EMERGENCY MEDICAL SERVICES COMMITTEE

Chair: Health Advisory Commissioner Harry Hall

Thursday, October 2, 2014

1:00 pm – 3:00 pm

(Voting Members Requested to RSVP by September 25, 2014)

Santa Clara County Sheriff’s Department Auditorium
55 West Younger Avenue
San Jose, CA 95110

All reports and supporting material are available for review on the Santa Clara County EMS Agency website at www.sccemsagency.org and in the EMS Agency’s offices at least one week prior to the meeting. This information is also available the day of the meeting. (Documents attached. Committee action required).

1. Call to Order / Roll Call  (Commissioner Hall)

2. Introductions and Announcements  (Commissioner Hall)

3. Public Comment  (Staff)

This portion of the meeting is reserved for persons desiring to address the EMS Committee on a Committee-related matter not on the agenda. Speakers are limited to two (2) minutes. The law does not permit Committee action or extended discussion on any items not on the agenda except under special circumstances. Statements that require a response may be placed on the agenda for the next regular meeting of the Committee.

Regular Items  (Commissioner Hall)

4. Approval of June 5, 2014 Meeting Minutes  
5. **Distribution of Revised EMS Committee Standing Rules** (Petrie)

6. **Summary of Items Presented to Board of Supervisors or Health & Hospital Committee** (Natividad)

7. **EMS System Update** (Petrie)
   A. County Staff Recommendation Regarding Exclusive Operating Area Ambulance Contract with Rural/Metro
   B. San Jose Fire Department Response Time Performance

8. **Medical Director Report – Clinical Care** (Dr. Rudnick)

9. **Exclusive Operating Area Contract Status** (Blain)
   A. County EOA Update
      i. Accept Rural/Metro Response Time Performance Report
      ii. Accept Status of Deliverables
   B. Accept Fire Department Response Time Performance Report
   C. Palo Alto EOA Update – Accept Verbal Report

10. **Hospital Destination, Diversion, and Advisory Status Report** (Diaz)

11. **Member Roundtable and Reports**

12. **Next Meeting and Adjourn** (Commissioner Hall)

   December 4, 2014 from 1-3 pm at the Sheriff’s Department Auditorium, 55 West Younger Avenue, San Jose, CA 95110

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**Venue and Parking Instructions**

- Visitor parking is available at the County building parking lot designated “Visitor” areas.
- No food or uncapped beverages are permitted in the training room.
- This meeting will be recorded.
# Meeting Minutes

<table>
<thead>
<tr>
<th>Item</th>
<th>Discussion</th>
<th>Action</th>
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<tbody>
<tr>
<td>1. Call to Order/Roll Call</td>
<td>Co-Chairman Kenneth Horowitz called the meeting to order at 1:35 p.m. A quorum was present.</td>
<td>• Meeting called to order.</td>
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<tr>
<td>2. Introductions and Announcements</td>
<td>None</td>
<td>• None</td>
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<td>3. Public Comment</td>
<td>No members of the public provided comment.</td>
<td>• None</td>
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## Calendar Items

<p>| 4. Approval of December 5, 2013 Meeting Minutes | Without discussion, the committee approved the consent calendar. M/S/C | • December 5, 2013 Meeting Minutes approved. T.Haglund/R. Kline |
| 5. Summary of Approved or Pending Board of Supervisors, and Health and Hospital Committee Items | Without discussion, the committee accepted the approved Board of Supervisor and Health and Hospital Committee items. Health and Hospital Approved Committee Items:  - Report Back on Improving First Responder Time Performance – May 16, 2014.  - Report Back on Rural/Metro Response Time Performance and RFP Process – May 16, 2014.  - Annual Emergency Medical Services Plan Update to the California Emergency Medical Services Authority Process – May 16, 2014. | • Informational Only Summary of Approved BOS and HHC items accepted as presented. |</p>
<table>
<thead>
<tr>
<th>6. EMS System Update</th>
<th>Michael Petrie reported:</th>
<th>Information only</th>
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<tbody>
<tr>
<td>A. Accept Eric Nickel as replacement for Ken Kehmna as representative for the Santa Clara County Fire Chief's Association.</td>
<td>• Appointment of Eric Nickel as replacement for Ken Kehmna as representative for the Santa Clara County Fire Chief's Association.</td>
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<tr>
<td>B. Proposed Changes in Standing Rules of EMS Committee</td>
<td>• M. Petrie reported on proposed changes in Standing Rules of EMS Committee: for the number of commissioners required for quorum change from 2 to 1.</td>
<td>• Motion to adopt recommendations to change number of commissioners required for quorum from 2 to 1 and to change to membership of commissioners from 3 to 2. M/S/C T. Haglund/R. Kline</td>
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<td>• Chairperson Kenneth Horowitz motioned to adopt recommendations to: 1) change the number of commissions required for quorum from 2 to 1; 2) Change the number of commissioner membership from 3 to 2, thus reducing the total committee membership to 15 with a quorum requirement of 8.</td>
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<td>C. Response to Request for Information about EMS Committee Chair.</td>
<td>• M. Petrie reported on request for information about EMS Committee Chair, Harry Hall. Chairperson may continue until replaced by the Board of Supervisors.</td>
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<td><strong>7. EMS System Update</strong></td>
<td>Michael Petrie reported on the Rural/Metro Contraction Revision:</td>
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<tr>
<td><strong>A. Rural/Metro Contract Revision</strong></td>
<td>• The Emergency Medical Services Agreement between the County of Santa Clara and Rural/Metro of California for 911 Exclusive Operating Area (EOA) paramedic and ambulance service is in force until June 30, 2016. The County has the right to extend the term of the Agreement for two additional 3-year periods, by providing Rural/Metro no less than (60) days prior written notice.</td>
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<td>• The EMS Agency anticipates approximately 20 to 24 months is necessary to create and release an RFP for 911 EOA paramedic ambulance services, to select the desired vendor, and to provide time for the vendor to prepare for operation. Therefore, the EMS Agency anticipates making a recommendation to the Health and Hospital Committee and the Board of Supervisors on whether to develop and release a RFP, between June and October 2014.</td>
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<td><strong>B. San Jose Fire Department Response Time Performance</strong></td>
<td>Michael Petrie reported on San Jose Fire Department’s Operational Changes to Improve Response Time Performance</td>
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CPR Card Investigation

- On February 12, 2014, the County Executive's Office requested that the EMS Agency coordinate a meeting with the San Jose Fire Department and Rural/Metro to explore options for augmenting the San Jose Fire Department's First Responder capability. The purpose of these meetings were for the EMS Agency to provide technical expertise to the City of San Jose and to examine the feasibility of adding Rural/Metro as a First Responder in the City of San Jose until such time as the San Jose Fire Department could demonstrate call time performance at the 90% standard.

- Since February 12, 2014, the EMS Agency and the City of San Jose and a data sub-committee has met eight times to review call time data and explore short term solutions and long term strategies to improve call time performance. In these meetings, the EMS Agency and the City of San Jose focused on validating the accuracy of the San Jose Fire Department’s methods of analyzing and reporting response time data and implementing operational changes that incrementally improve response time performance.

- Michael Petrie reported that the EMS Authority completed their investigation and expects to begin to issue disciplinary decisions for California Licensed Paramedics in the coming weeks. The County is not aware of the proposed discipline that will be issued by the State.
- The Santa Clara County EMS Agency has completed the investigation of all suspect EMTs. Discipline has been issued to over seventy individuals with the remainder occurring within the coming weeks. As of today's date, one individual was found to not have violated the Health and Safety Code. The majority of those placed on discipline were placed on a two year probationary period, revocation of EMT certificate with revocation stayed, and terms and conditions including mandatory completion of a college level ethics course.

- A comprehensive report will be issued upon completion of all disciplinary proceedings including any appeals received.

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<tr>
<th>8. <strong>Medical Director Report – Clinical Care</strong></th>
<th>Michael Petrie commented on Eric Rudnick’s written report on current policies related to clinical quality committee.</th>
<th>Information only.</th>
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<tr>
<td>A. Accept Written Report on the Financial Status of the EMS Trust Fund</td>
<td>- On May 16, 2014, the Health and Hospital Committee approved the Emergency Medical Services (EMS) Agency FY15 Trust Fund Recommendations. Each year the EMS Agency submits a report relating to the current fiscal year EMS Trust Fund to the Health and Hospital Committee. The report is then forwarded to the Board of Supervisors’ for approval.</td>
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- Discussion on purpose of committee if this item expense has already been decided. Mr. Petrie explained that the EMS Agency had to move forward as the previous EMS Committee meeting was cancelled due to the lack of quorum present. The funds allocations had already been approved at the beginning of the year.

10. Exclusive Operating Area Contract Status
   A. Rural/Metro Update
      - John Blain provided an update on the status of Rural/Metro as the EMS System’s 911 paramedic ambulance provider. The report on (May 2013 to April 2014) response time performance shows Rural Metro has been compliant in all zones and overall performance.

   B. County EOA Update –
      i. Accept Rural/Metro Response Time Performance Report
      - John Blain reported that San Jose Fire Department. The report on (April 2013 to March 2014) response time performs shows San Jose Fire Department failed to achieve 90% zone compliance during this period of review. As documented in the previous report to the committee, other performance deficiencies have occurred in prior. Remediation is continuing in accordance with the terms of the agreement.

   C. Accept Fire Department Response Time Performance Report.
      - Information only.

   D. Palo Alto EOA Update – Accept Verbal Report
      - Chief Eric Nickel presented verbal report for the City of Palo.

11. Hospital Destination, Diversion, and Advisory Status Report
   - Michael Petrie reported on the status of hospital destination, diversion and hospital advisory status levels for November 2013 to April of 2014.
   - The total number of patients transported within the last six month saw a small increase. Despite the increase, the overall hours of diversion
have dropped. Specialty Care Center service advisories for both Stroke and Trauma have also decreased by 38% and 32%, respectively. While the STEMI centers have seen a slight increase.

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<th>12. Member Roundtable and Reports</th>
<th>None.</th>
<th>• Information only</th>
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<tr>
<td>13. Next Meeting</td>
<td>The next meeting will be held on October 2, 2014 from 1:00 to 3:00pm at the Sheriff’s Department Auditorium.</td>
<td>• As noted.</td>
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<td>14. Adjournment</td>
<td>There being no further business, the meeting was adjourned at 2:37pm</td>
<td>• Meeting adjourned.</td>
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MEMBERS PRESENT
Kenneth Horowitz, , Health Advisory Commission
Katie Zoglin, Health Advisory Commission
Jo Coffaro, Hospital Council of Northern CA
Steven Drewniany, Santa Clara County Police Chief’s
Tom Haglund, County City/County Managers
Rick Kline, Santa Clara County Trauma Surgeons
Ginger Miramontes, Emergency Department Managers
Eric Nickel, Santa Clara County Fire Chief’s Assoc
Michelle Woodfall, Santa Clara Trauma Managers

MEMBERS ABSENT
Harry Hall, Chair, Health Advisory Commission
Jose Chavez, Public Safety Sector Paramedic/EMT
Randy Hooks, Permitted Non-911 Ambulance Provider
Kralyevich, Private Service EMT/Paramedic
Elaine Nelson, South Bay Emergency Medical Directors
Jeff Taylor, 911 Contracted Ambulance Provider
James Silva, Santa Clara County Medical Association

STAFF PRESENT
Michael Petrie, Director
John Blain, EMS Specialist
Lilia Felix-Villalobos, Executive Assistant
Daniel Franklin, EMS Specialist
Christopher Duncan, EMS Specialist
John Montes, EMS Specialist
Manuel Elias, Office Specialist
Date: October 2, 2014

To: Santa Clara County EMS Committee Members

From: Michael Petrie
EMS Director

Subject: Distribution of Revised EMS Committee Standing Rules

At the EMS Committee’s June 5, 2014 meeting, EMS Committee members voted to revise the Standing Rules of the EMS Committee to require only two members of the Health Commission on the EMS Committee and to allow the committee to maintain a quorum with only one Health Commissioner present. Reducing the number of health commissioners assigned to the EMS Committee reduced the total committee membership to 15 and changed the quorum requirement from 9 to 8.

The new Standing Rules of the EMS Committee are attached.

Options
No action necessary
STANDING RULES

EMERGENCY MEDICAL SERVICES COMMITTEE

A STANDING COMMITTEE
OF
THE HEALTH ADVISORY COMMISSION

I. COMMITTEE RESPONSIBILITIES

The purpose of the Emergency Medical Services Committee (EMS Committee), a standing committee of the Health Advisory Commission, shall be to provide recommendations related to emergency medical services to the Health Advisory Commission and to provide a community based and informal feedback channel for the EMS Agency. The Committee will collaborate with the EMS Agency to monitor contract and regulatory compliance and performance of EMS System providers, including emergency medical dispatch centers, first responders, the contracted 911 exclusive operating area paramedic ambulance provider, non-emergency ambulance providers, hospital emergency departments, and specialty centers. The committee will also make recommendations on certain EMS Trust Fund expenditures, and review the EMS Plan.

II. MEMBERSHIP

The membership of the EMS Committee shall consist of:

A. A practicing physician whose primary practice is emergency medicine, nominated by SBEMDA (South Bay Emergency Medical Directors Association)

B. A practicing physician and surgeon whose primary practice is trauma surgery, nominated by the Santa Clara County Medical Society

C. A practicing pediatrician, nominated by the Santa Clara County Medical Society

D. A practicing registered nurse who is knowledgeable in emergency medical services, nominated by the local chapter of the Emergency Nurses Association

E. A practicing registered nurse who is knowledgeable in trauma emergency medical services, nominated by the Santa Clara County Trauma Program Managers

F. A practicing paramedic or EMT, nominated by the Prehospital Providers Committee to represent private sector paramedics and EMTs

G. A practicing paramedic or EMT, nominated by the EMS Fire Chiefs to represent public sector paramedics and EMTs
H. An executive officer of the emergency ambulance service provider for the exclusive operating area, nominated by that organization

I. An executive officer of a permitted ambulance service provider, other than the emergency ambulance service provider for the exclusive operating area, nominated on a rotating basis by the EMS Director

J. An executive officer of a fire department or fire district, nominated by the Santa Clara County Fire Chiefs’ Association

K. An executive officer of a law enforcement agency, nominated by the Santa Clara County Police Chiefs’ Association

L. A hospital executive, nominated by the Hospital Council of Northern California

M. A City Manager, nominated by the Santa Clara County City Managers’ Association

N. Two Commissioners from the Health Advisory Commission, nominated by the Health Advisory Commission.

Each nominating body should select one (1) primary and one (1) alternate member.

III. COMMITTEE CHAIRPERSON

The Chair of the EMSCO shall be appointed by the Health Advisory Commission and shall be a Health Advisory Commissioner.

IV. ATTENDANCE

Members should attend at least fifty percent of the meetings held during any consecutive twelve month period. Personal and professional obligations will be recognized as an excused absence. In the event a primary member cannot attend a committee meeting, the member should ask their alternate to attend the meeting to assure continuity. In the event the member has unexcused absences from two or more meetings during a twelve month period, the committee chair or the EMS Director will notify the nominating authority and request that the nominating authority recommend a replacement for the position.

V. QUORUM

A majority of the membership (fifty percent plus one), including at least one member of the Health Advisory Commission, shall constitute a quorum. This is a total of eight members. A quorum of the EMS Committee must be present to discuss or take any action on items listed on the agenda or within the prevue of the EMS Committee.
VI. MEETINGS

The Emergency Medical Service Committee shall conduct regularly scheduled quarterly meetings. Additional meetings may be called by the Chair.

VII. PARLIAMENTARY PRACTICE

Meetings of the EMS Committee shall be conducted consistent with Robert’s Rules of Order.

VIII. COMPLIANCE WITH OPEN MEETING LAWS

The EMS Committee complies with the Brown Act, California’s open meeting law (Government Code Sections 54950-54963). Among other things, this law requires that:

- All EMS Committee meetings are open to the public
- Members of the public are afforded an opportunity to address the committee on items within its purview.
- The EMS Committee’s agenda must be posted by the EMS Agency and the Clerk of the Board no less than 72 hours before a meeting. The agenda will be posted on the EMS Agency’s website and in the public notice posting location at the County Government Center, at 70 West Hedding Street, San Jose.

Revised June 5, 2014
Revisions approved by EMSCO June 5, 2014
Date: October 2, 2014

To: Santa Clara County EMS Committee Members

From: Patricia Natividad
Senior Management Analyst

Subject: Summary of Approved or Pending Board of Supervisors and Health and Hospital Committee Items

Health and Hospital Approved Committee Approved/Pending Board Items:


Accept report from Emergency Medical Services (EMS) Agency relating to the status of the EMS Agency and EMS System.

Rural/Metro’s Performance
Criteria Used to Evaluate Rural/Metro Performance

Reports to the Health and Hospital Committee and the final report to the Board of Supervisors, provided pursuant to the Board of Supervisor’s December 10, 2013 request, use the following criteria to evaluate Rural/Metro: (1) Response Time Performance; (2) Clinical Quality Performance; (3) Compliance with Agreement/Administrative Performance; and, (4) Financial Performance. This report also discusses state anti-trust issues as they relate to the 911 Ambulance Exclusive Operating Areas and contract changes.

1) Response Time Performance

Rural/Metro’s response time performance has consistently met or exceeded the contractual response time performance standards in each of the five zones for Red Light and Siren (emergency) and Non-Red Light and Siren (non-emergency) paramedic ambulance transport services, since January 2013, when the EMS Agency found Rural/Metro in material breach of contract. The Breach occurred when Rural/Metro failed to meet contractual 90th percentile response time standards in October and December 2012 of less than 0.5% in two zones. Rural/Metro’s specific response time performance for the period January 2013 through March 2014 is detailed as followed:
## Red Lights and Siren (Code 3) Emergency Calls

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Zone 1</th>
<th>Zone 2</th>
<th>Zone 3</th>
<th>Zone 4</th>
<th>Zone 5</th>
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<tbody>
<tr>
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## No Red Lights and Siren (Code 2) Non-Emergency Calls

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2) Clinical Quality Performance

Rural/Metro’s clinical care and clinical quality improvement processes have met standard. There have been no unresolved significant clinical incidents, the precision and accuracy of Rural/Metro’s quality improvement system appears to be improving. During the past months, Rural/Metro and the EMS Agency have worked increasingly closer reviewing clinical issues and determining performance improvement activities in cases where remediation is indicated.

3) Compliance with Agreement/Administrative Performance

The EMS Agency believes that Rural/Metro is materially in compliance with the standards of performance contained in the Agreement, EMS System Policy, and State law and regulation. Rural/Metro has complied with administrative requirements, including providing reports and timely responding to inquiries. Rural/Metro’s decision to rapidly retrain employees in CPR, after recognizing that some of their employees may have improperly received a CPR card, was proactive, responsive and timely. Additionally, holding employees accountable for failing to meet CPR training standards will help improve the longstanding culture of this EMS system.

Finally, Rural/Metro’s new local management has been increasingly candid and transparent, especially related to operational performance, clinical quality and financial performance. The local management has self-identified, reported and corrected minor deviations and informed the EMS Agency of policy changes that will improve system efficiency.

4) Financial Performance

Rural/Metro has provided the EMS Agency with detailed financial information on the local Santa Clara County operation. Rural/Metro has also indicated that they will provide financial information on the corporate parent quarterly. This will help the County of Santa Clara to better understand Rural/Metro’s solvency and financial status at the local and corporate level.

In December 2013, Rural/Metro Corporation completed a financial restructuring of the company. As a result, the Rural/Metro parent corporation and its subordinate corporations, including Rural/Metro of California, changed their fiscal year from a July 1 -- June 30 fiscal year to a January 1 -- December 31 fiscal year on January 1, 2014. To implement this change, Rural/Metro had a six-month or “stub” fiscal year, for the period from July 1, 2013 through December 31, 2013.

Rural/Metro’s unaudited financial statements for December 2013 indicate that Rural/Metro reported a profit from local operations during the July 1, 2013 to December 31, 2013 period of $933,592. This profit incorporated the past and future financial effects of the actions taken by the Board of Supervisors on December 10, 2013.

Rural/Metro’s unaudited financial statements for January 2014, which is the first period of the 2014 fiscal year, indicate a loss of $1,181,082. Rural/Metro’s unaudited financial statements for February 2014 indicate a loss of $631,430, which brings Rural/Metro’s total loss for the 2014 calendar year to $1,812,512.

Analyses of Rural/Metro’s financial statements indicate that Rural/Metro does not produce enough revenue from operations to cover expenses, in the short or long term. Last year, Rural/Metro made financial commitments that increased their local cost of operations, including negotiated labor agreements. Conversely, ambulance reimbursement rates are generally remaining stable or decreasing and a higher proportion of ambulance calls receive retrospective utilization review—the payor reviews the patient care record and determines whether the ambulance transport was clinically justified. If the payor determines that the ambulance transport and treatment was not justified, the payor may not pay. Many analysts believe that in affluent areas, aggregate ambulance reimbursement
will decease and retrospective call review will increase as a consequence of health reform and
continued implementation of the Patient Protection and Affordable Care Act.

The primary factors in Rural/Metro’s poor financial performance are their rate structure and negative
changes in the payor mix, resulting in less than forecasted net revenue. There are two components to
this issue. Rural/Metro has indicated to the County that during the 2010 Exclusive Operating Area
Paramedic Ambulance RFP process, it ran financial projections and developed its bid based on a
payor mix and call volume that is not in existence today. Call volumes and payor mixes are always
changing; consequently, so too has the net revenue changed from 911 ambulance transports.

Throughout the EMS industry and California, many analysts indicate that EMS aggregate
reimbursement is decreasing. The EMS Agency strongly believes that Rural/Metro’s Santa Clara
operation is not immune to this trend, but because the Agency have not been able to access the
appropriate financial reports until recently, the impact of this trend on this operation cannot be
quantified. Finally, Rural/Metro overestimated the EMS System’s transport volume during the first year
of operations by approximately 1,500 calls. This equates of decreased revenue of approximately
$2,281,000 during fiscal year 2011-2012. This problem was transient, as by fiscal year 2012-2013, the
annual call transport volume exceeded Rural/Metro’s projections by approximately 600 calls.

Based on an analysis of twenty-five ambulance zones and sub-zones throughout the Bay Area and
Northern California, Rural/Metro has the second least expensive base rate. The least expensive base
rate is Solano County, which has a less expensive labor market. The average 911 paramedic
ambulance rate of the services in the analysis is $1,820, which is 64% greater than Rural/Metro’s rate
of $1,162. This equates to a base rate difference of $658 per transport. The rate structures suggest
that it would be possible to modestly increase Rural/Metro’s authorized rates, while still remaining
among the lowest rates in the Bay Area and Northern California. The current agreement with Rural
Metro allows for a base rate increase if approved by the Board of Supervisors. In the months ahead,
Rural/Metro may approach the Board of Supervisors to make such a request.

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>ALS1</th>
<th>Per Mile</th>
<th>Oxygen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palo Alto Fire (City)</td>
<td>$1,485.00</td>
<td>$24.00</td>
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<td>Alameda (County EOA)</td>
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<td>Berkeley Fire (City)</td>
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<td>Contra Costa (County EOA)</td>
<td>$1,821.84</td>
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<td>Moraga-Orinda Fire (District)</td>
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<td>Novato Fire (District – Marin County Zone A)</td>
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<tr>
<td>Corte Madera Fire (City – Marin County Zone C)</td>
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<td>$2,033.15</td>
<td>$43.14</td>
<td>$126.90</td>
</tr>
</tbody>
</table>

1 Based upon ALS 1 Base Rate, which means transportation by ground ambulance, medically necessary supplies and services
and either a paramedic assessment or the provision of at least one ALS intervention.

**A division of the Santa Clara County Public Health Department**
<table>
<thead>
<tr>
<th>County EOA</th>
<th>Rate 1</th>
<th>Rate 2</th>
<th>Rate 3</th>
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<tr>
<td>San Joaquin (County EOA - Zone D)</td>
<td>$2,033.15</td>
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<td>Santa Cruz (County EOA)</td>
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<td>Solano (County EOA)</td>
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<td>$86.96</td>
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<td>Sonoma (County EOA)</td>
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<tr>
<td>Yolo (County EOA)</td>
<td>$1,975.00</td>
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**Analysis**

<table>
<thead>
<tr>
<th>County EOA</th>
<th>Rate 1</th>
<th>Rate 2</th>
<th>Rate 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Santa Clara (County EOA)</td>
<td>$1,162.74</td>
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<td>Average (not including Santa Clara County)</td>
<td>$1,820.84</td>
<td>$40.44</td>
<td>$139.06</td>
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<td>Minimum</td>
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<td>Maximum</td>
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<tr>
<td>Lower Quartile (25% of lowest rates)</td>
<td>$1,599.05</td>
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<tr>
<td>Upper Quartile (25% of highest rates)</td>
<td>$2,033.15</td>
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</tr>
</tbody>
</table>

**California EMS Authority's Position on State Action Anti-Trust Immunity**

To facilitate the creation of Exclusive Operating Areas for EMS, paramedic services and ambulance transport, the State of California EMS Authority provides state anti-trust immunity for County EMS Agencies that select EMS vendors through prescribed and highly regulated grandfather clauses or competitive processes. Without state anti-trust immunity, the County could face allegations of illegal restraint of trade and uncompetitive behavior by other ambulance providers seeking to enter the 911 ambulance transport services market in Santa Clara County.

The EMS Agency and County Counsel’s Office met with the California EMS Authority to obtain guidance as to what contractual changes would be permissible to the Rural/Metro and Santa Clara County contract. In particular, the EMS Agency sought direction with respect to rate changes and system efficiencies which could be implemented and yet still allow the anti-trust protection to be maintained. The EMS Authority’s position is that any significant change that directly or indirectly reduces cost, such as changing response times, changing penalty structures, significantly breaking the firewall or eliminating other contract provisions, would be very likely to constitute a material modification of the existing contract triggering the loss of the anti-trust protection. However, the EMS Authority indicated that it might support initiatives to change the contract to improve clinical care, if those initiatives were supported by strong clinical evidence.

**Timeline for Re-bidding and Negotiating a New Contract**

The lead time for re-bidding, awarding and negotiating a final agreement is substantial. The EMS Agency typically requires 24 months to complete this process. Substantial stakeholder input and involvement is generally afforded to developing the requirements of the EOA bid and final award. It is also imperative to recognize that any awardee would typically require a minimum of six to nine months to procure a fleet of ambulances, to hire and train staff, and to acquire local facilities to sustain their operations and meet other contract requirements.

A copy of the report can be viewed on the Health and Hospital Committee Meeting Agenda web page.
Accept report from Public Health Department relating to the status of Agreement with Racing Hearts for purchase of automated external defibrillators.

On June 16, 2014, Supervisor Simitian requested a report to the Health and Hospital Committee regarding the status of the agreement with Racing Hearts no later than October 1, 2014. This report provides the requested information.

Utilization of $50,000 of Emergency Medical Services (EMS) Trust Fund monies for the agreement with Racing Hearts for the purchase of automated external defibrillators (AEDs) was approved by the Board of Supervisors on June 20, 2014, and included in the Department’s Fiscal Year 2015 approved budget.

On August 8, 2014, an agreement with Racing Hearts was executed. Racing Hearts will purchase approximately 40 AEDs and place them in high-risk locations in Mountain View. Racing Hearts has mapped the locations of existing AEDs in Mountain View and has performed a needs assessment to determine where the new devices would provide the greatest possible utility. Racing Hearts anticipates that the AEDs will be in place by the end of December 2014.

An AED is a portable user-friendly electronic device that automatically diagnoses potentially life-threatening heart rhythms. If the AED detects a problem that may respond positively to an electric shock, it permits a shock to be delivered to restore a normal heart rhythm. AEDs provide simple audio and visual instructions and are designed for use by laypersons. Some AEDs advise the operator to press a button to deliver the shock. Other AEDs automatically provide a shock if the heart is in a fatal rhythm.
Summary of Board of Supervisors Approved Items:


Accept report relating to improving First Responder time performance.

The following chart summarize the San Jose Fire Department’s response time performance between January 2012 and April 2014, based on information provided by the San Jose Fire Department.

![San Jose Fire Department Response Times to Red Light and Siren (RLS) Calls January 2012 through April 2014*](chart)

*March 2014 and April 2014 are preliminary data. Additional information provided at the end of this Section.

Since February 12, 2014, the EMS Agency and the City of San Jose and a data sub-committee has met eight times to review call time data and explore short term solutions and long term strategies to improve call time performance. In these meetings, the EMS Agency and the City of San Jose focused on validating the accuracy of the San Jose Fire Department’s methods of analyzing and reporting response time data and implementing operational changes that incrementally improve response time performance.

To verify the accuracy of the CAD (computer aided dispatch) data and the response time reporting data, the City of San Jose hired Athena Advanced Networks, an auditing firm, to audit the processes used to collect and report fire department response time data and the verify accuracy of that data. At least three significant areas for improvement were identified:

- The San Jose Fire Department’s response time calculations were based on response time data being rounded up or down to the nearest minute; rather than being reported to the second, as required by the Agreement. This error would have caused a response time of 7:51, an acceptable response time, to be rounded up to 8:00, a late response time. Recalculating response times with this error corrected resulted in an average mean response time that is .85% faster than previously reported, from July 2012 through March 2014. Correcting this reporting error, on its own, would not have allowed the San Jose Fire Department to meet the 90th percentile response time goal for any month between October 2012 and March 2014.
• The San Jose Fire Department’s response time performance data was extracted from Firehouse, the fire department’s electronic fire records program, instead of directly from the CAD. The Department now extracts their response time performance data directly from the CAD, instead of Firehouse. This process reduces the possibility of data errors associated with transfer or translation of data from the CAD to Firehouse.

• In the future, the San Jose Fire Department will report response time performance against the Agreement’s population density standards; rather than simply considering all of San Jose as an Urban area. In the EMS Agreement, Urban areas have a response time goal of 7 minutes, 59 seconds, and Suburban areas have a response time goal of 9 minutes, 59 seconds. The EMS Agency believes that implementing this change would further improve the San Jose Fire Department’s response time performance, but cannot quantify the change.

The San Jose Fire Department and EMS Agency also analyzed the fire department’s response time data to identify trends based on geography, time, and other patterns. Based on this information, the San Jose Fire Department has implemented operational initiatives that have incrementally improved response time performance. Those changes include:

• Reducing from five to three, the number of companies simultaneously taken out of service for training.
• Decentralized training to reduce travel times to and from training.
• Reduce alarm processing time through early dispatching.

While the data is still preliminary, it appears that correcting the response time performance reporting errors and implementing the operational initiatives noted above have improved the San Jose Fire Department’s response time performance, as reported to the EMS Agency. The data indicates that the San Jose Fire Department’s response times are improving; the increase in response time performance is greater than can be attributed to only correcting the errors in the response time reporting process. There has been an approximate 4% to 5% improvement in the San Jose Fire Department’s response time performance, which makes sustaining compliance with the 90% response time goal much closer. The solutions and resources required to improve and sustain call time performance from approximately 88% to 90% are significantly less intensive and expensive than what would be necessary to meet and sustain the 90% standard from the 83% to 84% range. The County of Santa Clara would validate the results of that Athena Advanced Networks’ audit through the Board of Supervisors-directed audit performed by the auditing firm of Harvey Rose.

The San Jose Fire Department is also evaluating other initiatives to further improve response time performance. Some of those initiatives include:

• Evaluate Automatic Vehicle Location (AVL)-based closest unit dispatch systems (similar to Rural/Metro’s system).
• Continue to evaluate traffic signal override capabilities for fire apparatus.
• Develop a “standards of coverage” document to assist in planning for municipal growth.
• Continue to statistically analyze response and call patterns.
• As previously noted, report response time performance against the Agreement’s population density standards; rather than simply considering all of San Jose as an urban area.


On December 10, 2013, the Board of Supervisors accepted a report relating to changes recommended by the County Executive’s Office needed to stabilize the County’s relationship with Rural/Metro Corporation, the County’s current Advanced Life Support/911 ambulance provider. One of the recommendations included eliminating the requirement that Rural/Metro financially support the
development and ongoing cost to provide fire departments the ability to monitor their response time compliance through the FirstWatch system Pursuant to Board Policy 5.6.5.1 (D)(2), exceptions to competitive procurement must be approved by the executing authority.

This contractor is selected as a Single Source as the planned agreement between the County and FirstWatch would reassign responsibility for the cost of the services provided by FirstWatch from Rural/Metro to the County for licenses provided to nine participating fire departments/districts (Gilroy Fire; Milpitas Fire; Mountain View Fire; San Jose Fire, Santa Clara City Fire, Sunnyvale Fire, and Santa Clara County Central Fire District and CAL FIRE which dispatches for both Morgan Hill Fire and South Santa Clara County Fire District).

The Agreement between the County and FirstWatch data surveillance system would allow the EMS Agency to integrate response time and other operational performance data with similar data from Rural/Metro’s FirstWatch system. This allows the EMS Agency to more efficiently and effectively evaluate first responder’s response time performance and determine the frequency of first responders arriving on scene before the ambulance. Using FirstWatch to evaluate first responder and ambulance response time performance allows the EMS Agency to view the 911 EMS system as an integrated system; rather than two disparate system.

Request for Delegation of Authority to Execute Agreement with Rural/Metro’s Accountant – September 9, 2014.

Approve delegation of authority to County Executive, or designee, to negotiate, execute, amend, or terminate Agreements with Rural/Metro’s accountants or auditors, as necessary or appropriate, to secure Rural/Metro’s audited financial statements, following approval by County Counsel as to form and legality, and approval by the Office of the County Executive. Delegation of authority shall expire on June 30, 2015.

Rural/Metro’s accountant desires to have a direct agreement with the County regarding use of Rural/Metro’s audited financial information by the County. As an accommodation to Rural/Metro’s accountant and in order to expedite receipt by the County of Rural/Metro’s audited financial information (and thereby have a better sense of Rural/Metro’s health following Rural/Metro’s emergence from bankruptcy), the County desires delegated authority to enter into a direct agreement with Rural/Metro’s accountant. In the alternative, the County could negotiate an agreement with Rural/Metro’s accountant and present that to the Board at a later date, but that could delay receipt of Rural/Metro’s financial information by perhaps four to six weeks.

When the Existing EMS Contract was presented for Board consideration and approval, no delegation of authority was sought by the County Executive with respect to the Existing EMS Contract or any ancillary documents and the Board did not delegate any authority with respect to the Existing EMS Contract or any ancillary documents.

Although most contracts presented to the Board for approval normally include a contract term and a maximum contract amount, neither of those two concepts are applicable in the context of Rural/Metro or Rural/Metro’s accountants or auditor’s delivery of audited financial statements to the County.
Date: October 2, 2014

To: Santa Clara County EMS Committee Members

From: Michael Petrie
EMS Director

Subject: Rural/Metro Contract Revision

On September 23, 2014, County staff presented a report to the Board of Supervisors recommending that we begin the development of an RFP for 911 Paramedic Ambulance Services in the Santa Clara County Exclusive Operating Area to potentially award a new contract, starting July 1, 2016. The Board of Supervisors unanimously voted to support County staff’s recommendation.

It is important to emphasize that this action only allows the EMS Agency to develop the RFP; thus providing the County with the option of later releasing a RFP. The Board of Supervisor’s action does not compel the County to release the RFP or, if it releases the RFP, to execute an agreement with a bidder. Further, County staff has committed to bringing the RFP back to the Board of Supervisors before it is released. This action does not negate the County’s right to extend the term of the Agreement with Rural/Metro for one or two additional 3-year periods, by providing Rural/Metro no less than (60) days prior written notice. A copy of the staff report is attached.

The EMS Agency anticipates approximately that 18 months is necessary to create and release an RFP for 911 EOA paramedic ambulance services, to select the desired vendor, and to provide time for the vendor to prepare for operation. I will provide an oral report on this item and answer questions at the EMS Committee Meeting.

Options
1) Accept the EMS Director’s oral report as presented.
2) Do not accept the EMS Director’s oral report as presented.

Recommendation
1) Accept the EMS Director’s oral report as presented.
DATE: September 23, 2014

TO: Board of Supervisors

FROM: Jeffrey V. Smith, County Executive

SUBJECT: Recommendation Regarding Exclusive Operating Area Ambulance Contract with Rural/Metro Inc.

RECOMMENDED ACTION
Direct Administration to begin the process of developing a Request for Proposals for Countywide Exclusive Operating Area (EOA) Advanced Life Support Emergency Ambulance Services that may result in the implementation of a new EOA Emergency Ambulance contract on July 1, 2016.

FISCAL IMPLICATIONS
There are no specific fiscal implications related to the recommended action. The EMS ambulance function is funded by users of the service.

REASONS FOR RECOMMENDATION
In order to maintain the highest degree of flexibility for the County and to keep all options open for the Board regarding the EMS Ambulance contract, the Administration recommends the initiation of a process that may result in a new Request for Proposal for services starting 7/1/2016. The development of a new RFP and the implementation of a new 911 Exclusive Operating Area ambulance contract typically take approximately 2 years to complete.

Although the contract implemented in 2011 with Rural Metro is considered a model contract by many throughout the state, changes in health care and EMS reimbursement have materially impacted the financial viability of our EMS system in Santa Clara County and other EMS systems throughout California and the nation. The County’s relationship with Rural Metro has been challenging in a number of ways since the contract was initiated on July 1, 2011. However, both parties have been working diligently toward stabilizing the local EMS system as that is our singular priority. Rural Metro is current performing as expected and meeting or exceeding response time requirements. In addition, the costs of services for Rural Metro are significantly lower than those of surrounding jurisdictions.
Thus, the citizens of Santa Clara are currently receiving quality ambulance service at a very good price.

The recommendation to develop a new RFP does not commit the County to actually issue the RFP, to change our current contract, to change providers, or not to extend the current contract when it ends in 2016. However, starting the process does provide the Board with those options in the future.

Due to the California Emergency Medical Services Authority (CAL EMSA) imposed limitations on the modification of the 911 Exclusive Operation Area (EOA) contract to address financial and other operating issues, administration cannot currently recommend such actions. After three years of experience working with this contract, we now understand both its strengths and weaknesses. Since we have little or no flexibility to modify the existing agreement without significant risk to the EMS system, our only practical option is to begin the RFP process.

California EMS Authority’s Position on Exclusive Operating Areas

To facilitate the creation of Exclusive Operating Areas for EMS, paramedic services and ambulance transport, the State of California EMS Authority provides state anti-trust immunity for County EMS Agencies that select EMS vendors through prescribed and highly regulated grandfather clauses or competitive processes. Without state anti-trust immunity, the County could face allegations of illegal restraint of trade and non-competitive behavior by other ambulance providers seeking to enter the 911 ambulance transport services market in Santa Clara County.

The EMS Agency and County Counsel’s Office met with the California EMS Authority to obtain guidance as to what contractual changes would be permissible to the Rural Metro/Santa Clara County contract. In particular, the EMS Agency sought direction with respect to rate changes and system efficiencies which could be implemented and yet still allow the anti-trust protection to be maintained. The EMS Authority’s position is that any significant change that directly or indirectly reduces cost, such as changing response times, changing penalty structures, significantly breaking the corporate firewall or eliminating other contract provisions, would constitute a material modification of the existing contract triggering the loss of the anti-trust protection. While the EMS Authority indicated that it might support initiatives to change the contract to improve clinical care, if those initiatives were supported by strong clinical evidence, any initiative that provides substantial cost savings to the contracted ambulance provider would be closely scrutinized.
Due to the risks outside of the County’s control which may result in a significant disruption to the EMS system if we recommended a change to the current contract at this time, we believe that beginning to develop a new RFP that will better position the County to continue to get the best service in the current dynamic health care financing system.

The Administration is also reviewing Rural Metro’s request for a rate increase based on a projected loss of $8.5 million in the current year based on reduced reimbursements and a greater than anticipated percentage of Medicare and Medi-Cal transports that have fixed fees. At this point in time the Administration is carefully reviewing Rural/Metro’s audited financial statements. In addition, we have requested additional accounts receivable information by payee source so we are able to accurately determine the impact a rate increase will actually have on Rural Metro’s bottom line. This information is necessary in determining whether a rate increase is justified and how it should be structured. As we work with Rural Metro to receive this information, there may be sufficient justification to ask the Board to consider a rate increase in the future, based on the factors mentioned above and the fact that our rate is one of the lowest in the Bay Area.

It is important to recognize that actually issuing a new RFP will likely result in a substantial increase in the cost of ambulance transports. As indicated by the table below, Santa Clara County’s current ALS transport rate of $1,162 is the second lowest in the region. The transport rates of other jurisdictions are presented below for the Board’s information:

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>ALS Rate</th>
</tr>
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<tbody>
<tr>
<td>San Benito County (County EOA)</td>
<td>$2,577</td>
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<tr>
<td>Monterey County (County EOA)</td>
<td>$2,327</td>
</tr>
<tr>
<td>San Mateo County (County EOA)</td>
<td>$2,101</td>
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<td>San Joaquin County (avg. of zones)</td>
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<td>Alameda County (County EOA)</td>
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<tr>
<td>Albany Fire (City)</td>
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<tr>
<td>Berkeley Fire (City)</td>
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<td>Novato Fire (District)</td>
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<td>Contra Costa County (County EOA)</td>
<td>$1,822</td>
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<tr>
<td>San Francisco (City/County EOA)</td>
<td>$1,817</td>
</tr>
<tr>
<td>Santa Cruz County (County EOA)</td>
<td>$1,791</td>
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</tbody>
</table>
Alameda (City) $1,740  
Napa County (County EOA) $1,624  
Sonoma County (County EOA) $1,600  
Corte Madera (City) $1,594  
Palo Alto (City) $1,485  
San Ramon Valley (District) $1,461  
Moraga/Orinda (District) $1,451  
South San Francisco (City) $1,225  
Santa Clara County (County EOA) $1,162  
Solano County (County EOA) $1,141

The average rate of the jurisdictions surveyed is $1,753 or 51% higher than our current rate. Based on this information as well as the loss currently being reported by Rural Metro, we would expect a higher rate to result from the RFP process.

**CHILD IMPACT**

The recommended action will have no/neutral impact on children and youth.

**SENIOR IMPACT**

The recommended action will have no/neutral impact on seniors.

**SUSTAINABILITY IMPLICATIONS**

The recommended action will have no/neutral sustainability implications.
Date: October 2, 2014

To: Santa Clara County EMS Committee Members

From: Michael Petrie
EMS Director

Subject: San Jose Fire Department Response Time Performance

The following chart summarizes the San Jose Fire Department’s Code 3 response time performance between January 2012 and April 2014, based on information provided by the San Jose Fire Department.

The following table details the San Jose Fire Department’s Code 3 (Red Light and Siren) and Code 2 (No Red Light and Siren) response time performance between January 2014 and July 2014. The response time standard for each category is 90 percent.
The County of Santa Clara Auditor (Harvey Rose Corporation) is continuing their management audit of the San Jose Fire Department’s response times. While the EMS Agency has supported that audit, we are not privy to the content or timing of the results of that audit.

Options
1) Accept the EMS Director’s report as presented.
2) Do not accept the EMS Director’s report as presented.

Recommendation
1) Accept the EMS Director’s report as presented.
Date: October 2, 2014

To: Santa Clara County EMS Committee Members

From: Eric M. Rudnick, MD, FACEP, FAAEM
Santa Clara County EMS Agency Medical Director

Subject: Clinical Care/Medical Directors Report

The Santa Clara County EMS system continues to evolve in respect to the CQI (continuous quality improvement) process. We recently held a session in our quality improvement committee where we had our stakeholders choose broad category quality indicators. These are the systemic specific indicators where we will focus our efforts at analysis of the care delivered by the providers. After the overarching broad categories were chosen we then turned our attention to the smaller subcategories. These subcategories are the specific aspects of the broad indicators. We chose cardiac arrest and airway management as the broad categories. For example, some of the subcategories are endotracheal intubation and King Airway placement success rates. Once the data is proven to be reliable the next process is analysis of where the processes can improve patient care. This data analysis will help provide guidance for educational programs, development of specific clinical protocol changes if needed, and help to keep the providers actively engaged in the quality process.

The SCAMPS (Santa Clara Assessment for Missed Posterior Strokes) Trial Study began on 2/7/14. It is hoped that this study will be successful in helping to identify previously undiagnosed stroke patients. The majority of stroke centers in Santa Clara County have elected to participate in the study. There has been setbacks in regards to data collection and we are currently working through these issues. The delays in some of our trial centers coming on-line has forced the research committee to ask for an extension of the study with the respective IRBs (Institutional Review Boards). In addition, we plan to provide updated training for the prehospital providers to help maintain competency.

Thank you for your attention and respectfully submitted.
Date: October 2, 2014

To: Santa Clara County EMS Committee Members

From: John Blain
Contract Manager

Subject: County EOA Service Area Response Time Performance Report for County Ambulance

History and Issue
The County has entered into agreements with private and public entities to provide emergency medical response and advanced life support ambulance transportation services. Periodic response time compliance reports have been provided to the EMS Committee for the purpose of providing public review of those entities’ performance and compliance with contractual response time requirements. The County has performance based contracts with the following entities:

1. Rural/Metro of California (County Ambulance provider)

Context
Compliance is measured by several key performance indicators that include; response time requirements based on population density; designated response areas; type of response priority (red lights & siren or non-red lights & siren); total number of responses; total number of late responses; and total number of responses exempted (removed) from compliance calculations. Compliance is achieved when ninety (90%) percent or more of the responses meet the specified response time requirement in each response priority within each designated response area.

This report contains response time compliance data for September 2013-August 2014.

Cost
There is no direct cost to the EMS Committee to accept and/or not accept the report.

Legal Issues
There are no legal issues related to accepting and/or not accepting the report.

Options
1) Recommend that the EMS Committee accepts the “County EOA Service Area Response Time Performance Report for September 2013-August 2014”.
2) Recommend that the EMS Committee does not accepts the “County EOA Service Area Response Time Performance Report for September 2013-August 2014”.

Recommendation
1) Recommend that the EMS Committee accepts the “County EOA Service Area Response Time Performance Report for September 2013-August 2014”.
# Rural/Metro of California [County Ambulance Provider]

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<td>92.33%</td>
<td>92.62%</td>
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### Code 3 [Red Lights & Sirens] Response Time Compliance

- **Overall**
  - Aug 14: 93.04%
  - Jul 14: 92.67%
  - Jun 14: 93.26%
  - May 14: 92.90%
  - Apr 14: 93.30%
  - Mar 14: 92.64%
  - Feb 14: 92.83%
  - Jan 14: 91.67%
  - Dec 14: 94.03%
  - Nov 14: 93.97%
  - Oct 14: 92.66%
  - Sep 14: 92.58%

- **Zone 1**
  - Aug 14: 92.38%
  - Jul 14: 91.44%
  - Jun 14: 91.78%
  - May 14: 92.73%
  - Apr 14: 92.40%
  - Mar 14: 92.07%
  - Feb 14: 93.03%
  - Jan 14: 91.38%
  - Dec 14: 94.19%
  - Nov 14: 93.46%
  - Oct 14: 92.12%
  - Sep 14: 92.65%

- **Zone 2**
  - Aug 14: 91.97%
  - Jul 14: 91.25%
  - Jun 14: 93.71%
  - May 14: 92.63%
  - Apr 14: 91.93%
  - Mar 14: 91.58%
  - Feb 14: 92.46%
  - Jan 14: 90.19%
  - Dec 14: 94.09%
  - Nov 14: 93.45%
  - Oct 14: 91.50%
  - Sep 14: 91.60%

- **Zone 3**
  - Aug 14: 94.20%
  - Jul 14: 93.07%
  - Jun 14: 94.25%
  - May 14: 93.62%
  - Apr 14: 94.29%
  - Mar 14: 93.41%
  - Feb 14: 92.69%
  - Jan 14: 92.86%
  - Dec 14: 94.06%
  - Nov 14: 94.01%
  - Oct 14: 94.63%
  - Sep 14: 93.70%

- **Zone 4**
  - Aug 14: 93.20%
  - Jul 14: 93.23%
  - Jun 14: 92.83%
  - May 14: 92.47%
  - Apr 14: 93.38%
  - Mar 14: 93.34%
  - Feb 14: 92.85%
  - Jan 14: 91.64%
  - Dec 14: 93.40%
  - Nov 14: 93.83%
  - Oct 14: 91.82%
  - Sep 14: 92.02%

- **Zone 5**
  - Aug 14: 91.48%
  - Jul 14: 96.26%
  - Jun 14: 92.81%
  - May 14: 92.84%
  - Apr 14: 95.49%
  - Mar 14: 90.62%
  - Feb 14: 93.68%
  - Jan 14: 91.45%
  - Dec 14: 95.81%
  - Nov 14: 97.12%
  - Oct 14: 92.33%
  - Sep 14: 92.62%
**Code 2 Response** | Sep 13 | Oct 13 | Nov 13 | Dec 13 | Jan 14 | Feb 14 | Mar 14 | Apr 14 | May 14 | Jun 14 | Jul 14 | Aug 14
---|---|---|---|---|---|---|---|---|---|---|---|---
Overall | 95.13% | 94.81% | 94.43% | 94.44% | 94.60% | 92.70% | 94.60% | 93.32% | 94.79% | 95.62% | 93.18% | 94.23%
Zone 1 | 96.09% | 94.99% | 96.50% | 96.91% | 97.16% | 95.34% | 94.95% | 95.64% | 95.95% | 96.87% | 97.06% | 95.83%
Zone 2 | 95.06% | 93.21% | 93.61% | 93.74% | 94.76% | 92.64% | 93.72% | 93.44% | 96.27% | 95.89% | 91.67% | 93.20%
Zone 3 | 93.28% | 97.42% | 94.57% | 94.27% | 93.41% | 90.79% | 95.02% | 93.36% | 94.73% | 96.30% | 92.72% | 92.67%
Zone 4 | 95.58% | 94.10% | 92.60% | 92.98% | 93.80% | 91.63% | 93.74% | 91.09% | 92.13% | 93.55% | 91.48% | 94.78%
Zone 5 | 97.70% | 92.13% | 97.67% | 95.56% | 92.68% | 95.24% | 100.00% | 94.12% | 98.04% | 97.35% | 94.74% | 95.83%

**Code 2 [Non-Red Lights & Sirens] Response Time Compliance**

![Code 2 Response Time Compliance Chart](chart.png)
Date: October 2, 2014

To: Santa Clara County EMS Committee Members

From: John Blain
Contract Manager

Subject: County EOA Service Area Response Time Performance Report for Fire Departments

History and Issue
The County has entered into agreements with private and public entities to provide emergency medical response and advanced life support ambulance transportation services. Periodic response time compliance reports have been provided to the EMS Committee for the purpose of providing public review of those entities’ performance and compliance with contractual response time requirements. The County has performance based contracts with the following entities:

1. Gilroy, City of
2. Milpitas, City of
3. Morgan Hill, City of
4. Mountain View, City of
5. San Jose, City of
6. Santa Clara, City of
7. Santa Clara County Central Fire Protection District
8. South Santa Clara County Fire District
9. Sunnyvale, City of

Context
Compliance is measured by several key performance indicators that include; response time requirements based on population density; designated response areas; type of response priority (red lights & siren or non-red lights & siren); total number of responses; total number of late responses; and total number of responses exempted (removed) from compliance calculations. Compliance is achieved when ninety (90%) percent or more of the responses meet the specified response time requirement in each response priority within each designated response area.

This report contains response time compliance data for July 2013-June 2014.

Cost
There is no direct cost to the EMS Committee to accept and/or not accept the report.

Legal Issues
There are no legal issues related to accepting and/or not accepting the report.
Options
1) Recommend that the EMS Committee accepts the “County EOA Service Area Response Time Performance Report for July 2013-June 2014”.
2) Recommend that the EMS Committee does not accepts the “County EOA Service Area Response Time Performance Report for July 2013-June 2014”.

Recommendation
1) Recommend that the EMS Committee accepts the “County EOA Service Area Response Time Performance Report for July 2013-June 2014”.
Fire Departments

<table>
<thead>
<tr>
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<tr>
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<tr>
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<td>93.40%</td>
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<td>97.92%</td>
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**Code 3 [Red Lights & Sirens] Response Time Compliance**

- Sunnyvale
- So. Santa Clara Co.
- Santa Clara Co.
- Santa Clara
- San Jose
- Mt. View
- Morgan Hill
- Milpitas
- Gilroy

- 90.00%
### Fire Departments

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### Code 2 [Non-Red Lights & Sirens] Response Time Compliance

![Code 2 Response Time Compliance Chart]

- **So. Santa Clara Co.**
- **Santa Clara Co.**
- **Santa Clara**
- **San Jose**
- **Mt. View**
- **Morgan Hill**

**Note:** The chart highlights the compliance percentage for each month from July 2013 to June 2014.
Date: October 2, 2014

To: Santa Clara County EMS Committee Members

From: Linda Diaz BSN, RN, PHN
Clinical Section Manager

Subject: Hospital Destination, Diversion and Advisory Status Report

History

Diversion is a management process that diverts ambulances to the next closest facility. This may be used temporarily by local hospitals when the patient load exceeds emergency department or specialty center resources.

Facility diversion should be a last resort and utilized only when emergency department/specialty center resources continue to be overwhelmed after internal procedures to manage the situation have been implemented.

Report

The overall volume and daily averages of patients transported within the last six month saw a small decrease. Despite the decrease, the overall hours of diversion hours have increased. There was a significant increase in stroke diversion although this was attributed to one facility with a prolonged CT issue. Trauma Center and STEMI center diversion times remained low.

Options

1) Recommend to accept report
2) Recommend to NOT accept report
3) Other options, as determine by the EMS Committee

Recommendation

EMS Committee should accept the “County Hospital Destination, Diversion and Advisory Status Report for February 2014 through July 2014”.

A division of the Santa Clara County Public Health Department
Table 1: Number of Patients Transported to Hospital ED from 9-1-1 System*

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<th>Apr-14</th>
<th>May-14</th>
<th>Jun-14</th>
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<td>37,419</td>
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</table>

Source: Santa Clara County Communications & Palo Alto Fire Department

Table 2: Daily Average of 9-1-1 Patients Transported By Hospital*

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Feb-14</th>
<th>Mar-14</th>
<th>Apr-14</th>
<th>May-14</th>
<th>Jun-14</th>
<th>Jul-14</th>
<th>6 Mth Avg</th>
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<tbody>
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<td>3</td>
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<td>El Camino - Mt. View</td>
<td>22</td>
<td>22</td>
<td>21</td>
<td>22</td>
<td>22</td>
<td>19</td>
<td>21</td>
</tr>
<tr>
<td>Good Samaritan</td>
<td>19</td>
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<td>19</td>
<td>18</td>
<td>20</td>
<td>19</td>
<td>19</td>
</tr>
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<td>19</td>
<td>19</td>
<td>19</td>
<td>18</td>
<td>17</td>
<td>19</td>
</tr>
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<td>23</td>
<td>21</td>
<td>19</td>
<td>22</td>
</tr>
<tr>
<td>O'Connor</td>
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<td>19</td>
<td>19</td>
<td>18</td>
<td>18</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>Regional - San Jose</td>
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<td>35</td>
<td>37</td>
<td>36</td>
<td>36</td>
<td>33</td>
<td>36</td>
</tr>
<tr>
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<td>8</td>
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<td>7</td>
<td>8</td>
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<td>Stanford</td>
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<td>14</td>
<td>15</td>
<td>17</td>
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<td>16</td>
<td>16</td>
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<tr>
<td>VA - Palo Alto</td>
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<td>3</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>3</td>
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<tr>
<td>VMC</td>
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<td>42</td>
<td>42</td>
<td>42</td>
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<tr>
<td><strong>Total Daily Average</strong></td>
<td>213</td>
<td>207</td>
<td>210</td>
<td>211</td>
<td>208</td>
<td>194</td>
<td></td>
</tr>
</tbody>
</table>

Source: Santa Clara County Communications & Palo Alto Fire Department

*Notes for Tables 1 and 2: These numbers only reflect patients that originated in Santa Clara County and were transported by the County's EOA Ambulance Provider and Palo Alto Fire Department. Data for Stanford does not include patients from San Mateo County. The data includes but, does not differentiate specialty center status (TRAUMA, STROKE, STEMI, BURN)
### Table 3: Total Monthly Hours of "AMBULANCE DIVERSION" Status

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Feb-14</th>
<th>Mar-14</th>
<th>Apr-14</th>
<th>May-14</th>
<th>Jun-14</th>
<th>Jul-14</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Camino - Los Gatos</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.81</td>
<td>0.00</td>
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<td>0.81</td>
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<tr>
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<td>21.09</td>
<td>12.51</td>
<td>12.04</td>
<td>10.11</td>
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<td>94.17</td>
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<td>0.00</td>
<td>3.01</td>
<td>6.02</td>
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</tr>
<tr>
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<td>2.91</td>
<td>9.78</td>
<td>4.51</td>
<td>11.63</td>
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</tr>
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<td>0.00</td>
<td>9.02</td>
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</tr>
<tr>
<td>O'Connor</td>
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<td>3.00</td>
<td>1.50</td>
<td>1.51</td>
<td>3.00</td>
<td>6.63</td>
<td>15.64</td>
</tr>
<tr>
<td>Regional - San Jose</td>
<td>8.39</td>
<td>0.09</td>
<td>0.00</td>
<td>3.11</td>
<td>3.58</td>
<td>3.01</td>
<td>18.18</td>
</tr>
<tr>
<td>Saint Louise</td>
<td>18.40</td>
<td>16.58</td>
<td>7.51</td>
<td>19.05</td>
<td>4.52</td>
<td>16.59</td>
<td>82.65</td>
</tr>
<tr>
<td>Stanford</td>
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<td>4.53</td>
<td>0.00</td>
<td>3.03</td>
<td>1.50</td>
<td>9.05</td>
<td>22.61</td>
</tr>
<tr>
<td>VA - Palo Alto</td>
<td>18.07</td>
<td>6.98</td>
<td>2.44</td>
<td>10.68</td>
<td>12.04</td>
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<tr>
<td>VMC</td>
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<td>14.75</td>
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<td>10.35</td>
<td>116.91</td>
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<tr>
<td><strong>Total</strong></td>
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<td>87.13</td>
<td>56.64</td>
<td>70.99</td>
<td>65.57</td>
<td>83.57</td>
<td>476.84</td>
</tr>
</tbody>
</table>

**Color Legend for Ambulance Diversion ONLY**
- "Red" indicates Above 3hrs
- "Orange" indicates Above 3hrs
- "Green" indicates Below 3hrs

### Table 4: Total Monthly Hours of "STROKE / CT DOWN" Status*

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Feb-14</th>
<th>Mar-14</th>
<th>Apr-14</th>
<th>May-14</th>
<th>Jun-14</th>
<th>Jul-14</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Camino - Los Gatos</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>El Camino - Mt. View</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Good Samaritan</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
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<td>Kaiser - San Jose</td>
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<td>0.00</td>
<td>0.00</td>
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</tr>
<tr>
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<td>9.66</td>
<td>0.70</td>
<td>0.93</td>
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<td>7.96</td>
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<td>124.69</td>
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<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>VA - Palo Alto</td>
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<td>0.00</td>
<td>3.51</td>
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<td>6.07</td>
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<td>9.58</td>
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<td>30.64</td>
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</table>

### Table 5: Total Monthly Hours of "STEMI" Service Advisory Status*

<table>
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<th>Hospital</th>
<th>Feb-14</th>
<th>Mar-14</th>
<th>Apr-14</th>
<th>May-14</th>
<th>Jun-14</th>
<th>Jul-14</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Camino - Mt. View</td>
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<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Good Samaritan</td>
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<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
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</tr>
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<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>O'Connor</td>
<td>0.00</td>
<td>0.17</td>
<td>0.00</td>
<td>12.57</td>
<td>0.00</td>
<td>12.74</td>
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<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Stanford</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
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</tr>
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<td>12.57</td>
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</table>

### Table 6: Total Monthly Hours of Trauma Center "BYPASS" Status

<table>
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<th>May-14</th>
<th>Jun-14</th>
<th>Jul-14</th>
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