are hereby declared severable.

C. Those provisions relating to the funding of the program and the services to be provided by the District are not severable. To the extent that any part or all of those provisions are determined by the final judgment of a court of competent jurisdiction to be contrary to law, the entire Agreement shall be deemed rescinded as of the date of such final determination, provided that such rescission shall not operate to cause the District to have any loss or expense as a result of its having undertaken or performed any act pursuant to this Agreement, or as a result of such rescission.

D. The rights of this Agreement are not assignable, and the obligations of this Agreement are not delegable, except with the written consent of all of the parties. Any purported assignment or delegation in the absence of that consent is void.

E. In the event of a claim or dispute over the terms of this Agreement, or the rights, powers, or duties of any of the parties, and within ten days after receipt of written notice by the complaining party, the chairman of the governing board of each party shall appoint one person to represent it to attempt to mediate the claim or dispute at the Dispute Resolution Center of the Eastern Sierra, Inc., according to its rules. All of the representatives shall meet together at least once in the thirty-day period following the effective date of the notice to attempt in good faith to resolve the complaint or dispute. If the matter is not resolved by such mediation, no party shall file a legal action to interpret or enforce any part of this Agreement until fifteen days has expired after the termination of the aforementioned mediation.

F. Any notice required by this Agreement is deemed to have been given on the third business day, Saturdays, Sundays and holidays excepted, after it is deposited in the United States mail, certified mail, return receipt requested, with postage prepaid, or on the day of personal delivery. The following persons shall receive copies of each and every notice on behalf of the designated parties:

Jon Sweeny, Chief
Mammoth Lakes Fire Protection
District
P. O. Box 5
Mammoth Lakes, CA 93546

Ray Windsor, Manager
Town of Mammoth Lakes
P. O. Box 1609
Mammoth Lakes, CA 93546

Nancy Wells, Clerk
Mono County Board of
Supervisors
P. O. Box 715
Bridgeport, CA 93517

Phillip W. Hamilton, Chairman
Southern Mono Hospital Dist.
P. O. Box 133
Mammoth Lakes, CA 93546

COUNTY OF MONO

Tim Alpers
TIM ALPERS, Chairman,
Board of Supervisors

Dated: 2-17, 1987

MAMMOTH LAKES FIRE PROTECTION
DISTRICT

Richard Bramble
RICHARD BRAMBLE, Chairman,
Board of Fire Commissioners

Dated: 3/3, 1987

TOWN OF MAMMOTH LAKES

Gary Flynn
GARY FLYNN, Mayor,
Town of Mammoth Lakes

Dated: March 9, 1987

SOUTHERN MONO HOSPITAL
DISTRICT

Phillip W. Hamilton
PHILLIP W. HAMILTON, Chairman
Board of Directors

Dated: March 3, 1987

ATTESTED BY:

Nancy Kluth
NANCY KLUTH
Secretary

Dated: March 3, 1987

COPY

ADDENDUM 90-01
TO
AGREEMENT FOR PROVISION OF
EMERGENCY AMBULANCE AND
ADVANCED LIFE SUPPORT SERVICES

This addendum # 90-01 to Agreement for Provision of Emergency Ambulance and Advanced Life Support Services ("Agreement") is made and entered into as of this day of July 1, 1990 by and among the County of Mono, the Mammoth Lakes Fire Protection District, the Town of Mammoth Lakes and the Southern Mono Hospital District. For good and valuable consideration, the receipt of which is hereby acknowledged, the parties hereto agree as follows:

ARTICLE IV "TERM" of the Agreement shall be amended and restated to read as follows:

"IV-TERM

The term of this agreement is July 1, 1990 to and including June 30, 1991, subject to earlier termination as provided in paragraph VIII(A) of this Agreement."

VIII FUNDING

A. Each party shall provide the following specified amount to fund the Paramedic Program for the fiscal year 1990-91 of this agreement.

County of Mono	\$546,091.00	63.5%
Southern Mono Hospital	186,918.00	21.5%
Mammoth Lakes Fire District	62,306.00	7.5%
Town of Mammoth Lakes	62,306.00	7.5%
	<u>\$857,621.00</u>	<u>100.0%</u>

D. Funding-Distribution of Receivables.

All funds received on and after July 1, 1990 from billing services rendered in the Program regardless of the age of the account receivables, shall be placed into a separate account in the Mono County Auditors Office for distribution quarterly to the parties to this agreement. The accounts receivables from Medic III will be distributed to the Southern Mono Hospital district, The Town of Mammoth Lakes and the Mammoth Lakes Fire Protection district in proportion to their respective contributions to the Program. The account receivables from Medic I and Medic II will be returned directly to the County of Mono.

THE CARRYOVER FOR THE FISCAL YEAR 1989-90 IS \$83,143.46
THE COST BREAKDOWN FOR EACH ENTITY IS:

COUNTY OF MONO	* <u>\$54,043.13</u>
SO. MONO HOSP DIST	* <u>\$17,460.13</u>
TOWN OF MAMMOTH	* <u>\$ 5,820.04</u>
M.L.F.D.	* <u>\$ 5,820.04</u>
Total	* <u>\$83,143.46</u>

COUNTY OF MONO

TOWN OF MAMMOTH LAKES

DON RAKE, Chairman,
Board of Supervisors

GORDEN ALPER, Mayor,
Town of Mammoth Lakes

Dated: _____, 1990

Dated: _____, 1990

MAMMOTH LAKES FIRE PROTECTION
DISTRICT

SOUTHERN MONO HOSPITAL DISTRICT

JACK DAVIS Chairman,
Board of Fire Commissioners

PHIL HAMILTON, Chairman,
Board of Directors

Dated: _____, 1990

Dated: _____, 1990

ATTESTED BY:

SALLY DePERRO
Secretary

Dated: _____, 1990

EXHIBIT B

EMS MANAGER JOB DESCRIPTION

EXHIBIT B
COUNTY OF MONO
JOB DESCRIPTION

EMS MANAGER

PURPOSE:

To establish a position with overall responsibility for managing and coordinating prehospital services for the County of Mono.

DUTIES AND RESPONSIBILITIES:

Under general direction of the CAO and with input from the EMS Prehospital Program Committee:

- Plan and coordinate a network of countywide prehospital Emergency Medical Services service including public and private providers of prehospital medical care and/or transportation, in accordance with the Mono County EMS CSA, Mono County Ambulance Ordinance, JPA, and other established guidelines and standards.
- Serve as program manager of the Mono County Paramedic Ambulance program (Medics I-III). Responsible for development and coordination of day-to-day operations including staffing, scheduling, training (in conjunction with the base hospital), payroll time sheets, personnel management and records, medical records, equipment and maintenance, supply (including pharmaceuticals and their control), billing and collections program, budgeting, quality assurance, and coordination with other providers, local and regional EMS agencies and their policies.
- Develop, implement and coordinate the training of a pool of instructors to provide citizen and provider emergency medical training (excluding EMT-1 or higher) and subsequently coordinate such classes countywide with efforts to attain quarterly training and liaison for all provider agencies within the County.
- Liaison and coordinate with existing prehospital medical care training institutions and organizations (including EMT-1 and higher) and Advanced Life Support base hospitals and personnel including participation in continuing education programs, skills, base hospital meetings, and run/tape reviews.
- Attend, monitor and provide input to relevant local, regional and State committees relating to prehospital emergency medical care and interagency coordination (including but not limited to ICEMA, EMCC, Unified Command, OES Region 6, County Fire Services and Emergency Services Council).

Provides staffing assistance to the EMS Prehospital Program Advisory Committee and the Emergency Medical Care Committee.

Coordinate with and maintain a working relationship with all local medical care and ambulance receiving facilities including all search and rescue units, forestry service offices and evaluate and provide other liaison services.

Work closely with EMS dispatch facilities and personnel to develop regular liaison, quality assurance and training to attain accepted standards for emergency medical dispatch.

Work with local and regional agencies to develop mutual aid and continuation of call agreements and memorandums of understanding.

Maintain a working knowledge of local, regional, State and Federal protocols and regulations relating to EMS operations and disseminate new material to the appropriate agencies.

Liaison and coordinate with the Mono County OES coordinator and members of the medical, law enforcement and fire services agencies to strengthen the EMS component of the County disaster plan for multiple casualty incidents and disasters including assisting in the development of drills and training programs.

Develop, implement and maintain an EMS master plan for the County by using records and statistics in conjunction with the existing ICEMA plan to address issues such as quality assurance, adequate ambulance coverage relating to geography, demographics and demand, the transportation component of the County General Plan and disaster planning, including the establishment of stable funding mechanisms and writing of grants.

Prepare reports and formulate applications for grant funding for EMS and participation in programs relating to high altitude rural prehospital medical care issues including research and pilot programs.

Develop and maintain a close working relationship with local new agencies and the Sheriffs Office Public Information Officer to provide information and public relations on the County EMS system activities and educational opportunities available to citizens and providers.

Develop and implement a system to provide support to the BLS and first responder agencies in the County. This support will include, as appropriate, training assistance, a record-keeping, a billing assistance and standard equipment acquisition methods for interested public provider agencies within the County.

Coordinate inspections to all ambulances according to ICEMA, CHP and other required specifications.

Coordinate and/or respond to multi-agency and mass casualty incidents as the Medical Command portion of the Incident Command System.

Coordination and direction on cost controls and revenue sources, including supervision of a prehospital billing system necessary to maintain the integrity of the prehospital program.

Other related duties as required.

SALARY:

To be established.

MINIMUM QUALIFICATIONS:

- . Administrative background with at least five years experience with Emergency Medical Services including at least three years as a prehospital provider and two years in a management capacity. Bachelors degree in related field required. Educational degree may be waived with sufficient work experience. (May need suggestions from Cooperative Personnel Services.)
- . Must be currently or capable of becoming EMT-P certified, EMT-1A certified and obtain CPR instructor and First-Aid instructor status within one year of employment.
- . Knowledge and ability to organize, plan and direct an EMS program including experience and/or credential in higher education and active participation in regional health care organizations.
- . Training, education and public speaking experience.
- . Possess personal qualifications generally recognized as essential in good public employees including integrity, initiative, dependability, courtesy, good judgment, oral, written and interpersonal communication skills with the ability to work well with others.

SELECTION PROCESS:

Will consist of a competitive evaluation and screen of applications and resumes, including a background investigation and oral interview process.

EMPLOYEE BENEFITS:

Consistent with current Mono County employees benefit package.

EXHIBIT C

PROPOSED BYLAWS FOR THE EMS PROGRAM

BY-LAWS

By-Laws for the Operation of
MONO COUNTY EMS PROGRAM

ARTICLE 1. PURPOSE

Section 1.1 Primary Purposes. The objects and purposes for which the EMS Program (hereafter referred to as "Program") is formed are:

A. To establish, own, control, operate and maintain a full-service EMS advanced life support and basic life support system to serve residents of and visitors to the County of Mono, as well as each additional jurisdictions as may be contract with the County of Mono for services.

B. To oversee the financial management of such Program to establish and collect fees for services rendered, and to generally manage the financial affairs of the Program so as to establish and preserve the financial stability of the Program.

C. To supervise the ownership of the lessee of all buildings and equipment necessary to service delivery and to take such additional steps as are reasonable and necessary to prevent the occurrence of service interruption or substantial deterioration for any cause.

D. To establish and maintain the strongest possible disaster response capability by financing expanded paramedic production capacity through the sale of non-emergency and long distance EMS transport services, and by employing routine centralized dispatching and systems status management practices which are so well organized and controlled as to be capable of handling peak load conditions and disaster situations.

E. To improve overall system efficiency, and to expand disaster response capabilities by offering a full spectrum of ambulance services including paramedic level non-emergency transport and long distance transport services, special events contract coverage, air ambulance services, and such other services as may be deemed by the EMS Oversight Committee (hereafter referred to as "Committee") to be compatible with the primary purposes of the Program as defined by the Board of Supervisors.

F. To promote citizen cardiopulmonary resuscitation training, community awareness of the Program and its primary purposes, and to generally promote better public understanding of the ambulance service system and its proper utilization by the public.

G. To maintain a constant awareness of improvements and innovations throughout the EMS service industry, and to incorporate those improvements and innovations into the Program service delivery on a timely basis.

H. To promote and sponsor research efforts, and to generally provide leadership to promote the continuous upgrading of performance throughout the EMS industry.

Section 1.2 Ancillary Purposes. This Program shall do and perform every act and thing necessary and convenient to carry out the primary purposes set forth in Section 1.1 above and shall foster, promote and support such other educational and scientific interests as shall be ancillary to the purposes set forth therein, as directed by the Board of Supervisors.

ARTICLE 2. OFFICES

Section 2.1 Location:

(a) Principal Office. The principal office for the transaction of business of this Program shall be designed by the Committee provided such office shall be located in the County of Mono, California.

(b) Other Offices. The Committee may from time to time establish such other offices in such other places as they from time to time determine.

ARTICLE 3. EMS OVERSITE COMMITTEE

Section 4.1 Initial EMS Oversight Committee. The EMS Oversight Committee shall be appointed by the Board of Supervisors and shall consist of two members each - Mammoth Lakes Fire Protection District, Town of Mammoth, Mammoth Lakes Hospital District; three members - County of Mono; one member - Paramedic Volunteer EMS Program.

Section 4.2 Standards of Participation. The Committee shall develop and adopt standards of participation for membership. Such standards shall include requirements regarding regular meeting attendance at meetings, provisions for excused absence from such meetings, and standards requiring reasonable preparations for meetings, reasonable attentiveness at meetings, orderly and businesslike conduct during meetings, and such other reasonable standards of participation as may be deemed appropriate by the Committee.

Section 4.3 Improved Overall Performance. Any service expansion commitments entered into by the Program shall be of a nature which improves overall system performance to all areas served, increases efficiency by spreading fixed costs over expanded production volumes, and generally augments the Program's disaster response and peak-load emergency production capacity.

Section 4.4 First Responder Program. The Program may agree to assist such jurisdiction in the establishment of first responder programs, in the collection of fees to recover costs of such first responder programs, and in the ongoing training of first response personnel.

Section 4.5 Trade Name. In the event the Program does acquire or seek an expanded service area, and if deemed desirable by the Committee, the Program may do business under a registered trade name or registered alias selected to reflect a more regional service orientation, provided that the Program may not use different trade names in different jurisdictions, but rather must do business under its actual name or under a single registered alternate trade name throughout all jurisdictions served.

Section 4.6 Duties and Powers. Subject to the provisions of Board of Supervisors California Law and any limitations elsewhere in these By-Laws, the activities and affairs of the Program shall be conducted and all Committee power shall be exercised by or under the direction of the Committee through the EMS Manager. The Committee may delegate the management of the activities of the Program to the Committee in these By-Laws defined, provided that all Program powers shall be exercised under the ultimate direction of the Committee.

Without limiting the general powers specified hereinabove and subject to the same limitations, it is hereby expressly declared that the Committee shall have the following powers:

- First: To establish the general policy of this Program; to conduct, manage and controls the affairs and the business of the Program, and to make such rules and regulations therefor as the Committee may deem best, not inconsistent with law, and the By-Laws.
- Second: To recommend to the Board of Supervisors the selection and removal of all agents and employees of this Program, including the Committee's EMS Manager.
- Third: To engage in such activities as may be necessary or appropriate to provide adequate funds for the operation, maintenance and continuous upgrading of the Program's EMS service delivery system.
- Fourth: To recommend to the Board of Supervisors the adopting of an annual budget and annual long-range program plan.

Section 4.7 Place of Meetings. Regular and special meetings of the Committee shall be held anyplace within the County of Mono, State of California, which has been designated from time to time by resolution of the Committee or by written consent of all members of the Committee.

Section 4.8 Organizational Meeting. At the Organizational Meeting, the Committee shall organize its Board, elect officers of the Program, and transact such other business as may properly come before the meeting.

Section 4.9 Other Regular Meetings. Other regular meetings of the Committee shall be held not less than once a quarter, including the Organizational Meeting, and the time and place of such other regular meetings shall be determined by the Committee. Notice of regular meetings shall be given at least four (4) days prior to such meeting if given by first-class mail or at least forty-eight (48) hours prior to such meeting if delivered personally or by telephone or telegram. Public notice of such meetings shall also be made in a manner consistent with law which would be applicable to the Program if the Program were an agency of local government. The Committee may, however, hold closed meetings or closed sessions on matters related to personnel issues, existing or potential litigation, contract negotiations, or preparations for competitive procurements.

Section 4.10 Special Meetings. Special meetings of the Committee may be called by the President, the Executive Committee or by written request of a majority of the Committee Members (hereafter referred to as "Members") of the Committee. If the President is absent or unable or refuses to act, special meetings may also be called by any member of the Executive Committee. Notice of special meetings shall be given in the same manner as for regular meetings. Notice of the special meetings shall specify, in addition to the place, date and hour of such meeting, the general nature of the business or proposals to be considered or acted upon at such meeting.

Section 4.11 Notice of Adjournment. If the meeting of the Committee is adjourned for more than twenty-four (24) hours, notice of the adjournment to another time or place shall be given to each of the Member who is not present at the time of the adjournment in the manner required for special meetings as set forth in Section 4.10, above.

Section 4.12 Waiver of Notice. The transactions of any meeting of the Committee, however called and noticed or however held, shall be valid as though had at a meeting duly held after regular call and

notice if a quorum be present and if, either before or after the meeting, each of the Members not present signs a written waiver of notice or a written consent to holding of the meeting or an approval of the minutes thereof; provided that any Member who attends the meeting does not protest, prior to or at its commencement, the lack of notice.

Section 4.13 Quorum. Presence at a meeting of the Committee by one-third (1/3) or more of Members in office shall constitute a quorum of the Committee for the transaction of business at any regular or special meeting. Every act or decision made by a majority of the Members present at a meeting duly held at which a quorum is present shall be regarded as an act of the Committee, unless a greater number is required by law. A meeting at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of Members, if any action taken is approved by at least a majority of the required quorum for such meeting, or such greater number as may be required by law.

Section 4.14 Unanimous Written Consent. Any action required or permitted to be taken by the Committee may be taken without a meeting, if all members of the Committee shall individually or collectively consent in writing to such action. Such written consent or consents shall be filed with minutes of the proceedings of the Committee. Such action by written consent shall have the same force and effect as unanimous vote of all Members.

Section 4.15 Executive Session. At any meeting of the Committee, the President of the meeting may declare an Executive Session, which shall be a closed meeting of the Committee at which only members of the Committee, and the Committee's invited guests may be present, to (i) consider matters affecting the security of the buildings, facilities and collections of the Program, (ii) confer with the Program counsel on any matter to which the attorney-client privilege of the Program would obtain, and (iii) to discuss matters related to the Program's interests in competitive procurements or contract negotiations, and (iv) to consider personnel matters. The Secretary of the Committee shall keep separate minutes of the actions taken by the Committee in Executive Session, which shall be entered in a separate and confidential minute book and shall not be available for inspection by any persons, other than the Members, except upon the prior approval of the President or Committee.

Section 4.16 Self-Dealing Transactions. Pursuant to State Law the Committee nor any of its members may not be a party to the transaction in which one or more of its Members has a material financial interest (such Member hereinafter being called an "interested Member") unless:

(a) The County Counsel or the court in an action which the Counsel is an indispensable party has approved the transaction before or after it is consummated; or

(b) After full disclosure to the Committee of all material facts as to the proposed transaction and the interested Member's interest, and after investigation and report to the Committee as to alternative arrangements of the proposed transaction, if any, then the Committee in good faith and by a vote of the majority of the Members then in office (without including the vote of the interested Member):

(i) Resolves and finds that (1) the transaction is in the Program's best interest and for the Program's own benefit, (2) the transaction is fair and reasonable as to the Program, and (3) after reasonable investigation of the circumstances as to alternatives, the Program could not have obtained a more advantageous arrangement with reasonable efforts under the circumstances; and

(ii) Approves the entire transaction.

In the event it is not reasonable or practical to obtain the approval of the Committee prior to entering into such a transaction, the Program may enter into such a transaction if, prior to entering into such transaction, a committee or a person authorized by the Committee has approved the transaction in a manner consistent with the procedure set forth in this section, and the Committee, after determining in good faith that the Program entered into the transaction for its own benefit and that the transaction was fair and reasonable as to the Program at the time it was entered into, ratifies the transaction at its next meeting by a vote of the majority of the Members then in office, without counting the vote of the interested Member.

Section 4.17 Compensation. Members shall serve without compensation, except that they shall be allowed reasonable advancement or reimbursement for expenses incurred in the performance of their regular duties as specified in Section 4.6.

ARTICLE 5. OFFICERS

Section 5.1 Number and Title. The officers of the Program shall be a President, a President-Elect, such Vice Presidents as may from time to time be deemed desirable, Secretary and Treasurer, all of whom shall be members of the Committee. Provided, however, that pursuant to agreement with the County of Mono, the chief financial officer of the County of Mono may serve as the Program's treasurer without being a member of the Program's Committee. The Nominating Committee shall present a slate of officers.

Section 5.2 Election. The officers shall be elected by the Committee.

Section 5.3 Term of Office. The term of office for all officers shall be for one (1) year or until a successor is duly elected and qualified. There shall be no limitation on the number of terms officers may serve provided they are members of the Committee.

The President-Elect shall serve as such until the expiration of the term of the President, when that person shall automatically become President. In the event the President is elected to a second term, the President-Elect shall serve in that capacity until the close of the subsequent term of the President.

Section 5.4 Removal and Resignation. Any officer of the Committee may be removed, either with or without cause, by a majority of the Members then in office, at any regular or special meeting of the Committee.

Any officer of the Committee may resign at any time by giving written notice either to the President or to the Secretary of the Committee. Any such resignation shall take effect at the date of receipt of such notice or any later date specified therein, and unless specified therein, the acceptance of such resignation shall not be necessary to make it effective.

ARTICLE 6. PROGRAM ADMINISTRATION

Section 6.1 EMS Manager. The Board of Supervisors shall appoint an EMS Manager. The EMS Manager shall plan, organize, direct and coordinate the operations of the Program. He or she shall implement plans and programs to achieve the basic and primary goals of the Program as may from time to time be established by the Committee. The EMS Manager shall, unless excused by the President or other presiding officer of the Committee, be present at all meetings of the Committee, and shall attend the meetings of such committees as may appear expedient, but shall have no vote. Subject to Board approval and budgetary constraints, the EMS Manager shall recruit, hire, supervise, and manage all other personnel, consultants, and contractors employed by the Program.

ARTICLE 7. FINANCES

Section 7.1 Financial Stability. As the provider of an essential public service - an emergency service directly affecting public health and safety - the Program shall conduct its business and financial affairs to achieve and maintain a high level of financial stability to reduce risk of service interruption or substantial deterioration due to financial difficulties. The services rendered by the Program shall at all times maintain state-of-the-art clinical and technological standards delivered with reliable response time performance, and the Program's rates, subsidies, or rate/subsidy combinations charged for such services shall be established and periodically adjusted as necessary and appropriate to gradually achieve and then maintain a Program net worth equal to approximately one year's then projected annual operating budget and the form of such net worth shall include a prudent balance of liquid and fixed assets. The Program shall employ such business and operational practices as are appropriate to the most efficient possible production of ambulance services of high quality and reliability, and shall employ and periodically revise as necessary such billing practices, collection practices, third-party reimbursement programs, subscription programs, and such other revenue producing systems and procedures as are reasonable and necessary to the humane yet effective management of the Program's accounts receivable. However, at such time as the Program's estimated net worth has grown to reach the desired level of one year's then current projected operating budget, the Program's pricing policies shall then be stabilized and periodically adjusted to reflect actual cost levels, allowing such additional adjustments as are periodically necessary to maintain then current required net worth levels and prudent cash reserves.

Section 7.2 Funds. All finances of the Program, except as otherwise specified, shall be handled through a general fund. All receipts, contributions and other monies received or realized by the Program, except those with conditions attached thereto, shall become part of the general fund of the Program. The Committee of the Executive Committee may establish special funds from time to time for such purposes as shall be required to properly and efficiently conduct the business and affairs of the Program. Provided, however, that the Program shall immediately establish and maintain a conservatively designed fully funded equipment replacement program to ensure the timely replacement and upgrading of equipment.

Section 7.3 Compensation. No member of the Committee or Executive Committee shall receive any monetary remuneration for services rendered to the Program. No member of the Committee or the Executive Committee, or any private individual, shall have any personal, proprietary or beneficial interest in the property or funds of the Program either during its corporate existence or upon its dissolution.

Section 7.4 Checks. All checks, drafts or other orders for payments of money, notes or other evidences of indebtedness, issued in the name of, or payable to, the Program shall be signed or endorsed by such person or persons and in such a manner as from time to time shall be determined by resolution of the Committee or the Executive Committee.

All checks drawn on the Program's funds shall be signed in the name of the Program by at least two (2) persons from time to time designated and determined by resolution of the Committee or the Executive Committee. These two (2) persons shall be selected from the Committee, the EMS Manager, and the Treasurer.

Section 7.5 Budget. Prior to the beginning of each fiscal year, the EMS Manager shall submit for adoption by the Committee an annual budget based upon the preliminary budget recommendations submitted by the Treasurer of the Program. After adoption by the Committee, the responsibility for maintenance of the budget records shall be delegated to the Treasurer of the Program.

Section 7.6 Audit. The accounts of the Program shall be audited at least once a year by an independent certified public accountant, or the County Auditor-Controller.

Section 7.7 Bonds. Performance bonds of an appropriate amount may be required of paid personnel having access to funds of the Program and of the Treasurer of the Program. The premium expense of all such bonds shall be borne by the Program, except in cases where such bonds are required of paid personnel who are employees of a company which is a contractor to the Program.

Section 7.8 Annual Financial Report. An annual financial report shall be sent to each Member and to the chief financial officer of each political jurisdiction served by the Program not later than 120 days after the close of the Program's fiscal year. Such annual financial report shall contain in appropriate detail the following:

(a) The assets and liabilities, including the trust funds, of the Program as of the end of the fiscal year.

(b) Principal changes in assets and liabilities, including trust funds, during the fiscal year.

(c) The revenue or receipts of the Program, both unrestricted and restricted as to particular purposes, for the fiscal year.

(d) Expenses or disbursements of the Program, both for general and restricted purposes, during the fiscal year.

(e) The status of equipment replacement funds, as compared with projected and actual equipment replacement needs for the fiscal year.

ARTICLE 8. MISCELLANEOUS

Section 8.1 Amendments. New By-Laws may be adopted or these By-Laws may be amended or repealed by a vote of a two-thirds or greater majority of the Committee of the Program, unless such changes are restricted by any contract then in force binding the Program to seeking approval of such changes from the County Counsel of a County with which the Program has contracted.

Section 8.2 Robert's Rules of Order. In the procedural conduct of all meetings of the Committee and the Executive Committee of the Program, Robert's Rules of Order shall prevail.

Section 8.3 Dissolution. The Program shall not be dissolved, except in accordance with the provisions and laws of the State of California and under the direction of the Board of Supervisors. In the event of Dissolution, liquidation or abandonment of this Program, no part of its net assets or net earnings shall inure to the benefit of any private individual, but shall be disposed of in accordance with provisions set forth in the Articles of Incorporation, and as restricted by provisions agreed to in contracts approved by the Committee which may restrict the distribution of net assets upon dissolution of the Program.

EXHIBIT D

SACRAMENTO BEE ARTICLE

EXHIBIT E

SUGGESTED FIRST RESPONDER EQUIPMENT LIST

MONTEREY COUNTY EMERGENCY MEDICAL SERVICES AGENCY

First Responder Unit

Recommended Minimum Requirements

QUANTITY

1. Oxygen Delivery System (Portable)
 - a. Tank supply must be sufficient to provide a 1
patient with not less than 10 liters per
minute (lpm) for 20 minutes.
 - b. Regulator with adjustable flow meter 1
 - c. Simple transparent face masks - adult 2
- pediatric 2
 - d. Nasal cannulas 2
 - e. Oxygen connecting tubing 2
 - f. Bag-valve-mask with reservoir 1
 - g. Oropharyngeal airways sizes 0-6 1 set
 - h. Pocket mask 1
2. Suction (Portable)
 - a. Negative pressure equivalent to a 300 mm 1
column of Hg at a 30 lpm air flow rate
 - b. Collection container with 500cc capacity 1
 - c. Overflow protection feature
 - d. 18F, 14F and Yankar suction tips 2 ea
3. Adult and Pediatric Blood Pressure Cuffs - adult 1
- pediatric 1
4. Stethoscopes 2
5. Bite sticks (approved soft - designed to be bite stick) 1
6. Instant glucose or cakemate 1
7. Bandages
 - a. Occlusive dressings (labeled occlusive) 3
 - b. 4 x 4 sterile gauze 12

MONTEREY COUNTY EMERGENCY MEDICAL SERVICES AGENCY

First Responder Unit

Recommended Minimum Requirements

Continue ... Page 2

	QUANTITY
c. 3" Ace or roller bandage	2
d. 1" or 2" tape	2 rolls
e. Scissors	1
f. Large trauma/universal dressings	1
g. Triangular bandages	1
h. Band-aids - all sizes	1 asst
i. Cups for coning eyes (oval eyepads)	2
j. Burn-pack / to include 2 sterile sheets, 1000 ml .. sterile water or saline, 2 sterile 20 x 30 towels)	1
k. Ice packs	2
l. Kerlix 3" sterile	4
8. Gloves Disposable	1 box
9. Isolation Masks	4
10. Disinfect wipes	12
11. Sterile saline solution - 1000 ml	1
12. Splinting Equipment	
a. Traction splint - adult	1
b. Traction splint - pediatric	1
c. Extrication collars (full set) pediatric,	1 set
small, medium, large	
d. Long backboard with straps (5)	1 set
e. Short board or KWB	1

MONTEREY COUNTY EMERGENCY MEDICAL SERVICES AGENCY
First Responder Unit

Recommended

Continue ... Page 3

	QUANTITY
18. Blanket	1
19. Window punch	1
20. Plastic bag (medium)	2

1/9/90

EXHIBIT F

PROPOSED DISPOSABLE MEDICAL SUPPLY PRICE LIST

**RATE CALCULATION
DISPOSABLE MEDICAL SUPPLIES AND MEDICATIONS**

<u>DISPOSABLE MEDICAL SUPPLIES AND MEDICATIONS</u>	<u>RATE</u>
CRIC KIT	\$9.20
**CALCIUM CHLORIDE 1mg/10cc preload	\$10.93
**CERVICAL COLLAR	\$12.68
**DEXTROSE 50% 25mg/50cc preload	\$20.70
**DOPAMINE 400 mg vial	\$23.00
**ESOPHAGEAL OBTURATOR AIRWAY	\$89.70
**ET TUBES 3.0 - 8.0 (includes 1/2 sizes)	\$7.34
**GAUZE PADS 4x4	\$1.01
**GLUCAGON 1mg vial	\$46.00
**INFUSION SET 3 WAY ADD-A-FLOW	\$4.05
**INFUSION SET BLOOD SET WITH PUMP	\$20.70
**INFUSION SET MICRO	\$11.50
**ISUPREL 1mg preload	\$13.80
**LIDOCAINE 100mg/5cc preload	\$10.35
**LIDOCAINE 2gm/50cc	\$6.90
**O B KIT	\$15.57
**ORAL PHARYNGEAL AIRWAYS, ALL	\$1.84
**OXYGEN MASK, ALL	\$7.25
**OXYGEN MASK - CANNULA	\$1.22
**OXYGEN MASK - NON-BREATHING ADULT	\$3.43
**ROLLER BANDAGES	\$2.99
**SODIUM BICARB 50mgEQ/50cc preload	\$18.40
**SODIUM BICARB, INFANT, 5mgEQ/10cc preload	\$23.00
**STERILE BANDAGE COMPRESS 5x9	\$1.01
**SUCTION TUBING	\$2.88
ACE WRAP, 4	\$2.99
ALUPENT 0.6% solution	\$2.53
AMINOPHYLLINE 250mg/10cc	\$2.30
ARM BOARDS, LONG	\$1.80
ARM BOARDS SHORT	\$1.80
ATROPINE 1.0mg/5cc preload	\$11.50
BED/FRACTURE PAN	\$2.35
BENADRYL 50mg/1cc	\$8.51
BENZOIN SWABS	\$1.04
BLANKETS, DISPOSABLE	\$11.91
BLOOD COLLECTION TUBES - GREEN	\$1.15
BLOOD COLLECTION TUBES - RED	\$1.15
BRETYLIUM 500mg/10cc	\$24.08
COLD PACKS	\$0.66
CONDUCTIVE GEL PADS	\$9.66
COVERED CONTAINER	\$2.07
D5W 100cc	\$8.05
D5W 500cc	\$11.50

** Medicare Approved Rates

DISPOSABLE MEDICAL SUPPLIES AND MEDICATIONSRATE

DISPOSABLE BAG-VALVE MASK	\$39.00
EKG PAPER	\$7.94
EPINEPHRINE 1:1,000 1mg/cc ampule	\$2.88
EPINEPHRINE 1:10,000 1mg/cc preload	\$12.08
ET STYLET - ALL	\$6.90
GLOVES STERILE (1 - 8) EACH	\$1.84
HAND HELD NEBULIZER FOR INHALATION	\$11.50
IPECAC 1 ounce	\$4.60
IRRIGATION SOLUTION, STERILE SALINE 1,000cc	\$3.66
IRRIGATION SOLUTION, STERILE WATER 1,000cc	\$3.66
ISOLATION GOWN	\$3.31
LACTATED RINGERS 1000cc	\$16.10
LASIX 40mg	\$4.78
LINEN SHEET	\$1.38
MORPHINE SULFATE 10mg/1cc ampule	\$4.60
NARCAN 0.4mg/1cc	\$16.10
NASAL PHARYNGEAL AIRWAYS, ALL	\$8.42
NEEDLES COFFIN	\$4.60
NITROGLYCERINE 0.4mg tab btl.	\$5.75
PATIENT ELECTRODES	\$2.30
PEDIATRIC ELECTRODES, ALL	\$2.30
PETROLEUM GUAZE PADS	\$2.99
QLUCOLA 8 ounce	\$5.75
SAM SPLINT	\$21.85
SAND BAGS FOAM (Single Use)	\$11.50
SANDBAGS-HEADBED IMMOBILIZER, ALL	\$9.20
SCALP VEIN NEEDLES, ALL	\$3.91
SINGLE USE STERILE SALINE 10cc	\$2.30
SUCTION CATHETERS, ALL	\$2.02
SYRINGES 35cc	\$1.75
URINAL	\$1.38
VALIUM 10mg/2cc ampule	\$9.20
VERAPAMIL 5mg/2cc	\$8.05