

**San Joaquin County Emergency Medical Services Agency
EMS Transportation Plan (2004)**

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Executive Summary

The San Joaquin EMS Transportation Plan outlines the structure and operations for prehospital care services. It:

- Determines the number of and boundaries for ambulance zones;
- Establishes a process for granting exclusive operating permits to a limited number of providers to serve specific zones in San Joaquin County;
- Identifies the role of BLS and advanced life support (ALS) first responders;
- Identifies the process for designation of EMS dispatch centers;
- Establishes a process for oversight and regulation of EMS providers by the San Joaquin EMS Agency.

Under California law, unless an organization has provided service in the same scope and manner since 1981, the EMS Agency must use an open, competitive process to select the provider. Successful bidder(s) would be accountable to provide service in compliance with a contract. The contract would specify penalties for violation of standards and would include a performance bond. It would be re-bid periodically.

Alternatives designs

Scenarios for San Joaquin County's new ambulance system design were narrowed into four options for discussion by the Steering Committee.

Option 1: One provider

- A single provider would be competitively selected to serve the entire county.

Option 2: Four providers

- A single provider would be competitively selected to serve existing Zones 1-5.
- The existing providers in Zones 6-8 would be maintained.
- Zones 6-8 could be merged into the combined Zones 1-5 or the provider could subcontract to serve one or more of these zones.

Option 3: Six providers

- Separate bids for Zones 1, 4, and 5.
- Bidders for Zones 1, 4, and 5 would have to bid separately for Zones 2 and/or 3.
- The existing providers in Zones 6-8 would be maintained.
- Zones 6-8 could be merged into Zone 5 or the provider could subcontract to serve one or more of these zones.

Option 4: Six providers

- Separate bids for existing Zones 4, and 5.
- Separate bid for newly combined Zones 1, 2, and 3.
- The existing providers in Zones 6-8 would be maintained.
- Zones 6-8 could be merged into Zone 5 or the provider could subcontract to serve one or more of these zones.

The Ambulance Steering Committee recommended Option 4.

Overview of system design

Ground ambulance services: The revised system will have six zones for ground ambulance providers. One zone each is centered around greater Lodi, Stockton, and Tracy. Potentially, a provider could serve more than one zone. The existing Manteca/Lathrop, Ripon, and Escalon zones will remain as currently configured although minor border changes will be considered as appropriate.

A request for proposals (RFP) will specify the desired performance standards for the ambulance service(s) and the mechanisms used to ensure compliance with these standards. Performance based contracts allow selected provider(s) to determine how the standards are met, subject to penalty for failure to meet them.

- Penalties will be used for failure to comply with specific performance standards (e.g., response times).
- Incentives (e.g., penalty reductions, contract extensions) will be used to provide incentives to exceed performance standards.
- Performance bonds and mechanisms for take-over of vehicles and equipment will be in place ensuring that ambulance service will continue in case of a major breach.
- A “lame duck” requirement will be used to ensure smooth transition in the event that another provider is selected in any future competitive procurement.

Dispatch: Each ambulance contractor will be required to provide dispatch services, meeting county standards. In addition to maintaining the accountability for meeting the standards, this allows providers to implement their system status management plans (i.e., moving ambulances within the zone and variable staffing patterns). Providers will be required to report to the EMS Agency key information that will be used to monitor, measure and evaluate the providers’ performance, and to determine compliance with County standards.

Regulatory process: The San Joaquin EMS Agency is responsible for the development of standards for the redesigned ambulance system, for implementing the system, for monitoring performance standards and enforcement. This requires active County oversight, including:

- Audit and inspection of operational, financial, and patient care records;
- Monitoring service delivery for compliance with defined standards; and
- Providing technical guidance, as appropriate.

Under the redesigned system, providers will be required to furnish the EMS Agency with prehospital care, operational, financial, and unusual occurrence reports. The EMS Agency will utilize this data to monitor system performance and to identify situations where providers may fail to meet their contractual requirements.

To adequately perform its role, significant organizational changes are being contemplated with the management, staffing, and funding of the Agency. Upon completion of the reorganization, the Agency will have greater capacity to collect and analyze data, review reports, and complete other responsibilities required to regulate a performance based system.

Introduction

Authority

The San Joaquin EMS Transportation Plan was developed by direction of the San Joaquin County Board of Supervisors and in compliance with Section 1797.224 et seq., Health and Safety Code.

Purpose

This plan outlines the structure and operations for prehospital care services within the San Joaquin EMS system. Specifically, the plan

- Determines the number of and boundaries for ambulance zones;
- Establishes a process for granting exclusive operating permits to a limited number of providers to serve specific zones in San Joaquin County;
- Identifies the role of BLS and advanced life support (ALS) first responders;
- Identifies the process for designation of EMS dispatch centers;
- Establishes a process for oversight and regulation of EMS providers by the San Joaquin EMS Agency.

The plan identifies amendments to the San Joaquin County Ambulance Ordinance (Division 7, §4-7100, et seq., San Joaquin County Code) and EMS Agency policies. Finally, it establishes a timeframe for implementation of system changes.

Exclusive operating areas

An exclusive operating area (EOA) or franchise replaces marketplace competition with government regulation. Limiting competition can violate federal antitrust laws so granting of a franchise must follow statutory requirements in order to qualify for the “state action exemption.” California law (Appendix 1) allows local EMS agencies to grant EOAs to ambulance services that qualify under a “grandfather” clause for organizations that have provided service in the same scope and manner since 1981. Otherwise, the EMS Agency must use an open, competitive process to select the provider.

The local EMS agency must first submit a plan for granting of the EOA to the California EMS Authority. Approval of this plan serves as the required state oversight for the state action exemption.

The primary advantage of selecting an exclusive provider for all or part of the county is that it would eliminate the existing retail competition. The competition to select a provider would be open to existing San Joaquin County providers and providers from other areas, using a “request for proposals” (RFP).

The RFP process allows San Joaquin County to determine what it wants in its ambulance service (e.g., level of service and response time standards). System stakeholders, including public safety and healthcare providers, as well as consumers,

would have an opportunity to provide input into development of the RFP. Potential providers would be required to submit proposals describing how they would meet the requirements of the RFP. The competitive process used to select the provider would also be used to establish rates which would apply throughout the service area.

The successful bidder(s), once selected, would be accountable to the County to provide service in compliance with a contract. The contract would specify penalties for violation of standards and would include a performance bond. It would be re-bid periodically, as specified in the RFP.

Franchises can be either level-of-effort or performance based. A level-of-effort franchise requires the provider to have a fixed number of units on duty, regardless of actual need or outcome. An analogy might be to contract with a caterer to serve a set number of sandwiches, regardless of number of actual guests who appear at the party.

A performance-based franchise, on the other hand establishes specific standards that the provider must meet (e.g., an eight-minute response time). The provider is not told how to meet the standard but is only judged on whether or not the standard is met.

Most franchises also include some form of regulatory program. They will set standards for appropriate vehicles, personnel, and operations, along with economic regulation, such as establishing response areas and setting rates.

Description of current system

First responders

San Joaquin County is served by seventeen fire departments. Of these, three (one city and two rural districts) provide ALS first responder services and fourteen provide basic life support (BLS) services. The San Joaquin County Sheriff's boat patrol also provides BLS service, responding in the unprotected Delta area. First responders are dispatched, along with the ambulance service, according to a dispatch protocol approved by the EMS medical director.

Ambulance services

San Joaquin County was divided into eight ambulance zones (Figure 1, page 6) in the late 1970's. Of these zones, five are non-exclusive and three are exclusive. A total of nine ground ambulance services operate in San Joaquin County. There are 30 permitted stations and 67 permitted vehicles as of March 15, 2004.

Non-exclusive zones: Five of the zones, including approximately 88% of the county's population, are non-exclusive. Any provider that is able to comply with the permitting process is able to establish operations. From two to four providers are currently permitted within these zones. These are shown in Table 1.

Table 1: Non-exclusive ambulance providers

	Community	Providers
Zone 1	Stockton	AMR, Priority-1, Hughson, Stockton FD
Zone 2	Stockton	AMR, Priority-1, Stockton FD
Zone 3	Stockton	AMR, Priority-1, Stockton FD
Zone 4	Lodi	AMR, Priority-1
Zone 5	Tracy	AMR, Hughson

Exclusive zones: The San Joaquin County Board of Supervisors designated three of the ambulance zones, including 12% of the county's population, as exclusive operating areas in December 1994 and grandfathered the existing providers. These are shown in Table 2.

Table 2: Exclusive ambulance providers

	Community	Provider
Zone 6	Manteca/Lathrop	Manteca District Ambulance
Zone 7	Ripon	Ripon Fire Department
Zone 8	Escalon	Escalon Community Ambulance

As exclusive ambulance zones, no new ambulance provider may initiate emergency services in these areas. The County regulates rates and oversees quality as shown below.

Figure 1: Existing ambulance zones

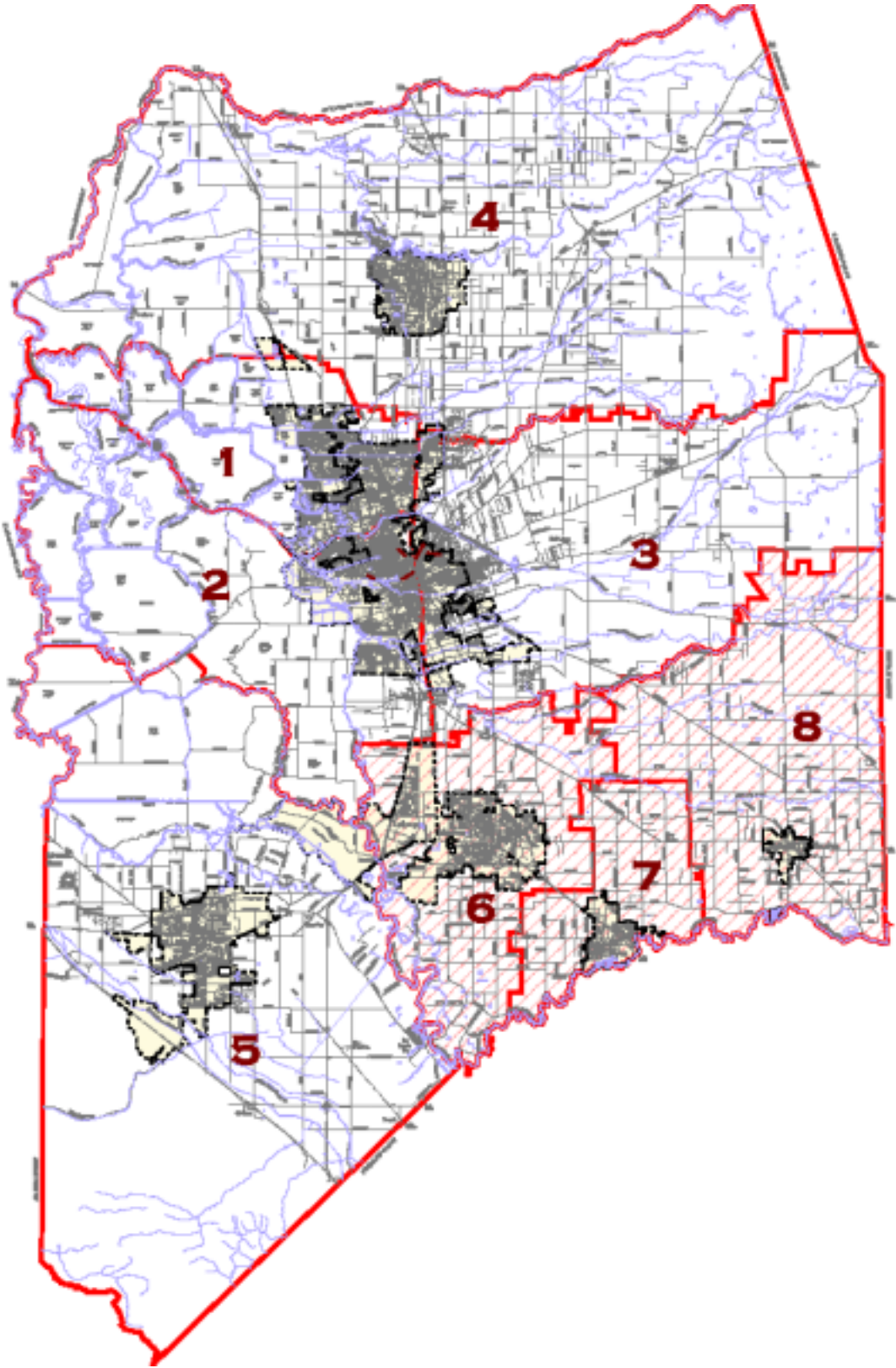


Table 3: Estimated response volume by zone (FY 2003-2004)

Zone	Estimated responses
1	14,342
2	14,077
3	9,334
4	6,223
5	5,149
6	5,178
7	599
8	856
Total	55,758

Air ambulance services

No air ambulance service is based within San Joaquin County. Instead, the county is served by air ambulances based out of the county. These services are required to have a permit issued by the County and to comply with County operating procedures. Air ambulance services currently serving San Joaquin County are shown in Table 4.

Table 4: Air ambulance providers

Provider	Helicopter location
Air-Med	Modesto
MediFlight	Modesto
Reach	Concord and Sacramento

Ground and air units are dispatched simultaneously in parts of the county, based on a combination of geographic and clinical criteria. In addition, a helicopter can be dispatched upon request of on-scene medical personnel.

Advanced life support

All emergency ambulances in San Joaquin County operate at the ALS level. In addition, three fire departments (Ripon, Stockton, Tracy) provide ALS first responder services.

Dispatch services

San Joaquin County has seven primary public safety answering points (PSAP). With the exception of the Escalon Community Ambulance, which is dispatched by American Medical Response’s Stanislaus County dispatch center, all emergency ambulance service dispatching within San Joaquin County is done by a single secondary PSAP—the Stockton Fire Department’s regional dispatch center. It also serves all fire departments within the county. The center operates with three dispatch

posts to serve the north, central, and south county areas. The dispatcher is responsible for both fire and ambulance responses within that area.

Stockton Fire Department uses a locally developed priority dispatch system which is approved by the EMS Agency and trains its personnel in dispatch techniques within its system. Because Stockton Fire Department competes for ambulance services, some providers have suggested that this is a conflict of interest. The County does not require the use of this dispatch center, and the contractual relationships, including accountability and pricing is between the provider and the dispatch center.

Regulatory process

Permitting: In accordance with the San Joaquin County Ambulance Ordinance, (Division 7, §4-7100, et seq., San Joaquin County Code), the Permit Officer (Director of Health Care Services) issues permits to ambulance providers to operate in one or more of the zones. The applicant must comply with the standards set forth in the Ordinance, which includes an application with detailed information about the ambulance provider's equipment, staffing, and ability to provide services. An inspection of the unit and ambulance station is made to ensure that it complies with all provisions within the Ordinance and that the ambulance station meets health and safety requirements and zoning laws.

After successful completion of these steps, the EMS Agency staff works with the dispatch agency to integrate the ambulance provider into the EMS dispatch system. A start date is set and the ambulance provider begins service.

Oversight: The EMS Agency's Ambulance Ordinance Officer (Prehospital Care Coordinator) is responsible for overseeing enforcement of the ambulance ordinance and ambulance contracts. This person reacts to day to day problems and concerns in the system that are related to prehospital providers. The EMS Medical Director, Prehospital Care Coordinator, and Quality Improvement Coordinator are responsible for medical oversight.

Problems with current system

Increase in number of providers

In 2000, some EMS system participants perceived that the existing ambulance services did not have enough units to meet needs or that available units were being used for non-emergency service to the detriment of emergency service. Since 2000, the communities within the existing Zones 1-5 have seen a significant increase in the number of permitted providers, stations, and vehicles. Most of this increase occurred in the period between 2001 and mid-2003. However, even when the County announced its intent to grant an exclusive operating permit(s), new providers continued to request permits and the existing providers continued to add new stations and units and to move existing units. One provider did cease emergency operations in December 2003 and another withdrew from all service in May 2004.

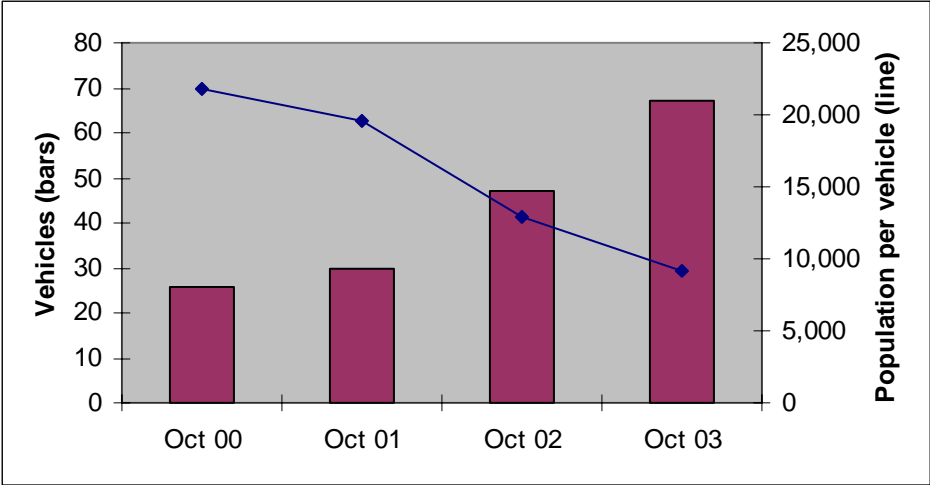
In these zones, there were two providers and 26 vehicles in October 2000. In March 2004, there were six providers with 27 stations and 56 vehicles.

Table 5: Growth in providers and vehicles

	Population	Providers	Vehicles
Oct 2000	567,000	2	26
Oct 2001	588,400	3	30
Oct 2002	605,500	5	47
Oct 2003	613,500	6	67

While San Joaquin County’s population has increased during this period, the increased number of ambulances cannot be accounted for by increased demand due to population. As seen in Figure 2, the average population served by a single ambulance has dropped from 21,808 in 2000 to 9,157 in 2003.

Figure 2: Average population served by each ambulance (2000-2004)



Conflict among providers

San Joaquin County currently does not limit the number of providers, allowing the providers who operate within the county to compete for increased market share on an area-by-area and patient-by-patient basis.

The County's dispatch policies attempt to send the closest available paramedic and the closest available ambulance. Therefore, a provider who operates more units that are strategically located will be closer to a higher percentage of the population and therefore get more calls. On the surface, sending the closest ambulance makes sense for the patient seeking emergency care and is a fair way to divide the market for 9-1-1 calls since the County is not able to limit access to this market under existing rules.

But, to maximize their market share under this approach, providers have placed new vehicles and stations near existing stations. The provider that is able to reach that intersection first is deemed to be the closest unit for the area beyond that intersection as well. This is seen on Kettleman Lane in Lodi where four ambulance stations for two providers are located in less than a mile-and-a-half of each other, Hammer Lane in North Stockton where two stations are eight-tenths of a mile apart, and Murray Lane (Stockton) where two stations are one-half mile apart. These stations lose call volume and become operationally inefficient.

As a result, decisions by the EMS Agency regarding response areas and their implementation by the dispatch center have the potential for dispute regarding which ambulance is actually closer. As the system experienced the growth described above, complaints to the EMS Agency about dispatching (was the right ambulance dispatched?) increased from one complaint every six months to approximately two to three per week. The dispatch center received additional complaints.

The EMS Agency has found itself playing an increased role in settling disputes among providers. Among the complaints filed with the EMS Agency by ambulance providers during 2003 were:

- The dispatcher failed to respond to the ambulance's report that it was on-scene resulting in a false longer response time.
- Another ambulance had a delayed response because it was out of its district.
- An ambulance didn't call for additional help with multiple patients but kept all of the patients itself.
- An ambulance responded from outside of its district.
- Another ambulance service got lost, increasing its response time.
- The wrong ambulance was sent.
- An ambulance reported an incorrect location in order to claim that it was closer and almost caused an accident responding from a distance.
- On-scene disagreement between employees of different providers.
- Dispatch center failed to track the unit.
- Ambulance provided incorrect information about its on-scene time.

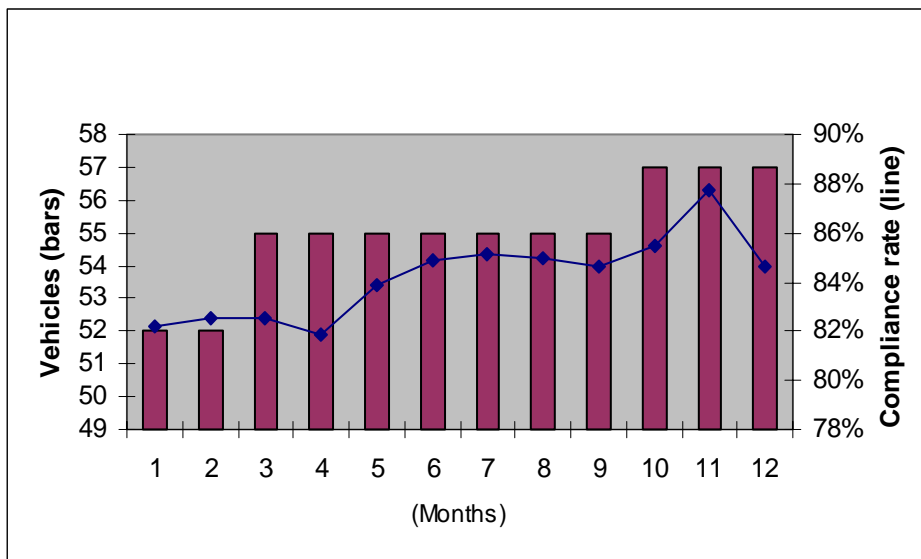
- An ambulance continued to respond after it was cancelled by the dispatch center in favor of another ambulance.

In response to complaints about dispatch and other issues, and to try to avoid future complaints, the EMS Agency staff must investigate complaints, modify dispatch maps, and analyze response time data based on a fluid system of ambulance placement.

Response time compliance

Currently, San Joaquin County requires that its ground ambulances respond to emergency calls within eight minutes, 90% of the time measured from “the time interval from receipt of a call in the secondary PSAP until the responding ambulance arrives on-scene” (Policy 810). Despite the increase in ambulance resources described above, the providers continue to have trouble meeting the existing response time performance standard (Figure 3).

Figure 3: Permitted vehicles and compliance rates in Zones 1-5 (2003)



In addition to the systemwide compliance issue described above, there are problems with each individual provider. In Calendar Year 2003, the monthly compliance rates for individual providers in the non-exclusive zones ranged from 75% to 99%, with a median of 86%. No provider met the 90% compliance rate each month. Of the six providers in the non-exclusive zones, one was in compliance nine of the months and another for eight of the months. Two were in compliance for only one month during the year and the other two failed to meet compliance during any month.

While the County does have this response time standard as a performance standard, its ability to enforce it is limited. The only enforcement tool available is complete revocation of the permit. Given the general lack of compliance, this is not a feasible method of enforcement.

One of the interesting side issues that has arisen is the availability of ambulances for non-emergency services. Hospitals report that this availability has improved as the number of available ambulances increased. However, San Joaquin's current ambulance ordinance and permit process do not require that ambulances be kept available for emergency responses and there are no fines for failure to meet emergency response standards. Thus, it is possible that the new resources are not being used for emergencies and thus the problem with response time compliance is not being solved.

Another related issue is that of dispatch services. Currently, all but one ground ambulance services are dispatched by Stockton Fire Department. Several of the current providers suggest that at least part of the problem in meeting response time standards is due to delays between the time that the dispatch center receives the call and the time that the information is given to the responding unit.

Cost of services

While cost issues are difficult to document, the inefficiencies in the system appear to raise issues of cost as well. Since most of the costs of operating an ambulance (personnel, vehicle, station) are fixed, the fewer the number of calls that ambulance responds to, the higher the average cost.

Because San Joaquin County is operating with a high number of ambulances for its population and call volume, the system is more expensive than would be a system that responded to the same number of calls with fewer, but busier, units. If the number of units was required in order to meet the response time standard, this inefficiency would be expected and acceptable. However, as noted above, the relationship between the number of ambulances and the compliance rate does not appear related.

System viability and dependability

While San Joaquin County might be seen as suffering an embarrassment of riches, the situation could easily change in the other direction with no more notice or control than existed during the explosive growth of providers.

During earlier staff interviews, some of the ambulance providers expressed concern about their economic viability. One long-term ambulance service has withdrawn from providing emergency services and at least one other is currently considering doing so. The pressure to increase rates and for the County to pay for ambulance services provided to medically indigent adults is increasing as providers seek revenues to pass-through the expense of the system inefficiencies.

A more immediate concern is that the existing ambulance ordinance does not require an ambulance provider to give notice that it intends to close some or all of its operations. Currently, if a provider withdrew from the system, its calls could be easily redistributed to other providers. However, the county could easily find itself with an unpredicted shortage of ambulances. A draw-down of resources would force the EMS Agency staff to again adjust boundary lines, adding to the conflict described above.

EMS Agency issues

The new transportation system will require changes within the EMS Agency. This will aid the administrative and clinical monitoring functions required in the request for proposal process and will enhance the ability of the Agency to oversee all aspects of the EMS System in San Joaquin County.

Oversight of the present ambulance transportation system has been limited, in part, by certain shortcomings in the County's regulatory processes. The existing ambulance ordinance and the County's permitting process do not provide any enforcement mechanism other than revocation of the permit. With this being the only enforcement remedy, the County's ability to enforce its requirements is limited.

The Agency lacks adequate data to monitor and evaluate the system and enforce its rules. This problem is due, in part, to data provided through the present computer-aided dispatch system and the remainder can be attributed to insufficient data processing capability within the EMS Agency. The ambulance franchise envisioned will require that the EMS agency be capable of conducting quantitative analysis of system operations.

Although the EMS Agency is an independent division within the Health Care Service Agency, and reports to the Director of Health Care Services, its budget is currently part of the San Joaquin General Hospital organization and budget. Because of this relationship with San Joaquin General Hospital, there is a perceived conflict of interest between its role as a regulatory agency and as a regulated provider. Creating an EMS agency that is financially independent of the hospital will minimize this perceived conflict.

Plan development process

The decision to attempt a redesign of San Joaquin County's EMS system was prompted by the various problems discussed above. After seeking non-regulatory solutions, the County investigated incremental approaches to solving these problems. It became apparent that some form of exclusivity would be required to stop the increasing number of ambulance providers, stations, and units and the resulting conflict among the providers. The Board of Supervisors adopted the EMS Agency's recommendation that the County plan for a redesigned system that would be implemented through competitive granting of one or more exclusive operating permits. The redesign process started in November 2003.

A discussion paper was developed describing the process and outlining decision points and system scenarios. It was distributed to ensure that all interested parties were aware of the process, of the types of decisions that would be made, and of how they could provide input. It is found in Appendix 2.

EMS redesign steering committee

Early in the process, a broad-based steering committee was appointed to provide input to the project staff and, ultimately, to the Director of Health Care Services who was responsible for making recommendations to the Board of Supervisors. The members of the steering committee are shown in Appendix 3.

Public input

A goal in the EMS system redesign process was to ensure a maximum possible public input to development of the system design and the minimum qualifications for the new provider(s).

To accomplish this, the County's EMS consultant met with a variety of stakeholders and policy makers prior to developing the first draft of this plan. A total of 36 individuals, representing 23 organizations provided input to the process during these meetings. Other meetings were held with groups such as the fire and police chiefs' associations. A list of these meetings is in Appendix 4.

In addition, the County hosted five "town hall meetings" for individuals to provide input. Sessions were scheduled in various locations around the county at different times of day to maximize participation. Notice of these meetings were mailed to over 200 individuals and organizations. Forty-six persons, representing fifteen different organizations attended these meetings. The meeting announcement is shown in Appendix 5.

Web site

The County established a web site, linked to the EMS Agency's web site to distribute information and to provide another mechanism for public input. The page was used as a central location for distribution of materials to members of the public with various project documents posted. It also included an email link that could be used to contact the County's EMS consultants and EMS Agency staff. The main page is shown in Appendix 6.

Plan development and review

Following evaluation of the current system and the initial public input process, various options for the system were identified. Following discussion with the EMS Agency and the Steering Committee, a pre-public draft was developed for review by staff and the steering committee.

Following their review, the first public draft was distributed to stakeholders on May 5, 2004. Copies were sent to ambulance providers, fire departments, and others who indicated interest. The draft was placed on the EMS Agency's website and a notice of its availability was sent to 200 individuals and organizations.

In addition to comments received from various individuals, two public meetings were held to receive additional comments. eleven individuals, representing six organizations attended these meetings.

Based on the comments received, the draft plan was revised. It was approved by the Steering Committee on June 7, 2004.

Board review/approval

The plan was submitted to the San Joaquin County Board of Supervisors who scheduled a public hearing on July 20, 2004. Seven persons spoke at the meeting. Following the public hearing, the Board of Supervisors approved the plan and directed EMS Agency Staff to submit the plan to the EMS Authority for its approval and to begin the implementation process. The Board's approval is shown in Appendix 7.

Planning considerations and principles

Guiding principles for system redesign

Early in the process, the ambulance steering committee adopted guiding principles (Appendix 8.) to guide the development of the system plan and the selection of a new ambulance provider(s).

The guidelines called for the revised system to be effective, efficient, and equitable. It suggested that the role of San Joaquin County should be specific and limited. Finally, it noted that the ambulance provider(s) selected should be held accountable for their performance through the competitive process, the resulting contract, and the oversight process.

Zone design evaluation criteria

The current eight ambulance zones in San Joaquin County were developed in the late 1970's. At that time, zones were designed around population centers, with the City of Stockton divided into three zones due to size. In the system redesign the County's goal was a system that would be effective, efficient, and equitable. Therefore, the County sought to ensure that the zones would be logical from geographic, operation, and economic perspectives

Potential zones were evaluated based on the following factors:

Economic viability: The design of the zones must ensure that there is a sufficient number of patients and a payer mix that will support the operation. In larger zones, cross-subsidization (of indigent patients and of rural areas) would be maximized by placing areas with more non-paying patients in zones with areas with more paying patients.

Attractiveness to bidders: The economic viability and the size of the zone will be among the factors considered by potential bidders. Conversely, some potential bidders (both existing local providers and out-of-area services) may not be able to bid on a larger zone.

Operating efficiency: A larger zone allows the provider to spread the costs of fixed costs over a larger base. In addition, resources (e.g., back-up units, maintenance services, administrative services) can be shared. Improved efficiency should result in lower consumer costs or a higher level of service at the same cost.

Backup in case of breach: With fewer zones, the County may not have a locally available backup service, although a "takeover clause" in the case of a major breach of the contract and a performance bond would ensure continuity of ambulance services.

Dispatch: The placement of dispatch services may depend on the number of zones. It also impacts the County's efforts to ensure accountability since a provider cannot be held accountable for response times when it doesn't have control over dispatch delays and may not have full control over placement of units.

A single provider could operate its own dispatch service. With multiple providers, the County would have to

1. establish an outside dispatch agency;
2. allow each provider to operate its own separate dispatch operation; or
3. allow one provider to dispatch for others.

Accountability: In addition to the dispatch issue, a performance contract would have to exempt a provider from response time standards when it is providing backup to another provider's zone.

Local providers: Limiting the number of zones would decrease the number of providers in the county. As a result, more of the existing local providers would not be able to continue to provide service within the emergency market.

Contracting oversight: The County's monitoring of the provider(s) and enforcement of the contract's performance standards is impacted by the number of providers.

Overview of alternatives considered

The options for San Joaquin County's new ambulance system design were divided into scenarios for Zones 1-5, scenarios for Zones 6-8, and countywide scenarios.

Zones 1-5

- One provider for Zones 1-5
- Separate bids for each zone with a required bidding for more than one zone
- Various combinations of zones

Zones 6-8

- No change
- Merger of one or more of Zones 6, 7, 8 into the bid for Zones 1-5
- Subcontract for one or more of Zones 6-8
- Various combinations of mergers by Zones 6, 7, and 8 (the merged provider would provide the service or a subcontract to serve the area would be included in the RFP)
- Merger of Zone 5 with one of more of Zones 6, 7, or 8

Countywide scenarios

- One provider, countywide
- Separate bids for each zone

From this list, seven general scenarios were developed. These were:

- One provider, countywide
- Separate bids for each zone
- One provider for Zones 1-5
- Separate bids for each zone with a required bidding for more than one zone
- Combined zones (multiple options)
- Merger of one or more of Zones 6, 7, 8 into the bid for Zones 1-5
- Subcontract for one or more of Zones 6-8

Finally, these were narrowed into four options for discussion by the Steering Committee. These are summarized below.

Option 1: One provider

- A single provider would be competitively selected to serve the entire county.

Zones	FY 2003-2004 estimated call volume
1-8	53,159

	Advantages	Disadvantages
Economic viability	Cross-subsidization (of indigent patients and of rural areas) would be maximized.	
Zone size	Attractive market for potential out-of-area bidders.	May discourage bids from smaller providers.
Operating efficiency	Maximizes economies of scale and operating flexibility.	
Local backup		No locally available backup service.
Dispatch	Could operate its own dispatch service, allowing a single dispatch center without having one provider dispatch for others.	
Accountability	Provider required to meet performance standards countywide. No surrender of accountability when asked to provide backup in another provider's zone.	
Local providers		Would force changes in Zones 6-8. Existing providers may not be able to bid on such a large zones.
Contracting oversight	Only one RFP process required. County would only have to oversee and enforce a single contract and deal with a single accountable entity.	

Option 2: Four providers

- A single provider would be competitively selected to serve existing Zones 1-5
- The existing providers in Zones 6-8 would be maintained.
- Zones 6-8 could be merged into the combined Zones 1-5 or the provider could subcontract to serve one or more of these zones.

Zones	FY 2003-2004 estimated call volume
1-5	46,398
6	5,008
7	695
8	1,058

	Advantages	Disadvantages
Economic viability	Improved cross-subsidization.	Limits cross-subsidization to the combined zones.
Zone size	Attractive for out-of-area bidders.	May discourage bids from smaller providers.
Operating efficiency	Improved economies of scale and operating flexibility.	Limits operating efficiencies to the combined zone.
Local backup	Local backup available.	
Dispatch		Would require an outside dispatch agency, require each provider to operate a separate PSAP, or allow one provider to dispatch for others. Provider may not have control over unit placement and dispatch delays (accountability issue).
Accountability		A performance contract would have to exempt a provider from standards when it is providing backup to another provider's zone.
Local providers	Doesn't impact exclusivity of Zones 6-8.	County would need to ensure that providers in Zones 6-8 meet the same standards. Existing providers may not be able to bid on such a large zone.
Contracting oversight		Multiple RFP processes required Requires the County to enforce multiple contracts. Negotiation with bidders to ensure coverage of all zones.

Option 3: Six providers

- Separate bids for Zones 1, 4, and 5
- Bidders for Zones 1, 4, and 5 would be required to bid separately for Zones 2 and/or 3
- The existing providers in Zones 6-8 would be maintained
- Zones 6-8 could be merged into Zone 5 or the provider could subcontract to serve one or more of these zones

Zones	FY 2003-2004 estimated call volume
1	13,705
4	5,614
5	4,868
1, 2,3	35,917
4, 2, 3	27,826
5, 2, 3	27,080
6	5,008
7	695
8	1,058

	Advantages	Disadvantages
Economic viability	Would attract bidders for the less economically viable zones by ensuring some cross-subsidization.	Limited cross-subsidization.
Zone size	Less attractive bid for out-of-area providers.	Bidding by smaller providers more feasible.
Operating efficiency		Limited operating efficiencies in the combined zone.
Local backup	Local backup available.	
Dispatch		Would require an outside dispatch agency, require each provider to operate a separate PSAP, or allow one provider to dispatch for others. Provider may not have control over unit placement and dispatch delays (accountability issue).
Accountability		A performance contract would have to exempt a provider from standards when it is providing backup to another provider's zone.

Local providers	Doesn't impact exclusivity of Zones 6-8. Existing providers would be better able to bid on smaller zones.	County would need to ensure that providers in Zones 6-8 meet the same standards.
Contracting oversight		Multiple RFP processes required Requires the County to enforce multiple contracts.

Option 4: Six providers

- Separate bids for existing Zones 4, and 5
- Separate bid for newly combined Zones 1, 2, and 3
- The existing providers in Zones 6-8 would be maintained
- Zones 6-8 could be merged into Zone 5 or the provider could subcontract to serve one or more of these zones

Zones	FY 2003-2004 estimated call volume
1, 2, 3	35,917
4	5,614
5	4,868
6	5,008
7	695
8	1,058

	Advantages	Disadvantages
Economic viability	Would attract bidders for the less economically viable zones by ensuring some cross-subsidization.	Limited cross-subsidization.
Zone size	Less attractive bid for out-of-area providers.	Bidding by smaller providers more feasible.
Operating efficiency		Limited operating efficiencies in the combined zone.
Local backup	Local backup available.	
Dispatch		Would require an outside dispatch agency, require each provider to operate a separate PSAP, or allow one provider to dispatch for others. Provider may not have control over unit placement and dispatch delays (accountability issue).
Accountability		A performance contract would have to exempt a provider from standards when it is providing backup to another provider's zone.
Local providers	Doesn't impact exclusivity of Zones 6-8. Existing providers would be better able to bid on smaller zones.	County would need to ensure that providers in Zones 6-8 meet the same standards.
Contracting oversight		Multiple RFP processes required Requires the County to enforce multiple contracts.

System design

Overview of system design

Following discussion of these options, the Steering Committee recommended Option 4. Under this option, the three Stockton-area zones would be combined. The County would use a competitive process to select one or more providers to serve three revised zones to be formed out of the existing Zones 1-5. The current exclusive operating permits granted to the providers in the existing Zones 6-8 would be continued.

Ground ambulance services

Zones: The newly revised San Joaquin County EMS system will have six zones for ground ambulance providers (Figure 4, page 27). The existing Zones 1-5 will be reconfigured with one zone each centered around greater Lodi, Stockton, and Tracy. Potentially, a provider could serve more than one zone, or even all three zones. The existing Zones 6-8 (Manteca/Lathrop, Ripon, and Escalon) will remain as currently configured although minor border changes will be considered as appropriate.

Zones A, B, and C will be competitively bid and the existing grandfathered providers in Zones D, E, and F will continue to operate exclusively within these zones.

Table 6: Revised ambulance zones

Community	New zone	Old zone
Lodi	Zone A	Zone 4
Stockton	Zone B	Zones 1, 2, and 3
Tracy	Zone C	Zone 5
Manteca/Lathrop	Zone D	Zone 6
Ripon	Zone E	Zone 7
Escalon	Zone F	Zone 8

The competitive process will use a RFP. In the RFP, the County will specify the desired performance standards for the ambulance service(s) and the mechanisms used to ensure compliance with these standards.

Accountability: The ambulance provider(s) selected will be held accountable for their performance through the competitive process, the resulting contract, and the oversight process. The RFP will include pre-established standards for the ambulance service, economic incentives for the provider to comply with these standards, and a comprehensive system of contract monitoring.

While the RFP will allow providers to be creative in how they meet the standards, including the development of joint ventures and the use of

subcontractors, a single legal entity will be required as the primary contractor. It will be accountable to the County and will be responsible for any subcontractors. All subcontracts will be subject to approval by the County although County review will exclude any financial arrangements between the ambulance service and the first responder organizations.

Performance standards: The San Joaquin EMS Agency is charged with developing the standards for the redesigned ambulance system, for implementing the system, and for monitoring and enforcing the contract. The standards will include:

- Clinical quality (staffing level, specific training requirements, and internal quality management program);
- Response times for ALS and transportation units;
- Maximum unit-hour utilization ratios, for the zone, sub-zone compliance areas, and each unit;
- Deployment/system status management plan;
- Standards for ambulances and equipment;
- Maintenance program;
- Field supervision; and
- Patient charges.

These standards will be the countywide minimums. Any city or special district that desires a higher level of care may negotiate an agreement with the selected provider(s). These will be subject to approval by the EMS Agency to ensure that they do not negatively impact other areas of the system and that the cost for any desired system enhancements is completely paid for by the city or district that desires them.

A performance based contract is based on a belief that the selected provider(s) are in the best position to determine how the standards are met, subject to penalty for failure to meet them. Therefore,

- Penalties will be used for failure to comply with specific performance standards (e.g., response times).
- Incentives (e.g., penalty reductions, contract extensions) will be used to provide incentives to exceed performance standards.
- Performance bonds and mechanisms for take-over of vehicles and equipment will be in place ensuring that ambulance service will continue in case of a major breach.
- A “lame duck” requirement will be used to ensure smooth transition in the event that another provider is selected in any future competitive procurement.

Penalties: The RFP and the contract will specify penalties for non-compliance with standards. These will be approved by the Board of Supervisors as part of the RFP development and contract approval processes. They will include (but not be limited to):

- Exceeding allowable response time per call (by minute);

- Exceeding allowable response time percentile (by monitoring period) within rolling thirty-day periods. These will be measured within the zone and within sub-zone compliance areas;
- Failure to provide required information; and
- Other minor breaches.

In addition to the penalties, the RFP will provide other economic incentives. It will provide for “give-backs” of penalty assessments for exceeding certain standards and will allow the County to renew the contract without a competitive bid when the provider has exceeded requirements.

Additional services: Finally, the RFP will provide for additional services to be provided by the contractor(s). These may be mandated or may be offered for additional points in the scoring of proposals. These could include:

- Standby for youth sports;
- Prehospital care training preceptorships;
- Equipment exchange program (with first responder agencies and hospitals);
- Provision of equipment (e.g., automatic external defibrillators) to the community;
- Disaster planning and response;
- Mutual aid;
- Community education;
- Fire scene rehabilitation; and
- First responder fees.

Because the required performance standards and any additional requirements will increase costs, the County will need to ensure that added requirements are worth these extra costs and that the total system cost is not excessive.

Air ambulance services

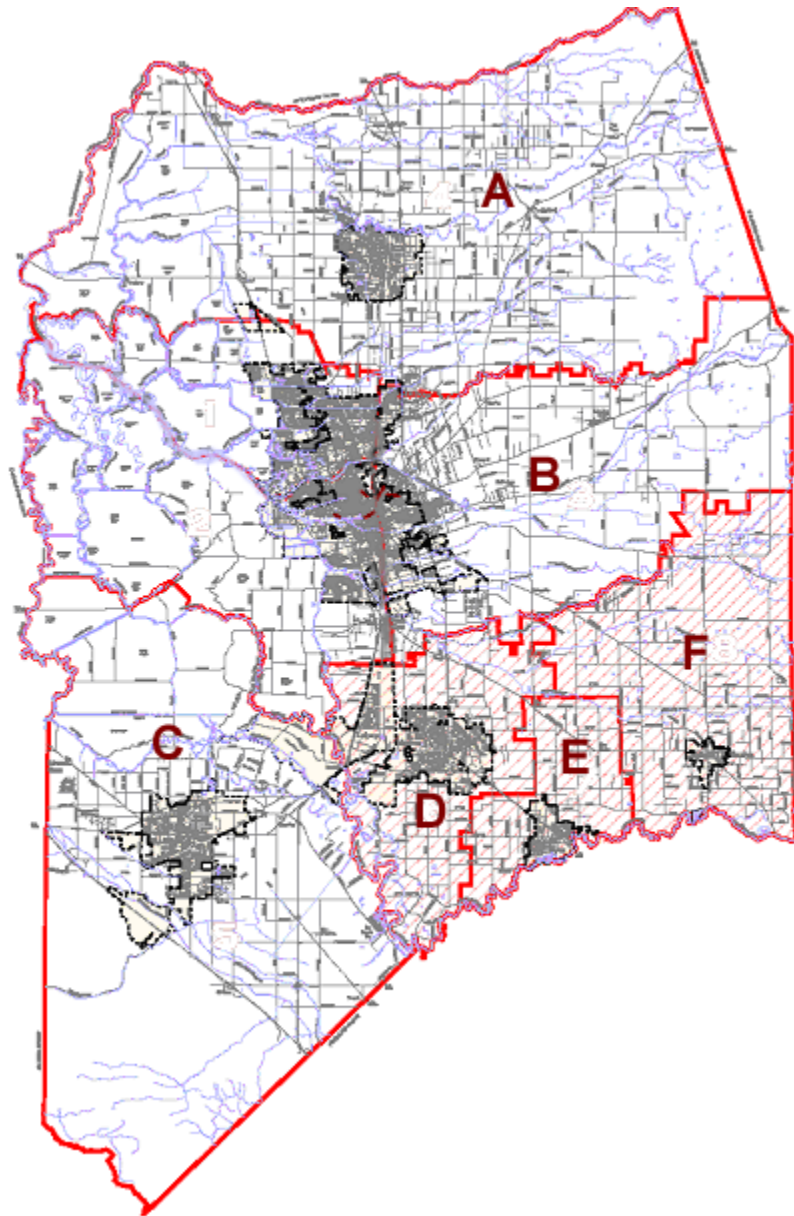
Air ambulance services will be maintained without change from the current system.

Advanced life support

The ambulance services will be required to provide ALS services through either their own transporting units, arrangement with non-transporting first responder organizations, or a combination thereof.

If a provider elects to subcontract all or part of its ALS services to a first responder organization, it will still be the primary contractor with the County and will be responsible for the performance of its subcontractors.

Figure 4: Revised ambulance zones



Dispatch

The structure of ambulance dispatch in San Joaquin County will depend in part on potential changes within the fire dispatch system and in part on the proposals submitted in the response to the RFP.

The RFP will require that each ambulance provider provide dispatch services and that any dispatch delay be included within the performance based response time standards. The selected provider(s) may choose to operate its

own dispatch center or may contract with an existing center. Through the 9-1-1 system, primary PSAPs are able to transfer calls and that ambulance and fire department dispatchers are able to receive the information simultaneously.

Making the provider directly responsible for its own dispatching helps to maintain accountability for meeting the system's performance standards, including dispatch times and prearrival instructions. It also allows providers to implement their system status management plans (i.e., moving ambulances within the zone and variable staffing patterns). Providers will be required to report to the EMS Agency key information that will be used to monitor, measure and evaluate the providers' performance, and to determine compliance with County standards. However, a disadvantage could be a separation of ambulance dispatch from that of first responder agencies.

Regardless of the placement and operation of the dispatch center, the County will, through the revised ordinance and ambulance contract requirements, ensure that the performance standards required for ambulances are met while seeking to ensure that performance based contractors have sufficient control over their resources. If there is more than one ambulance dispatch center, appropriate changes will need to be made in the 9-1-1 system, including aligning the geographic files with the new ambulance zones and providing for transfer of calls from the primary PSAPs and allowing both fire and ambulance dispatch centers to participate in call taking without lose of time or information.

Regulatory process

The San Joaquin EMS Agency is responsible for the development of standards for the redesigned ambulance system, for implementing the system, for monitoring performance standards and enforcement. This requires active County oversight, including:

- Audit and inspection of operational, financial, and patient care records;
- Monitoring service delivery for compliance with defined standards; and
- Providing technical guidance, as appropriate.

Under the redesigned system, providers will be required to furnish the EMS Agency with prehospital care, operational, financial, and unusual occurrence reports. The EMS Agency will utilize this data to monitor system performance and to identify situations where providers may fail to meet their contractual requirements.

To adequately perform its role, significant organizational changes are being contemplated with the management, staffing, and funding of the Agency. Upon completion of the reorganization, the Agency will have greater capacity to collect and analyze data, review reports, and complete other responsibilities required to regulate a performance based system. In addition, a complete rewrite of the County's ambulance ordinance will be proposed (Appendix 9).

Implementation process and timeline

While the final schedule will depend on approval of this plan by the California Emergency Medical Services Authority, the anticipated timeline is:

Request for proposals process

RFP issued	September 2004
Proposals reviewed	November 2004
Recommendation presented to Board of Supervisors for approval.....	December 2004

Contract negotiations

Contract negotiation completed	March 2005
Board of Supervisors approval of contract.....	April 2005

System implementation

Transition complete	July 2005
Contract monitoring process in place	July 2005

Zone forms

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p>San Joaquin County EMS Agency</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Zone A (formerly Zone 4)</p>
<p>Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.</p> <ol style="list-style-type: none"> 1. American Medical Response (11 Years) 2. Priority One Medical Transport (2 years)
<p>Area or subarea (Zone) Geographic Description:</p> <p>Greater Lodi area (see map, Figure 4, page 27)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>Exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Emergency ambulance service</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Competitive bid. An open request for proposals will be issued following EMS Authority approval of San Joaquin County Ambulance Transportation Plan. Initial contract is expected to be for five years with potential five year extension prior to another open bid.</p>

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AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p align="center">San Joaquin County EMS Agency</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">Zone B (Formerly Zones 1, 2, and 3)</p>
<p>Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.</p> <ol style="list-style-type: none"> 1. A-1 Ambulance (33 years)* 2. American Medical Response (11 Years) 3. Priority One Medical Transport (2 years) 4. Hughson Paramedic Ambulance (4 years) 5. Stockton Fire Department (2 years) <p><i>*Currently only providing non-emergency service</i></p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Greater Stockton area (see map, Figure 4, page 27)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">Exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Emergency ambulance service</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">Competitive bid. An open request for proposals will be issued following EMS Authority approval of San Joaquin County Ambulance Transportation Plan. Initial contract is expected to be for five years with potential five year extension prior to another open bid.</p>

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AMBULANCE ZONE SUMMARY FORM**

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<p>Local EMS Agency or County Name:</p> <p align="center">San Joaquin County EMS Agency</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">Zone C (formerly Zone 5)</p>
<p>Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.</p> <ol style="list-style-type: none"> 1. American Medical Response (11 Years) 2. Hughson Paramedic Ambulance (4 years)
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Greater Tracy area (see map, Figure 4, page 27)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">Exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Emergency ambulance service</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">Competitive bid. An open request for proposals will be issued following EMS Authority approval of San Joaquin County Ambulance Transportation Plan. Initial contract is expected to be for five years with potential five year extension prior to another open bid.</p>

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AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p align="center">San Joaquin County EMS Agency</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">Zone D (formerly Zone 6)</p>
<p>Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.</p> <p align="center">Manteca District Ambulance Services (53 years)</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Greater Manteca and Lathrop areas (see map, Figure 4, page 27)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">Exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Emergency ambulance service</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">Grandfathered. Manteca District Ambulance Service (MDA) originally began providing transportation services in November 1951. This service has continued, without interruption or competition and since then, no changes to the scope and manner of service have occurred. Also, MDA provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. MDA is an ambulance district operated by an independent board of directors.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p align="center">San Joaquin County EMS Agency</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">Zone E (formerly Zone 7)</p>
<p>Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.</p> <p align="center">Ripon Fire Protection District (30 years)</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Greater Ripon area (see map, Figure 4, page 27)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">Exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Emergency ambulance service</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">Grandfathered. Ripon Fire Protection District originally began providing transportation services in February 1974. This service has continued, without interruption or competition since then and no changes to the scope and manner of the service have occurred. Also, Ripon Fire Protection District provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. Ripon Fire Protection District is fire protection district operated by an independent board of directors which is responsible for the ambulance service</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p align="center">San Joaquin County EMS Agency</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">Zone F (formerly Zone 8)</p>
<p>Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.</p> <p align="center">Escalon Community Ambulance (43 years)</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Greater Escalon area (see map, Figure 4, page 27)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">Exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Emergency ambulance service</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">Grandfathered. Escalon Community Ambulance originally began providing transportation services in April 1961. This service has continued, without interruption or competition since then and no changes to the scope and manner of the service have occurred. Also, Ripon Fire Protection District provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. Escalon Community Ambulance is an ambulance district operated by an independent board of directors.</p>

Appendices

Appendix 1: California Health and Safety Code sections related to EOAs

1797.85. "Exclusive operating area" means 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 or more emergency ambulance services or providers of limited advanced life support or advanced life support.

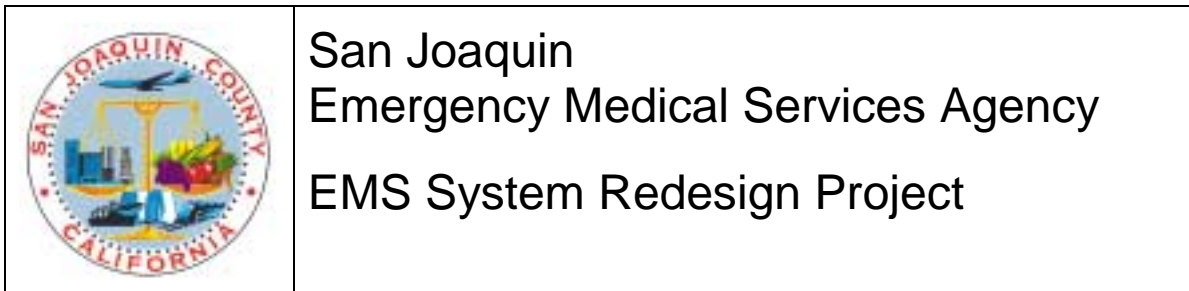
1797.224. A local EMS agency may create one or more exclusive operating areas in the development of a local plan, if a competitive process is utilized to select the provider or providers of the services pursuant to the plan. No competitive process is required if the local EMS agency develops or implements a local plan that continues the use of existing providers operating within a local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981. A local EMS agency which elects to create one or 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, its competitive process for selecting providers and determining the scope of their operations. This plan shall include provisions for a competitive process held at periodic intervals. Nothing in this section supersedes Section 1797.201.

1797.226. Without altering or otherwise affecting the meaning of any portion of this division as to any other county, as to San Bernardino County only, it shall be competent for any local EMS agency which establishes exclusive operating areas pursuant to Section 1797.224 to determine the following:

(a) That a minor alteration in the level of life support personnel or equipment, which does not significantly reduce the level of care available, shall not constitute a change in the manner and scope of providing service.

(b) That a successor to a previously existing emergency services provider shall qualify as an existing provider if the successor has continued uninterrupted the emergency transportation previously supplied by the prior provider.

Appendix 2: Discussion paper



Ambulance service issues and scenarios

Introduction

San Joaquin County is currently working on a major redesign of its ambulance system. The expected result will be granting of an exclusive operating permit for ambulance zones 1, 2, 3, 4, and 5.

This is a unique opportunity for the County to examine the strengths and weakness of its current system and to decide what it wants in the future. This should include consideration of the level of services and the cost of the services.

This discussion paper is intended to:

- provide background on the system planning process
- identify some of the issues that will arise during the planning process and the options that should be considered
- identify some scenarios for ambulance services in San Joaquin County.

Ambulance service variables

Four variables must be considered regarding the design of an ambulance service. Two of these are related to the cost of providing the service and two are related to the charges for the service.

The first variable that will impact cost is the **level of the services** that will be provided. For example, advanced life support services will be more expensive than basic life support. **Response times** are the second cost factor. A service that responds to 90% of its calls in eight minutes or less will cost more than one with a less stringent response time standard.

The charges will be impacted by the amount of the cost that is covered by **patient fees** and the amount that is provided by government entities as a **subsidy** from tax funds. The lower the subsidy, the higher the fees must be and visa versa.

A change to one of these four variables will impact the other three. If a community decides to increase its service from basic life support to advanced, it will increase the costs and these must be covered by either patient fees or a

subsidy. If the community wants to reduce its subsidy, it must either increase its fees or lower the cost of providing the service.

As one EMS expert said, "you can have it good, fast, or cheap. Pick two of the three."

System design questions (to be answered first)

A community has three basic choices in establishing its system. These are really responses to the market failures that exist in healthcare generally and in emergency medical services specifically.

- A *laissez faire* approach allows anyone to operate without government interference. While there is no regulation of the marketplace for ambulance service, there can still be oversight of the quality of medical care provided.
- Under a command approach, government powers determine who is allowed to provide ambulance services and how it is provided. In addition to quality standards (e.g., training, equipment), economic regulations (response zones, response times, charges) are included.
- Finally, in a socialized system, a government agency provides the services displacing the private sector.

System planning issues and options

Within the three broad strategies described above, communities have several policy issues to address. The question of *who* should provide the services should only be considered after the questions of *how* the services are to be provided have been answered.

- Service area

The first issue to determine is the area that will be served by the ambulance provider. Larger service areas and larger operations will provide economies of scale or buying power, although communities will lose some of their control over the service when they must share decision-making with their partners.

1. Should a single provider be selected for zones 1, 2, 3, 4, and 5 or should each zone potentially have a separate provider?

- Market and market rights

The next question is what market does the provider have exclusive rights to? These can include emergency services, non-emergency services, and critical care transfers. A separate issue is whether the ambulance provider will be the exclusive provider of advanced life support services or whether first responder agencies may also provide advanced life support.

A second issue is the market included in the selection of the ambulance service and the market rights that the selected provider will have. The ambulance industry really has three separate markets:

Section 1797.85 of the Health and Safety Code allows granting of exclusive operating areas for emergency ambulance services or providers of limited advanced life support or advanced life support. Whether or not non-ALS, non-emergency transports can be included is subject to debate.

2. *Should San Joaquin County seek to limit emergency services only or to include some or all calls that don't originate through 9-1-1?*

3. *Should advanced life support services be provided only by the ambulance provider or should first responder ALS be allowed?*

- Specialized vs. flexible units

In a busy area ambulances might be limited to providing emergency services. In slower areas, waiting time between calls might be used for non-emergency calls as long as enough units are maintained for emergency responses.

Specialized ambulances can save money by not staffing and equipping all ambulances to the level needed for emergency response. On the other hand, in a flexible system, fewer total units might be needed since any available unit can be sent on either type of call.

4. *Should San Joaquin County limit emergency ambulances to providing only emergency services?*

- Source of revenues

The decision about how the service will be funded is largely a trade-off between user fees and tax subsidies. Subsidies are needed to ensure a minimum level of service in low volume areas or to fund higher level of clinical care than can be supported by user fees. However, they can be used whenever the community wishes to decrease the charges to patients.

5. *Is there any potential tax subsidy or will all revenue come from patient fees?*

6. *Are higher fees acceptable to the community to support a higher level of service?*

- Competition questions

Once the system design is adopted by the Board of Supervisors and the plan submitted for state approval, the next set of issues relate to the process that the County will use to select the provider.

Because the County cannot “grandfather” any of the providers currently operating in Zones 1 through 5, a competitive process is required under section 1797.224, H&SC. This will involve development of minimum requirements, sending a request for credentials/request for proposals to interested providers, and a process to review the proposals.

A number of specific questions will have to be answered, including service level and contractual matters (duration of the contract, performance security).

7. What response time standards are appropriate in various areas of the County?

8. Will dispatch services be provided by the ambulance provider or by another organization?

Oversight issues

Franchises can be either *level of effort* or *performance based*. A level of effort standard requires the provider to have a fixed number of units on duty, regardless of actual need or outcome. A performance-based standard, on the other hand establishes specific standards that the provider must meet (e.g., an eight-minute response time). The provider is not told how to meet the standard but is only judged on whether or not the standard is met.

Most franchises also include various standards. These would include minimum standards for vehicles, personnel, and operational standards such as response times. The San Joaquin EMS Agency will need a process to ensure that the provider complies with the requirements of the franchise.

While the ambulance service should be viewed as a part of the broader EMS system, medical oversight requirements must be specified as part of the development of an ambulance program. Any requirements for internal programs (e.g., a service medical director or quality management director) must be specified. The relationship of the service to the system’s medical control program (e.g., the roles of the system medical director and/or community medical control board) must be identified.

9. What form of administrative and medical oversight will be provided?

10. Will the provider be held to specific levels of performance or to levels of effort?

Ambulance franchise models

Four types of franchises are used: "Need and Necessity" permits, exclusive operating area with periodic rebidding, the Public Utility model, and the Fail-safe franchise.

A "*Need and Necessity*" permit barred new ambulance services from joining existing services unless they could show that an additional provider was needed. Unless a county meets the requirements for "grandfathering" of its existing exclusive providers, it must use a competitive process.

A common form of ambulance franchise is establishment of an *exclusive operating area with periodic rebidding* to select a provider for a fixed time period. The competitive bid process may establish standards for the provider, such as the number of vehicles, the response time standard, the level of service, and the rates that can be charged to patients. The bid is usually on rates that are allowed or on the subsidy level that the ambulance service requires.

Perhaps the most complex form of franchising is the *Public Utility Model*. In this approach, the community establishes a public authority that will be responsible for the ambulance service. This authority owns all of the vehicles and equipment. Importantly, it also owns the accounts receivable and can, as matter of public policy, set the rates charged to patients either to break even or to provide a subsidy.

The authority then uses a competitive bid process to select a contractor that will be responsible for operating the service. This contractor gets a set fee per-month (as determined by the bid process), regardless of the number of calls. The contractor must pay salaries and all other operating costs from this monthly payment and whatever is left over is the profit.

This gives the contractor an incentive to operate efficiently and to cut costs wherever possible in order to increase the amount of profit. To balance this incentive, the public utility model establishes specific, quantifiable performance standards. It uses penalty fees for excess response time, failure to fill out forms, damaged equipment, etc. As an example, the contractor might be fined for every minute that a response exceeds an eight minute standard and the contract might be cancelled completely if the standard is not met at least 90% of the time. These are subtracted from the monthly payment to the contractor.

While it is very complex, the public utility model has several advantages. First, it provides a community with control over the standards for its ambulance service; these are set by the public authority in the bid standards. The public authority, however, does not get involved in actual operations, as long as standards are met. The contractor has a definite incentive to operate efficiently but also to provide the desired level of service. Finally, the authority can easily replace the contractor. If there is a major breach of the contract, it can take over the service and run it itself while it seeks a new contractor. The authority already owns the vehicles and the equipment and can use the existing cash flow provided by the accounts receivable.

The *fail-safe franchise*, is similar in many ways to the public utility model. Both are performance-based and use penalties for non-compliance. Both use a competitive bid process and establish fees by public authority.

The first major differences is seen in the ownership of the vehicles and equipment. In the fail-safe franchise, equipment is procured using a 3-way lease. A manufacturer or other leasing agency leases the equipment to the public authority which turns around and subleases it to the contractor for the term of the contract.

The accounts receivable are also different. In the fail-safe franchise, the contractor does the billing and gets to keep receivables. However, these are received by a bank or other financial services agency and are deposited into a "lock box account." The equipment lease payments and any fees are first withdrawn from this account and then the remainder is passed through to the contractor.

Scenarios

Two basic scenarios are seen for San Joaquin County. In the first, a single provider would be selected to serve ambulance zones 1, 2, 3, 4, and 5. In the second, between two and five ambulance providers would be selected to serve these zones.

Under either scenario, granting of a franchise would have several advantages. It would:

- eliminate the "retail" competition that currently exists and would decrease the level of complaints about ambulance services
- allow the County to determine what it wants in its ambulance
- allow county to establish rates using a competitive process
- make the successful bidder accountable for providing service in compliance with a contract

Selecting a single provider for these zones would provide economies of scale or buying power. It improves efficiency for the provider who could share personnel and vehicles among stations and not duplicate administration, dispatch, billing, and similar operations. A single provider would ensure easy standardization of operations and the County would only have to establish oversight for the one organization.

Among the disadvantages is that a single provider requires more standardization among diverse areas. This requires more compromise. A single provider increases the probability that existing providers will not be retained.

The advantages and disadvantages of multiple providers are generally the reverse of those for a single provider. It should be noted that this could result in different levels of service in the different zones and raise issues of fairness.

Decreasing the size of the zone that is to be competitively bid will also decrease the efficiency of the potential bidder and may raise costs. This would

result from the general inefficiency of smaller providers and potential duplication in administration, dispatch, billing, and similar operations.

EMS System redesign project activities and timeline

1. ADMINISTRATIVE	
1.1 Meet with SJEMS regarding system issues and process	November 2003
1.2 Assist with development of ambulance steering committee (ASC)	November 2003
2. SYSTEM DESIGN/PLAN DEVELOPMENT	
2.1 Collect system data and research options	November 25, 2003
<ul style="list-style-type: none"> • Receive and review resource materials from the SJEMS • Review regulations, guidelines, existing reports, minutes, survey results for development of minimum requirements and consistency 	
2.2 Develop discussion paper outlining decision points and system scenarios	December 9, 2003
2.3 Receive stakeholder and community input	February 3, 2004
<ul style="list-style-type: none"> • Attend meetings of EMCC, other County EMS committees, fire chiefs' association, law enforcement chiefs' association, etc • Focus Groups/Meetings with fire, seniors, fire and ambulance labor unions, homeless/vulnerable populations • Review of more than 20 interview conducted for minimum requirements. • Conducting research/interviews of additional key participants and public groups for minimum requirements. • Update for public and EMS Groups via presentations, newsletters, reports • Summary of Expectations – document of findings • Participate in ASC meeting to identify areas of consensus and disagreement 	
2.4 Prepublic draft of EOA plan	February 17, 2004
<ul style="list-style-type: none"> • Develop prepublic draft of plan; submit to SJEMS • Telephone conference to discuss draft • Based on comments, revise plan 	
2.5 Public draft(s) of EOA plan	May 11, 2004
<ul style="list-style-type: none"> • Develop first public draft of plan; submit to SJEMS • Receive and review comments • Attend ASC meeting • Based on comments, revise plan • Distribute second draft of public review draft (PRN) • Receive and review comments 	
2.6 ASC approval of plan	May 11, 2004
<ul style="list-style-type: none"> • Attend ASC meeting • Presentation to ASC 	
2.7 Submit to San Joaquin Board of Supervisors	May 25, 2004
<ul style="list-style-type: none"> • Prepare public hearing draft • Attend BOS meeting • Board presentation 	
2.8 Submit to EMSA	June 8, 2004
<ul style="list-style-type: none"> • Prepare final draft of plan for submission to EMSA • Meet with EMSA staff to discuss plan, as needed. • Miscellaneous meetings, etc. 	

San Joaquin County EMS Transportation Plan (2004)

3. RFP DEVELOPMENT AND PROCESS	
3.1 Development of Minimum Requirements	April 13, 2004
<ul style="list-style-type: none"> • Draft List of Minimum Requirements (MQs) • Approval of List of MQs 	
3.2 Request for Credentials/Request for Proposal Development	June 22, 2004
<ul style="list-style-type: none"> • Work with EMS Staff to write and edit the RFC/RFP document, including approval by SJEMS and County Counsel 	
3.3 RFC Process	July 27, 2004
<ul style="list-style-type: none"> • Send out RFC/RFP to interested companies • Review Credentials of bidders 	
3.4 RFP Process	October 19, 2004
<ul style="list-style-type: none"> • Review Questions from Bidder's regarding RFP • Write responses to questions and make any RFP changes with County Counsel • Conduct the Bidder's Conference • Publish and finalize Proposal Review Committee 	
3.5 RFP Review Process	November 16, 2004
<ul style="list-style-type: none"> • Create materials for proposal review committee • Facilitate Committee Meetings • Coordinate and facilitate Bidder's presentations and Q&A sessions • Assist the Committee with writing recommendation 	
3.6 Present recommendation to Board of Supervisors for approval	November 16, 2004
<ul style="list-style-type: none"> • Attend BOS meeting • Board presentation 	
4. CONTRACT NEGOTIATIONS	
4.1 Meet with contractor and county to negotiate contract	April 5, 2005
4.2 Present contract to Board of Supervisors for approval	April 5, 2005
<ul style="list-style-type: none"> • Attend BOS meeting • Board presentation 	
5. SYSTEM IMPLEMENTATION	
5.2 Transition	July 26, 2005
<ul style="list-style-type: none"> • Work with contractor during transition period • Monitor the Lame Duck provisions of current contract provider and ensure compliance. • Final checks • On-site monitoring of the last 6 hours of the old contract and first 24 hours of the new contract. 	
5.2 Development of monitoring process	July 26, 2005
<ul style="list-style-type: none"> • Work with SJEMS staff, county council, etc. 	
5.3 Hold a debriefing session of the entire RFP process to document "What went well? And "Lessons learned?"	August 9, 2005

EMS System redesign project staff

San Joaquin EMS Agency	San Joaquin County EMS Agency P.O. Box 1020 Stockton, CA 95201	(209) 468-6818 sjems@co.san-joaquin.ca.us
Diane Akers Consultant	716 Curtis St. Albany, CA 94706	(510) 524-8152 dianeakers@aol.com
Richard Narad Consultant	California State University, Chico Chico, CA 95929-0505	(530) 898-5309 rnarad@csuchico.edu

For more information, go to <http://207.104.50.49/ems/RFP1.htm>

Appendix 3: EMS redesign steering committee members

MEMBER	CATEGORY
Diane Akers	Consultant
Dale Bishop, MD San Joaquin County Public Health	Assistant Health Officer
Darrell Cramphorn San Joaquin Co. EMS Agency	EMS Agency
Robert David Sacramento Sierra Hospital Council	Hospital Council
Robyn Drivon San Joaquin County Counsel's Office	County Counsel
Charles Halford, Chief Manteca Police Department	Police Department
Joe Harrington Lodi Memorial Hospital	Acute Care Hospital
Elaine Hatch San Joaquin Co. EMS Agency	EMS Agency
Dr. Richard Narad	Consultant
George Quaresma, Chief Manteca Fire Dept.	City Fire Department
Chris Rose San Joaquin County Administrator's Office	County Administrator's Office
Vic Solari, Chief Linden Peters Fire Department	Rural Fire Department
Clarence Teem San Joaquin Co. EMS Agency	EMS Agency

Appendix 4: List of people/organizations who met with consultants

List of people/organizations who met with consultants

Tom	Arjil	CEO	First Responder EMS, Inc.
Dennis	Bitters	Acting Fire Chief	City of Ripon
Greg	Bittles	Paramedic	Stockton Fire Union
Ray	Call	Deputy Fire Chief	Stockton Fire Department
Robyn	Drivon	Deputy County Counsel	San Joaquin County Counsel's Office
Al	Duncan	Engineer	Stockton Fire Union
Terrell	Estes	Fire Chief	City of Tracy
Lou	Galliazzo	Ambulance officer	California Highway Patrol
Gary	Gillis	Fire Chief	Stockton Fire Department
Kevin	Grant	Operations Manager	First Responder EMS, Inc.
David	Hafey	Division Chief	Stockton Fire Department
Fred	Hawkins	President Pinnacle Group Consultant	Hughson Ambulance
Jesse	Izaguirre	Field Supervisor	Priority One Medical Services
Dan	Leary	Fire Chief	Mukelumne Rural Fire District
Rosa	Lee		San Joaquin CAO's Office
Scott	Lyrell	Legislative Aide	Supervisor Ornellas' office
Ty	Mayfield	EMS Coordinator	Lodi Fire Department
Donna	McClain	Owner	A-1 Ambulance Service
Lou	Meyer	CEO	AMR
Dan	Moriss	Captain	Stockton Fire Union
Leroy	Ornellas	Supervisor	San Joaquin County
Mike	Parker	CEO	Priority One Medical Services
Mike	Pitassi		Escalon Ambulance
Michael	Pretz	Fire Chief	Lodi Fire Department
Chris	Rose	Deputy County Administrator	San Joaquin CAO's Office
Bill	Sarter	Deputy City Attorney	City of Tracy
Andrew	Shapiro	Deputy Chief	Stockton Fire Department
Jack	Sieglock	Supervisor	San Joaquin County
Vic	Solari	Fire Chief	Linden-Peters Fire District
Dana	Solomon	CEO	Manteca District Ambulance
Craig	Stroup		EMS Training Institute
Brad	White	VP Operations	AMR

Group meetings:

San Joaquin County Fire Chief's Association

San Joaquin County Police Chief's Association: *Sheriff Baxter Dunn, Chief Jerry Adams (Lodi), Chief Richard Bull (Ripon), Chief Charles Halford (Manteca), Assistant Chief Wayne Hose (Stockton), Captain Steve Lerwill (CHP Stockton Office)*

San Joaquin County EMCC

San Joaquin EMS Transportation Committee

San Joaquin EMS Liaison Committee

Lodi Shirtsleeve Meeting – January 27, 2004 – *5 Council Members, City Manager, Deputy City Attorney, Chief Pretz, Ty Mayfield, many Lodi firefighters, AMR and Stockton FD.*

Appendix 5: Town hall meeting announcements



**San Joaquin County
Emergency Medical Services Agency
EMS System Redesign Project**

San Joaquin County is currently working on a major redesign of our ambulance system. The expected result will be granting of an exclusive operating permit for ambulance zones 1, 2, 3, 4, and 5 (Greater Lodi, Stockton, and Tracy areas).

The first stage of this process is the development of a plan that will be submitted for state approval. Next, we will determine the minimum qualifications for the new ambulance provider. Project documents, including drafts can be seen at:

<http://www.co.san-joaquin.ca.us/ems/>

To ensure as much input as possible from the community and system stakeholders, we will hold a series of focus groups and public meetings. Scheduled meetings are listed below and on the website.

For more information or to provide input to the project, please contact project staff at (209) 468-6818 or email:

ambulance@co.san-joaquin.ca.us


BRING YOUR IDEAS AND COMMENTS!

UPCOMING PUBLIC MEETING DATES:

- **February 17th: 9:00am - 11:30am - St. Dominic's Hospital, 1777 W. Yosemite Ave., Manteca, CA – Sierra Building, Classroom A&B**
- **February 17th: 1:00pm - 3:30pm - Sutter-Tracy Community Hospital, 1420 Tracy Blvd., Tracy, CA – West Community Conference Room**
- **February 19th: 1:30pm - 4:30pm - Kaiser Permanente, 7373 West Lane, Stockton, CA – Conference Room A**
- **February 19th: 6:00pm - 9:00pm - Lodi Memorial Hospital, 975 S. Fairmont Ave., Lodi, CA – Classroom A&B**

- **February 23rd: 1:00pm - 3:00pm - San Joaquin EMS Agency, 500 W. Hospital Drive, French Camp, CA – EMS Classroom**

Appendix 6: EMS System Redesign project web page



The Official Site of
San Joaquin County Government

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[EMS Main Page](#)

EMS ADMINISTRATOR
Darrell J. Cramphorn
500 W Hospital Road
French Camp, CA95231
(209) 468-6818 Phone
(209) 468-6725 Fax

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Emergency Medical Services, [A Division of HCS](#)

EMS System Redesign Project

San Joaquin County is currently working on a major redesign of our ambulance system. The expected result will be granting of an exclusive operating permit for [ambulance zones 1, 2, 3, 4, and 5](#).

[Project tasks and proposed timeline](#)

[Project documents \(added as they become available\)](#)

Discussion paper outlining decision points and system scenarios

- Summary of Expectations – document of findings
- Exclusive Operating Area plan
- List of Minimum Requirements (MQs)
- Request for Credentials/Request for Proposal Development
- Proposal Review Committee
- [Guiding Principles](#)
- [Draft EMS Transportation Plan](#) (PDF)

Ambulance steering committee (ASC) members

[Project staff contact information](#)

[Public meeting schedule](#)

[Contact us with any EMS System Redesign questions or comments](#)

Appendix 7: Board of Supervisors approval

TO BE ADDED

Appendix 8: : Guiding principles for San Joaquin County EMS System Redesign

San Joaquin County EMS System Redesign

Guiding principles

1. The redesigned ambulance system will be effective:
The effectiveness of an EMS system results mainly from its ability to provide patients with the level of care that they need within a clinically appropriate time. The general measurements of system effectiveness are the response time and the level of care provided. More care, or higher levels of care, may not produce better patient outcomes and therefore may not improve system effectiveness.
 - The procurement process will specify a level of clinical performance and pre-established response time standards
 - The contract will provide economic incentives to meet or exceed the minimum standards.
2. The redesigned ambulance system will be efficient:
An efficient system is one that has a sufficient number of resources to meet the desired standards of effectiveness but does not have excess resources beyond what is needed. Since most of the costs of an ambulance service (personnel, vehicles, stations) are fixed, a unit that responds to fewer calls is considered to be less efficient.
However, given the unpredictable nature of emergency calls, some inefficiency is necessary. In addition, making a system “more efficient” by reducing the number of ambulances or stations may also make it less effective by increasing the response times.
 - The procurement process will seek to find the most efficient provider that can meet the standards for effectiveness
 - The contract will include incentives that promote efficiency.
3. The redesigned ambulance system will be equitable:
Ambulance systems should be designed to provide coverage in a “fair” way although some variations are acceptable. Response times are likely to be different in urban and rural areas. Rural areas are more likely to use volunteer services or to have basic life support services. As noted earlier, rural rates may be higher than those in urban areas because of the need to cover fixed costs with a lower call volume.
Differences are generally based on availability of resources in a community and reflect the community’s “best effort” toward providing effective service. Price differences may be also based on a community’s choice of subsidy vs. fee-for-service payments. Differences based on socioeconomic or similar reasons should be minimized, particularly as they impact the quality of the care provided.

- The procurement process will ensure that clinical standards are the same throughout the county
 - The procurement process will ensure that response time standards will vary only in accordance with population density and not by other factors.
 - The plan and the procurement will ensure that any subdivisions within the county are economically rational and allow for internal cross-subsidization, as needed.
4. The role of San Joaquin County will be specific and limited.
- The plan development process will be as open as possible and will provide mechanisms for input all interested parties.
 - The plan development process and the procurement process will be conducted in order to meet the above standards and not to benefit any particular provider organization.
 - The San Joaquin EMS Agency is charged with developing the standards for the redesigned ambulance system, for implementing the system, and for monitoring and enforcing the contract.
 - The system should minimize any net cost to the county for both the procurement process and for the operation and oversight of the system.
5. The ambulance provider(s) selected will be held accountable for their performance through the competitive process, the resulting contract, and the oversight process.
- The selected provider(s) are in the best position to determine how the standards are met, subject to penalty for failure to meet them.
 - Penalties will be used for failure to comply with specific performance standards (e.g., response times).
 - Incentives (e.g., penalty reductions, contract extensions) will be used to provide incentives to exceed performance standards.
 - Performance bonds and mechanisms for take-over of vehicles and equipment will be in place ensuring that ambulance service will continue in case of a major breach.
 - A lame duck requirement will be used to ensure smooth transition in the event that another provider is selected in any future competitive procurement.

Approved by EMS System Redesign Steering committee (2/23/2004)

Appendix 9: Draft revised ambulance ordinance

DIVISION 7. AMBULANCES

CHAPTER 1: GENERAL PROVISIONS

Sections:

- 1.1 Title
- 1.2 Purpose
- 1.3 Exemptions
- 1.4 Authority within incorporated cities
- 1.5 Regulations

1.1 TITLE

This division shall be known as the "Ambulance Ordinance of San Joaquin County."

1.2 PURPOSE

The purposes of this division are to:

- (1) Enact formal policies and regulations for licensing and regulating the operation of ambulances;
- (2) Protect the public by assuring that ambulances operate safely;
- (3) Allow for adequate, appropriate, and efficient emergency ambulance service and non-emergency ambulance services in all areas of the County; and
- (4) Allow for the orderly and lawful operation of a local emergency medical services system pursuant to the provisions of Health and Safety Code Section 1797 et seq.

1.3 EXEMPTIONS

- (1) This division shall not apply:
 - (a) To vehicles operated as ambulances and to persons engaged in the ambulance service where ambulance services are rendered at the request of any County communications center or at the request of any law enforcement or fire protection agency during any "state of war emergency," "state of emergency," or "local emergency" as defined in Government Code Section 8558 or during any period (not over thirty (30) days, but renewable every thirty (30) days) when the county officials have determined that adequate emergency ambulance service will not be available from existing permittees;

(b) To vehicles operated as ambulances and to persons engaged in the ambulance service where ambulance services are rendered exclusively to patients who become in need of ambulance service while on or in the place of business of the person and where no charge is made for the ambulance services rendered; provided, however, that if the vehicle is going to travel Code 3 or its equivalent, the appropriate communications center shall be so notified of this fact;

(2) This division shall not prevent any peace officer, fire fighter, or physician licensed to practice medicine in this state, from arranging for the transportation of an individual, in need of emergency medical care when no ambulance with an appropriate ambulance service permit is available and such transportation is required immediately for the preservation of life or to avoid substantial impairment of the person to be transported.

1.4 AUTHORITY WITHIN INCORPORATED CITIES

Upon adoption of the ordinance codified in this division, the County Permit Officer shall have enforcement powers within the city. However, lack of adoption of all or part of this ordinance by a city shall not be interpreted as limiting any authority granted to the San Joaquin County Emergency Medical Services Agency by Division 2.5 of the California Health and Safety Code or any regulations or guidelines promulgated thereunder.

1.5 REGULATIONS

(1) The Permit Officer shall make necessary and reasonable rules and regulations covering ambulance service operation, ambulance transport equipment, ambulance personnel, and standards of dispatch for the effective and reasonable administration of this division. Prior to adoption, said regulations shall be submitted to the Emergency Medical Care Committee for their comments.

(2) These regulations shall include, but not be limited to, response time standards for emergency responses in each area of the county and identification of required clinical or operational reports

XXX other areas subject to fines?

CHAPTER 2: DEFINITIONS

To be added

CHAPTER 3: PERMITS

Sections:

3.1 Emergency ambulance permit zones

- 3.2 Permits required
- 3.3 Competitively granted exclusive operating permits
- 3.4 Non-competitively granted exclusive operating permits
- 3.5 Non-exclusive operating permits
- 3.6 Air ambulances
- 3.7 Non-emergency services
- 3.8 Permit process
- 3.9 Renewal of permit

3.1 EMERGENCY AMBULANCE PERMIT ZONES

- (1) The EMS Agency shall recommend emergency ambulance permit zones to the Board of Supervisors for its approval. Zones shall be classified as either exclusive (competitive), exclusive (non-competitive), or non-exclusive.
- (2) Exclusive (competitive) zones are those in which a permit will be granted to a single provider through a competitive process, in accordance with Section 1797.224, California Health and Safety Code.
- (3) Exclusive (non-competitive) zones are those in which a permit will be granted to a single provider without a competitive process, in accordance with Section 1797.224, California Health and Safety Code.
- (4) Non-exclusive zones are those in which permits will be granted to any qualified ambulance provider.

3.2 PERMITS REQUIRED

- (1) No person (either as owner, agent or otherwise) shall furnish, operate, conduct, maintain or otherwise engage in or advertise, offer or profess to engage in the ambulance service unless the person holds (and is entitled to hold) a currently valid ambulance operator's permit. No permit is required for the delivery into San Joaquin County of persons picked up outside the County boundaries.
- (2) Nothing shall prevent any ambulance provider from seeking and being granted permits in multiple zones.

3.3 COMPETITIVELY GRANTED EXCLUSIVE OPERATING PERMITS

- (1) The permit process for ambulance providers seeking a permit to operate within exclusive (competitive) zones shall be incorporated into the competitive process, as described in sub-section 2.
- (2) A competitive process meeting the requirements of Section 1797.224, California Health and Safety Code shall be used to grant an exclusive operating permit to a single provider within any exclusive (competitive) zone. The County shall use a written request for proposals that shall identify the minimum and

desired criteria that will be used to select the ambulance service. It shall include, but not be limited to, all applicable requirements established by this ordinance.

(3) A contract shall be negotiated with the ambulance provider selected under the competitive process. It shall bind the ambulance provider to the requirements established by this ordinance and any greater requirements established through the competitive process.

3.4 NON-COMPETITIVELY GRANTED EXCLUSIVE OPERATING PERMITS

(1) Application to existing ambulance services: Any ambulance service permitted in San Joaquin County on the effective date of the ordinance codified in this division and operating in a zone that has been designated as exclusive (non-competitive) may apply for a non-competitively granted exclusive operating permit. Only one exclusive operating permit may be granted within any zone.

(2) The permit process for ambulance providers seeking a permit to operate within exclusive (non-competitive) zones shall be conducted as described in Section [3.8]. In addition, the applicant shall provide sufficient information to show that it qualifies for an exclusive operating permit without a competitive process pursuant to Section 1797.224, California Health and Safety Code.

(3) Upon receipt of an application for the issuance of a non-competitively granted exclusive operating permit, the Ambulance Permit Officer shall determine whether the applicant service does meet the requirement of Section 1797.224, California Health and Safety Code and shall recommend issuance or denial of the requested permit.

The Board of Supervisors may:

(a) Grant the issuance of the permit; or
(b) Deny the issuance of the permit and redesignate the zone in question as an exclusive (competitive) zone or a non-exclusive zone. If the Board redesignates the zone as an exclusive (competitive) zone, the EMS Agency shall conduct a competitive process to select an ambulance provider for that zone.

(4) A contract shall be negotiated with the ambulance provider granted a non-competitively granted exclusive operating permit. It shall bind the ambulance provider to the requirements established by this ordinance and regulations promulgated thereunder. If the County is unable to successfully negotiate a contract with the provider, the Board shall redesignate the zone as an exclusive (competitive) zone and the EMS Agency shall conduct a competitive process to select an ambulance provider for that zone.

3.5 NON-EXCLUSIVE OPERATING PERMITS

The permit process for ambulance providers seeking a permit to operate within non-exclusive zones shall be conducted as described in Section [3.8].

3.6 AIR AMBULANCES

(1) The permit process for ambulance providers seeking a permit to provide air ambulance service only shall be conducted as described in Section [3.8].

(2) In addition to the information shown in Section [3.8], the application shall provide:

(a) Proof of a XXX FAA permit

(b) Proof that the applicant possesses and maintains Department of Transportation permission for use of the landing site where the aircraft is based and submits a copy of the permit or letter of permission.

3.7 NON-EMERGENCY SERVICES

The permit process for ambulance providers seeking a permit to provide non-emergency service only shall be conducted as described in Section [3.8].

3.8 PERMIT PROCESS

(1) Application: Each application for an ambulance operator's permit shall be made upon forms prescribed by the Permit Officer.

(2) Required data: Each applicant who desires an ambulance operator's permit shall submit the following data:

The names and addresses of the applicant, registered owner, partner, officer, director and controlling shareholder(s);

(a) The name under which the applicant has engaged, does, or proposes to engage in ambulance service;

(b) A financial statement for the previous fiscal year, prepared by a certified public accountant;

(c) A statement that the applicant owns or has under his control, in good mechanical condition, required equipment to consistently provide quality ambulance service in the area for which he is applying, and that the applicant owns or has access to suitable facilities for maintaining equipment in a clean and sanitary condition;

(d) A description of the company's program for maintenance of the vehicles;

(e) A description of the locations from which ambulance services will be offered, noting the hours of operation;

(f) Statement of the legal history of the applicant, including criminal and civil convictions;

(g) Evidence of insurance coverage under Section [5.1];

(h) Any other information the Permit Officer deems necessary for determination of compliance with this division.

- (3) In addition, except for applicants for a permit to provide non-emergency service only, each applicant shall show:
- (a) The ability of the applicant to provide emergency ambulance service within established response times for each emergency response area applied for, twenty-four (24) hours per day, seven (7) days per week, year round;
 - (b) All service charges and rates to be charged, showing compliance with any maximum charges established by the County; and
 - (c) The number of emergency ambulances to be deployed on each shift;
- (4) Investigation: Upon receipt of a completed application and the required fee, the Permit Officer shall make or cause to be made such investigation to determine if:
- (a) The applicant meets the requirements of this division and of other applicable laws, ordinances, and regulations; and
 - (b) That the applicant's vehicles, equipment, and appurtenances, including radios are in good working order, the applicant has received a license issued by the Commissioner of the California Highway Patrol, in accordance with Section 2501, California Vehicle Code.
- (5) Issuance: Within ninety (90) days of receipt of an application, the Permit Officer shall determine:
- (a) whether the applicant meets all requirements of this division, and
 - (b) whether the applicant is able to provide the requested service, and
 - (c) whether the applicant has knowingly made a false statement of fact in such application, and
 - (d) whether the applicant has knowingly failed to disclose facts pertinent to the application, and
 - (e) whether the applicant was previously a holder of a Permit issued under this chapter which has been revoked or not renewed based on the provisions of this division; and
 - (f) whether the applicant proposes to provide service in a zone that has been designated as an either exclusive (competitive) or exclusive (non-competitive) zone.
- (6) Approval or denial: If it is determined that the applicant does not meet all requirements within this division, then the Permit Officer shall deny the application and notify the applicant in writing within ninety (90) days of the receipt of the application. Otherwise, the Permit Officer shall approve the application.
- (7) Appeal from denial of issuance: Except when an application is denied because the applicant proposes to provide service in a zone that has been designated as either an exclusive (competitive) or exclusive (non-competitive) zone, whenever the Permit Officer denies an application for a permit, the

applicant may request a hearing on the denial at which the applicant will have the burden of proof. The appeal will be made to the Board of Supervisors and a hearing scheduled within thirty (30) days of the applicant's written request for a hearing. When the Permit Officer issues an emergency ambulance service permit, the existing service within the response zone may file an appeal with the Board of Supervisors. A hearing on the request shall be scheduled within thirty (30) days of the written request for an appeal.

(8) Decisions—finality: The decision of the Permit Officer rendered pursuant to this chapter shall be final, unless appealed by the Board of Supervisors within thirty (30) days after such decision is rendered in writing, and notice of the same is given to the applicant by certified mail.

(9) Term:

(a) Permits shall be continued upon payment of the annual renewal fee unless earlier suspended, revoked or terminated for cause or unless the Board of Supervisors changes the designation of the zone to exclusive (competitive).

(b) Notice of intent to discontinue service: A permittee providing emergency ambulance service may discontinue such services, in one or more zones, only after providing one-hundred and eighty (180) days notice in writing of intent to discontinue services to the Permit Officer.

(c) Discontinuation of service without required notice shall be considered a major breach of the permit. In the event of a major breach, the Permit Officer shall take the steps necessary to execute the performance bond and to continue emergency ambulance service.

(10) Existing ambulance service: Within sixty (60) days of the effective date of the ordinance codified in this division, the ambulance companies that have been continuously providing ambulance services for a minimum of one hundred eighty (180) days prior to the effective date of the ordinance codified in this division, may apply for and obtain an ambulance operator's permit. The Permit Officer shall issue or deny a permit to each existing company within sixty (60) days of receipt of an application for such a permit, based on their ability to meet the requirements as set forth in this division. The fee for the initial license for existing companies shall be the fee set for new applicants.

(11) Change of data: An applicant or permittee shall report to the Permit Officer any change in the data required in Section [3.8] or in any regulation adopted pursuant to this Division within ten (10) days of the effective date of the change.

(12) Transfer of permit: No permit shall be transferred to another person except upon prior approval of the Permit Officer. Application for transfer of any ambulance operator's permit shall be subject to the same terms, conditions, and requirements as if the application were for an original permit.

3.9 RENEWAL OF PERMIT

(1) Except for ambulance services granted a competitive exclusive operating permit, applicants for renewal of an ambulance operator's permit or emergency ambulance service permit under this division shall annually file with the Permit Officer an application in writing, on a form furnished by the Permit Officer, which shall include information required in Section [3.8]. The application for renewal shall be accompanied by a renewal fee.

(2) Renewal of an ambulance operator's permit shall require conformance with all requirements of this division as upon issuance of an initial permit. Nothing in this division shall be construed as requiring the granting of a permit upon expiration of a previous permit, and the burden of proof respecting compliance with all the requirements for a period and of entitlement of a permit shall remain at all times with the applicant for renewal.

(3) In addition, an application for renewal of an ambulance operator's permit within exclusive (non-competitive) zones shall provide sufficient information to show that the permittee continues to qualify for an exclusive operating permit without a competitive process pursuant to Section 1797.224, California Health and Safety Code.

(4) An ambulance provider shall annually submit, within ninety (90) days of the close of each business year, a financial statement of its business activities, prepared by a certified public accountant. Renewal of a permit is contingent upon submission of a financial statement within the proper time frames.

CHAPTER 4: FEES

Sections:

4.1 Fees

4.1 FEES

(1) An application for an ambulance permit shall be accompanied by payment of an application fee, which shall include the ambulance permit fee for the first year's permit

(2) An application for renewal of an ambulance permit shall be accompanied by payment of an annual permit fee.

(3) The Board of Supervisors shall set the fees by resolution. The fees shall not exceed the reasonable cost of administering and enforcing this division as determined by the Board of Supervisors.

CHAPTER 5: PERMIT REQUIREMENTS

Sections:

5.1 Liability insurance

5.2 Financial responsibility

- 5.3 Performance security
- 5.4 Service level
- 5.5 Dispatch services
- 5.6 Response standards
- 5.7 Unauthorized response
- 5.8 Advertising
- 5.9 Rates
- 5.10 System status management plans

5.1 LIABILITY INSURANCE

The Board of Supervisors shall (9; 3245)

5.2 FINANCIAL RESPONSIBILITY

An ambulance provider shall provide the Permit Officer with information in reference to any pending action or unpaid judgments or liens against the provider, and the notice of the transactions or acts giving rise to the judgments or liens. The ambulance provider shall notify the Permit Officer in writing of the actions within one (1) week of the notification from the levying agency. The reported information will be reviewed by the Permit Officer who will make a determination regarding the effect this information will have on the agency's ability to provide continuous service in accordance with Section [3.8](b)(1).

5.3 PERFORMANCE SECURITY

- (1) The Board of Supervisors shall by resolution set the amount of a performance security for ambulance permittees. The amount shall be that required to ensure continuous availability of emergency ambulance service in the event of a major breach by the permittee.
- (2) The permittee, prior to beginning service, shall provide a performance bond or other security method to the Permit Officer in the amount set in a form acceptable to the Permit Officer. Acceptable methods may include a cash bond, insurance bond, irrevocable letter of credit, or lien on vehicles and equipment.
- (3) The performance security shall be structured so that in the event of a major breach by the permittee, the security is immediately transferred to San Joaquin County, with any challenge or appeal to follow.
- (4) For the purpose of this section, a major breach is defined as discontinuation of service without sufficient notice as required by Section 3.8(9)(b) or any event that results in revocation of any ambulance permit as described in Section 6.2.

5.4 SERVICE LEVEL

The permittee, unless holding a permit to provide non-emergency service only, shall be approved by the San Joaquin County EMS Agency as an advanced life support provider prior to beginning service.

5.5 DISPATCH SERVICES.

Permittees shall provide dispatch services on a twenty-four (24) hour a day basis and shall train dispatchers in accordance with a curriculum developed by the Permit Officer to radio operation and protocols and to the emergency response zones served before the dispatcher begins dispatching emergency calls.

5.6 RESPONSE STANDARDS

- (1) All emergency ambulances in regular services shall be staffed and equipped at the advanced life support level.
- (2) Any response to an emergency request for ambulance service that is responded to by a unit not staffed at the ALS level shall be reported immediately to the EMS Agency.

5.7 UNAUTHORIZED RESPONSE

No ambulance service shall cause or allow its ambulances to respond to a location without first receiving a specific request for such service at that location.

5.8 ADVERTISING

- (1) No person or organization shall announce, advertise, offer, or in any way claim that it provides emergency ambulance service unless it possesses a current, valid, emergency ambulance service permit.
- (2) No person or organization shall announce, advertise, offer, or in any way claim that it provides advanced life support services unless it has been approved as an advanced life support provider by the San Joaquin County EMS Agency.
- (3) No permittee under this division shall announce, advertise, offer, or in any way publicize any seven (7) digit phone number for use in emergencies. Any use of a seven (7) digit for non-emergency ambulance service shall include the phrase "FOR EMERGENCIES, CALL 9-1-1" in capital letters that are at least as big as the letters used for the seven-digit telephone number.

5.9 RATES

- (1) The allowable rates that the holder of a competitively granted exclusive permit may charge for providing emergency service shall be established as part of the competitive process and incorporated into the contract described in Section [3.3].

(2) The Board of Supervisors may set by resolution the emergency rates that all other permittees may charge for providing emergency service.

5.10 SYSTEM STATUS MANAGEMENT PLANS

(1) The permittee shall, at least annually, submit its system status management plan to the Permit Officer for approval. The plan shall identify:

- Ambulance station locations
- Posting locations
- Policies and procedures regarding posting or otherwise placing ambulances at locations other than ambulance stations
- The number of ambulances normally available for emergency response by time of day and day of week, with any seasonal variations.

Any changes to the plan shall be submitted to the Permit Officer for approval prior to implementation.

(2) A permittee shall move ambulances to post locations as directed by the XXX dispatch center in order to maximize countywide ambulance availability.

(3) Nothing in this section should be interpreted as precluding a permittee from moving ambulances into different locations on a temporary basis in response to unanticipated circumstances. These shall be reported immediately to the XXX dispatch center and reported to the Permit Officer on the next business day.

CHAPTER 6: ENFORCEMENT

Sections:

- 6.1 Investigations and Inspections
- 6.2 Penalties
- 6.3 Notice Issuance
- 6.4 Hearings
- 6.5 Emergency Action
- 6.6 Decision

6.1 INVESTIGATIONS AND INSPECTIONS

(1) The ambulance service permittee shall cooperate with the Permit Officer, or designee, in any investigations of possible violations of this section and shall make all dispatch logs and similar dispatch records available for inspection and copying at reasonable times at the permittee's regular place of business.

(2) At the request of the Permit Officer or his designee the ambulance provider shall submit self inspections of all ambulances on a form to be provided by the Permit Officer. The ambulance provider shall allow the Permit Officer or designee, to inspect, on a preannounced or unannounced basis, all ambulances used to provide ambulance service. The inspections should be held, whenever possible, during normal business hours at the ambulance operations center. The

purpose of such inspections may include, but shall not be limited to, determining if the ambulance and its equipment and appurtenances, including radios, are in good working order properly maintained and equipped for the provision of ambulance service.

6.2 PENALTIES

(1) The Permit Officer may suspend or revoke an ambulance operator's permit for:

(a) failure to comply and maintain compliance with, or for violation of, any applicable provision, standard or requirement of state law or regulation, of this division, or of any regulations promulgated under this division or

(b) failure to make and retain records showing its operations in any area covered by this ordinance, including but not limited to dispatching, response, personnel, vehicles, medical treatment or billing, or fails to make such records available for inspection by the Permit Officer or designee; or

(c) accepting an emergency call when it is either unable or unwilling to provide the requested service or fails to inform the person requesting such service of any delay and fails to obtain consent of such person before causing an ambulance to respond from a location more distant than the one to which the request was directed; or

(d) failure to pay any fine issued pursuant to this section within ten (10) business days; or

(e) except for holders of a permit to provide non-emergency service only, failure to maintain approval as a San Joaquin County approved advanced life support service.

(2) Suspension is not a condition precedent to revocation.

(3) The Board of Supervisors shall set by resolution maximum fines for violation of this Division.

(4) Fines, not exceeding the amount established by the Board of Supervisors may be issued by the Permit Officer for:

(a) Failure to respond to an emergency call within the required response times; or

(b) Failure to provide required clinical or operational reports; or

(c) Failure to respond to an emergency call with an advanced life support unit.

(c) XXX Other?

6.3 NOTICE ISSUANCE

Before any punitive action, the Permit Officer shall give written notice to the permittee specifying why such action is contemplated and giving the permittee a reasonable period of time (not less than five (5) nor more than fifteen (15)

business days) to comply with the provisions in question or to show cause against suspension or revocation and setting a date for hearing thereon.

6.4 HEARINGS

Hearing officer: Hearings conducted pursuant to this chapter shall be conducted before a Hearing Officer designated by the County Administrator. The Hearing Officer may issue subpoenas for the production of documents or the attendance of witnesses. The Hearing Officer shall determine whether oral evidence at the hearing shall be recorded by a court reporter. At the conclusion of the hearings, the Hearing Officer shall promptly prepare a written summary of the evidence and proposed findings and conclusions for consideration by the Permit Officer. The parties shall equally bear the expense of the hearing officer and the cost of the hearing. Each party shall bear its own expenses.

Hearing procedure: At the hearing, the Permit Officer has the burden of proof and may present evidence as to why such action should be taken and to answer the evidence presented by the permittee.

Evidence: In hearings conducted pursuant to this chapter, evidence must be relevant, noncumulative, and of such nature as responsible persons are accustomed to rely on in the conduct of serious affairs. So far as practicable, the hearing shall be conducted under Section 11513 of the Government Code and witnesses may be examined under Section 776 of the Evidence Code.

6.5 EMERGENCY ACTION

The Permit Officer may reduce the period of time for compliance under a suspension or revocation notice to no less than twenty-four (24) hours and set the matter for hearing immediately upon expiration of the period when the Permit Officer makes written preliminary findings that such action is necessary to protect the public health, safety and welfare. When, as a result of such an emergency proceeding, a permit is suspended or revoked, the permittee may request an additional hearing at which the permittee will have the burden of establishing renewed compliance justifying reinstatement of the permit. Such additional hearing will be commenced within five (5) days of the permittee's request. The request for, or the scheduling of, an additional hearing shall not stay operation of the suspension or revocation order.

6.6 DECISION

The Permit Officer shall issue a written decision within thirty (30) days after conclusion of the hearing.