



9-1-1 EMERGENCY AMBULANCE TRANSPORT PROVIDER: PROVISION OF SERVICE IN COUNTY ADMINISTERED NON-EXCLUSIVE AREAS

I. AUTHORITY:

California Health and Safety Code, Division 2,5, Sections 1797.202, 1797.222, 1797.252, 1798.0(a) (b);
Orange County Emergency Medical Services Policies and Procedures.

II. APPLICATION:

This policy describes Orange County Emergency Medical Services (OCEMS) method(s) for providing 9-1-1 Emergency Ambulance Transportation Service Provider (Provider) services coverage for county administered, non-exclusive OAs within the boundaries of Orange County.

III. DEFINITIONS:

“County” - Area included within the physical boundaries of the County of Orange; also refers to Orange County government.

“County Administered” – Geographic areas for which 9-1-1 emergency ambulance transport service is the responsibility of the County of Orange.

“CQI” - Continuous Quality Improvement

“EMS” – Emergency Medical Services

“EMS Plan” – State EMS Authority approved description of operational and administrative elements of the Orange County EMS system and program.

“Exclusive” – Referring to anti-trust protections afforded a contract that is provided state sanctioned anti-trust protection.

“Exclusive Operating Area” “EOA” - Ambulance area (zone) defined in the EMS Plan for which state sanctioned anti-trust protection for the 9-1-1 emergency ambulance transport service contract is in place.

“OCEMS” - Orange County Emergency Medical Services Agency

“Operating Area” “OA” - Ambulance area (zone) defined in the EMS Plan that does not have state sanctioned anti-trust protection for 9-1-1 emergency ambulance transport service.

“Non-Exclusive” – Referring to lack of exclusive operating privileges as would be afforded by state sanctioned anti-trust protection.

IV. CRITERIA:

1. 9-1-1 Emergency Ambulance Providers must meet all criteria defined in OCEMS Policy # 350.00 to be considered for providing 9-1-1 Emergency Ambulance Transport services in County administered non-exclusive Operational Areas (OAs).
2. Provider shall formally request that they be included as a 9-1-1 Emergency Ambulance service provider by written letter which describes the intent to provide such service, the OA for which service privileges are requested and description of how each criterion defined in OCEMS Policy # 350.00 is met.



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V. PROCEDURE:

1. Temporary Non-Exclusive OA 9-1-1 Emergency Ambulance service coverage; when coverage is required for a known period of time and it is expected exclusivity will be established by Requests for Proposals resulting in State approved contracts:
 - A. Each qualified 9-1-1 Emergency Ambulance provider (OCEMS Policy # 350.00) formally notifying OCEMS of the intent to serve the area will be placed into a 30 day rotation for service.
 1. The order of rotation will be determined on a first and then subsequent submitted written notification to OCEMS basis, determined by the time stamped received on the written notification by OCEMS.
 2. After the initial rotation plan is determined, subsequent qualified providers submitting formal notification will be added into rotation at the end of the then current rotation schedule. Example: adding provider C to an A-B rotation will occur such that the rotation becomes A-B-C, or if the A-B rotation is in the B-A phase, the rotation will continue with B, then A completing rotation and C then added such that the schedule is A-B-C.
 3. If a provider drops from the rotation schedule, those following in the rotation will be moved up to provide coverage of the dropped assignment such that coverage for the OA is continuous.
 4. The following provider in the rotation will provide back-up to the current provider in the rotation. Example: for A-B-C rotation, B is back-up provider for A, C is back-up provider for B, and A is back-up provider for C.
 5. Failure to provide 9-1-1 Emergency Ambulance response to two (2) consecutive 9-1-1 dispatched calls that are not declared mass casualty incidents (MCI) will result in immediate suspension from the rotation schedule.
2. For indeterminate time Non-Exclusive 9-1-1 Emergency Ambulance OAs service, coverage will be assigned to each qualified 9-1-1 Emergency Ambulance provider (OCEMS Policy #350.00) that provides written notification of OCEMS using the following procedure:
 - A. Each qualified 9-1-1 Emergency Ambulance provider (OCEMS Policy # 350.00) formally notifying OCEMS of the intent to serve the area will be placed into a 30 day rotation for service.
 1. The order of rotation will be determined on a first and then subsequent submitted written notification to OCEMS basis, determined by the time stamped received on the written notification by OCEMS.
 2. After the initial rotation plan is determined, subsequent qualified providers submitting formal notification will be added into rotation at the end of the then current rotation schedule. Example: adding provider C to an A-B rotation will occur such that the rotation becomes A-B-C, or if the A-B rotation is in the B-A phase, the rotation will continue with B, then A completing rotation and C then added such that the schedule is A-B-C.
 3. If a provider drops from the rotation schedule, those following in the rotation will be moved up to provide coverage of the dropped assignment such that coverage for the OA is continuous.

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4. The following provider in the rotation will provide back-up to the current provider in the rotation. Example: for A-B-C rotation, B is back-up provider for A, C is back-up provider for B, and A is back-up provider for C.
5. Failure to provide 9-1-1 Emergency Ambulance response to two (2) consecutive 9-1-1 dispatched calls that are not declared mass casualty incidents (MCI) will result in immediate suspension from the rotation schedule.

VI. RESPONSE TIME:**1. Response Time Performance Requirements:**

Response Times shall be measured in minutes and integer seconds, and shall be "time stamped" by the Provider's computer aided dispatch system. The standards include two (2) code priorities and three (3) geographical OAs that will be used for Response Time monitoring, reporting, and compliance purposes. Response Times originating from within an OA shall meet specific performance standards, of which, a monthly compliance rate of ninety percent (90%) in each code priority and geographical zone within an OA is required.

A. Call Classifications

Code 2 - emergency ambulance vehicles responding to an emergency scene or request for service expeditiously without red lights and sirens on.

Code 3 - emergency ambulance vehicles responding to an emergency scene or request for service with red lights and sirens on.

B. Geographical Zones within OAs

Metro/Urban Zones within OAs are areas with a population density greater than one hundred (100) persons per square mile.

Suburban/Rural Zones within OAs are areas with a population density of seven (7) to one hundred (100) persons per square mile.

Wilderness Zones within OAs are areas with a population density of less than seven (7) persons per square mile.

2. Response Time Measurement Methodology:

Response Times shall be calculated on a monthly basis to determine compliance with the standards set forth in **TABLE 1** as follows:

TABLE 1: Response Time Compliance Requirements

Geographical Zone	Code Priority	Compliance Rate	Time in Minutes
Metro/Urban	Code 3	90 %	≤ 10:00
Metro/Urban	Code 2	90 %	≤ 15:00
Suburban/Rural	Code 3	90 %	≤ 20:00
Suburban/Rural	Code 2	90 %	≤ 25:00
Wilderness	Code 3	90 %	≤ 30:00
Wilderness	Code 2	90 %	≤ 40:00



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- 1.) Call Receipt Time:
"Response Time" begins at "Call Receipt", which is when the dispatch center receives adequate information to identify the location and priority level of the call, or sixty (60) seconds after the call is answered, whichever is less.
- 2.) At Scene Time:
"At Scene" time means the moment the first 9-1-1 emergency ambulance arrives and stops at the exact location where the ambulance shall be parked while the crew exits to approach the patient and notifies dispatch that it is fully stopped. Only the arrival of a capable transport emergency ambulance shall constitute "At Scene." This does not include supervisory or other non-transport capable units. In situations where the ambulance has responded to a location other than the scene (e.g. staging areas for hazardous materials, violent crime incidents, non-secured scenes, gated communities/complexes, wilderness locations), arrival "At Scene" shall be the time the ambulance arrives at the designated staging location or nearest public road access point to the patient's location.
- 3.) Response Time:
"Response Time" is the interval, in exact minutes and seconds, between the "Call Receipt" time and: 1) "At Scene" arrival time, or, 2) the call is cancelled by an OCEMS-recognized public safety agency.
- 4.) Failure to Report "At Scene" Time:
In instances when ambulance crews fail to report "At Scene", the time of the next communication between dispatch and the ambulance crew shall be used as the "At Scene" time. However, the actual arrival time through another means (e.g. First Responder, AVL, communications tapes/logs, etc.) may be utilized if an auditable report of any edits is produced.
- 5.) Calculating Upgrades, Downgrades, Turn-around and Cancelled Responses:
From time to time special circumstances may cause changes in call priority classification. Response Time calculations for determination of compliance with standards shall be as follows:
 - (a.) Upgrades

If an assignment is upgraded prior to arrival on scene (e.g. Code 2 priority to Code 3 priority), compliance, shall be calculated based on the shorter of:

 - (1.) Time elapsed from dispatch to time of upgrade plus the higher priority Response Time Standard; or
 - (2.) The lower priority Response Time Standard

For example, a call is initially dispatched as Code 2 and is upgraded to Code 3. The applicable Response Time requirement shall be the shorter of the Code 2 Response Time or the sum of the elapsed time from Call Receipt to the time of the upgrade plus the Code 3 Response Time.
 - (b.) Downgrades

If a call is downgraded prior to arrival on scene (e.g. Code 3 priority to Code 2 priority), compliance shall be determined by:



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- (1.) If the time of the downgrade occurs after the higher priority Response Time Standard has been exceeded, the more stringent, higher priority standard shall apply; or
 - (2.) If the time of the downgrade occurs before the higher priority Response Time Standard has been exceeded, the less stringent, lower priority shall apply. In all such cases, documentation must be presented for validation of the reason why the priority status was downgraded. If the downgrade was justified, in the sole discretion of OCEMS, the longer standard shall apply.
 - (3.) Reassignment While In Route
If an emergency ambulance is reassigned in route or turned around prior to arrival on the scene (e.g. to respond to a higher priority request), compliance shall be calculated based on the Response Time Standard applicable to the assigned priority of the initial response. The Response Time clock will not stop until the arrival of an emergency ambulance on the scene from which the ambulance was diverted.
 - (4.) Canceled Calls
If an assignment is canceled prior to arrival on the scene, compliance will be calculated on the elapsed time from dispatch to the time the call was canceled.
 - 6.) Response Times Outside of the County of Orange :
Providers shall not be held accountable for Response Time compliance for any assignment originating outside of the County. Responses to request for service outside the County shall not be counted in the total number of calls used to determine compliance.
 - 7.) Each Incident/Separate Response:
Each incident shall be counted as a single response regardless of the number of units that are utilized. The Response Time of the first arriving emergency ambulance shall be used to compute the Response Time for that incident.
 - 8.) Response Time Compliance for Individual Emergency Response OAs or OAs:
In developing Response Time standards, OCEMS uses the three (3) Geographical Zones within an OA as identified in TABLE 1 for Response Time compliance measurement. Response Time requirements for the Geographical zones shall be reported and utilized for compliance purposes. Specifically, all responses in the County, in all Geographical zones within OAs, are included in the calculation of non-compliance for emergency responses.
 - 9.) Equity in Response Times:
 - (a.) OCEMS recognizes that Response Times are based upon call and population densities within the zones within OAs.
 - (b.) OCEMS may evaluate the call density and zone within an OA structure to address changes occurring within each operating area. Should the call density of any significant contiguous area within the Suburban/Rural or Wilderness zones become equal to or greater than the call density to the adjacent Metro/Urban zone, then that area shall be considered for reclassification for Response Time compliance.
 - (c.) Providers shall report to OCEMS each month its response time performance in the existing ambulance zones within OAs. Chronically poor response time performance in any of the zones will result in the Provider being required to modify its deployment plans
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to achieve consistent performance. Chronically poor performance is defined as failure to meet Response Time standards in any (3) three consecutive months or any four (4) out of twelve (12) consecutive months. Failure to achieve consistent performance in these areas will be used for compliance measurement. OCEMS reserves the right to evaluate any zone within an OA to identify pockets of poor Response Time performance and refer such findings to the Provider for correction and improvement.

3. Response Time Exceptions and Exception Requests:

Providers shall maintain mechanisms for backup capacity, or reserve production capacity to increase production should a temporary system overload occur. It is understood that from time to time unusual factors beyond a Provider's reasonable control may affect the compliance with specified Response Times Standards. In the monthly calculation of performance to determine compliance with the Response Time Standards, every request from a recognized public safety agency originating from within Orange County shall be included, except as follows:

1.) Multi-casualty Disaster

Response Time requirements may be suspended at the sole discretion of OCEMS during a declared multi-casualty incident, medical advisory or disaster in OC, or during a declared disaster in a neighboring jurisdiction to which ambulance assistance is being provided as requested by OCEMS.

2.) Good Cause

a.) OCEMS may allow exceptions to the Response Time Standards for good cause, as determined at its sole discretion. At a minimum, the asserted justification for exception must have been a substantial factor in producing a particular excess Response Time, and there must have been a demonstration of a good faith effort to respond to the call(s). Good cause for an exception may include, but is not limited to, unusual system overload; incorrect or inaccurate dispatch information received from the public safety agency or calling party; disrupted voice or data radio transmission (not due to equipment or infrastructure); material change in dispatched location; unavoidable telephone communications failure; inability to locate address due to non-existent address; inability to locate patient due to patient departing the scene; delays caused by traffic secondary to the incident; unavoidable delays caused by extreme inclement weather (e.g., fog); when units are providing County authorized mutual aid; and remote calls (patients' location is greater than ten (10) road miles from the nearest boundary of the wilderness OA or OA) or off-road locations.

b.) Unusual system overload is defined as 200% of the countywide average demand for the day of the week and hour of day. The average demand for each day and hour is to be calculated on an annual basis using the prior calendar year's actual run volume.

c.) Equipment failure, traffic congestion not caused by the incident, ambulance mechanical failure, lost ambulance crews, poor employee performance, or other causes deemed to be within the Provider's control or awareness shall not be grounds to grant an exception to compliance with the Response Time Standard.

3.) Exception Request Procedure

a.) It is the Provider's responsibility to apply to OCEMS for an exception to a required Response Time. If OCEMS determines that any response or group of responses should be excluded from the calculation of Response Time compliance due to unusual factors beyond the Provider's reasonable control, detailed documentation for each actual response in question shall be provided to OCEMS with a request to exclude



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the runs from calculations. Any such request must be in writing and received by OCEMS within twenty (20) business days of the end of the month of occurrence.

- b.) A request for an exception received after twenty (20) business days of the event occurrence will not be considered. OCEMS Contract Administrator will review each exception request and make a decision for approval or denial. Any appeal of the decision must be submitted, in writing, to the OCEMS Medical Director within ten (10) business days after the committee's decision. Provider's appeal to the OCEMS Medical Director shall constitute the Provider's exclusive remedy to challenge the denial of a request for an exception. All decisions by the OCEMS Medical Director shall be considered final.
- c.) At the sole discretion of OCEMS, calls with extended Chute Times (time interval from dispatch to ambulance in route) of more than two (2) minutes may be excluded from consideration as exceptions.

4. Response-Time Performance Reporting Procedures and Penalty Provisions:

1.) Response Time Performance Reporting Requirements:

a.) Documentation of Incident Response Time Intervals:

Providers shall document all times necessary to determine total ambulance Response Time, including but not limited to, time call received by the dispatch center, time location verified, time ambulance crew assigned, time in route to scene, arrival at scene time, total on-scene time, time in route to hospital, total time to transport to hospital, and arrival at hospital time.

OCEMS will use the Computer Assisted Dispatch (CAD) database for the analysis and determination of response times. Provider may not make changes to times entered into CAD after the event; only OCEMS may make adjustments to reported CAD times. The Provider may request changes from OCEMS when errors or omissions are discovered. OCEMS has sole discretion whether changes to times are acceptable.

Other times may be required to document specific activities such as arrival at patient side, administration of treatments and other instances deemed important for clinical care monitoring and research activities. All times shall be recorded on the Patient Care Report (PCR) and in CAD system.

b.) Response Time Performance Report:

OCEMS shall analyze and evaluate CAD data within twenty-five (25) business days following the end of each month, for the determination of Response Time non-compliance; and will monitor Response Time data on an ongoing basis to evaluate performance. Providers shall self-monitor Response Time Data as follows:

- (1.) Use Response Time data in an on-going manner to evaluate performance and compliance with Response Time Standards, in an effort to continually improve Response Time performance levels.
- (2.) Identify the cause(s) of performance failures, and document efforts to eliminate the problems on an on-going basis.



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- (3.) Provide an explanation for every call exceeding the required Response Time standards and, where appropriate, describe steps taken to reduce extended responses in the future.

2.) Penalty Provisions for County operated non-exclusive OAs:

Isolated instances of individual deviations of Response Time compliance shall be treated as instances of minor, non-compliance. To remedy a Provider's chronic failure to comply with Response Time standards, OCEMS may remove a provider from the service plan (rotation) for an OA.

A provider is expected to comply with the applicable Response Time standard of ninety percent (90%) in each OA, within each code of response, for each month. Failure to meet this requirement may be deemed chronic failure to comply with Response Time standards.

a. Failure to Respond:

In the event the Provider does not respond with an ambulance to an emergency medical call, the provider will be suspended for 9-1-1 Emergency Ambulance service in the OA. Failure to respond is defined as any call request made for 9-1-1 emergency ambulance transport for which the provider fails to dispatch or respond. Prior to suspension for a provider's failure to respond, OCEMS shall conduct an investigation of the incident.

Disruption in service due to failure of ambulance maintenance shall be cause for immediate removal from rotation and suspension of the operator's Orange County Ambulance License by the Orange County EMS Medical Director.

5. Excessive use of Instant Aid/Mutual Aid:

Provider may utilize Instant Aid/Mutual Aid support from approved OCEMS emergency ambulance providers from adjacent areas in order to ensure timely emergency medical services are rendered to person in need of such services within those areas.

6. Financial Penalties:

OCEMS may impose financial penalties approved by the Orange County Board of Supervisors for any performance deficiencies.

7. Penalty Disputes:

Provider may appeal to OCEMS, in writing, within twenty (20) business days of receipt of notification of the imposition of any penalty. OCEMS shall review all such appeals and make a decision to eliminate, modify, or maintain the appealed penalty. Should the provider desire to appeal the OCEMS decision, a written request must be submitted to the OCEMS Medical Director within ten (10) business days of the occurrence of the event. A Provider's appeal to the OCEMS Medical Director shall constitute the Provider's exclusive remedy to challenge the denial of a request for an exception. All decisions by the OCEMS Medical Director shall be considered final.



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VII. Failure to Perform:

1. Failure to maintain vehicles and equipment such that community health and safety is placed at risk will be immediate grounds for emergency suspension of the provider Orange County Ambulance License by the Orange County EMS Agency.
2. Failure to provide 9-1-1 Emergency Ambulance services that have not been identified in this policy but have been assured will be provided in writing to OCEMS will result in immediate removal from the OA 9-1-1 Emergency Ambulance rotation schedule.

Approved:

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OCEMS Administrator

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