

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



ITEM: 3.11
(ID # 26505)

MEETING DATE:

Tuesday, December 10, 2024

FROM : EMERGENCY MANAGEMENT DEPARTMENT

SUBJECT: EMERGENCY MANAGEMENT DEPARTMENT: Receive, File, and Approve Agreement with American Medical Response Ambulance Service, Inc. (AMR) for the Annual Performance Report for Fiscal Year 2023/2024 and Agreement for Ground Advanced Life Support (ALS) Emergency Ambulance Services. All Districts. [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Receive and file the AMR Annual Performance Report for Ground Advanced Life Support (ALS) Emergency Ambulance Services for Fiscal Year 2023/2024; and
2. Approve the Agreement with AMR for Ground Advanced Life Support (ALS) Emergency Ambulance Services for the period of performance of July 1, 2025 through June 30, 2030, with the option of a single five (5) year extension; and
3. Authorize the Riverside County Emergency Medical Services Agency to administer the agreement and oversee the receipt and distribution of revenues for the EMS system; and
4. Authorize the Director of the Emergency Management Department to sign amendments, as approved as to form by County Counsel, to the Agreement which ensures compliance with the State-approved EMS Plan and applicable laws and/or regulations; or do not make significant substantive changes to the Agreement.

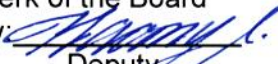
ACTION:


Bruce Barton, EMD Director 12/4/2024

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Spiegel seconded by Supervisor Jeffries and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington, Perez and Gutierrez
Nays: None
Absent: None
Date: December 10, 2024
xc: EMD

Kimberly A. Rector
Clerk of the Board
By: 
Deputy

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FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 0	\$ 0	\$ 0	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: N/A			Budget Adjustment: No	
			For Fiscal Year: 25/26-29/30	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

On January 13, 2015, Item 3.8, the Board of Supervisors approved the Agreement with American Medical Response (AMR) for Advanced Life Support (ALS) emergency ambulance services for the period of July 1, 2015, through June 30, 2020, with the option of ten (10) earned annual extensions. AMR is responsible for submitting a written request for earned extensions to the Contract Administrator no later than September 1st each year following the first full contract year. This written request must include sufficient evidence of compliance with the Agreement requirements and stated in the annual performance report that is submitted to the Riverside County Emergency Medical Services Agency (REMSA). The current agreement term utilizes earned annual extensions to incentivize continuous investment in Emergency Medical Services (EMS) system enhancements throughout the life of the agreement.

REMSA has concluded the review of the annual performance report from American Medical Response (AMR) for the performance period of July 1, 2023 through June 30, 2024. AMR has not met requirements for an earned annual renewal due to response time performance in some EMS Zones early in the performance period. Since that time, AMR has made significant operational improvements and is currently meeting or exceeding response time performance requirements in all EMS Zones. The current ground ambulance service contract #15-097 remains in effect until June 30, 2026, however until the agreement expires or is terminated, AMR remains eligible for earned annual renewals.

Emergency Ambulance Agreement

The County and REMSA agreed that it is necessary to update the existing agreement for ambulance services which has been in place since 2015. Specifically, REMSA requires an updated agreement that assures AMR continues to provide high quality services and supports the EMS System Strategic Plan, including emergency ambulance service enhancements. Additionally, the County desires an ambulance agreement with a fixed term. The County team comprised of the EMS Agency and County Counsel began negotiations with AMR in September 2024. Negotiations and a draft of the new ALS emergency ambulance agreement were completed in November 2024. Highlights of elements and enhancements contained in the new agreement include:

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- The terms of this agreement specifically support achievement of the EMS system strategic plan goals.
- The agreement term utilizes the option of a single five (5) year extension to incentivize continuous investment in EMS system enhancements throughout the life of the agreement.
- Requirements for enhanced Continuous Quality Improvement (CQI) including development of clinical and operational metrics and reporting to REMSA.
- Requirements to participate in and support EMS research initiatives to improve patient care and outcomes.
- Support for the exploration and implementation of EMS system innovations such as Nurse Navigation, equipment technology, community CPR and public access defibrillation.
- Ongoing investment in infrastructure within the County to continuously improve operations.
- Integration of EMS training programs with REMSA and EMS system partners.
- Inclusion of a comprehensive patient satisfaction program with reporting to REMSA.
- Inclusion of a comprehensive customer service program with reporting to REMSA.
- Increased requirements for EMS system surge resources, disaster planning and disaster response.
- Support for public/private partnerships, ALS first responder agreements and integration with EMS system partners.
- Support for Safety Net Ambulance agreements amongst Riverside County First Response partners.
- Improved performance monitoring and reporting utilizing technology that enables REMSA to monitor performance in near real time.
- Increased fees to support County Fire communications and Emergency Medical Dispatch (EMD) program.
- Increased fees to cover County contract oversight expense.
- Requirements for community service and education for each operating area.
- AMR corporate overhead costs have been capped.

Fees collected by AMR from patients, insurers or responsible payers for services rendered comprise 100 percent of the funding for this agreement. The Riverside University Health System – Behavioral Health will be the responsible payer of last resort for interfacility transport of Welfare and Institutions Code 5150 patients from County operated or contracted facilities. Rates to be charged by AMR are contained in Exhibit 13 of the agreement. The new rates are as follows:

County Approved and Mandated Rate Schedule	
ALS E or BLS E Base Rate	\$3,446.16
Mileage per loaded patient mile	\$83.80
Oxygen administration	\$358.42
Night Charge (sunset to sunrise)	\$391.92
Dry Run with Patient Care provided at scene	\$535.63

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The updated ALS emergency ambulance agreement is a developmental element of the comprehensive strategic plan update for the Riverside County EMS system. Throughout the project the County received valuable input from EMS system stakeholders shaping improvement recommendations that have been included in the agreement. This includes initial enhancements listed above and processes for ongoing service improvements within a sustainable and cost-effective delivery model. In addition to clinical and operational improvements, the agreement establishes requirements for increased community involvement and integration with EMS system partners. Complementary to the EMS System Strategic Plan, the agreement represents a critical element of the system that ensures Riverside County residents and visitors continuously receive the highest quality emergency medical response, care, and transportation.

Impact on Residents and Businesses

The residents of Riverside County require the services supplied by an efficient EMS system. The EMS system evaluation project and new ALS emergency ambulance agreement will result in improvements to the County EMS plan designed to optimize emergency medical care to citizens and residents thereby minimizing morbidity and mortality from acute illnesses and traumatic injuries.

ATTACHMENTS:

- 2023-2024 AMR Annual Response Time Report
- 2023-2024 AMR Compliance Review Matrix
- 2023-2024 AMR Executive Summary
- 2025-2030 AMR Agreement


Rebecca S Cortez, Principal Management Analyst

12/4/2024


Gregg Gu, Chief of Deputy County Counsel

12/4/2024

#EMARC-2015-06/30

Agreement between the County of Riverside and American Medical Response Ambulance Service, Inc., for Ground Advanced Life Support Emergency Ambulance Services

Effective July 1, 2025

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This Emergency Medical Services Agreement (the "Agreement") is made between the County of Riverside ("County") and American Medical Response Ambulance Service, Inc. ("AMR" or "Contractor") for the provision of ground Advanced Life Support (ALS) emergency ambulance services within Riverside County.

Recitals of Authority

WHEREAS, an efficient and effective County Emergency Medical Services (EMS) System is critically important to the safety, health and welfare of the public; and

WHEREAS, County has designated the Riverside County EMS Agency (REMSA) pursuant to Health and Safety Code, Division 2.5 and REMSA is responsible for the planning, implementation, and evaluation of the County EMS System; and

WHEREAS, County desires to maintain an Advanced Life Support (ALS) program as a component of the EMS Plan (also referred to as the County EMS Plan) that includes ALS emergency ambulance provider agreements; and

WHEREAS, County has determined that all requests for emergency ambulance service shall be met by ALS (Paramedic) equipped and staffed ambulances unless otherwise authorized by REMSA; and

WHEREAS, pursuant to Health and Safety Code, Division 2.5, Section 1797.224, County, through REMSA, has the authority to provide EMS through the designation of one or more Exclusive Operating Areas (EOAs) for ALS emergency ambulance services; and

WHEREAS, County, through REMSA, has designated ALS emergency ambulance EOAs and non-exclusive operating areas within its current EMS Plan that include unincorporated and incorporated areas of the County; and

WHEREAS, for the EOAs identified within the County EMS Plan and this Agreement, County has elected to continue the use of an existing ALS emergency ambulance provider that has continuously provided service for those EOAs in the same manner and scope without interruption since January 1, 1981; and

WHEREAS, County has complied with all the statutes and regulations governing the designation of an exclusive provider of ALS emergency ambulance services in County; and

WHEREAS, relative to the provision of ALS and emergency ambulance services, County has determined that the level of service prescribed herein is the most appropriate and efficient manner of exercising the authority contained in Welfare & Institutions Code 17000, Health & Safety Code Section 1797, et seq., and Title 22 of the California Code of Regulations.

NOW, THEREFORE, the parties agree as follows:

Article I Definitions

1.1 The definitions set forth in Exhibit 1 shall apply to this Agreement.

Article II Contract Term

2.1 The initial term of this Agreement shall be five (5) years beginning on July 1, 2025 and ending on June 30, 2030. Upon completion of the third year on June 30, 2028, The Board of Supervisors may offer to the Contractor a single five (5) year extension. Any extensions of this Agreement shall be in an amendment signed by the parties. Extensions of this Agreement beyond June 30, 2035 may only be granted by the Board of Supervisors.

2.2 Contractor shall submit a written request for one extension to the Contract Administrator no later than September 1, 2028. Contractor's written request shall include sufficient evidence of compliance with the Agreement requirements. Evidence of compliance shall also be stated in Contractor's annual performance report to REMSA. In addition, the County may consider completion of the following:

- Met 91% response time performance in all Response Time Zones (RTZs) for at least nine (9) non-consecutive months for each of the three preceding contract years.
- Successfully completed implementation of agreed upon system improvements or enhancements for each of the preceding three contract years.

County will determine if Contractor has met the requirements stated above. Earned extensions may then be granted in the reasonable and fair discretion of the County.

Article III Performance of Services

3.1 Contractor shall provide all services and fulfill all other obligations as specified in this Agreement including all exhibits and attachments.

3.2 Contractor represents that it has the skills, experience and knowledge necessary to fully and adequately perform under this Agreement and County relies upon this representation. Contractor shall perform to the satisfaction of the County and in conformance to and consistent with the highest standards of firms/professionals in the same discipline in the State of California.

3.3 Contractor affirms this it is fully apprised of all of the work to be performed under this Agreement and Contractor agrees it can properly perform this work.

3.4 Acceptance by County of Contractor's performance under this Agreement does not operate as a release of Contractor's responsibility for full compliance with the terms of this Agreement.

Article IV Alteration or Changes to the Agreement

4.1 The Board of Supervisors, the County Purchasing Agent, or the Director Emergency Management are the only authorized County representatives who may at any time, by written order, make alterations to this Agreement. If any such alteration causes an increase or decrease in the cost

of, or the time required for the performance under this Agreement, an equitable adjustment shall be made in the Agreement price or delivery schedule, or both, and the Agreement shall be modified by written amendment accordingly.

4.2 Changes Requested by REMSA – The Contractor recognizes REMSA’s regulatory oversight and authority over the emergency medical services system. The Contractor recognizes that REMSA may need to direct changes to the system to improve delivery or advance the system. This Agreement outlines a process when REMSA requests or initiates a change to performance, equipment, technology, vehicles, service area, research, practices, protocols, or other requirements established at the inception of the Agreement. REMSA shall send written notice to Contractor to meet and confer on the proposed change, the impact of the change and discuss the costs of the change, funding for the change, rate adjustment, a subsidy, operational changes, or other considerations. If the parties cannot negotiate a mutually acceptable resolution to the REMSA requested change within thirty (30) days of notice, either party may terminate this Agreement with an eighteen (18) month written notice to the other and prior to implementation of the change. This termination is in addition to the termination right in the Termination without Cause section and shall not be limited by the two (2) year rule in Exhibit 14.

4.3 Circumstances Beyond the Contractor’s Reasonable Control – At any time during the term of the Agreement, in the event of a mutually agreed upon significant change or potentially significant change beyond Contractor’s control that will affect the costs, revenue or delivery of Contractor’s services, Contractor may send written notice to REMSA to meet and confer on the impact of the change and discuss a rate adjustment, operational changes or other changes. If the parties cannot negotiate a mutually acceptable resolution to the mutually agreed upon change in circumstances within thirty (30) days of notice, either party may terminate this Agreement with an eighteen (18) month written notice to the other. This termination is in addition to the termination right in the Termination without Cause section and shall not be limited by the two (2) year rule in Exhibit 14.

Article V Administration/Contract Liaison

5.1 The EMS Administrator shall administer this Agreement on behalf of County and serve as the liaison with Contractor in connection with this Agreement.

Article VI Licensing and Permits

6.1 Contractor shall comply with all State or other licensing requirements, including but not limited to the provisions of Chapter 9 of Division 3 of the Business and Professions Code. Contractor warrants that it has all necessary permits, approvals, certificates, waivers and exemptions necessary for performance of this Agreement as required by the laws and regulations of the United States, the State of California, the County of Riverside and all other governmental agencies with jurisdiction and shall maintain these throughout the term of this Agreement.

Article VII Independent Contractor

7.1 Contractor is, for purposes relating to this Agreement, an independent contractor and shall not be deemed an employee of the County. It is expressly understood and agreed that Contractor (including

its employees, agents, and subcontractors) shall in no event be entitled to any benefits to which County employees are entitled, including but not limited to overtime, any retirement benefits, worker's compensation benefits, injury leave or other leave benefits. There shall be no employer-employee relationship between the parties; and Contractor shall hold County harmless from any and all claims that may be made against County based upon any contention by a third party that an employer-employee relationship exists by reason of this Agreement.

Article VIII Subcontract for Work or Services

8.1 No contract shall be made by Contractor with any other party for furnishing any of the work or services under this Agreement without the prior written approval of the Contract Administrator which consent shall not be unreasonably withheld, delayed or conditioned; but this provision shall not require the approval of contracts of employment between Contractor and personnel assigned under this Agreement, or for parties named in the proposal or agreed to under this Agreement.

Article IX Payment and Billing

9.1 Contractor shall not receive any payments from County for the performance of any services under this Agreement unless specifically stated in this Agreement. All payments or revenue associated with this Agreement shall come exclusively from Contractor's billing and collection of payment from patients and third party payors for the performance of any services or provision of equipment or materials related to this Agreement.

9.2 Contractor shall be solely entitled to perform, and is responsible for performing, billing of patients and third party payors for services provided hereunder. County shall not bill, or permit any other party to bill patients or third party payors, for ALS emergency ambulance services provided by Contractor or within Contractor's EOAs with the exception of billing that may be done by ambulance providers authorized by REMSA to provide mutual aid during a multi-casualty incident (MCI) or disaster. Contractor shall comply with all applicable laws governing billing and collection, including but not limited to laws and regulations applicable to patients covered by Medicare, Medicaid, and other public or private reimbursement programs.

9.3 In accordance with California legislation on rates and balance billing, i.e., AB716, the County and REMSA find that regulating ambulance service fees is necessary to ensure availability, sustainability, and adequacy of ambulance services in the County. The fees set forth in this Agreement are established by the County and REMSA exercising sound legislative judgment and shall be the only allowable ambulance service fees to be charged and collected in the County for both private and public ambulances. Except for compassionate care, the rates set forth in this Agreement shall be the County mandated rates and the Contractor shall charge and collect these fees.

Article X Conduct of Contractor

10.1 The Contractor covenants that it presently has no interest, including, but not limited to, other projects or contracts, and shall not acquire any such interest, direct or indirect, which would conflict in any manner or degree with Contractor's performance under this Agreement. Contractor further

covenants that no person or subcontractor having any such interest shall be employed or retained by Contractor under this Agreement. Contractor agrees to inform the County of all Contractor's interests, if any, which are or may be perceived as incompatible with the County's interests.

10.2 Contractor shall not, under circumstances which could be interpreted as an attempt to influence the recipient in the conduct of his/her duties, accept any gratuity or special favor from individuals or firms with whom Contractor is doing business or proposing to do business, in accomplishing the work under this Agreement.

10.3 Contractor or its employees shall not offer gifts, gratuity, favors, and entertainment directly or indirectly to County employees.

Article XI Disputes

11.1 The parties shall attempt to resolve any disputes amicably at the working level. If that is not successful, the dispute shall be referred to the senior management of the parties. Contractor shall proceed diligently with the performance of this Agreement pending the resolution of a dispute.

11.2 Prior to the filing of any legal action related to this Agreement, the parties shall be obligated to attend a mediation session before a neutral third-party mediator agreed upon by the parties. A second mediation session shall be required if the first session is not successful. The parties shall share the cost of the mediations.

Article XII Confidentiality

12.1 Contractor shall not use for personal gain or make other improper use of privileged or confidential information which is acquired in connection with this Agreement. The term "privileged or confidential information" includes but is not limited to: unpublished or sensitive technological or scientific information; medical, personnel, or security records; anticipated material requirements or pricing/purchasing actions; County information or data which is not subject to public disclosure; County operational procedures; and knowledge of selection of contractors, subcontractors or suppliers in advance of official announcement.

12.2 Contractor shall protect from unauthorized disclosure names and other identifying information concerning persons receiving services pursuant to this Agreement, except for general statistical information not identifying any person. Contractor shall not use such information for any purpose other than carrying out Contractor's obligations under this Agreement. Contractor shall promptly transmit to the County all third-party requests for disclosure of such information. Contractor shall not disclose, except as otherwise specifically permitted by this Agreement or authorized in advance in writing by the County, any such information to anyone other than the County. For purposes of this paragraph, identity shall include, but not be limited to, name, identifying number, symbol, or other identifying particulars assigned to the individual, such as finger or voice print or a photograph.

Article XIII Records and Documents

13.1 Contractor shall make available, upon written request by any duly authorized Federal, State or County agency, a copy of this Agreement and such books, documents, and records as are necessary to

certify the nature and extent of Contractor's costs related to this Agreement. All such books, documents and records shall be maintained by Contractor for at least five years following termination of this Agreement and be available for audit by County. Contractor shall provide to the County reports and information related to this Agreement as requested by County.

Article XIV Hold Harmless/Indemnification

14.1 Except for the negligence or willful misconduct of the County or Indemnitees arising out of its duties under this Agreement, Contractor shall indemnify and hold harmless the County of Riverside, its Agencies, Districts, Special Districts and Departments, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives (individually and collectively hereinafter referred to as Indemnitees) from any liability, claim, action or damage whatsoever, based or asserted upon any services of Contractor, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Agreement, including but not limited to data breaches, property damage, bodily injury, or death or any other element of any kind or nature. Contractor shall defend Indemnitees, at its sole expense and all costs, including, but not limited, to attorney fees, cost of investigation, defense and settlements or awards, in any such claim or action.

14.2 Contractor shall, at their sole cost, have the right to use counsel of their own choice and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of County; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes Contractor's indemnification to County or Indemnitees.

14.3 Contractor's obligation hereunder shall be satisfied when Contractor has provided to County the appropriate form of dismissal relieving County, or other entities or persons, from any liability for the action(s) and/or claim(s) involved.

14.4 The specified insurance limits required in this Agreement shall in no way limit or circumscribe Contractor's obligations to indemnify and hold harmless the County or Indemnitees pursuant to this article.

Article XV Non-Discrimination

15.1 Contractor shall not discriminate in the provision of services, allocation of benefits, accommodation in facilities, or employment of personnel on the basis of ethnic group identification, race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital status or sex in the performance of this Agreement; and, to the extent they shall be found to be applicable hereto, shall comply with the provisions of the California Fair Employment and Housing Act (Gov. Code 12900 et seq.), the Federal Civil Rights Act of 1964 (P.L. 88-352), the Americans with Disabilities Act of 1990 (42 U.S.C. §1210 et seq.) and all other applicable laws or regulations.

Article XVI Notices

16.1 All correspondence and notices required or contemplated by this Agreement shall be delivered to the respective parties at the addresses set forth below and are deemed submitted two (2) days after their deposit in the United States mail, postage prepaid:

County

Director
Emergency Management Department
450 E. Alessandro Ave.
Riverside, CA 92508

Contractor

Regional Director
American Medical Response Ambulance Service, Inc.
879 Marlborough Ave
Riverside, CA 92507

With copy to:
Law Department
c/o Global Medical Response, Inc.
4400 State Hwy 121, Suite 700
Lewisville, TX 75056

Article XVII General

17.1 Contractor shall not delegate or assign any interest in this Agreement, whether by operation of law or otherwise, without the prior written consent of County. Any attempt to delegate or assign any interest herein shall be deemed void and of no force or effect.

17.2 Any waiver by County of any breach of any one or more of the terms of this Agreement shall not be construed to be a waiver of any subsequent or other breach of the same or of any other term of this Agreement. Failure on the part of County to require exact, full, and complete compliance with any terms of this Agreement shall not be construed as in any manner changing the terms or preventing County from enforcement of the terms of this Agreement.

17.3 Change of Ownership - Contractor agrees that any change in its direct ownership will be subject to review by County. Contractor shall provide to the County sufficient assurances that the new owner shall continue to fulfill all of the Contractor's obligations under this Agreement.

17.4 Contractor shall comply with all applicable Federal, State and local laws and regulations. Contractor will comply with all applicable County policies and procedures. In the event that there is a conflict between the various laws or regulations that may apply, Contractor shall comply with the more restrictive law or regulation.

17.5 Contractor shall comply with all air pollution control, water pollution, safety and health ordinances, statutes, or regulations which apply to performance under this Agreement.

17.6 Contractor shall comply with all requirements of the Occupational Safety and Health Administration (OSHA) standards and codes as set forth by the U.S. Department of Labor and the State of California (Cal/OSHA).

17.7 This Agreement shall be governed by the laws of the State of California. Any legal action related to the performance or interpretation of this Agreement shall be filed only in the Superior Court of the State of California located in Riverside, California, and the parties waive any provision of law providing for a change of venue to another location. In the event any provision in this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions will

nevertheless continue in full force without being impaired or invalidated in any way.

17.8 All exhibits and attachments are incorporated into and made part of this Agreement. This Agreement constitutes the entire agreement of the parties with respect to its subject matter and supersedes all prior and contemporaneous representations, proposals, discussions and communications, whether oral or in writing. This Agreement may be changed or modified only by a written amendment signed by authorized representatives of both parties.

17.9 **Electronic Signatures.** This Agreement may be executed in any number of counterparts, each of which will be an original, but all of which together will constitute one instrument. Each party of this Agreement agrees to the use of electronic signatures, such as digital signatures that meet the requirements of the California Uniform Electronic Transactions Act ("CUETA") Cal. Civ. Code §§ 1633.1 to 1633.17), for executing this Agreement. The parties further agree that the electronic signatures of the parties included in this Agreement are intended to authenticate this writing and to have the same force and effect as manual signatures. Electronic signature means an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record pursuant to the CUETA as amended from time to time. The CUETA authorizes use of an electronic signature for transactions and contracts among parties in California, including a government agency. Digital signature means an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature, and shall be reasonably relied upon by the parties. For purposes of this section, a digital signature is a type of "electronic signature" as defined in subdivision (i) of Section 1633.2 of the Civil Code.

[Signature page and exhibits follow]

IN WITNESS WHEREOF, the parties hereto have caused their duly authorized representatives to execute this

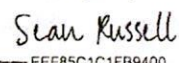
Agreement.

County Of Riverside:

American Medical Response Ambulance Service, Inc.:

ATTEST:
KIMBERLY A. RECTOR, Clerk
By  DEPUTY

Signature: 

DocuSigned by:
Signature: 
EEEB5C1C1EB9400

Print Name: Chuck Washington

Print Name: Sean Russell

Title: Chairman, Board of Supervisors

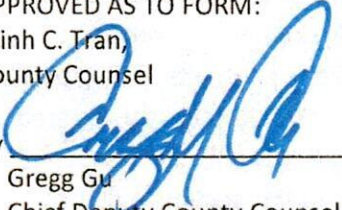
Title: President, Pacific Region

Dated: 12/10/2024

Dated: 12/2/2024

APPROVED AS TO FORM:

Minh C. Tran,
County Counsel

By 
Gregg Gu
Chief Deputy County Counsel



Ambulance Response Compliance Review

AMR Compliance Summary
7/1/2023 – 06/30/2024

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September 2023 compliance report.....	45
October 2023 compliance report	45
November 2023 compliance report	46
December 2023 compliance report.....	46
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April 2024 compliance report.....	48
May 2024 compliance report	49
June 2024 compliance report	49
Ambulance Patient Offload Time	50

RIVERSIDE COUNTY AMBULANCE RESPONSE TIME COMPLIANCE

Overview

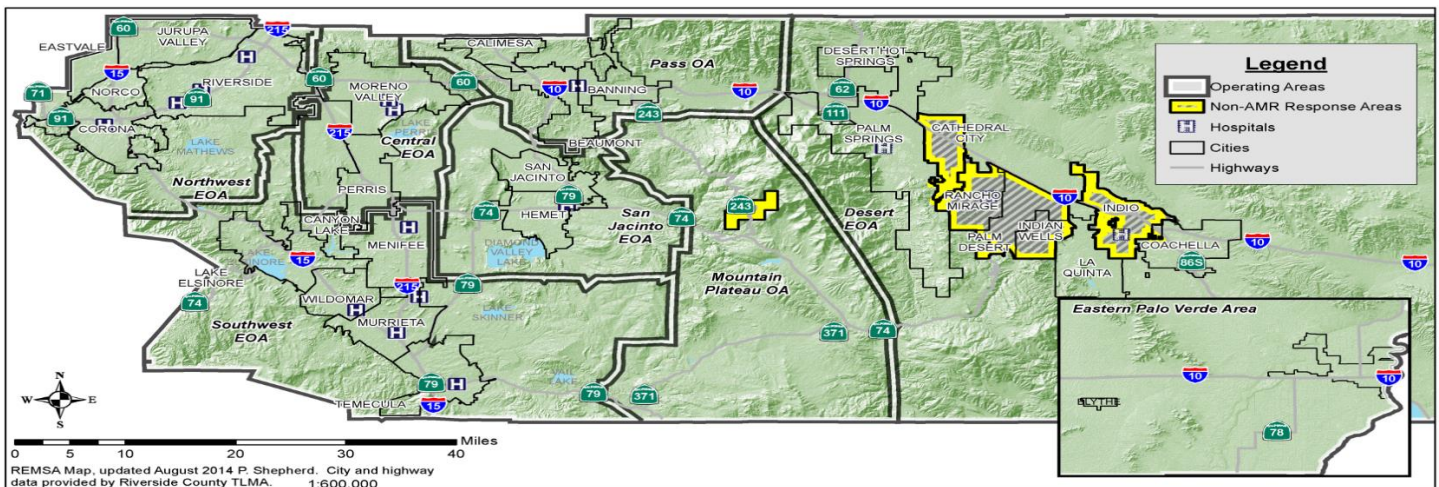
The Riverside County EMS System encompasses all 9-1-1 medical responses in Riverside County. American Medical Response (AMR) is the contracted ambulance provider for the majority of Riverside County, and this report outlines the AMR response time compliance in Riverside County. Data provided refers to the AMR-serviced Ambulance Operating Areas delineated in the master service agreement dated July 1, 2015.

Raw Compliance, for the purpose of this report, refers to the contracted providers ability to meet agreed upon response times, which vary throughout the Operational Area. Adjusted Compliance, for the purpose of this report, refers to the final compliance percentage after various exemptions have been granted. These exemptions would include Code 2 – Diverted x3, COVID – 19, Extended wait time at railroad crossings in the City of Riverside only, Following Fire Department, Major Road Closure/Construction, Offload Delays/Bed Delays, Second Unit, Unusual System Overload and Unusually Heavy Traffic. The majority of exemptions granted to the ambulance provider are due to offload/bed delays. Approximately 95% of all exemptions granted relate to APOD.

Below is a map of the Ambulance Operating Areas, which are discussed in the corresponding Administrative Group meetings based on region. A complete map of the County with Response Time Zones labeled is available at <http://www.remsa.us/zones>



RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM AMBULANCE OPERATING AREAS



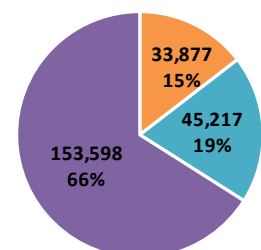
The West County Response Time Zones are responsible for approximately 66% of 9-1-1 calls made to AMR from the EMS System. East County and Mid County response zones make up about 15% and 19% of 9-1-1 call volume, respectively.

West County includes the Northwest, Southwest, and Central response zones. The City of Riverside is a subzone of the Northwest Zone, which accounts for more responses than all other subzones across the County.

Mid County region includes the Pass, San Jacinto, and Mountain Plateau Response Time Zones.

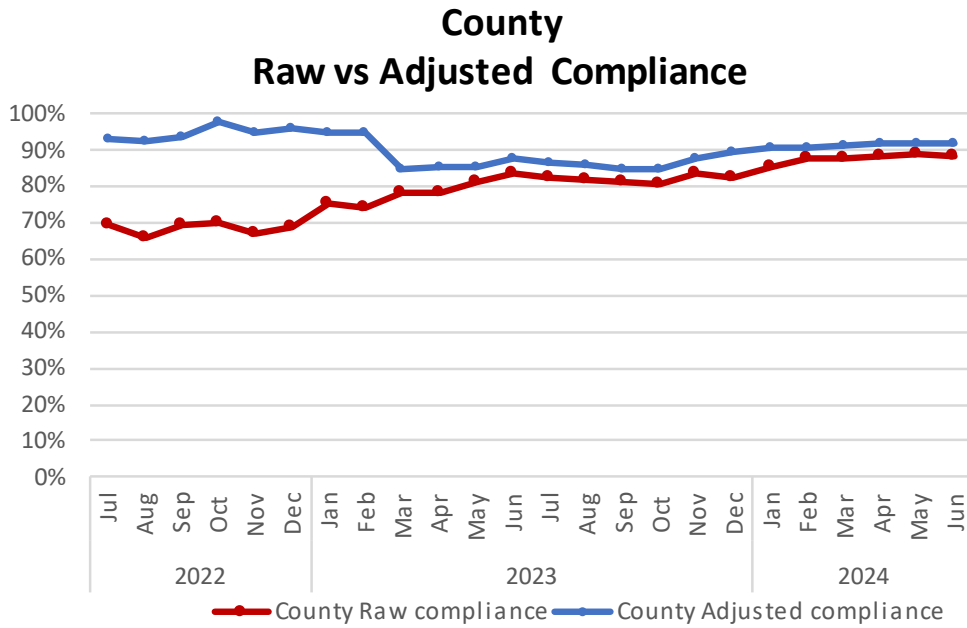
East County includes the Desert and Palo Verde Response Time Zones.

AMR - Response Time Zones
Regional 9-1-1 Ambulance Responses
Jul 2023 through Jun 2024

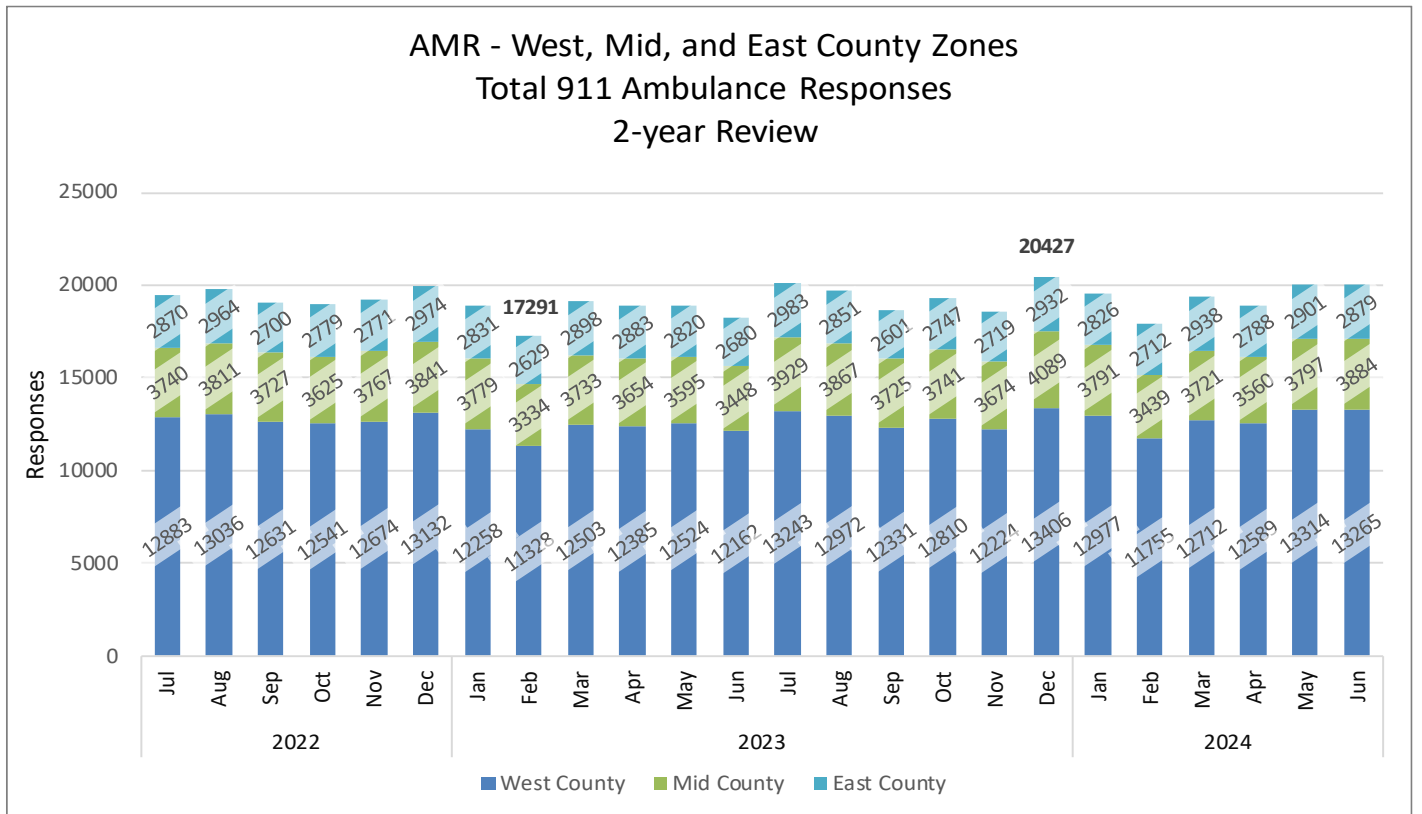


■ East County ■ Mid County ■ West County

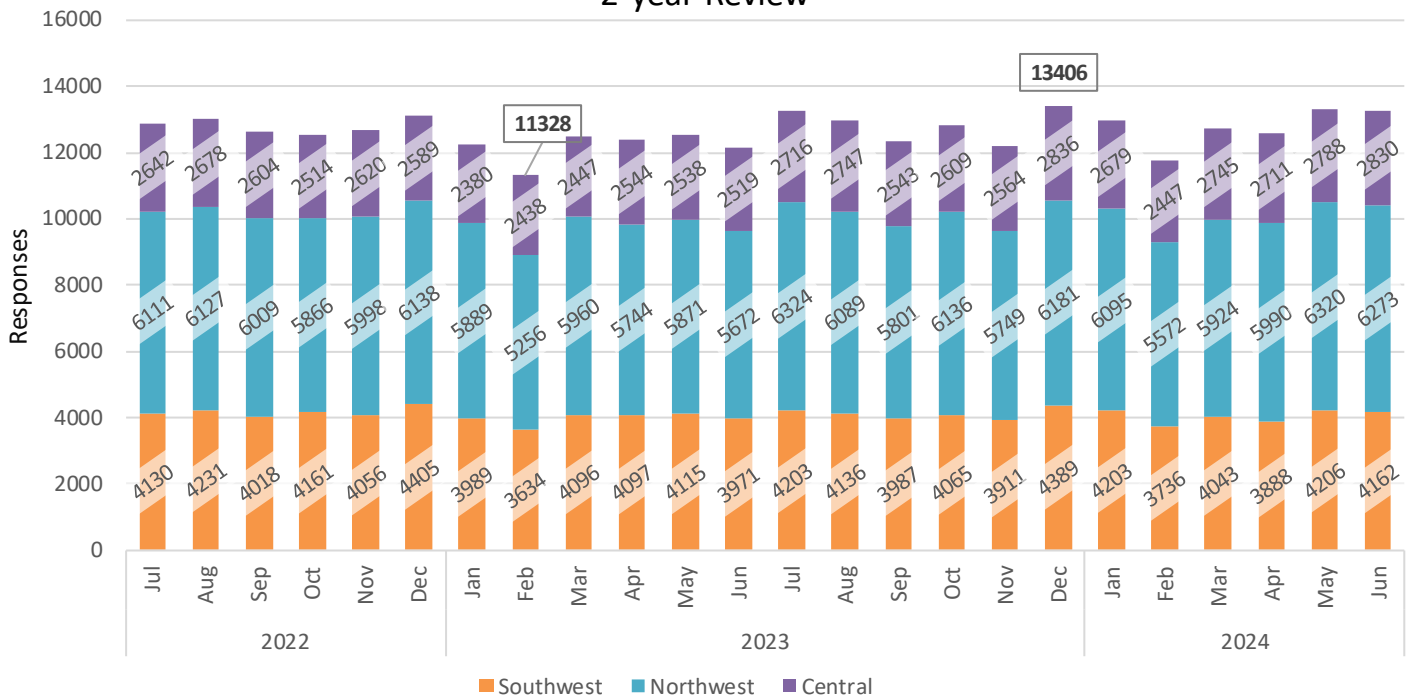
County Raw vs Adjusted Compliance



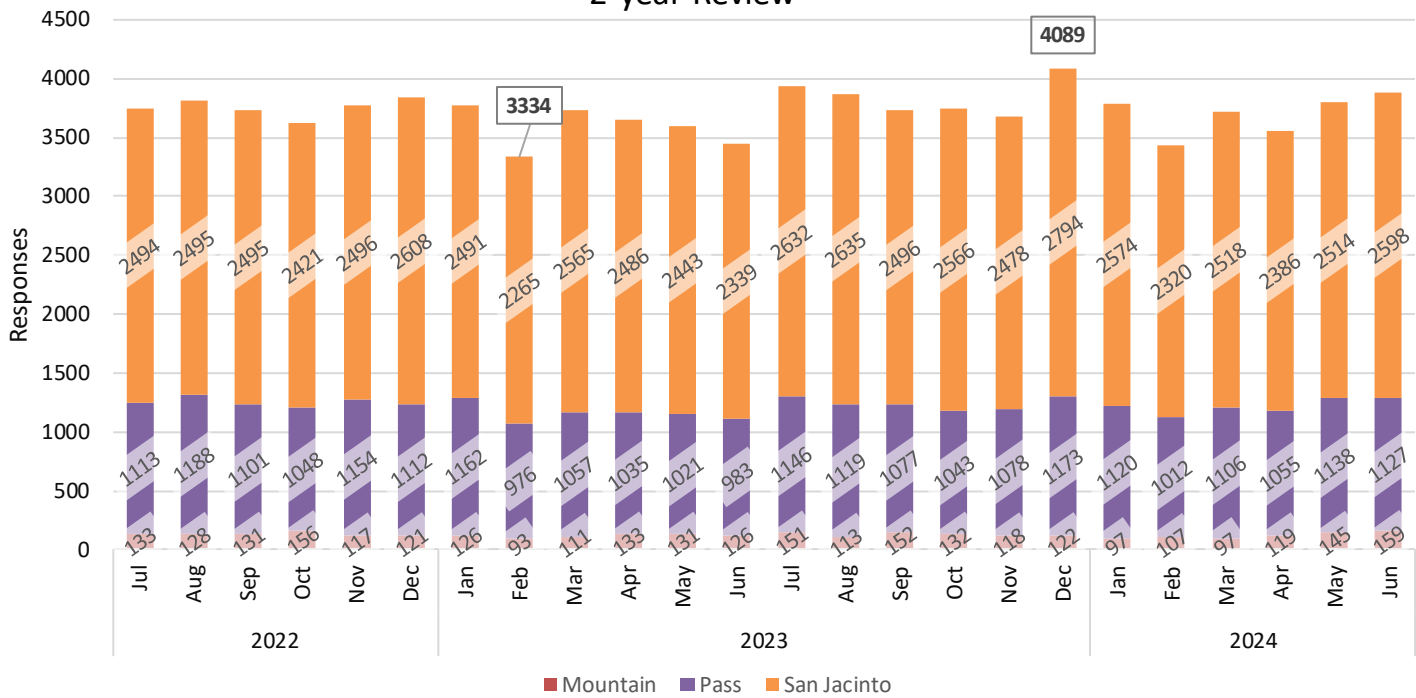
West, Mid, and East County Areas Comparisons



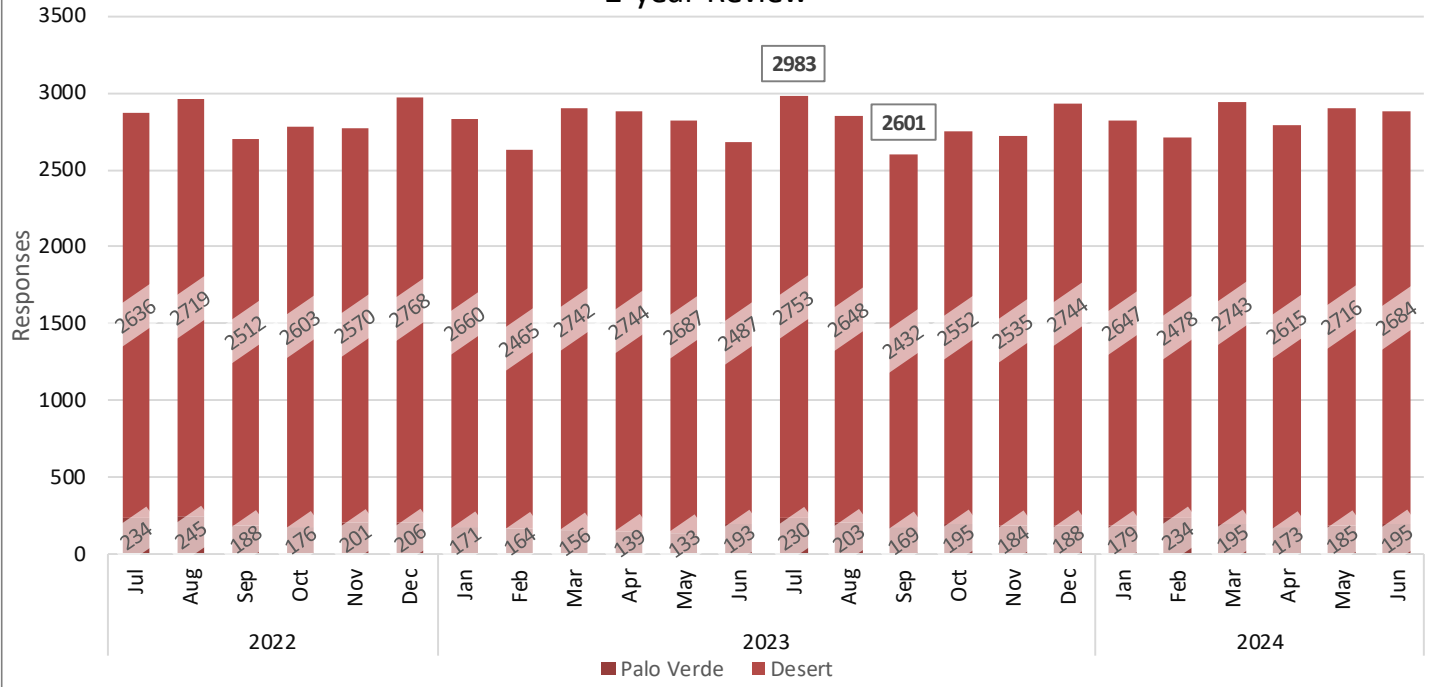
AMR - West County Zones Total 911 Ambulance Responses 2-year Review



AMR - Mid County Zones Total 911 Ambulance Responses 2-year Review



AMR - East County Zones Total 911 Ambulance Responses 2-year Review



CENTRAL ZONE

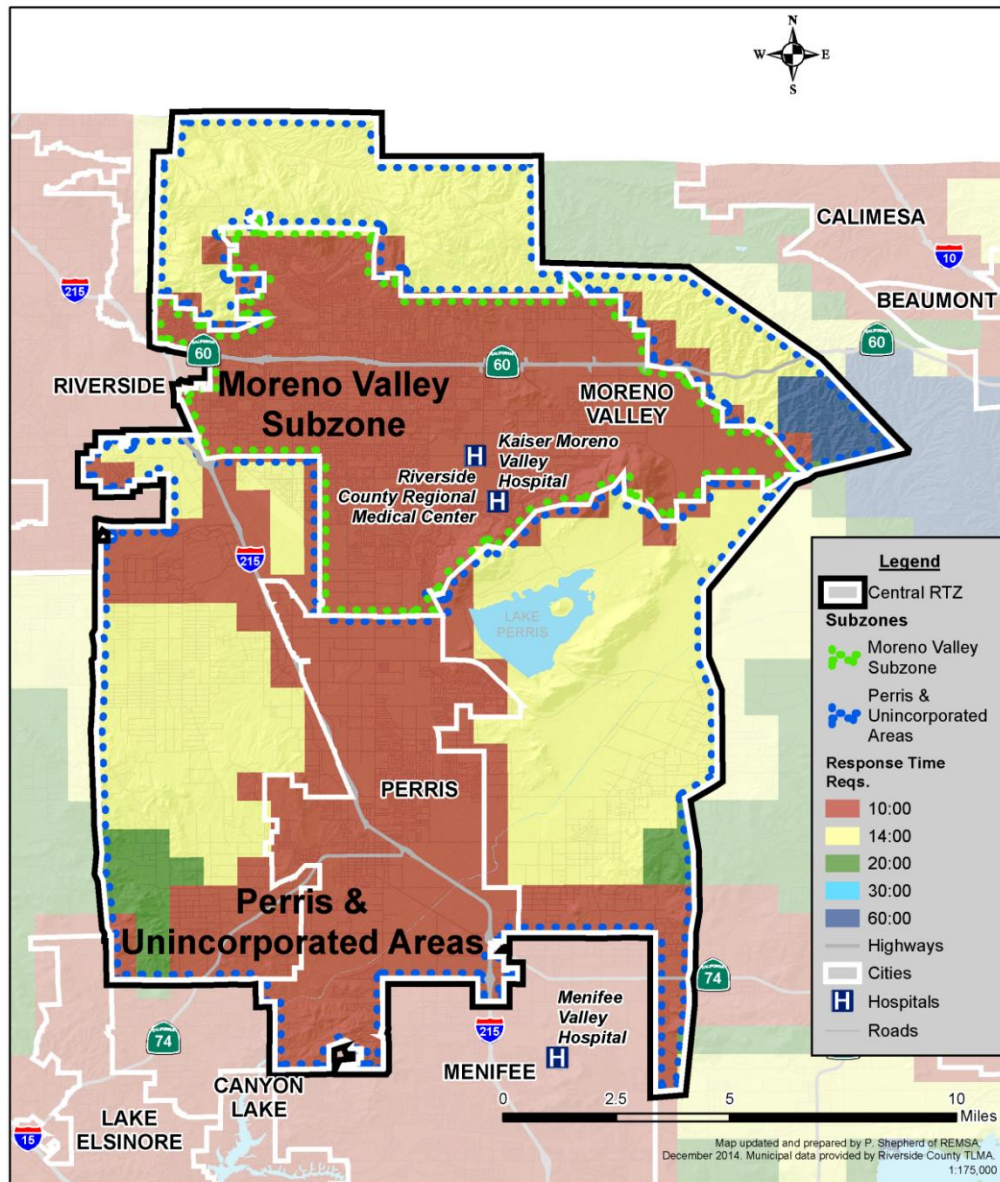
The Central Response Time Zone (RTZ) encompasses Moreno Valley, Perris, and unincorporated areas surrounding these cities. It borders the Northwest and Southwest Response Time Zones to the West, the Southwest RTZ to the South, and the Pass and San Jacinto RTZs to the East. It is divided into two subzones: the Moreno Valley Response Time Subzone (RTSZ) and the Perris and Unincorporated Areas RTSZ. During the period in review for this report, the Moreno Valley Subzone received higher 911 ambulance response volume than did the Perris and unincorporated area, as illustrated in the following charts. These charts cover overall 911 ambulance responses, response time compliance, compliance/responses by subzone, responses more than ten minutes late, and exemptions.

The maps referenced in this report are available at remsa.us/zones

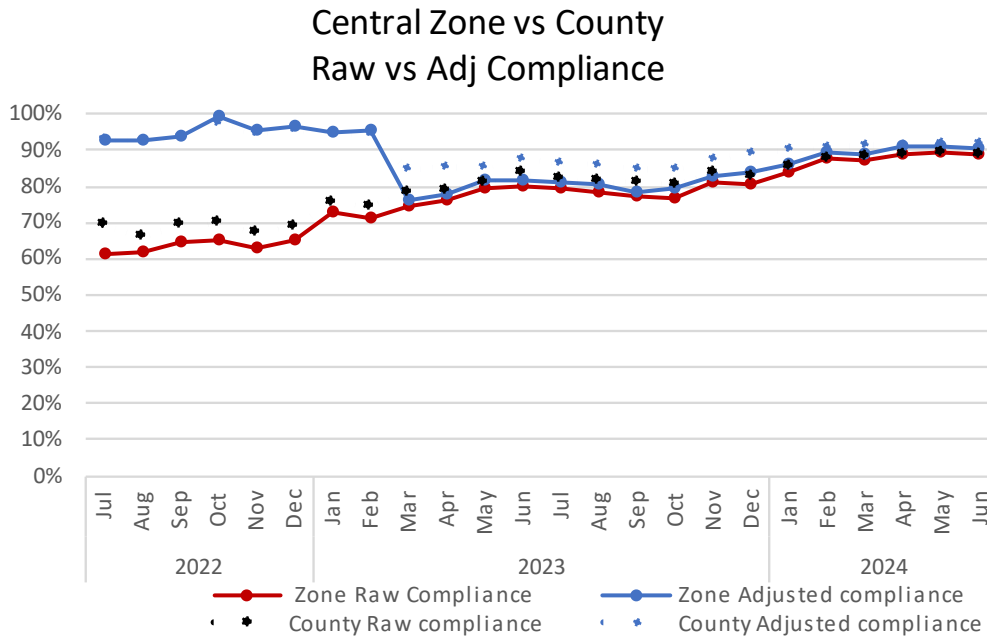


RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM
GROUND ALS EMERGENCY AMBULANCE RESPONSE TIME ZONES

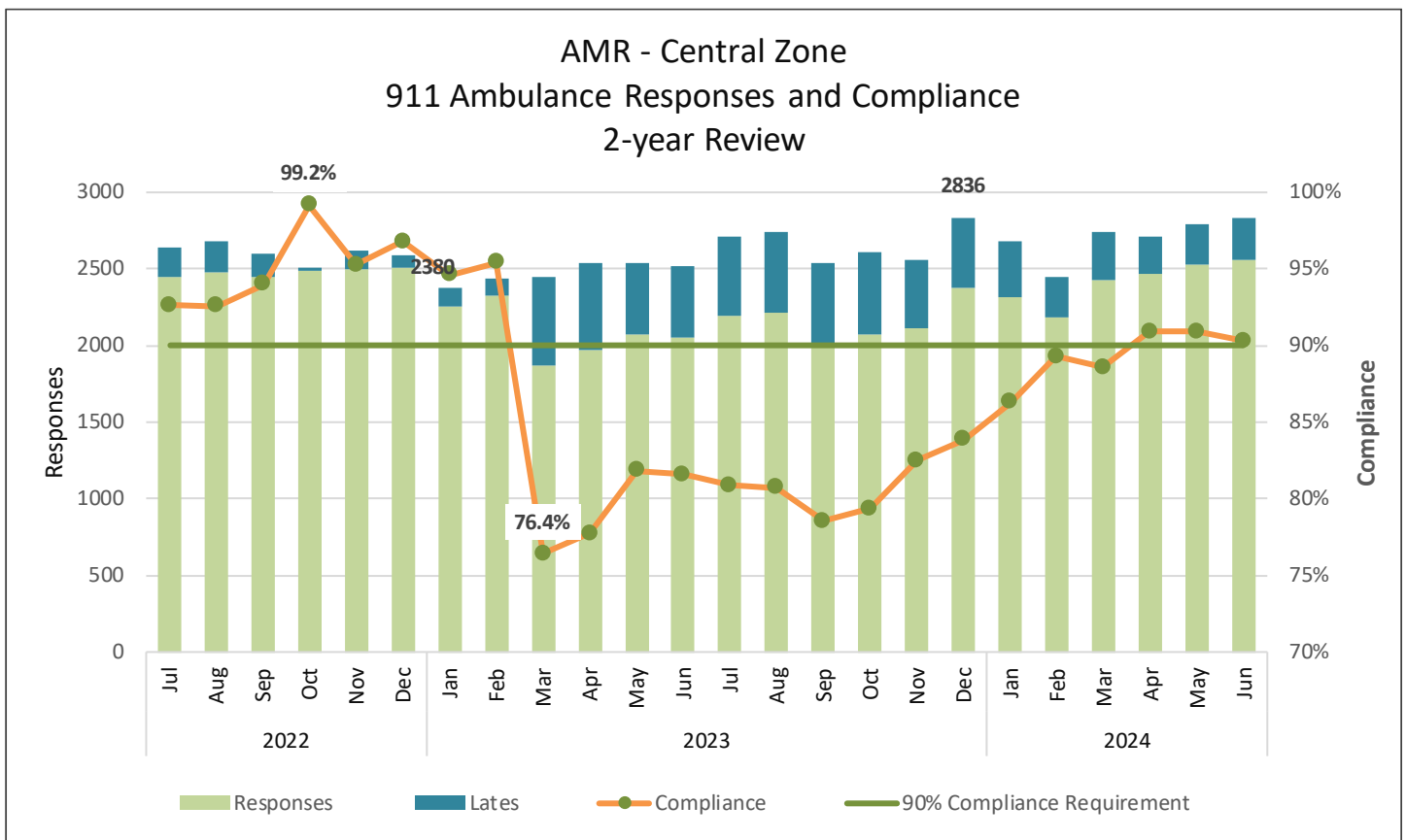
CENTRAL

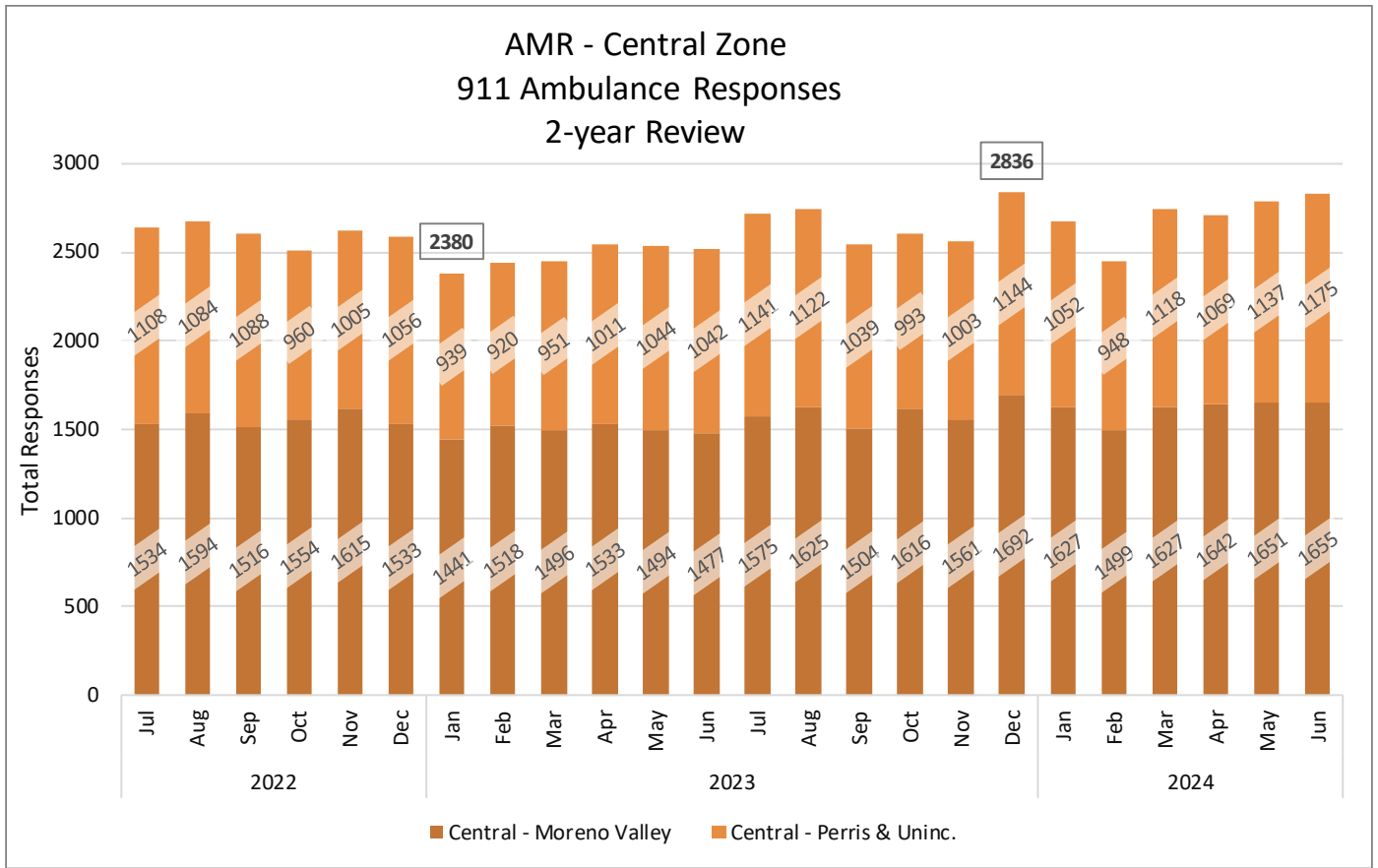


Central Zone: Raw vs Adjusted Compliance Data

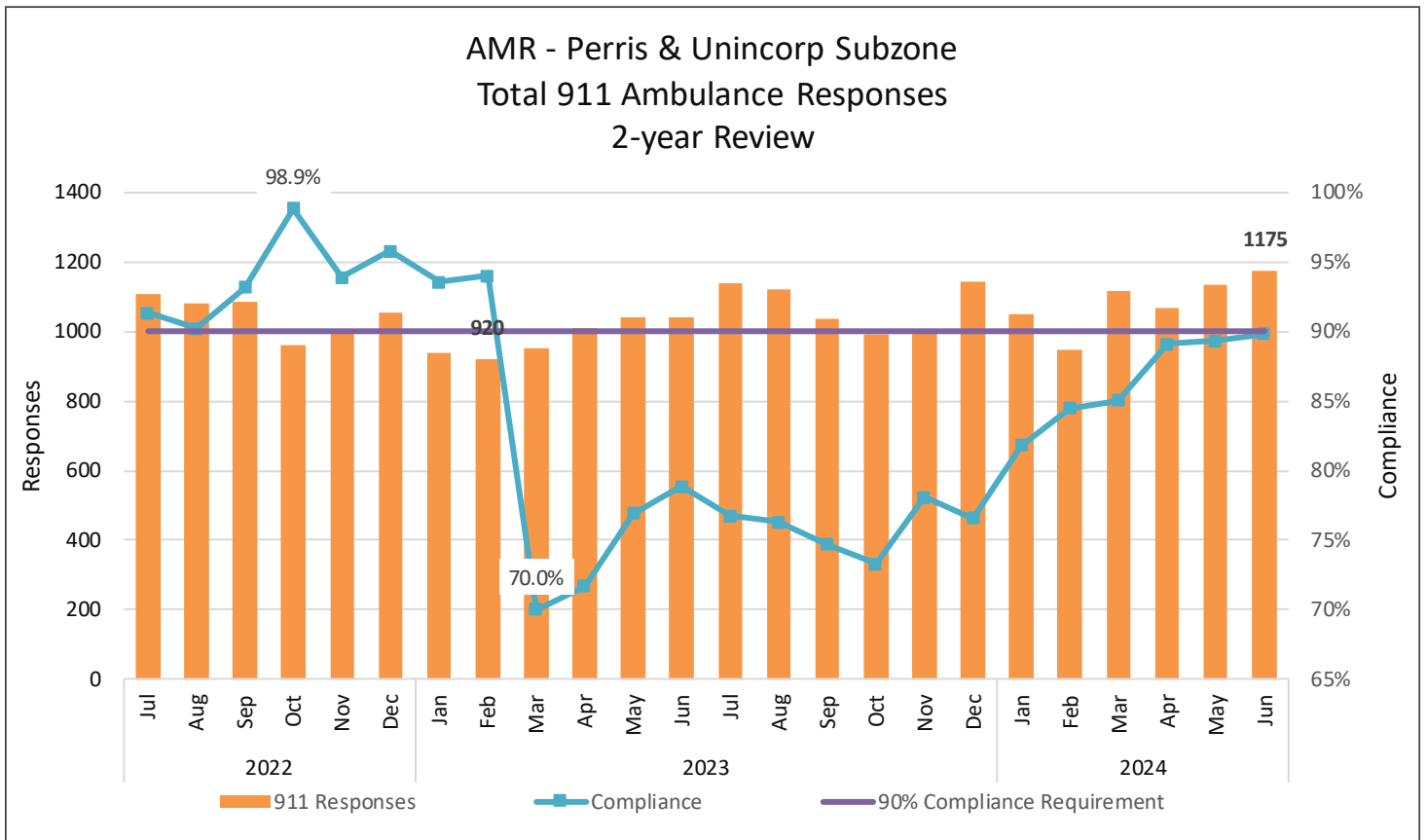


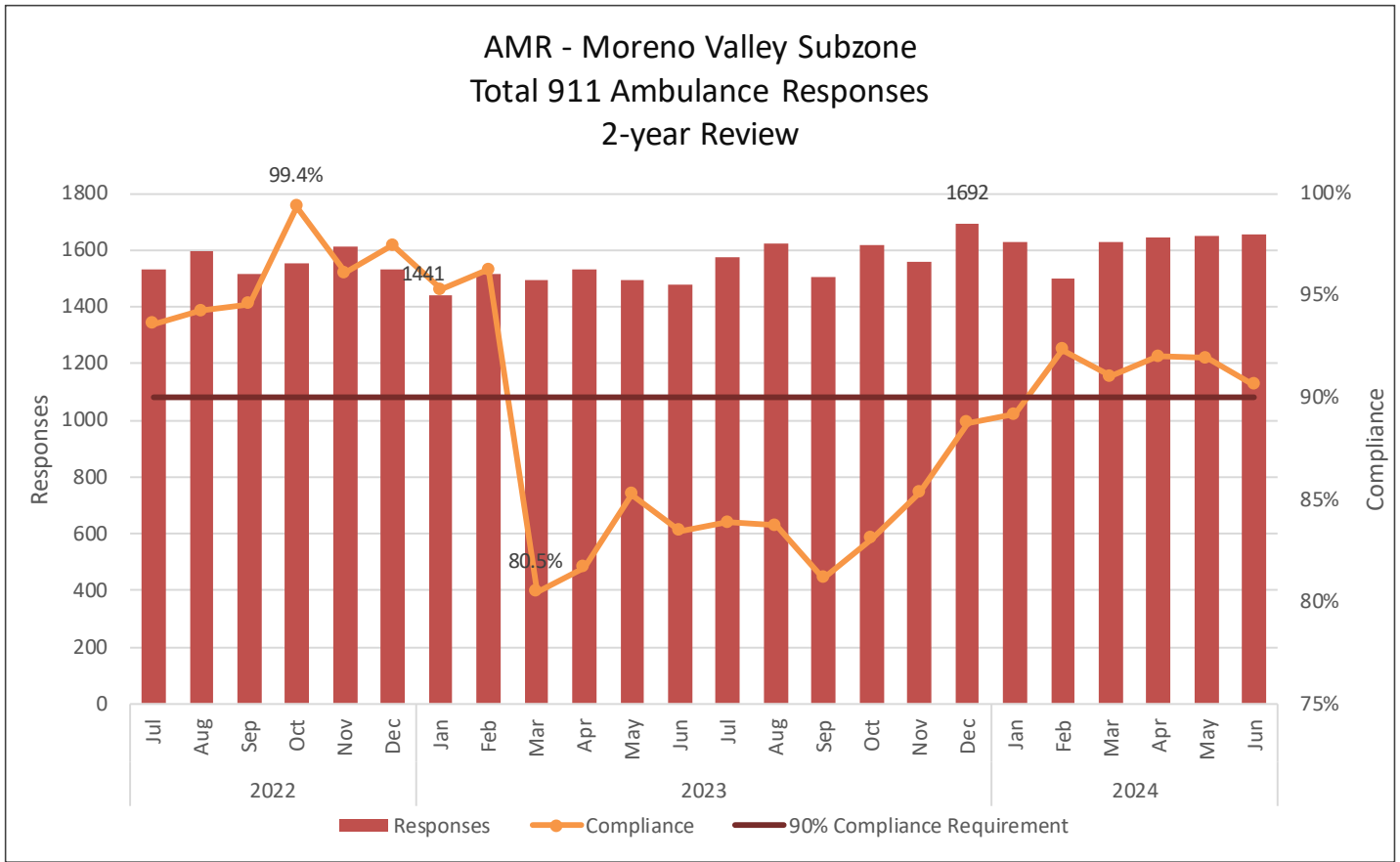
Central Zone: Response and Compliance Data



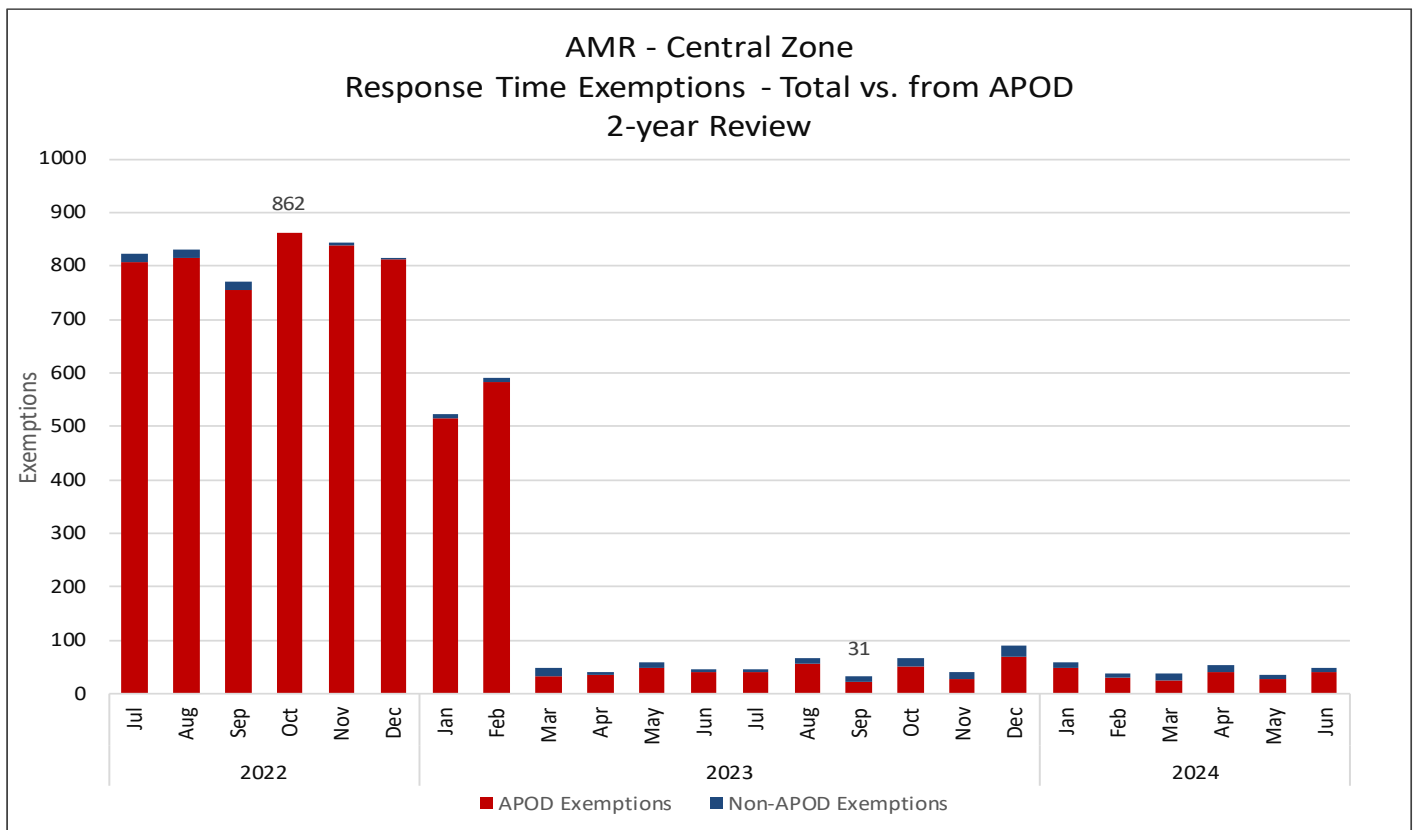


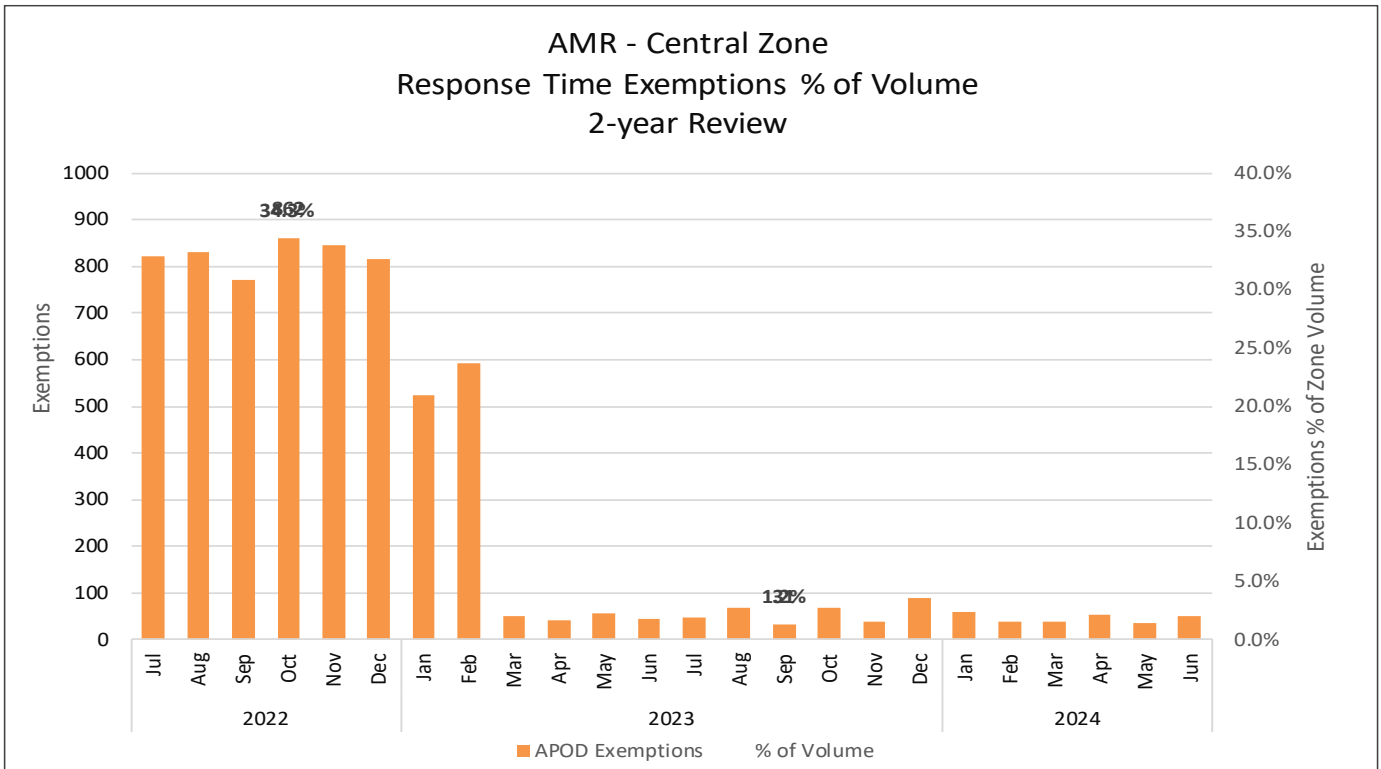
Central Zone: Subzone Response and Compliance Data



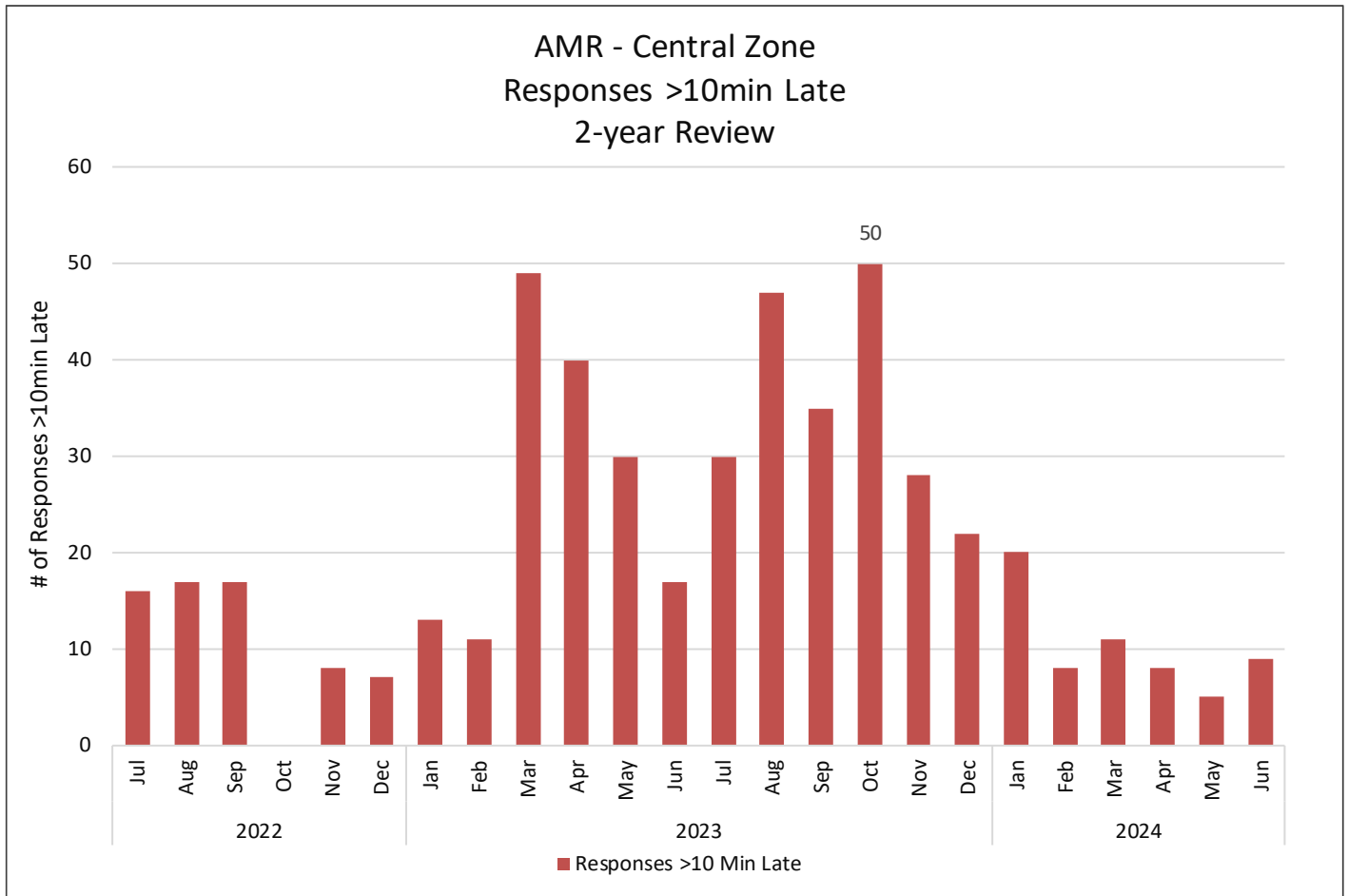


Central Zone: Exemptions





Central Zone: Responses > 10 Minutes Late

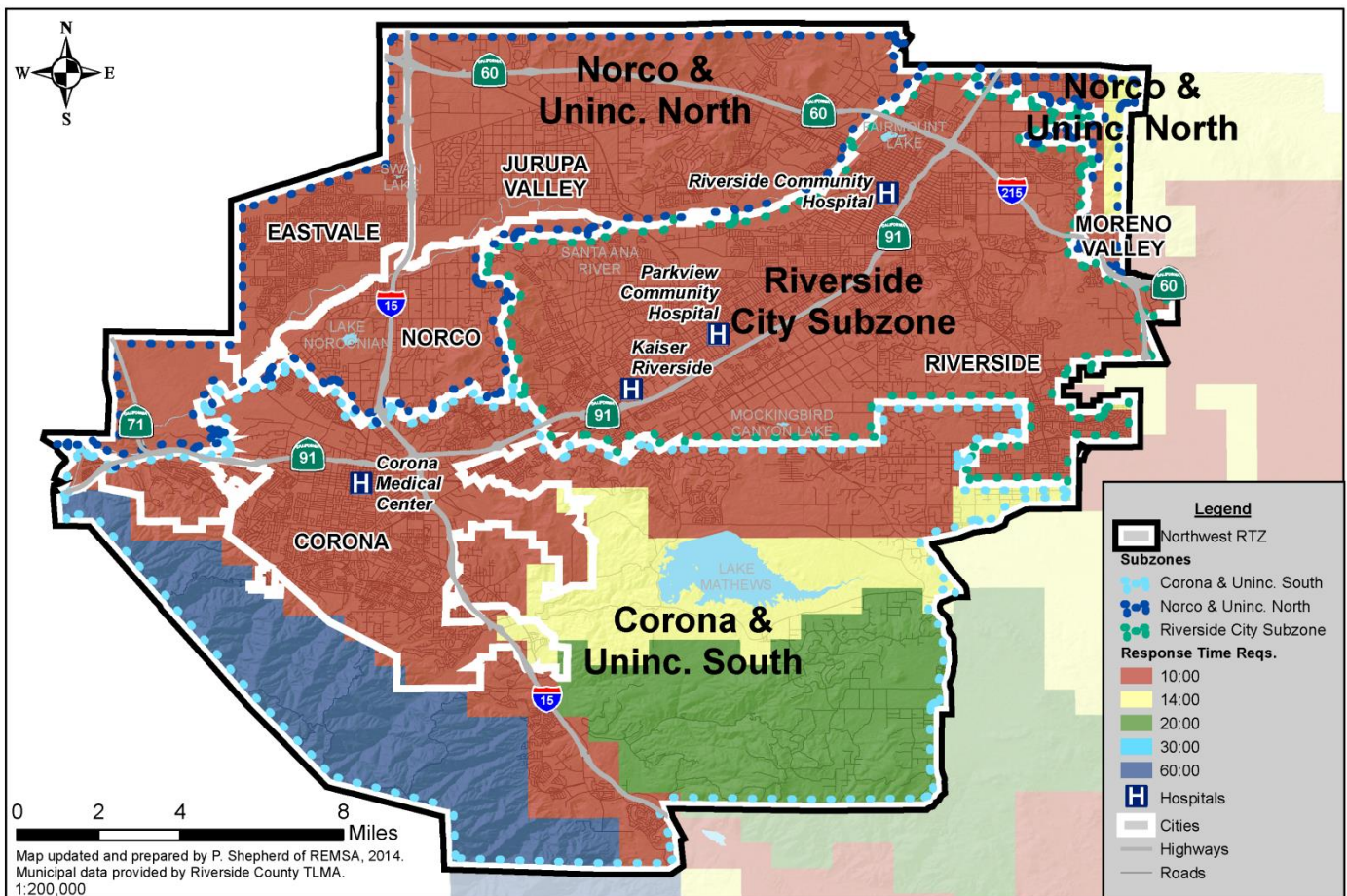


NORTHWEST ZONE

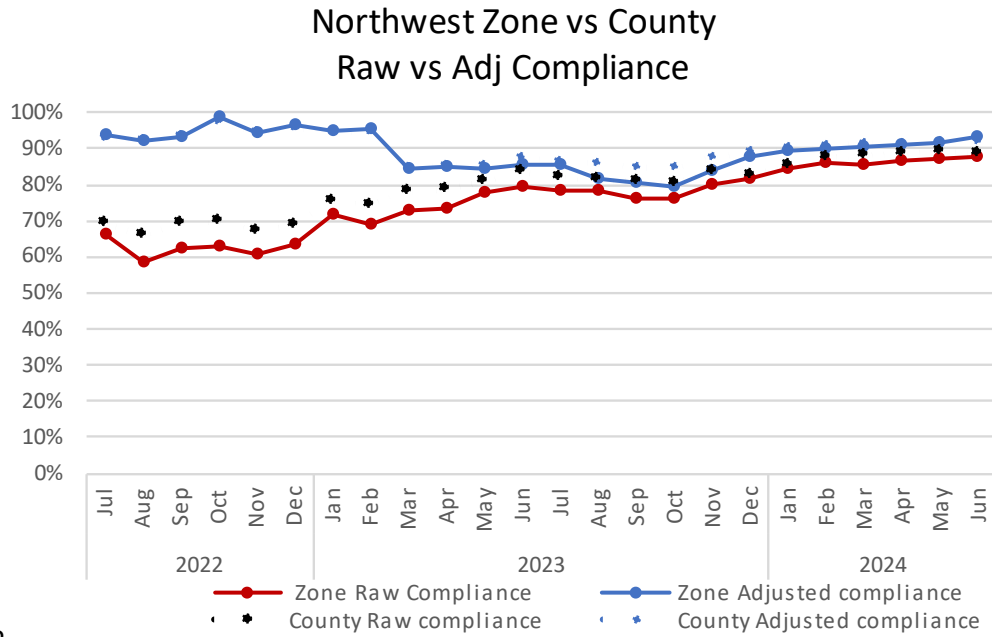
The Northwest Response Time Zone includes: Riverside, Corona, Norco, Eastvale, Jurupa Valley, and unincorporated areas of the County adjacent to these, as depicted in the Northwest Response Time Zone (RTZ) map. It borders the Southwest Zone to the South and the Central Zone to the East. The Northwest Zone is divided into three subzones: the Riverside City Subzone, the Corona & Unincorporated South Area Subzone, and the Norco & Unincorporated North Area Subzone. During the period in review for this report, the Riverside City Subzone received the highest volume of 911 ambulance responses, as is depicted in the following charts. Included for review are: Northwest Zone compliance, 911 ambulance responses, exemptions, and responses more than ten minutes late.



RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM GROUND ALS EMERGENCY AMBULANCE RESPONSE TIME ZONES NORTHWEST

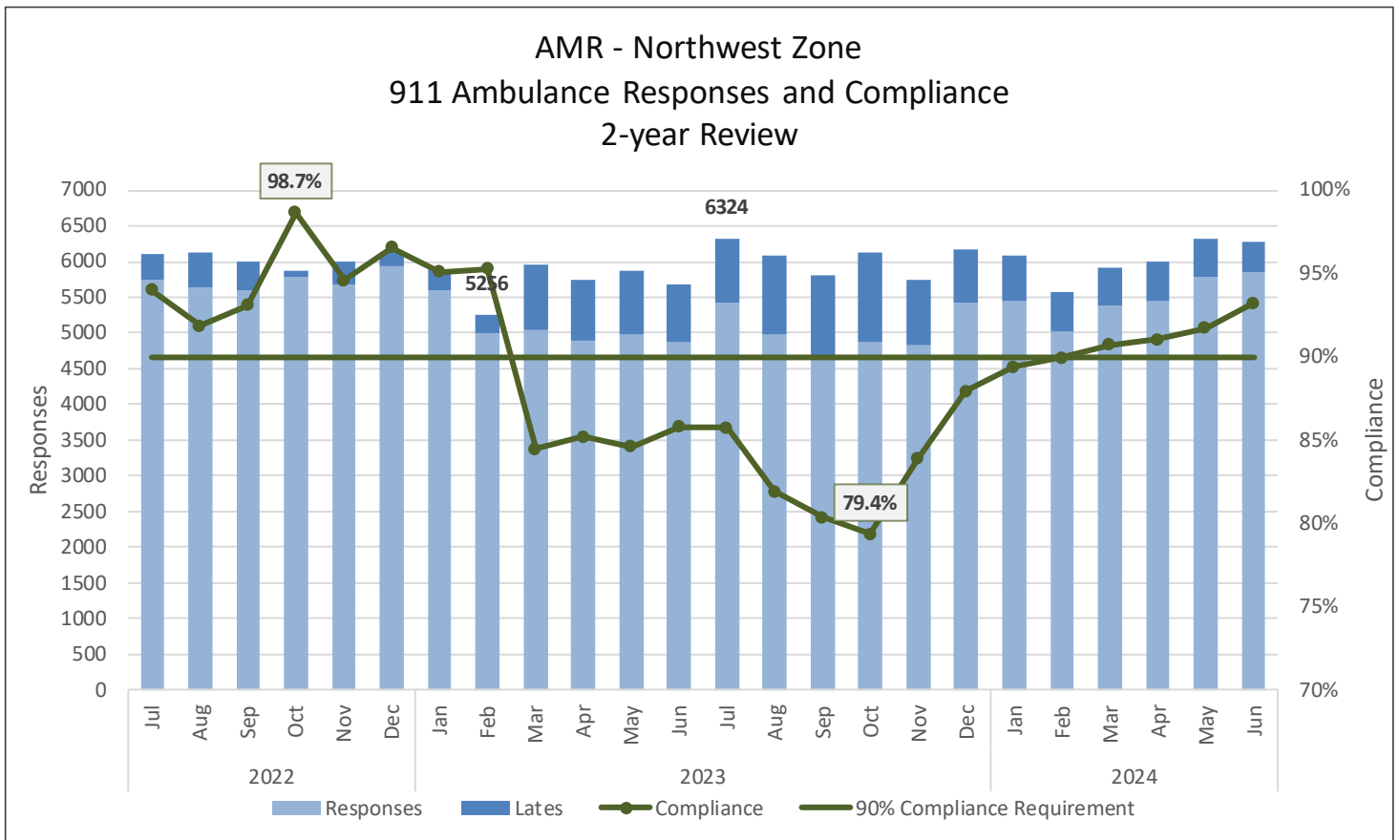


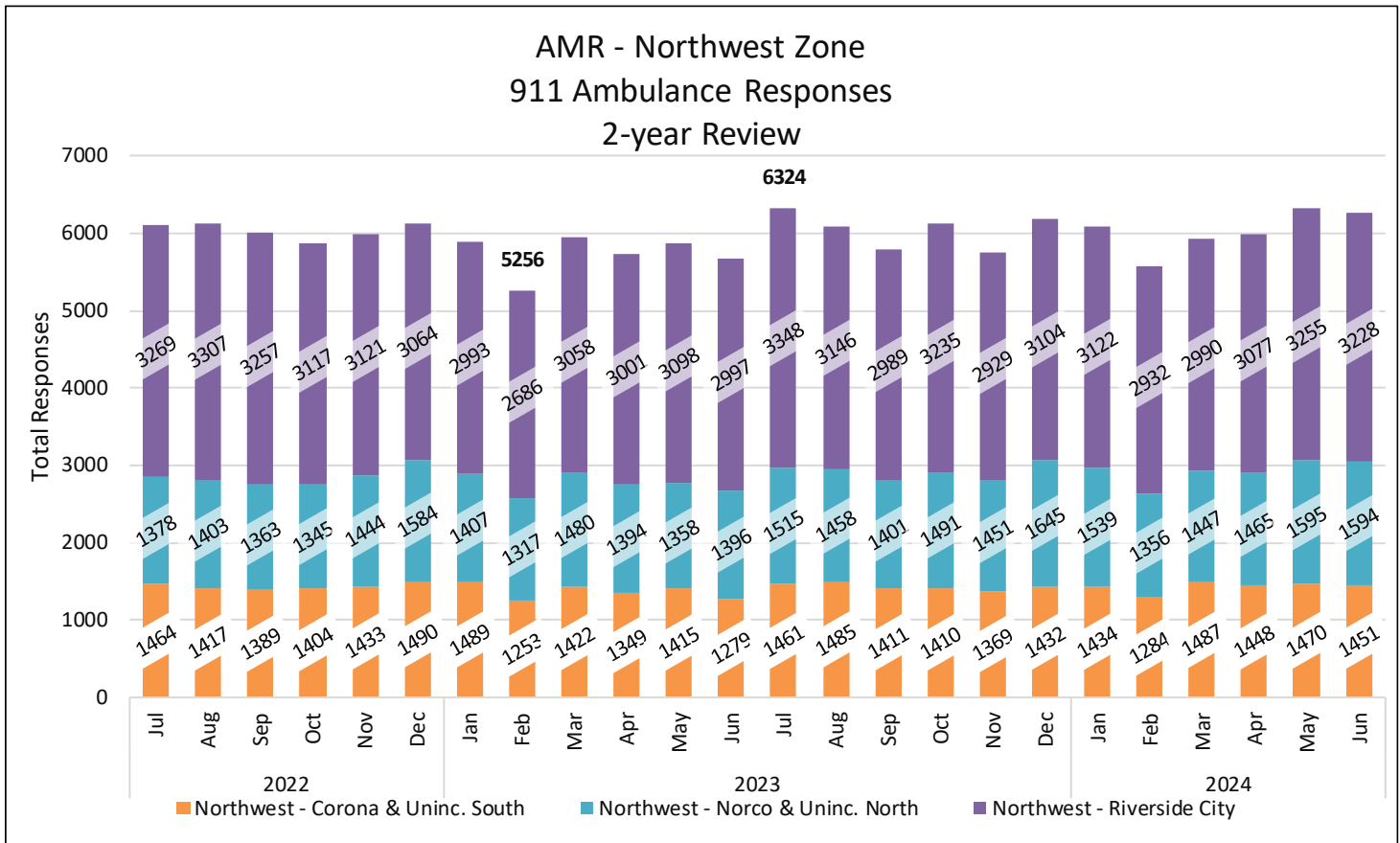
Northwest Zone: Raw vs Adjusted Compliance Data



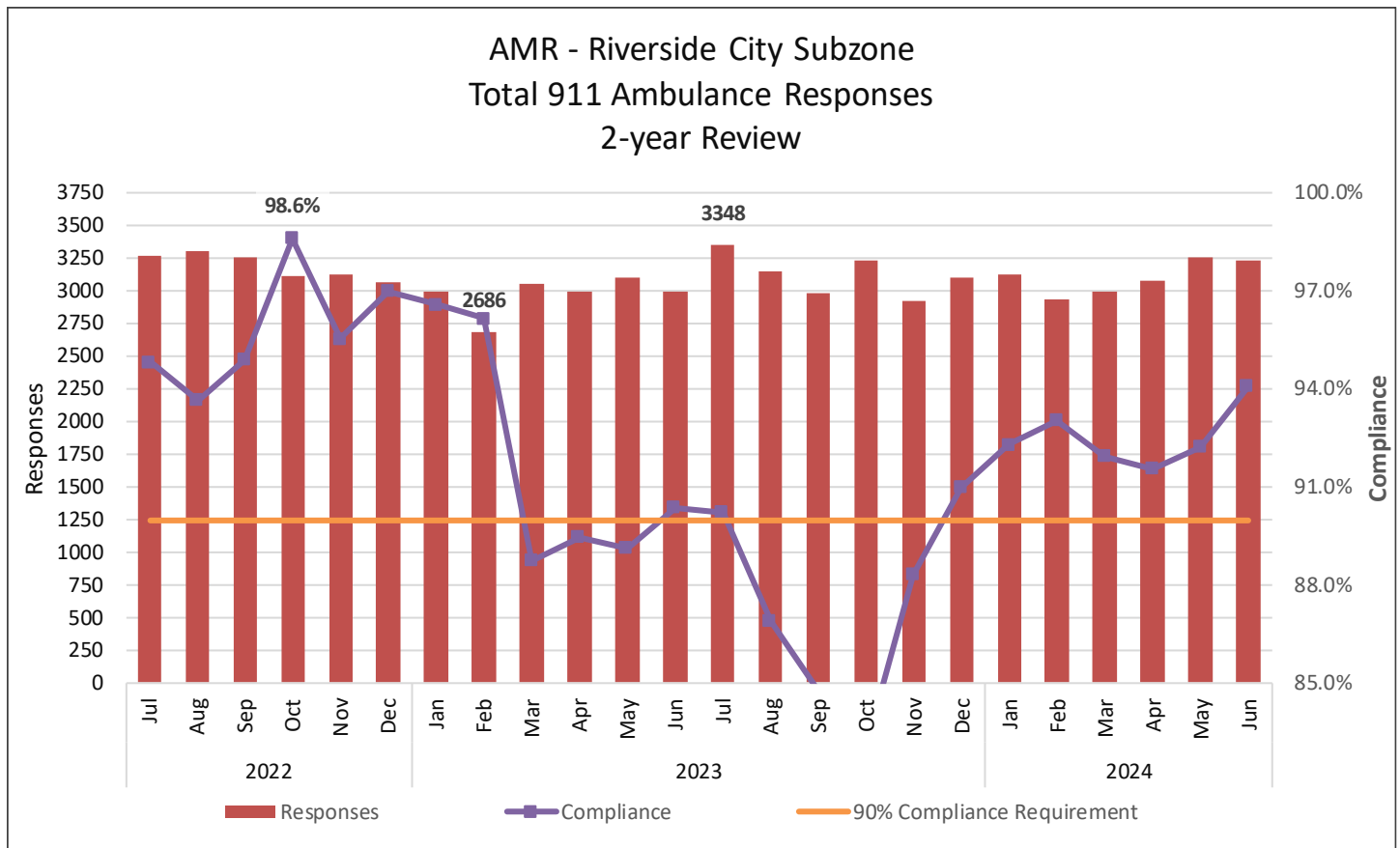
?

Northwest Zone: Response and Compliance Data

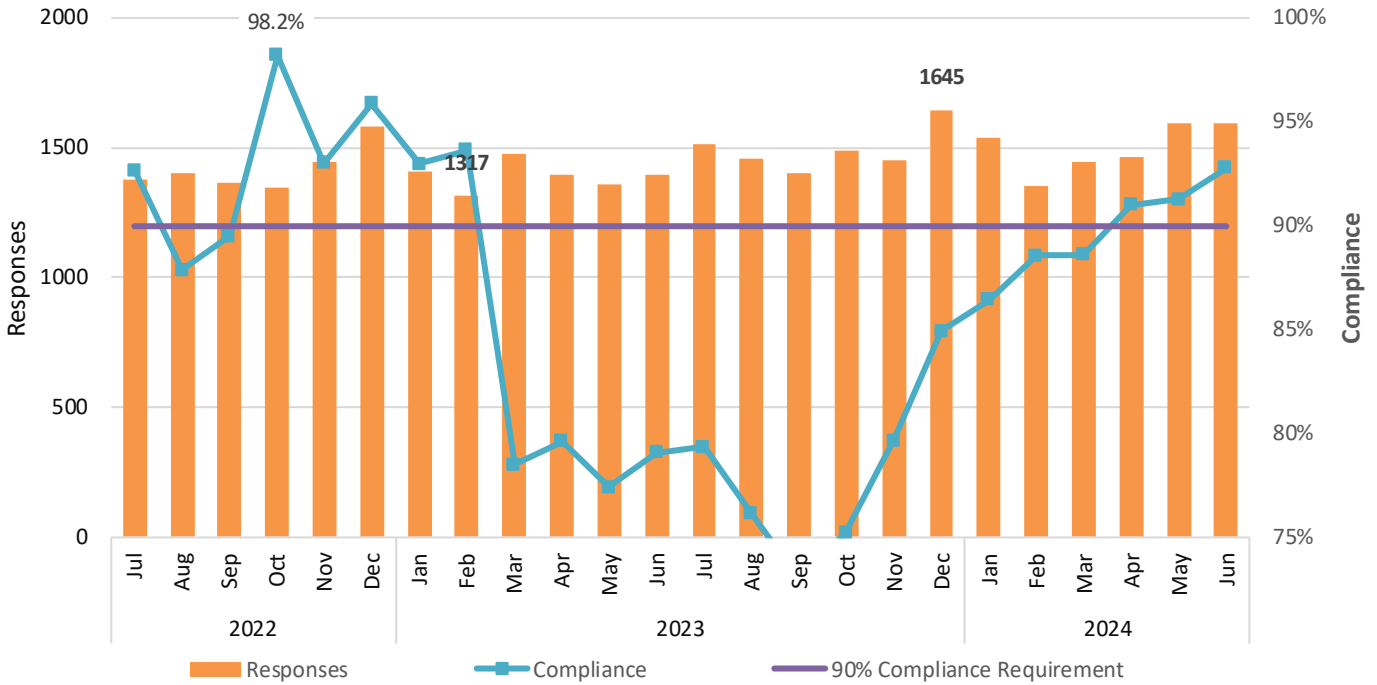




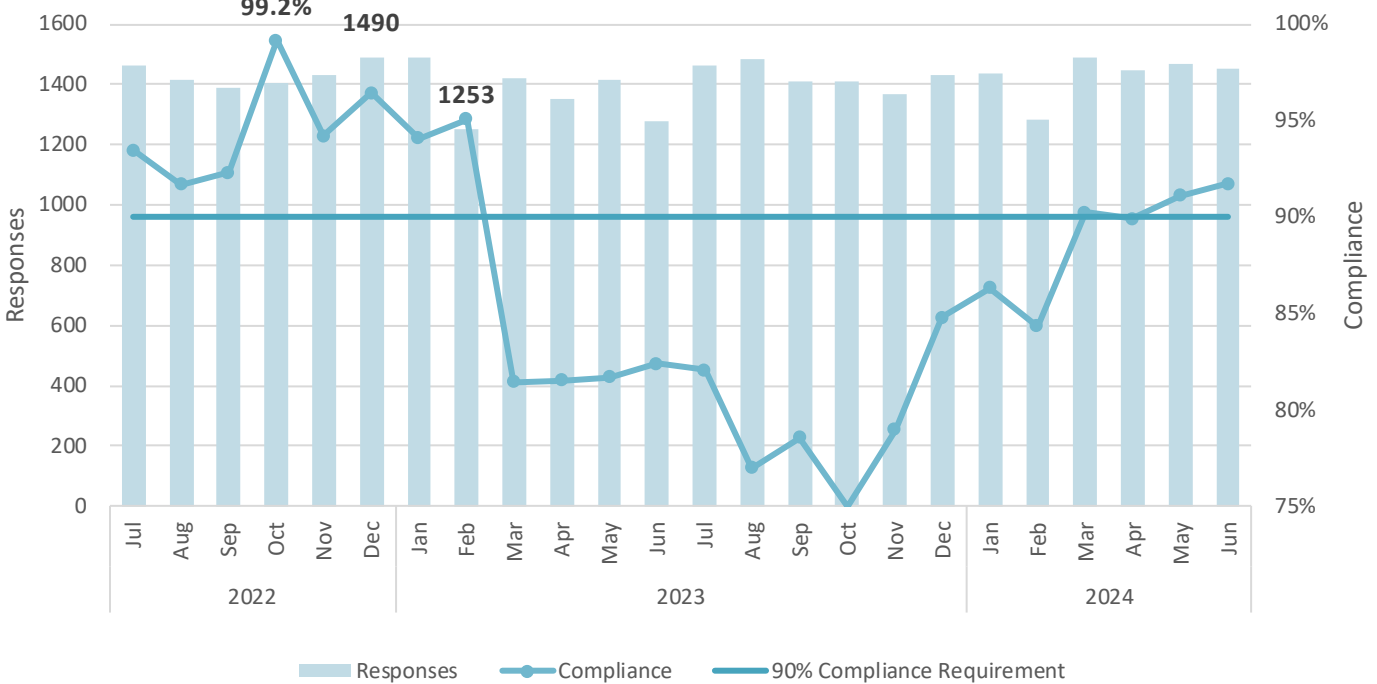
Northwest Zone: Subzone Response and Compliance Data



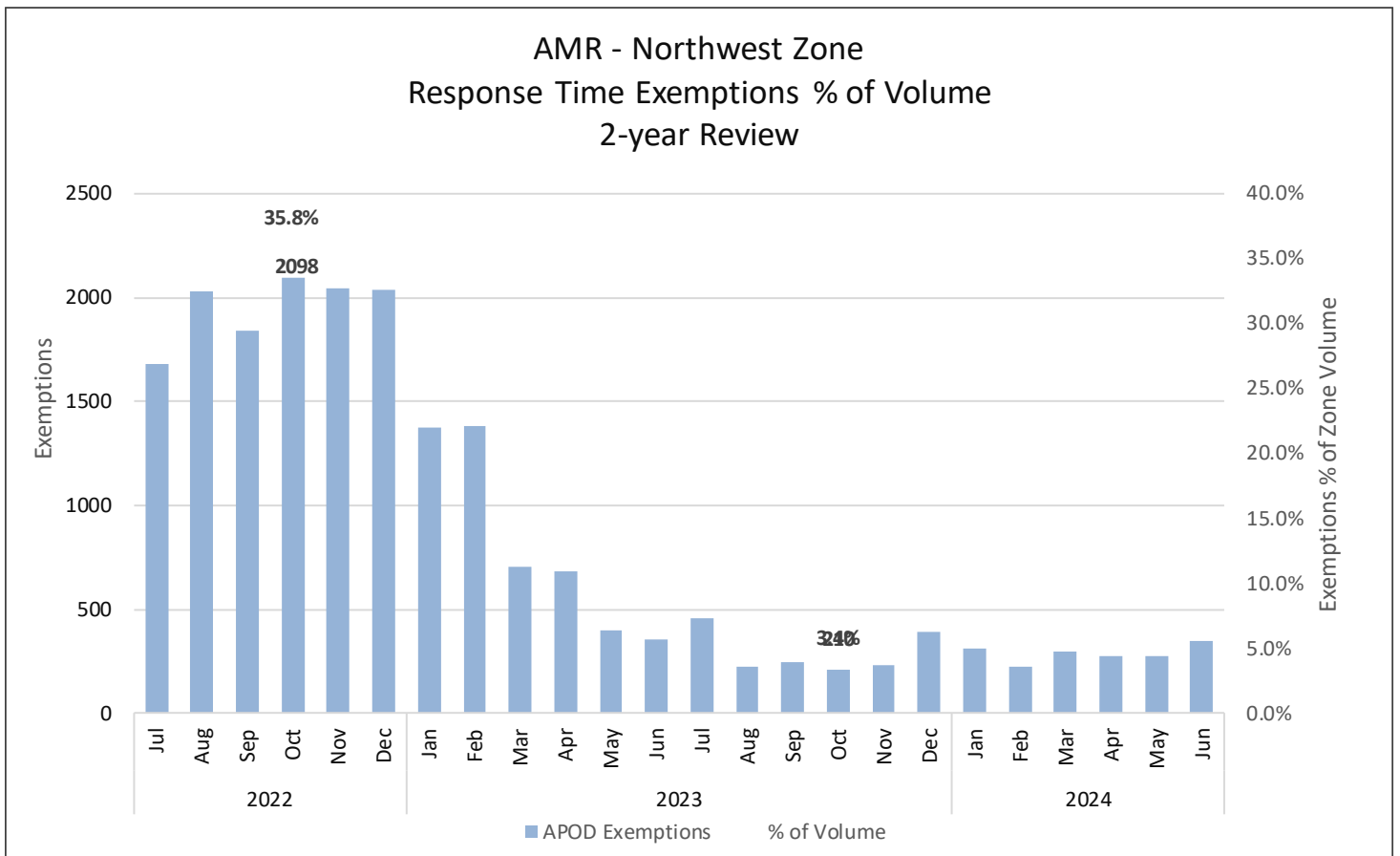
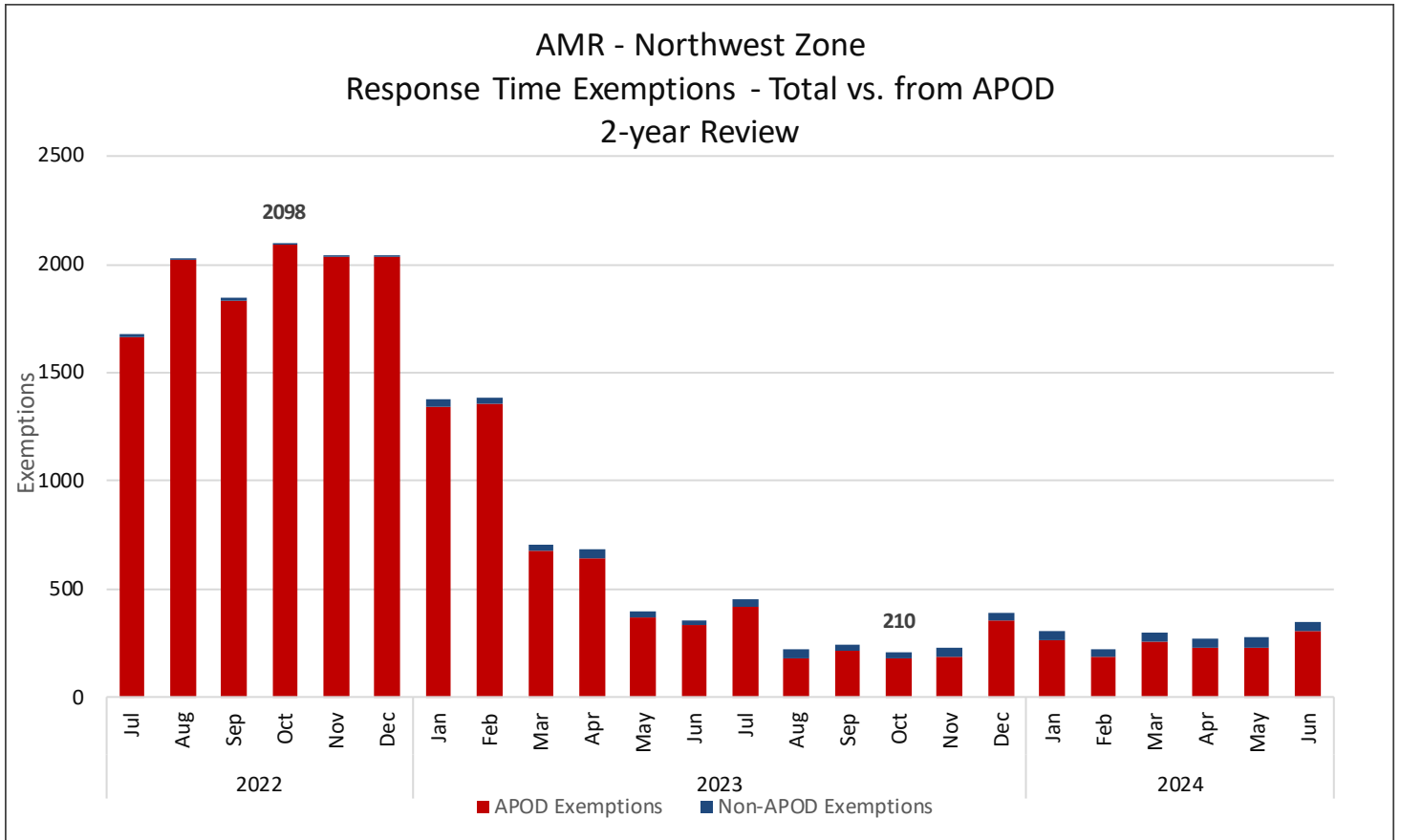
AMR - Norco & North Uninc. Subzone
Total 911 Ambulance Responses
2-year Review



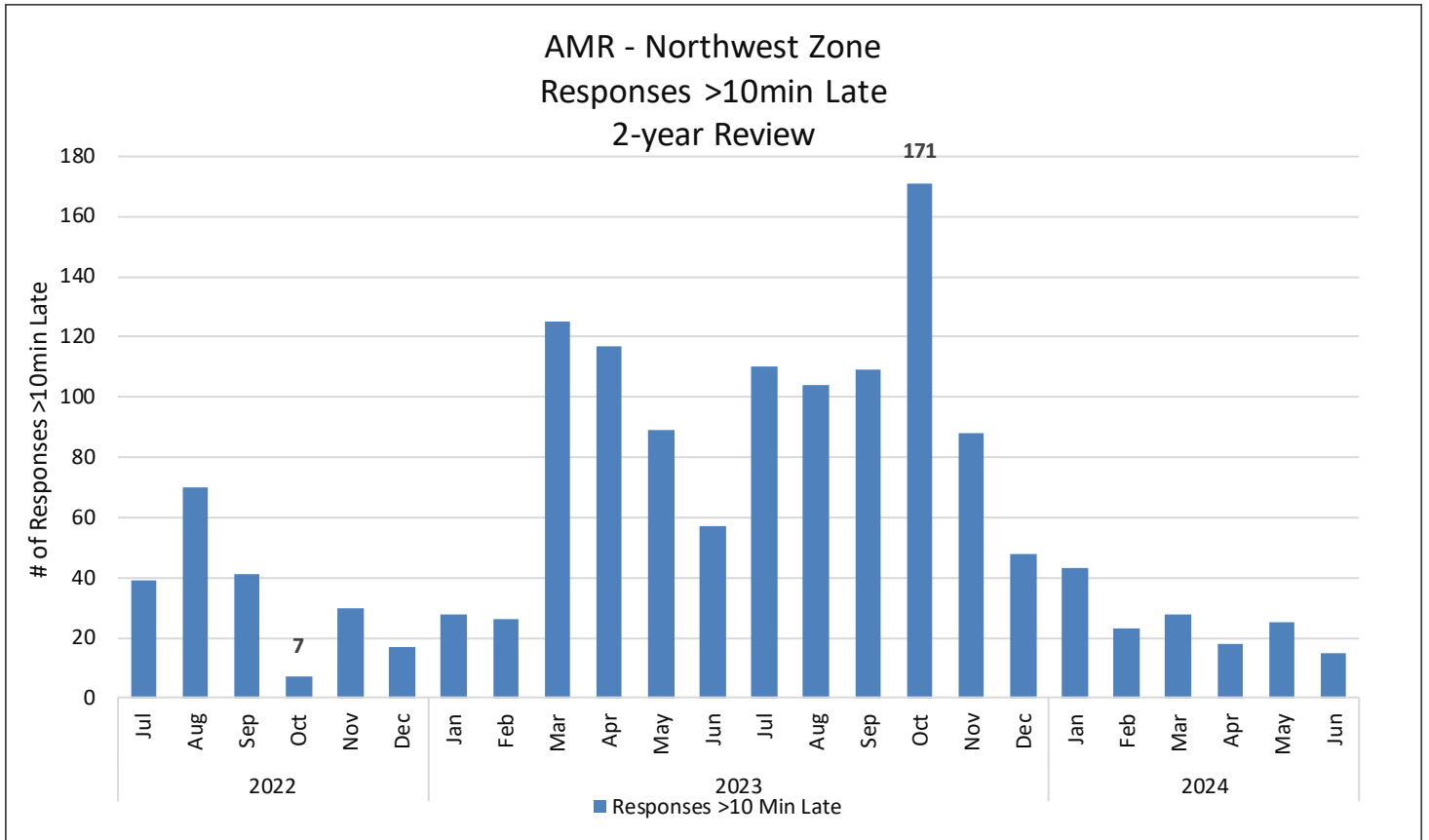
AMR - Corona and South Uninc. Subzone
Total 911 Ambulance Responses
2-year Review



Northwest Zone: Exemptions

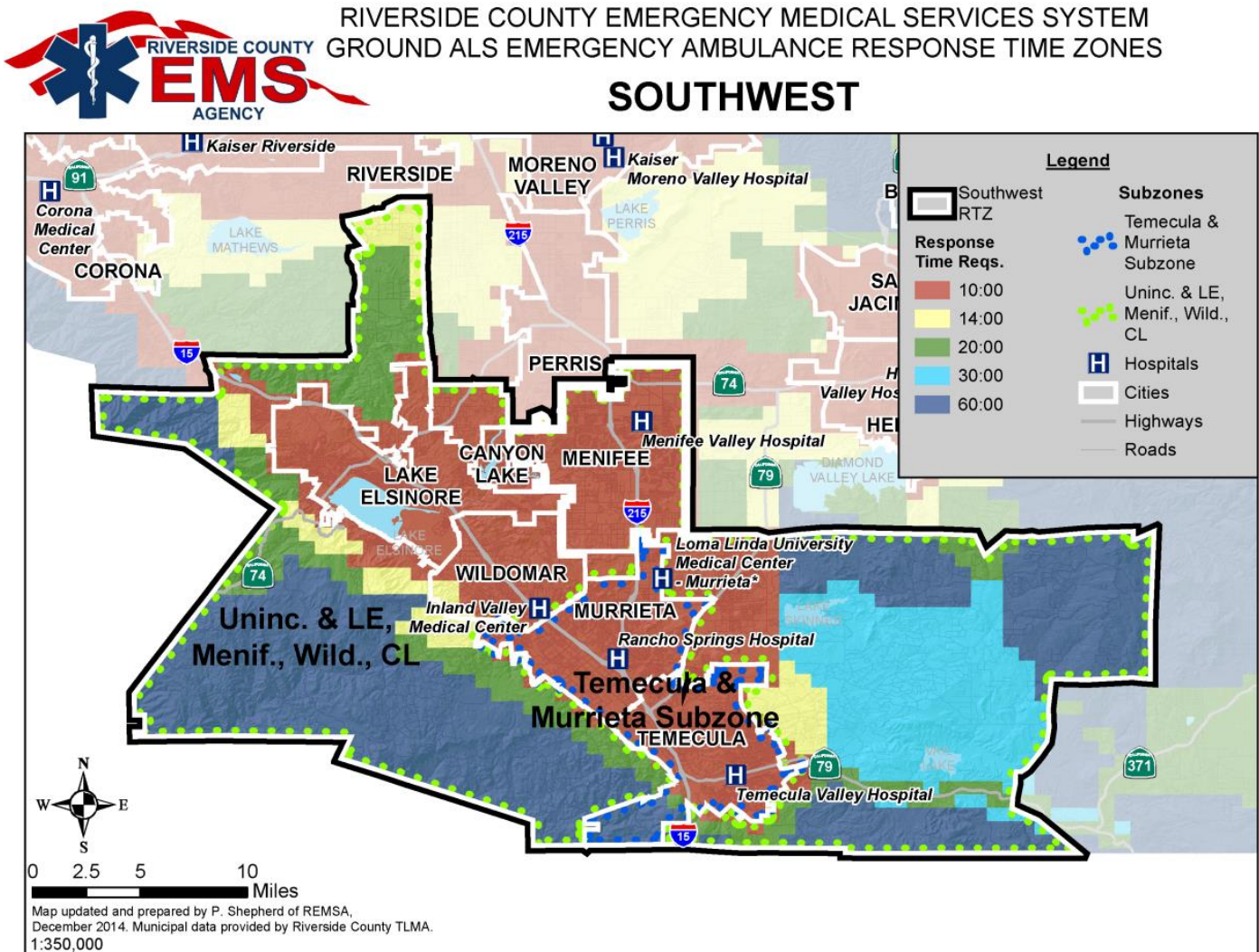


Northwest Zone: Responses >10 Minutes Late

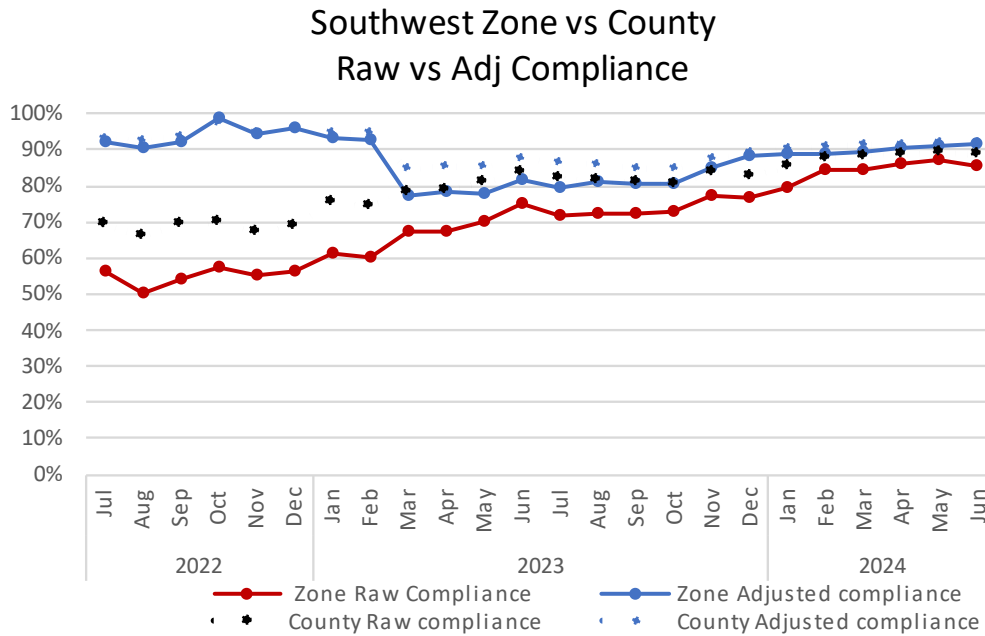


SOUTHWEST ZONE

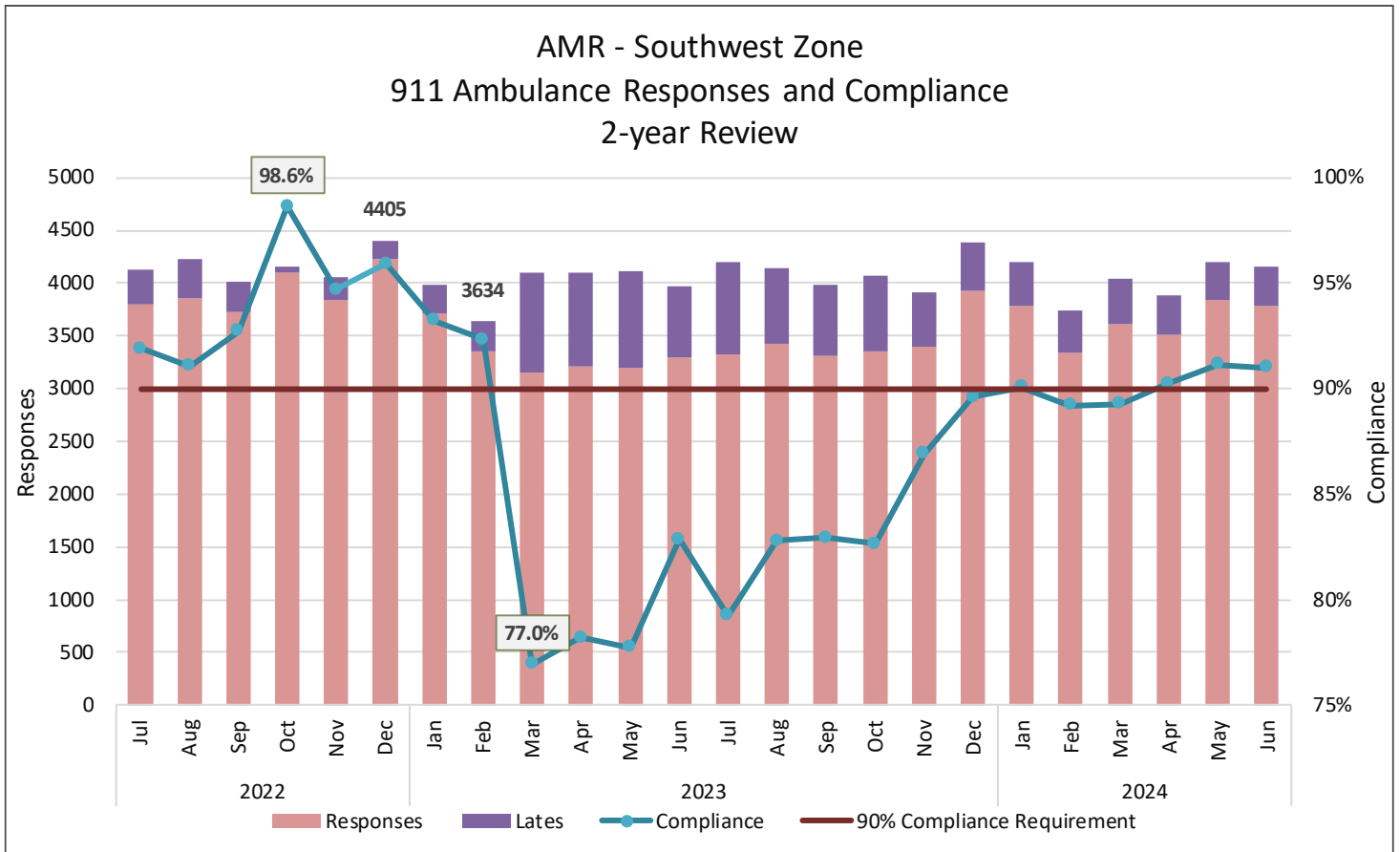
The Southwest Response Time Zone includes multiple cities, including: Temecula, Murrieta, Lake Elsinore, Menifee, Canyon Lake, and Wildomar. There are two subzones, which are the Temecula & Murrieta Subzone, and the Unincorporated Area plus Lake Elsinore, Wildomar, Canyon Lake and Menifee. The Southwest Zone borders the Northwest and Central Zones to the North, the San Jacinto Zone to the Northeast, and the Mountain Plateau Zone to the East.

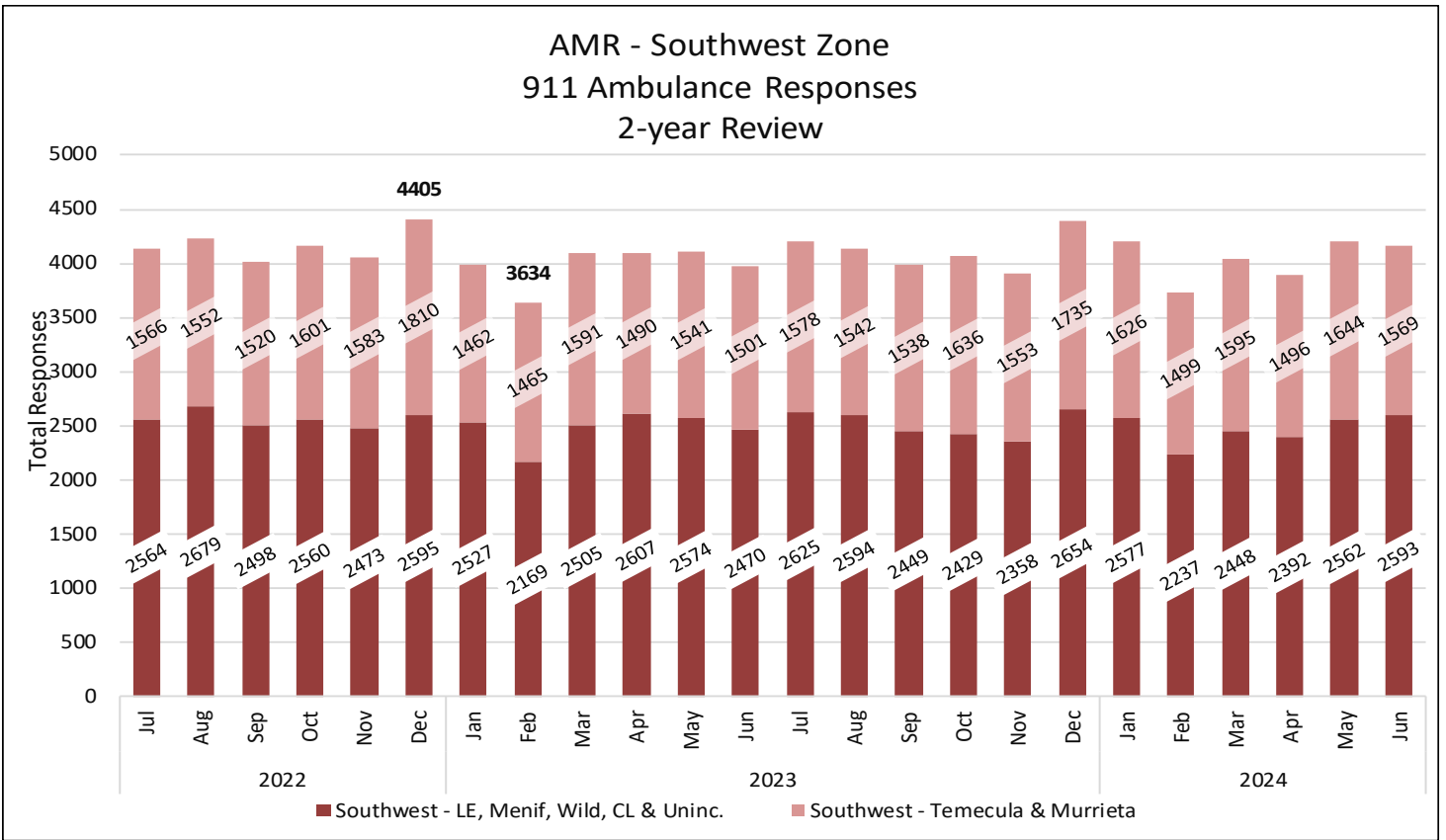


Southwest Zone: Raw vs Adjusted Compliance Data

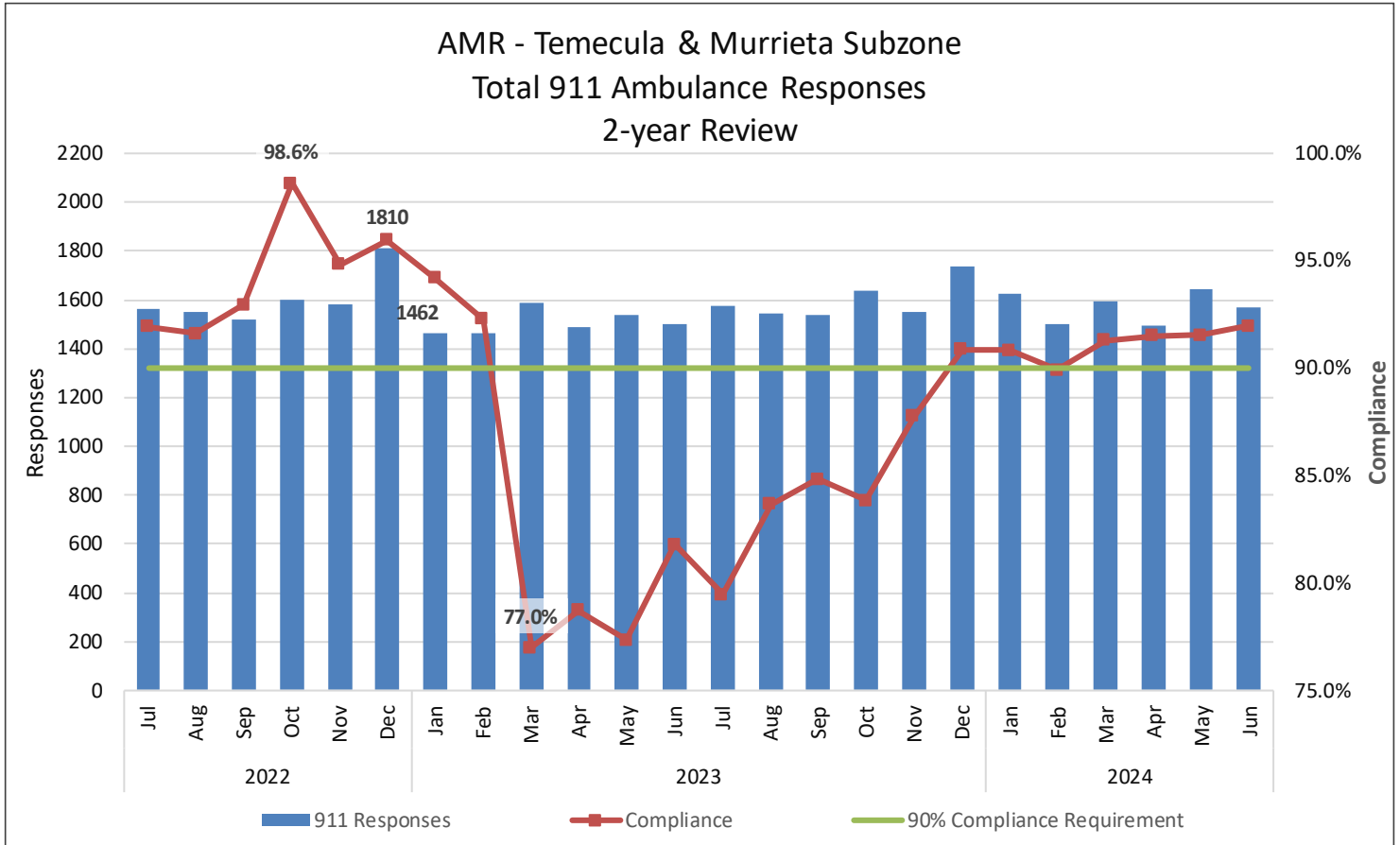


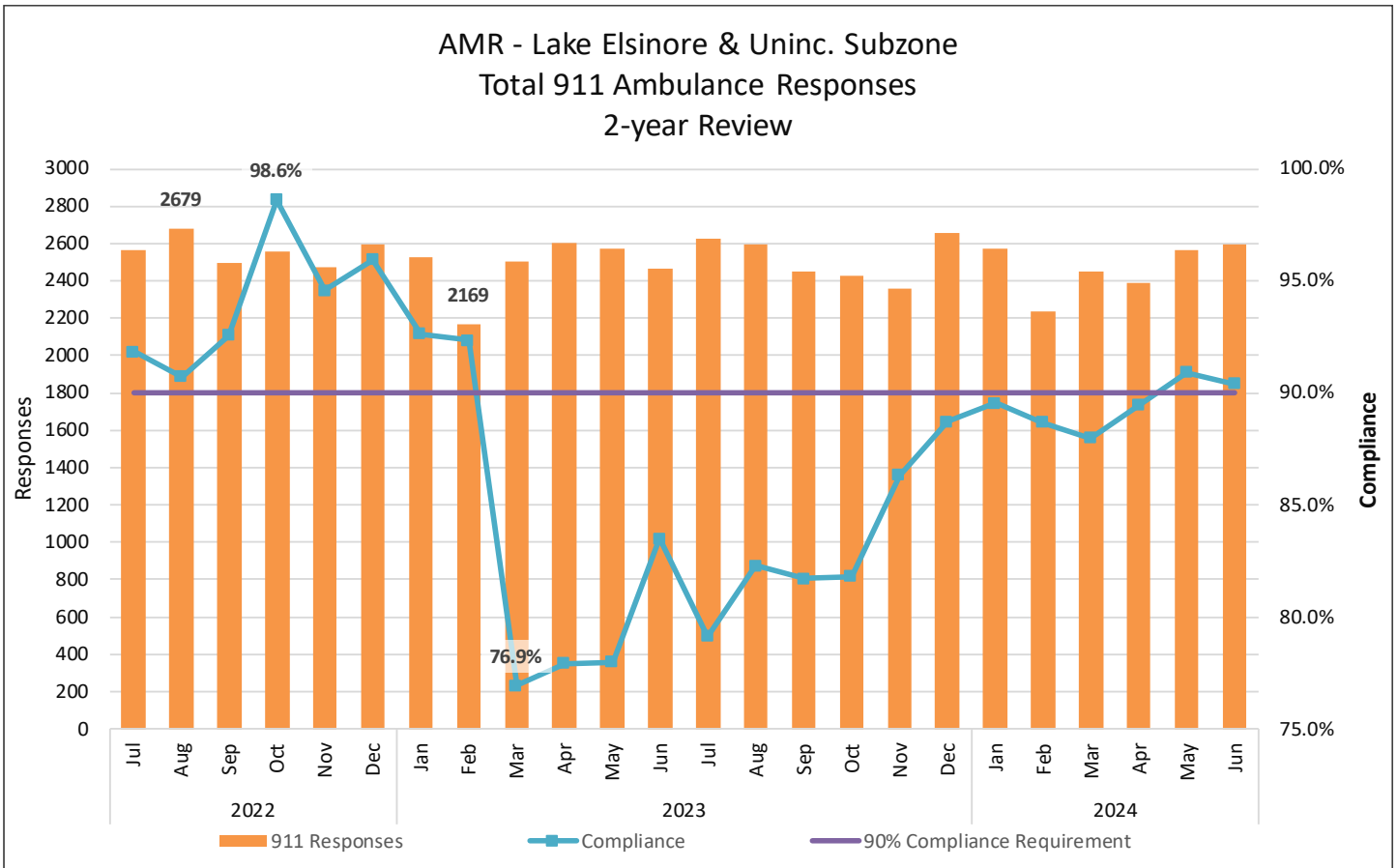
Southwest Zone: zone Response and Compliance Data



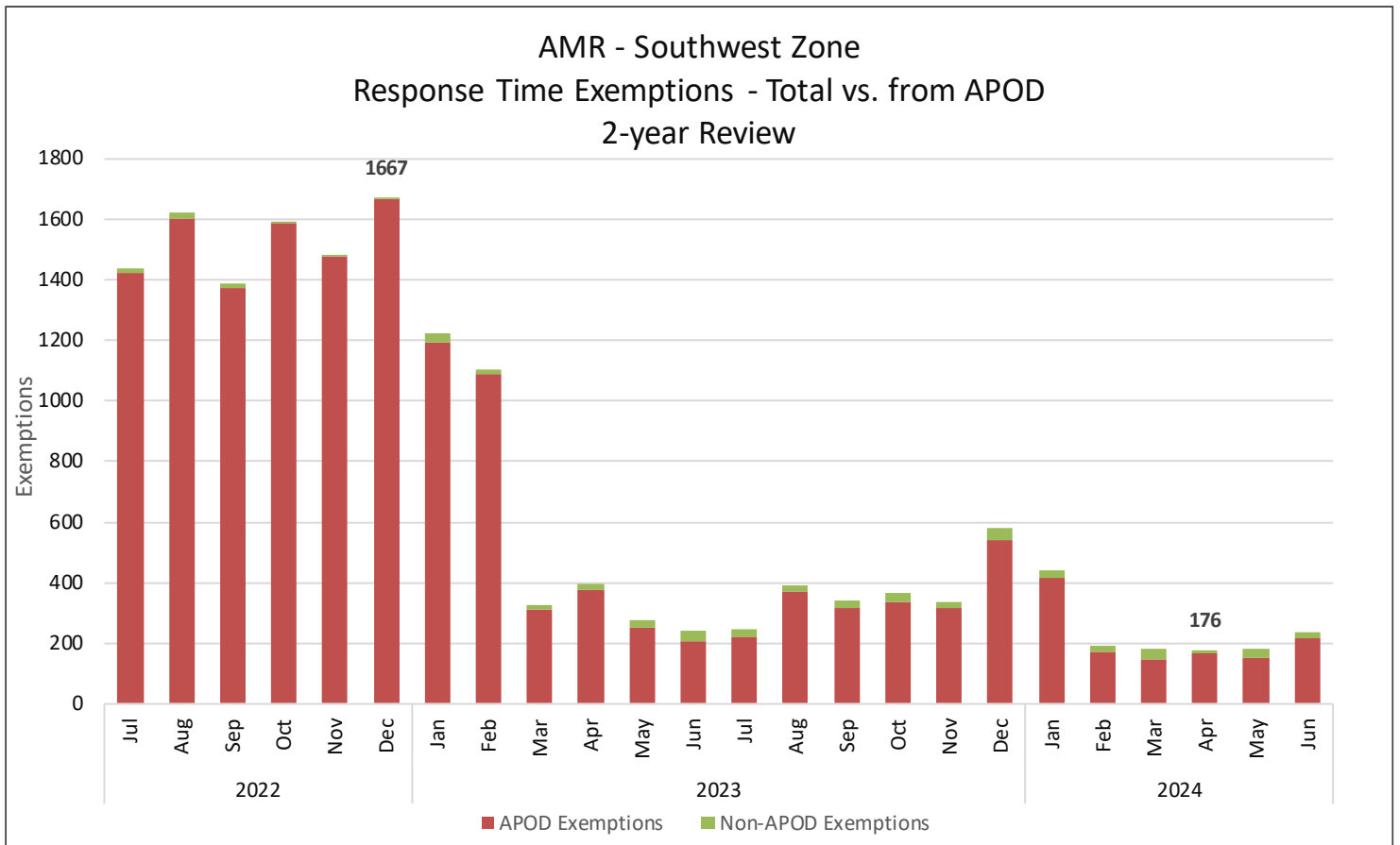


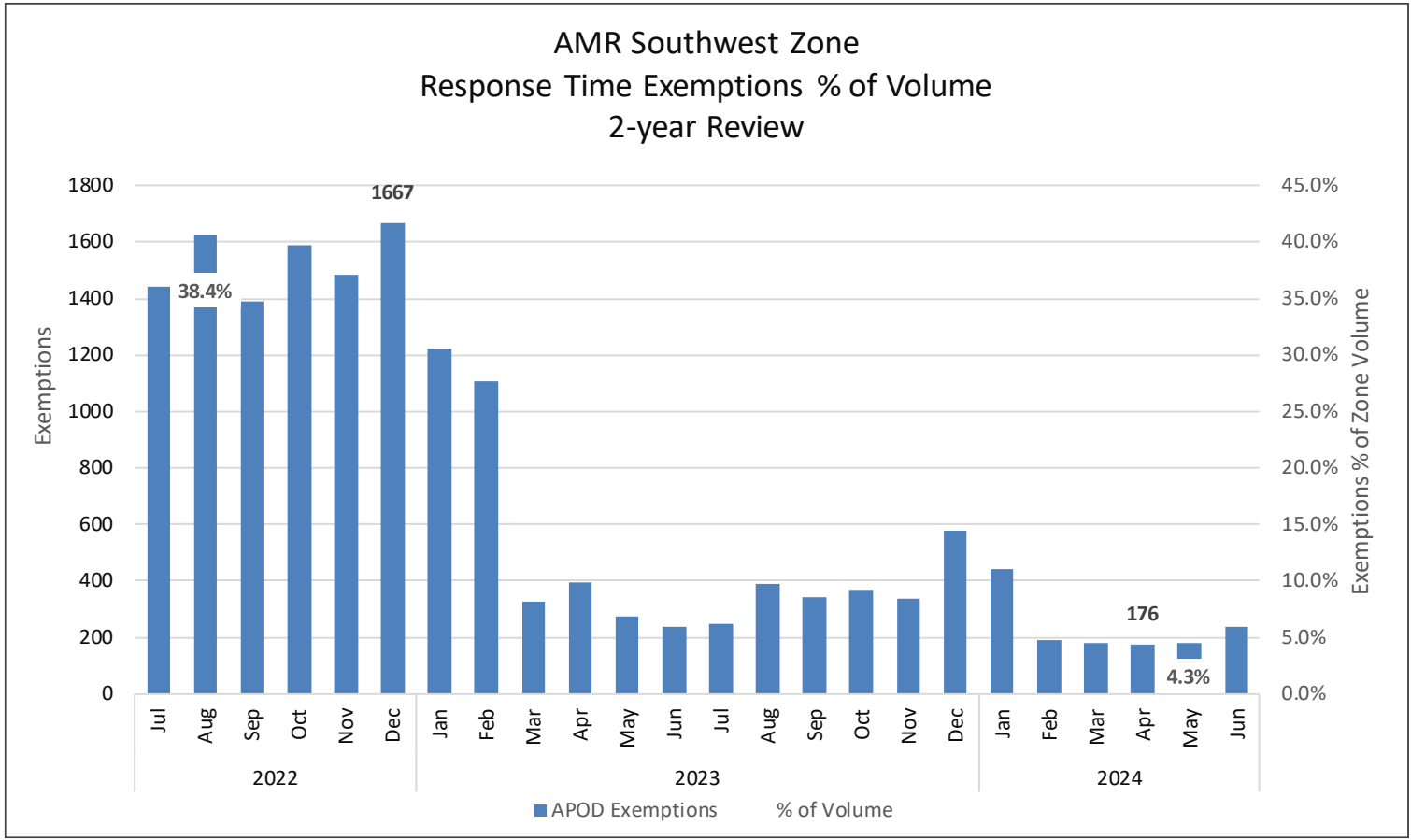
Southwest Zone: Subzone Response and Compliance Data



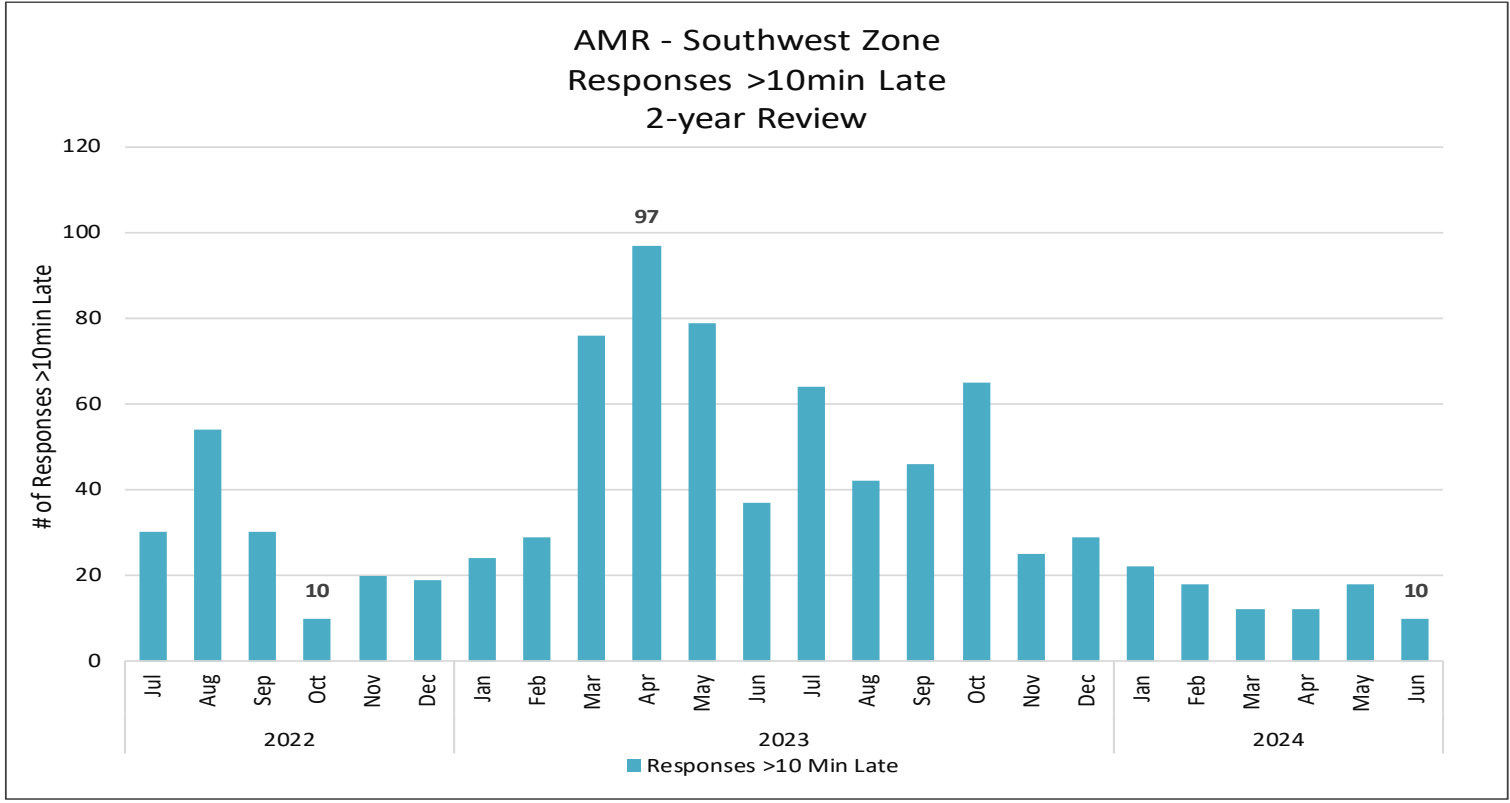


Southwest Zone: Exemptions





Southwest Zone: Responses > 10 Minutes Late

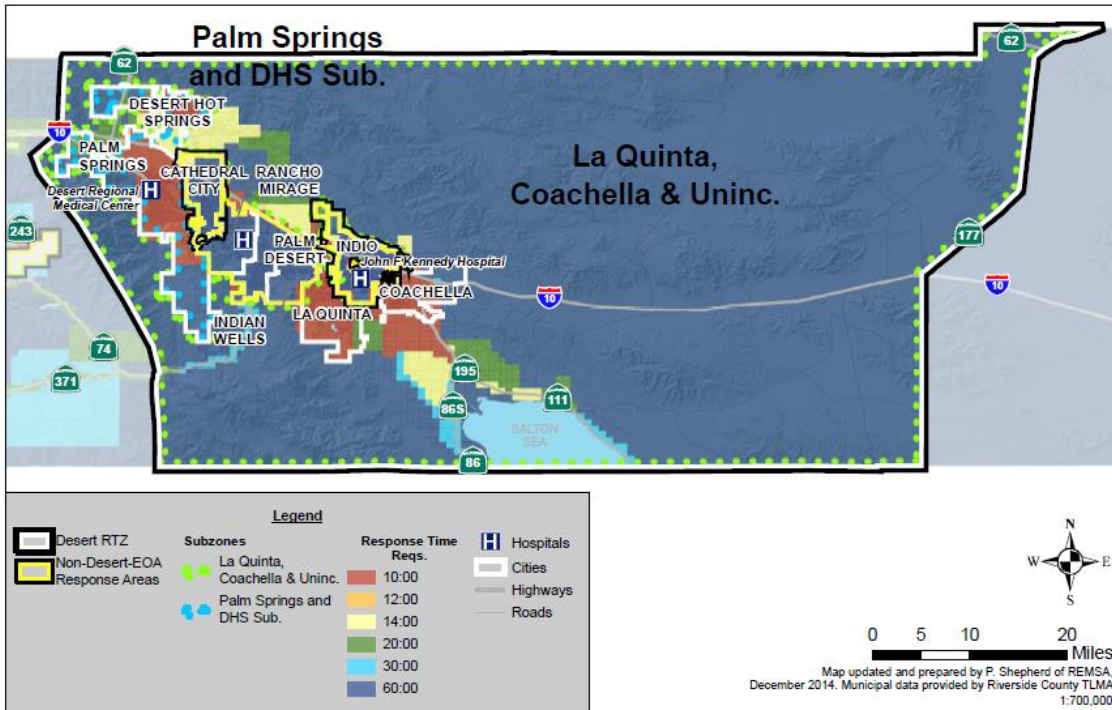


DESERT ZONE



RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM
GROUND ALS EMERGENCY AMBULANCE RESPONSE TIME ZONES

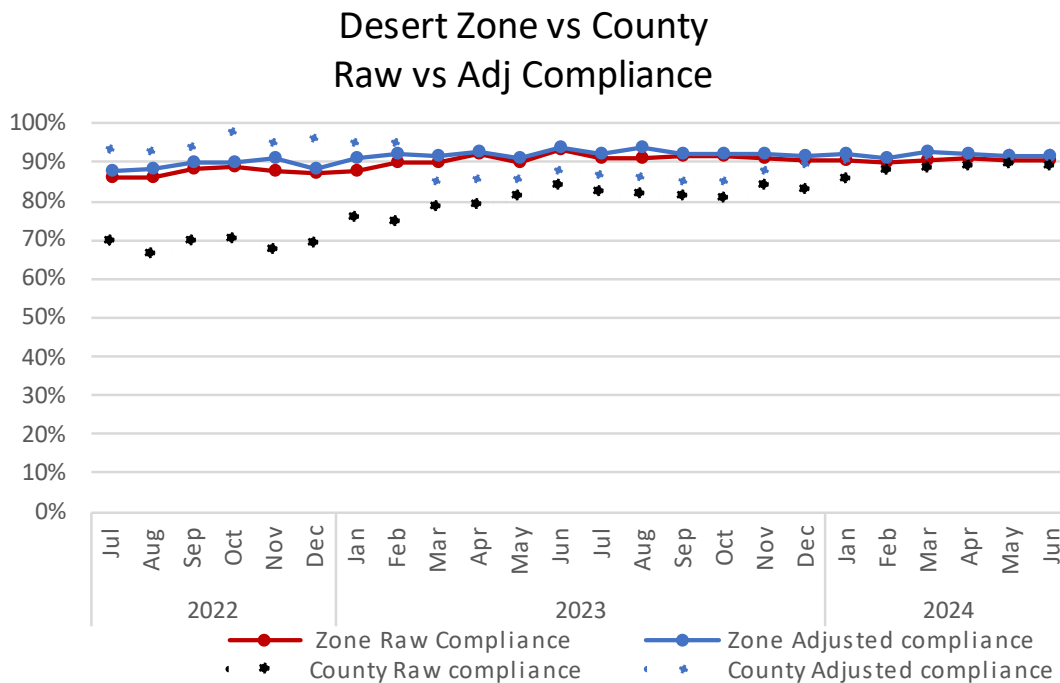
DESERT

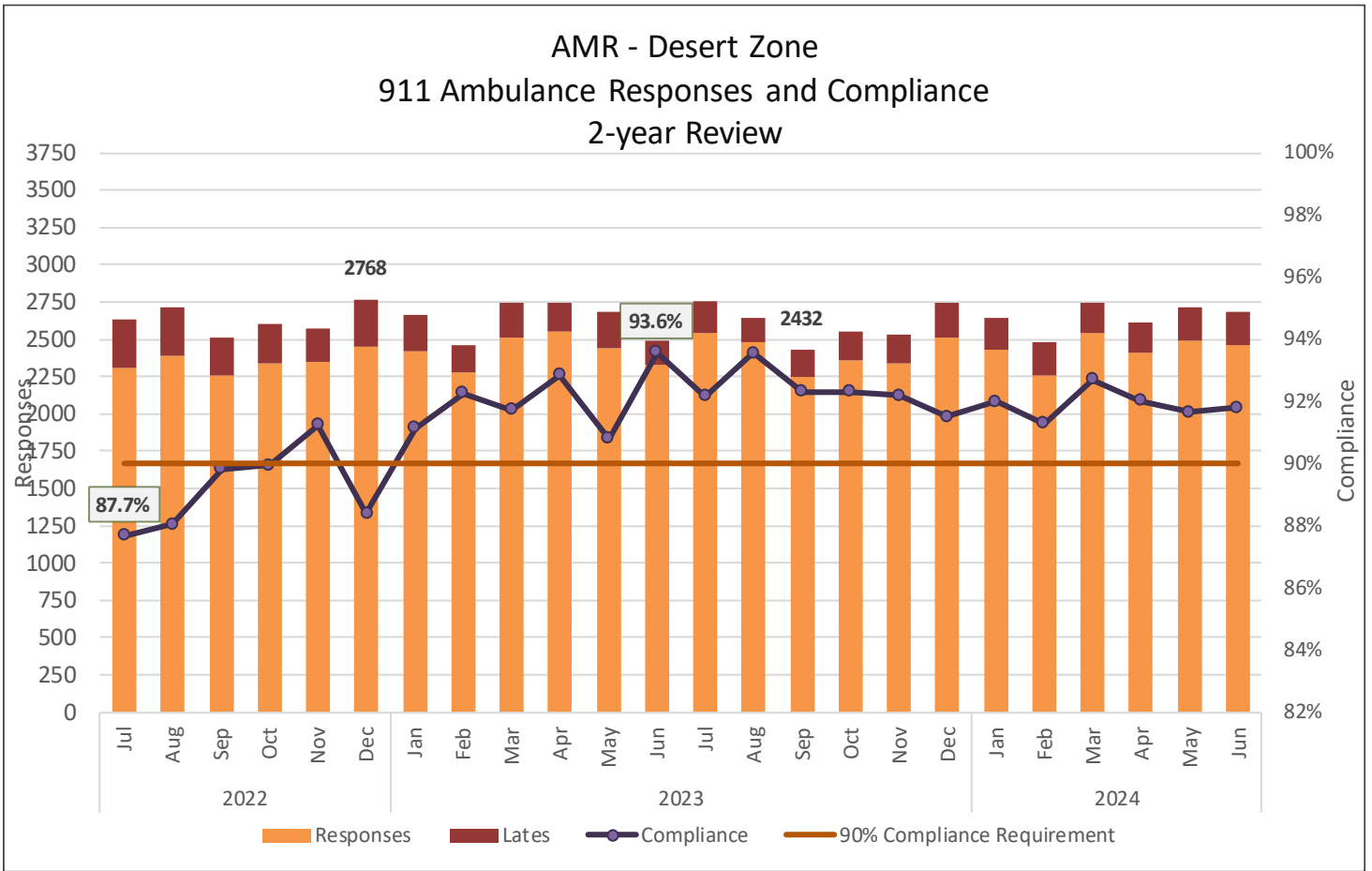


The Desert Ambulance Operating Area includes the Desert Zone response criteria, which include ten-minute requirements in the cities under contract and up to sixty minutes for the most rural areas of the response zone.

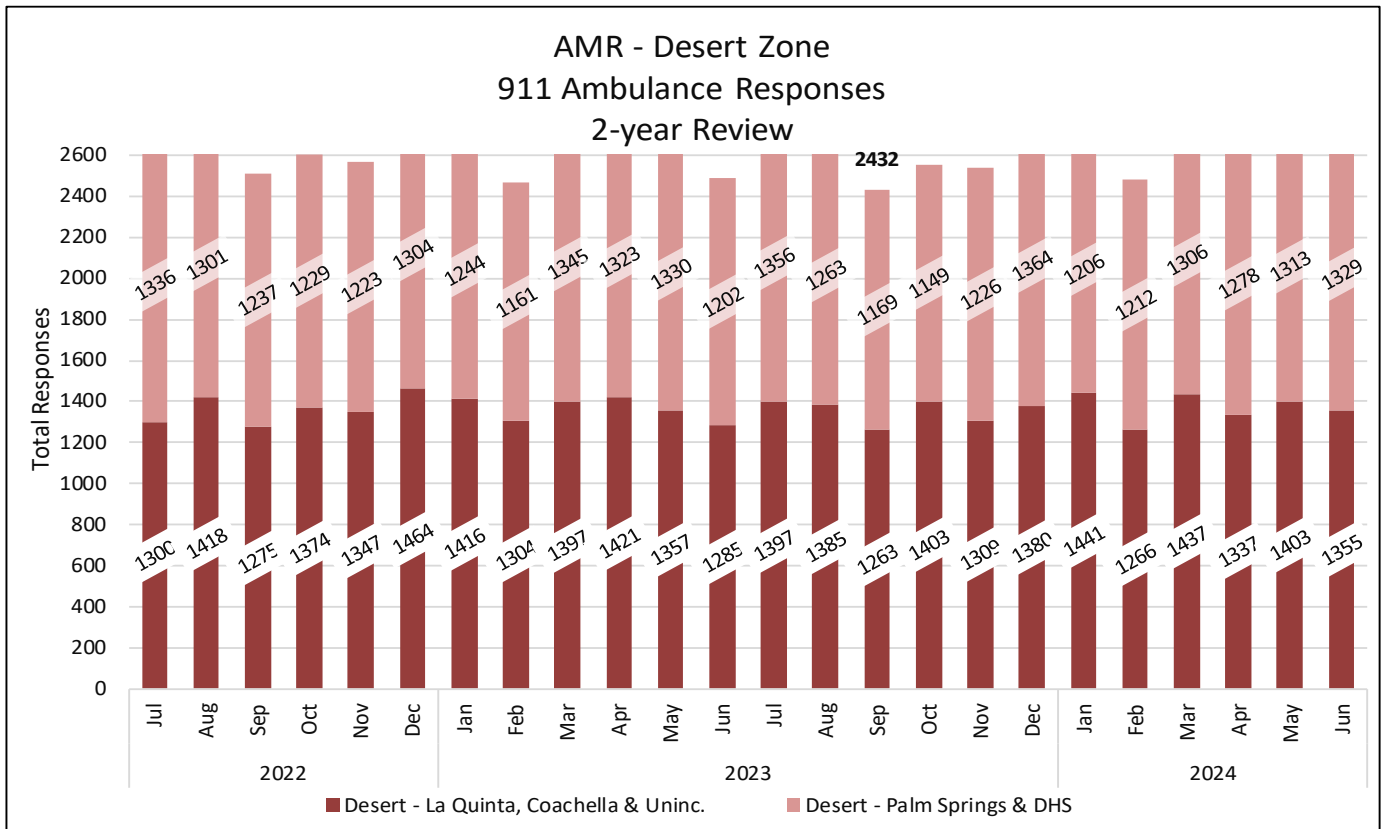
Palo Verde zone responses are now being coordinated through the Desert Zone's AMR Desert Cities operations. A comparison of the East County zones is available on page six of this report.

Desert Zone: Raw vs Adjusted Compliance Data

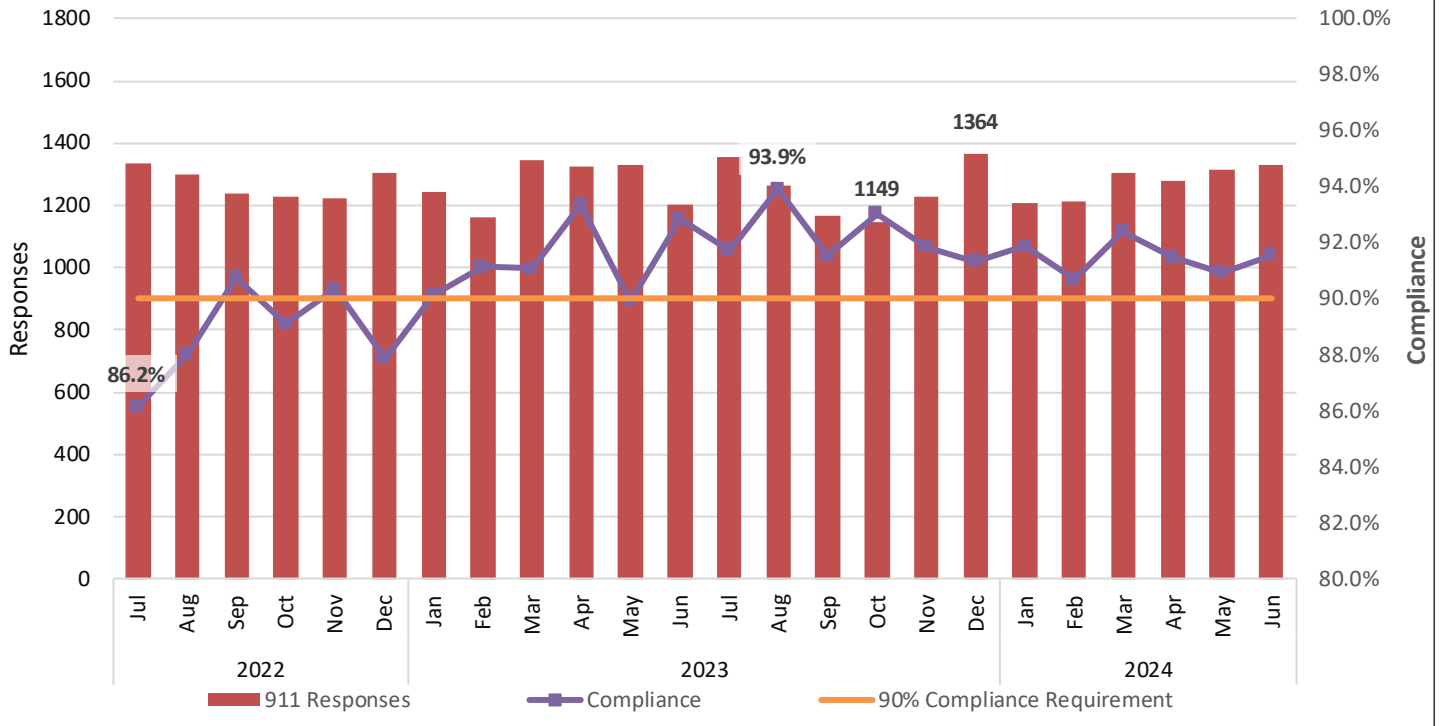




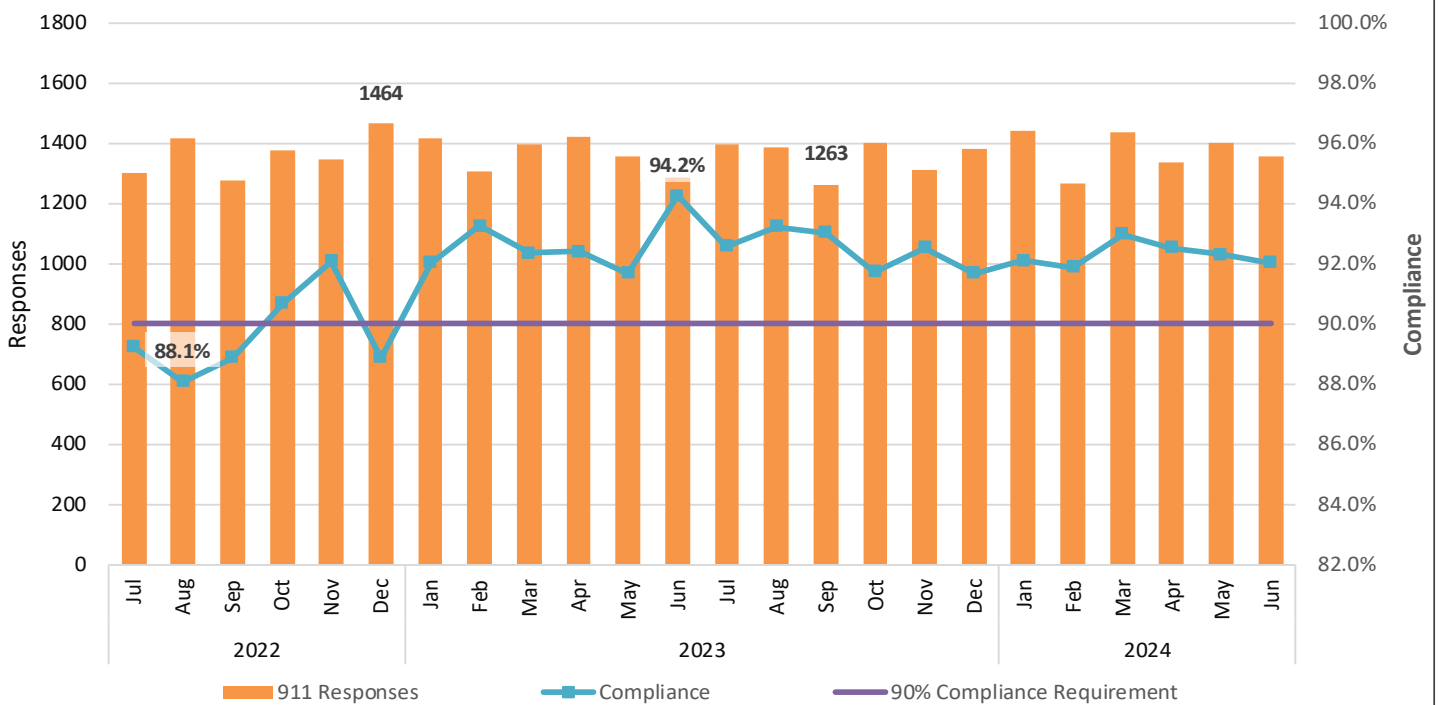
Desert Zone: Subzone Response and Compliance Data

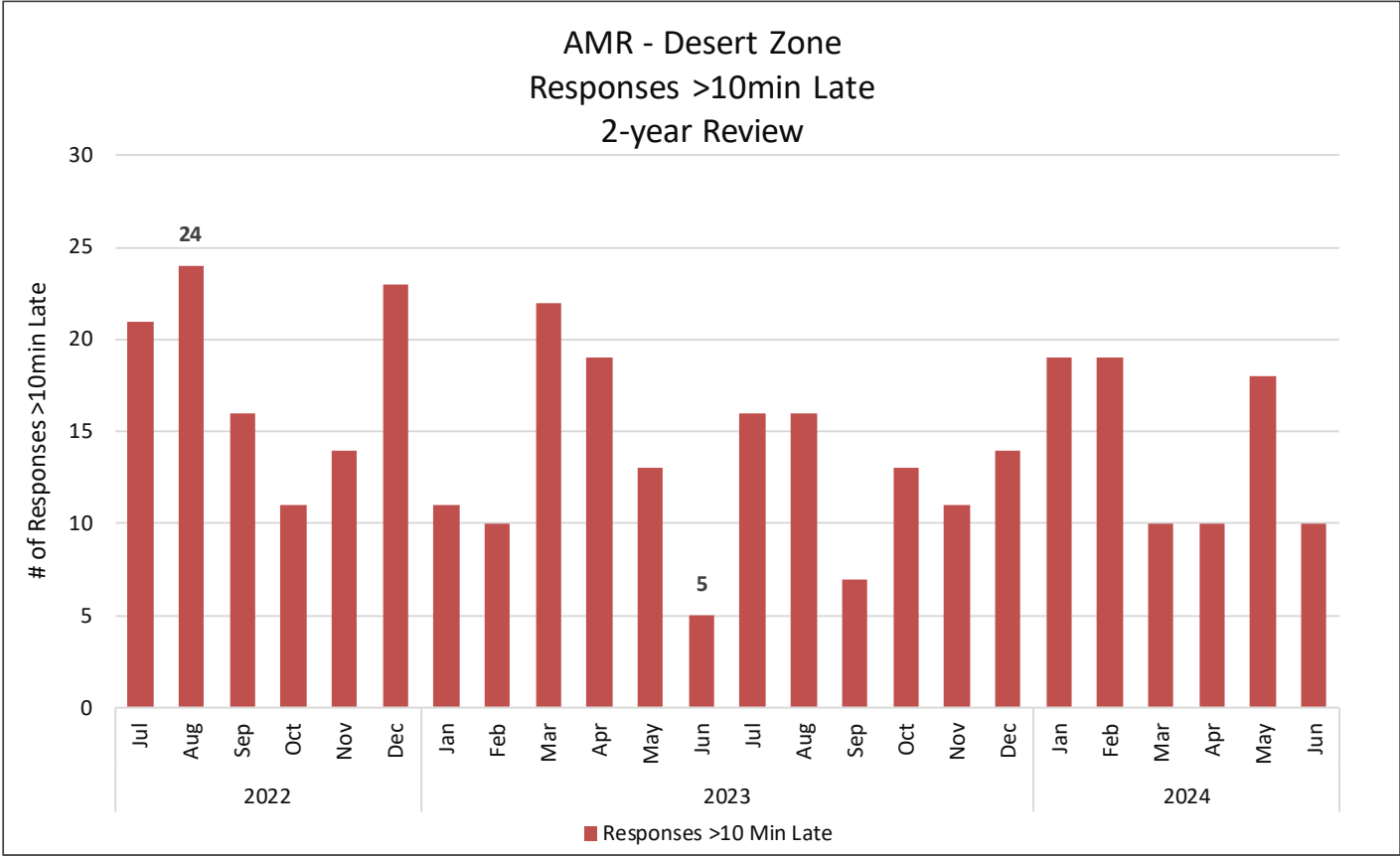


AMR - Palm Springs & Desert Hot Springs Subzone Total 911 Ambulance Responses 2-year Review

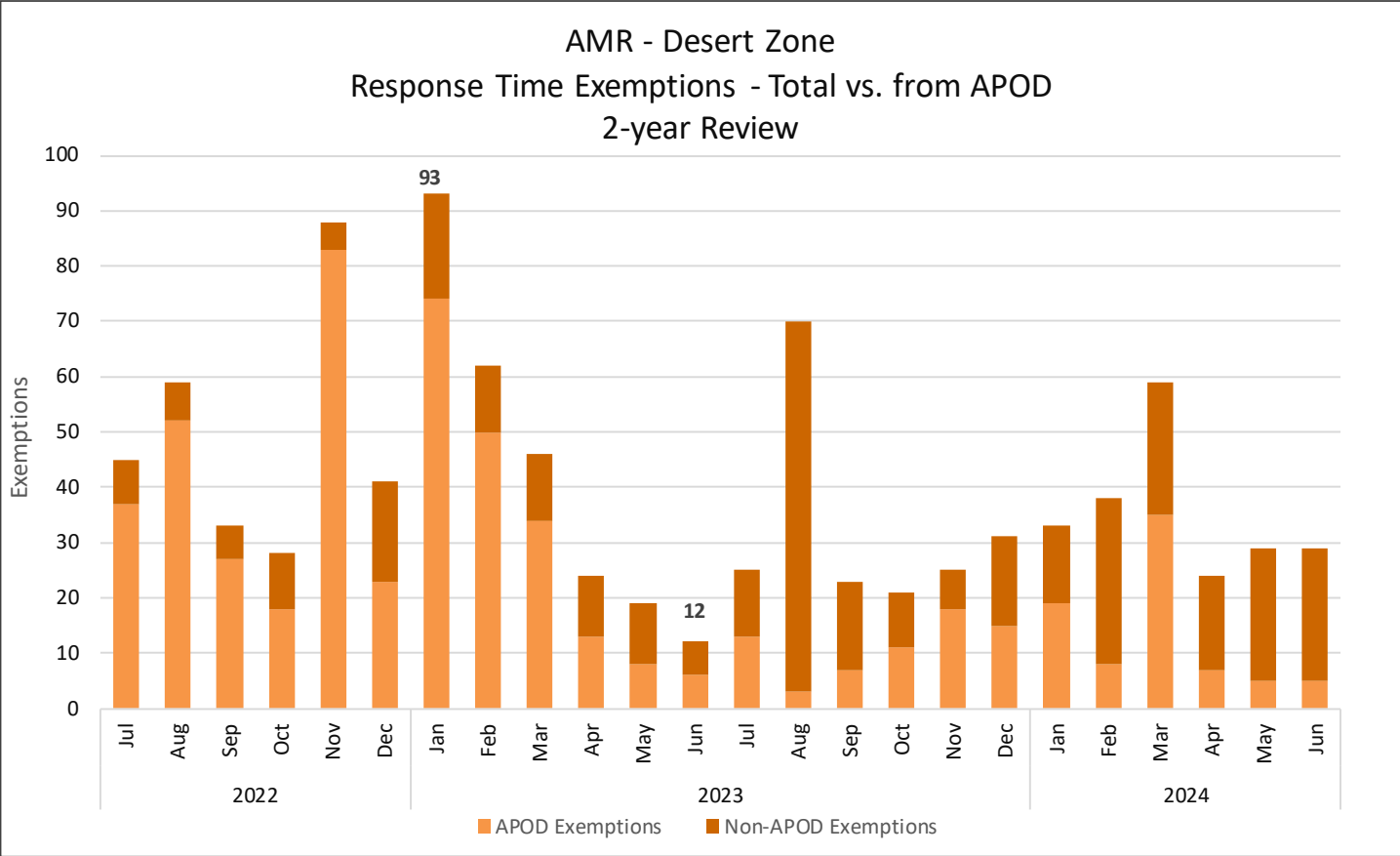


AMR - La Quinta, Coachella, & Uninc. Subzone Total 911 Ambulance Responses 2-year Review

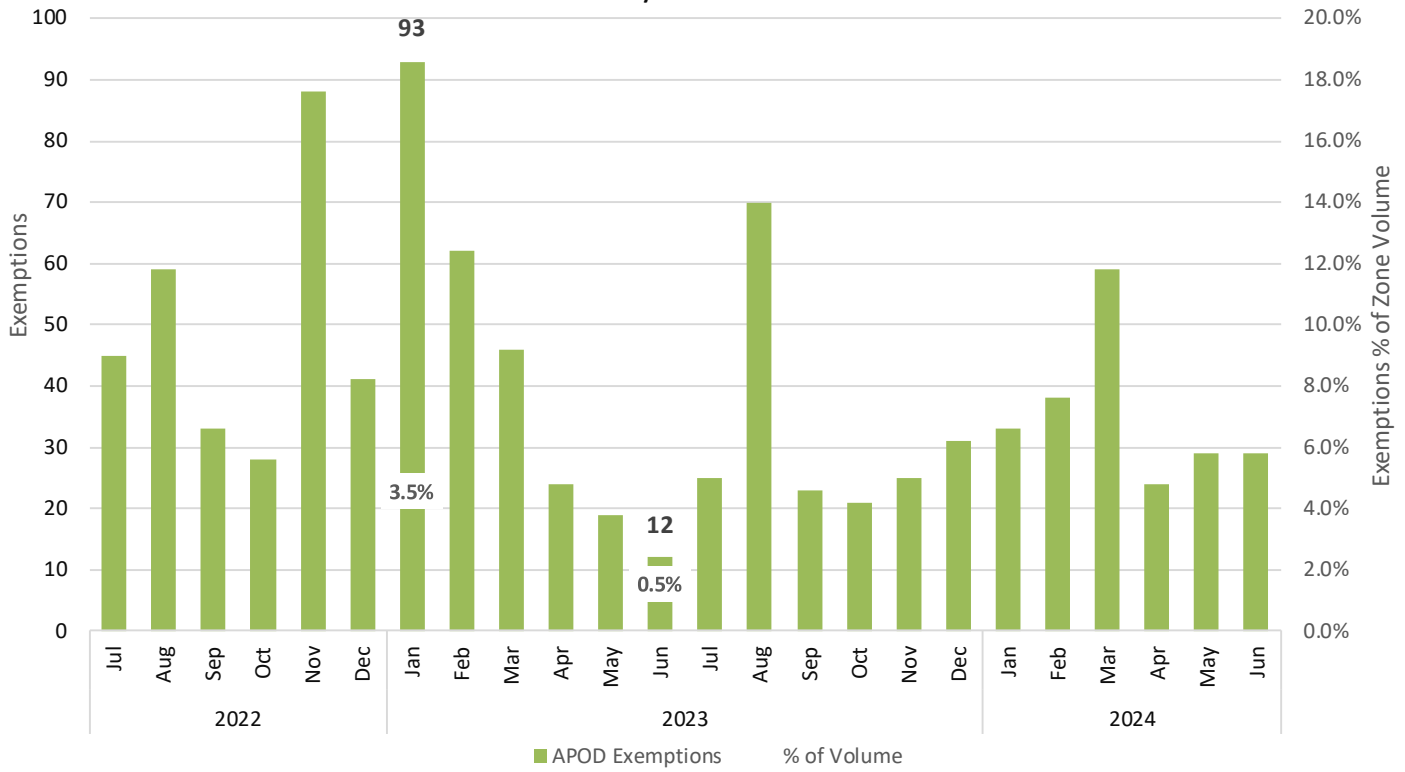




Desert Zone: Exemptions



AMR Desert Zone Response Time Exemptions % of Volume 2-year Review



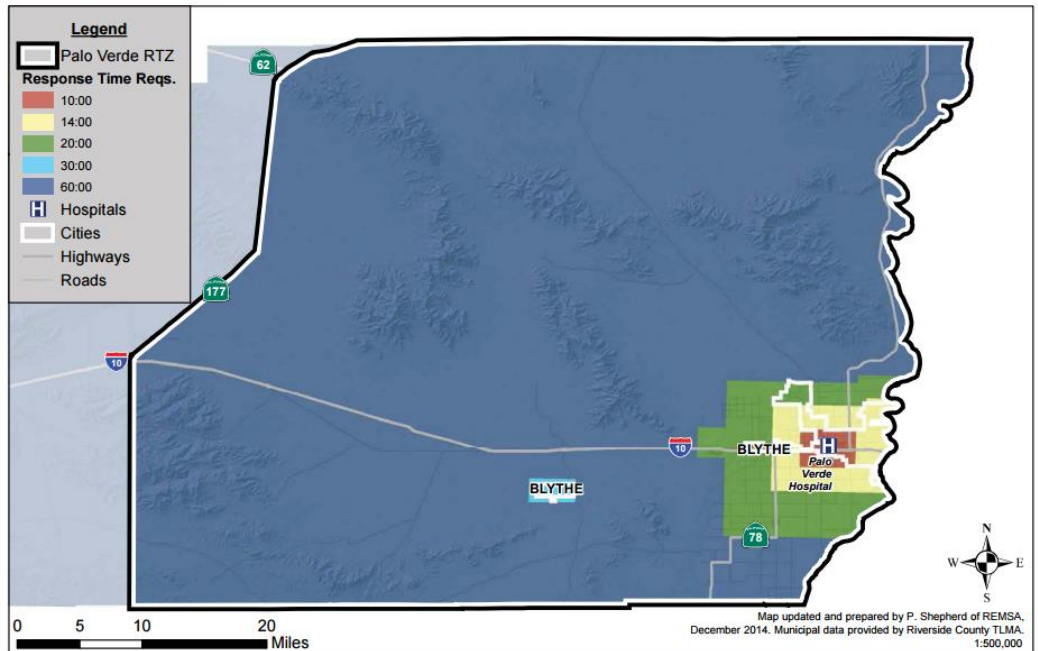
PALO VERDE ZONE



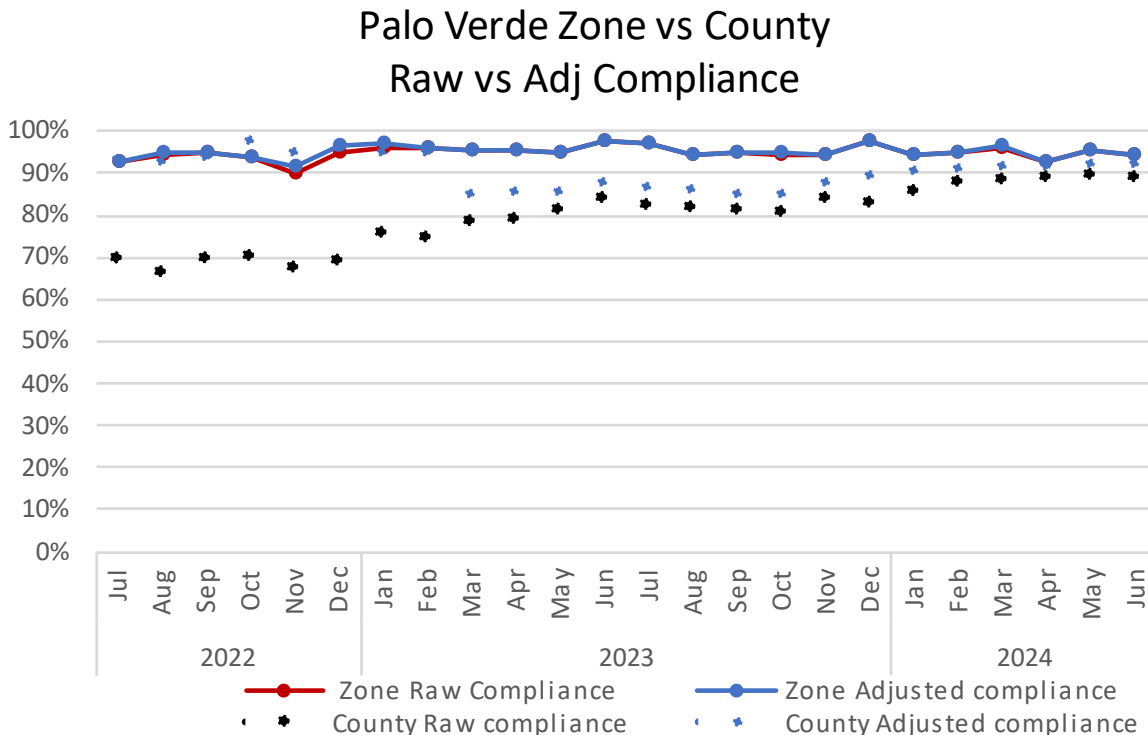
RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM
GROUND ALS EMERGENCY AMBULANCE RESPONSE TIME ZONES

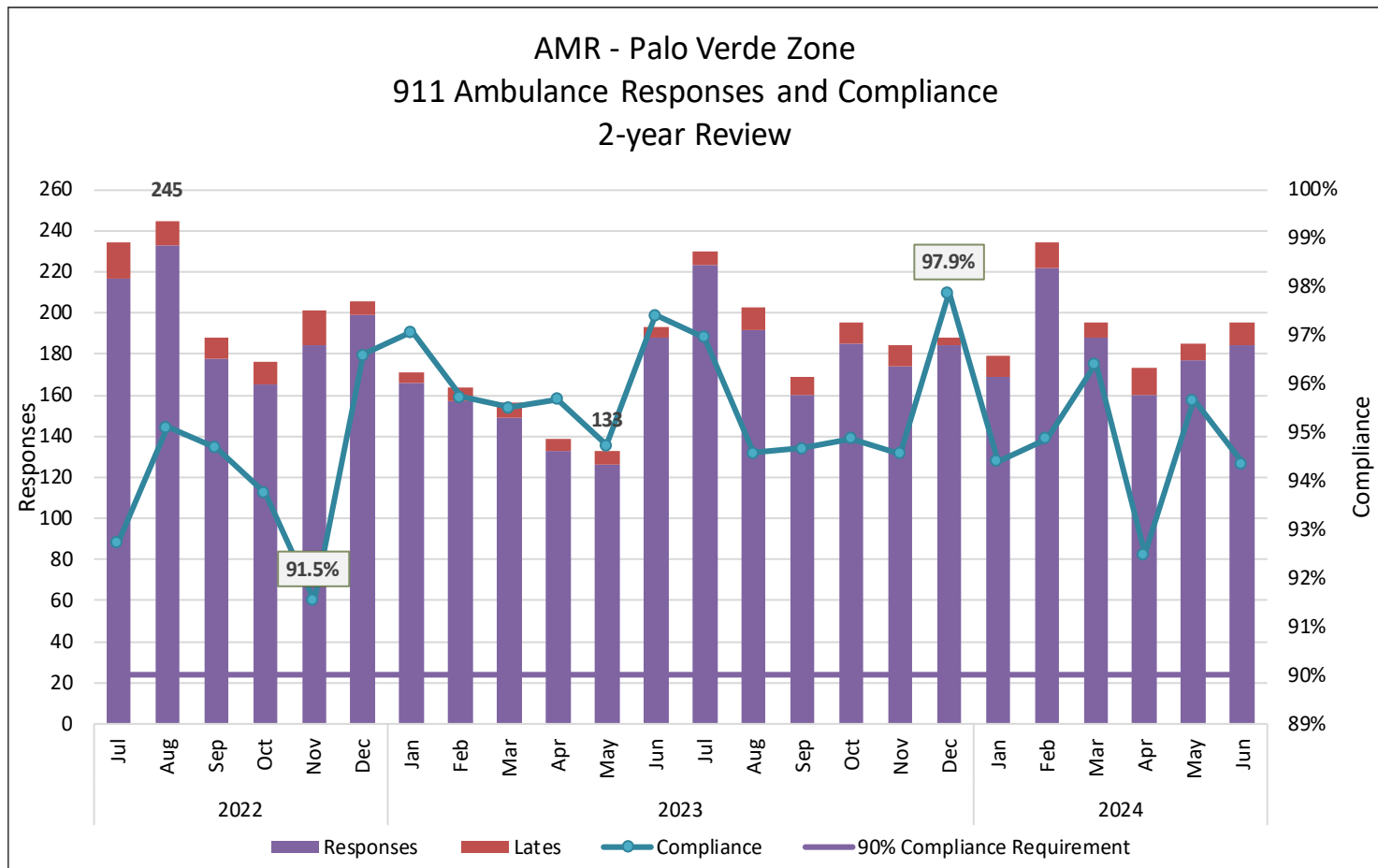
PALO VERDE

The Palo Verde Response Time Zone includes the County areas East of the Desert Zone. It also encompasses the city of Blythe and Chuckawalla State Prison, and is dispatched from the AMR Desert Cities Operations in the Desert Zone.

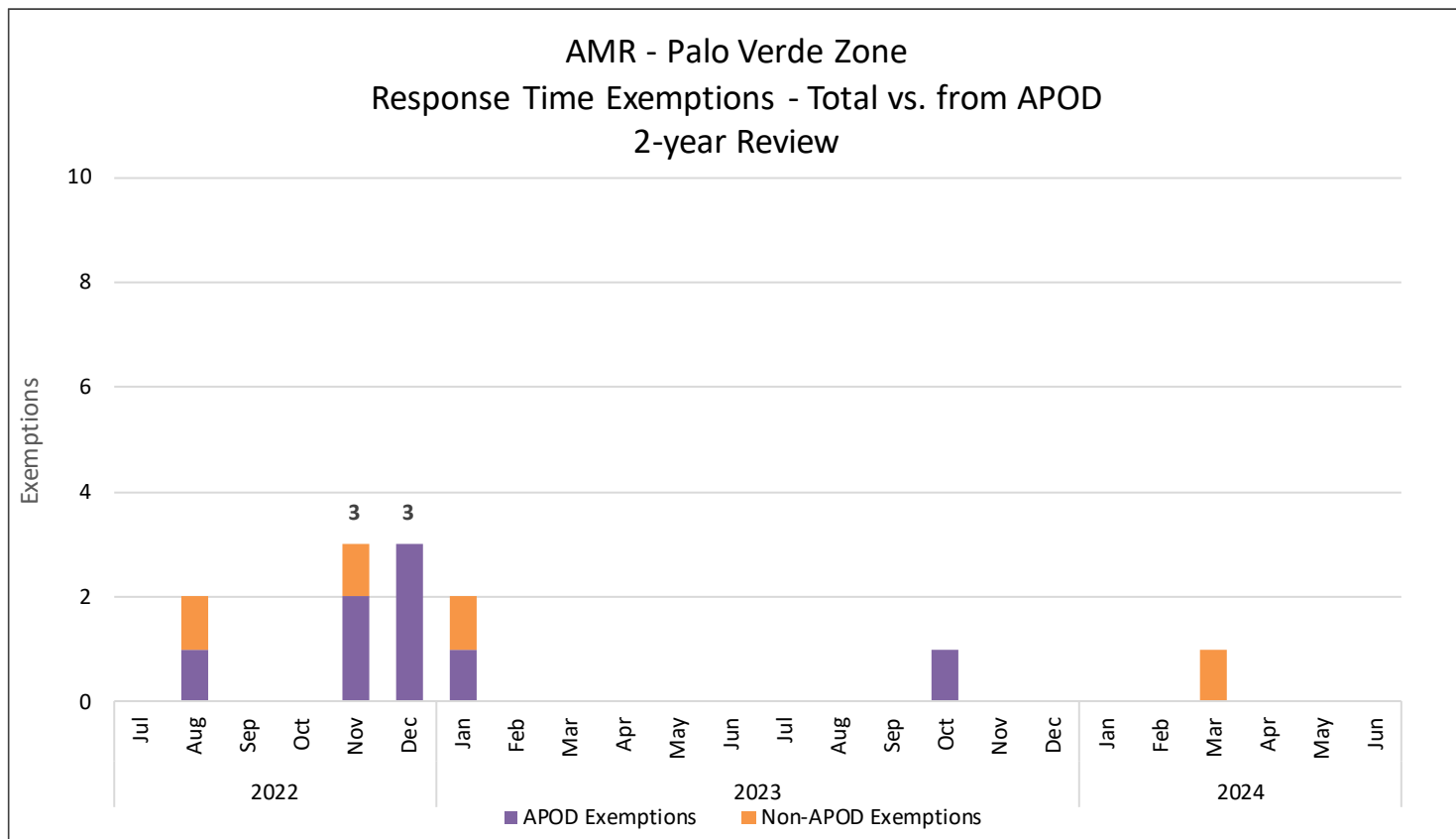


Palo Verde Zone: Raw vs Adjusted Compliance Data





Palo Verde Zone: Exemptions and >10 Minutes Late



AMR - Palo Verde Zone
 Responses >10min Late
 2-year Review

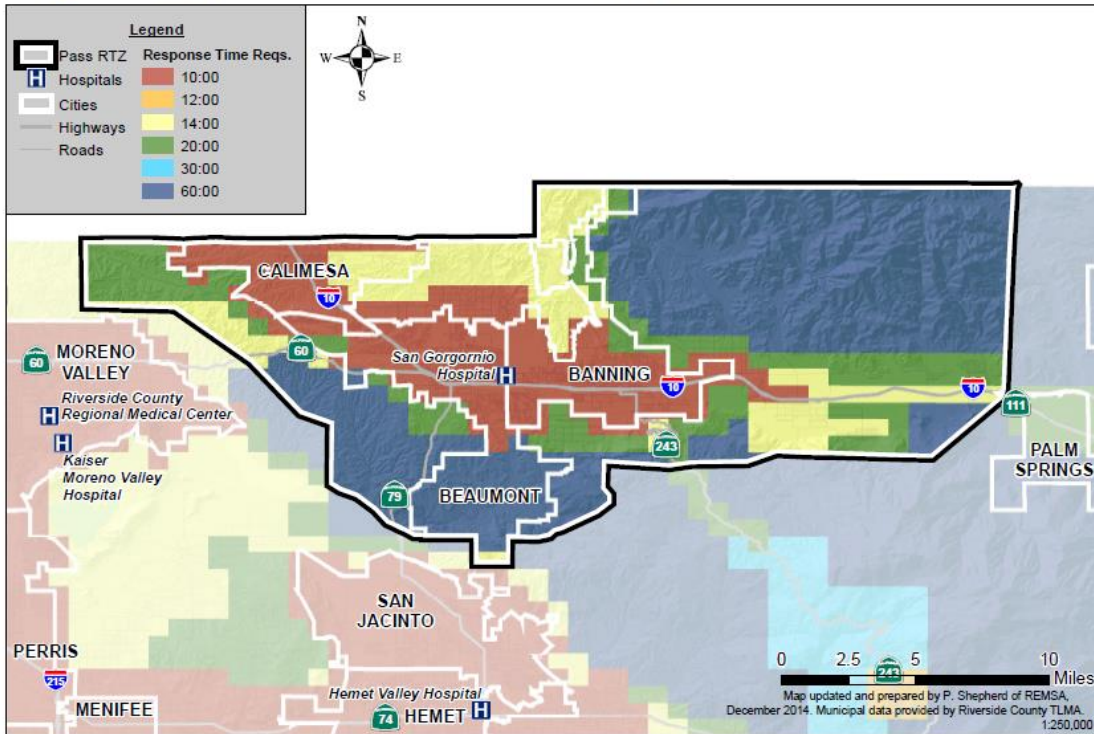


PASS ZONE



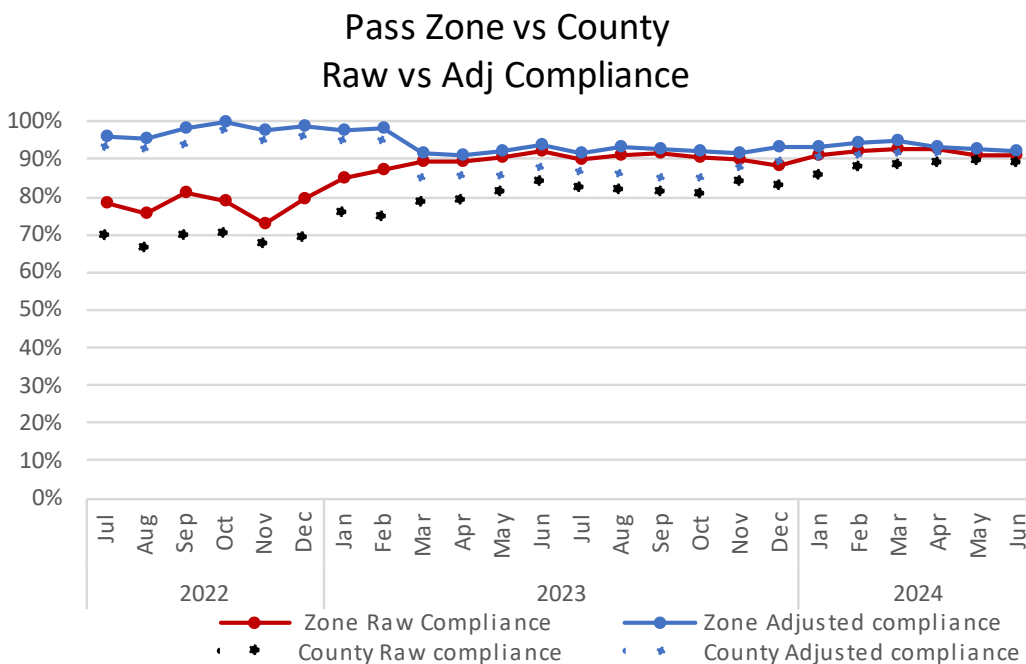
RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM
GROUND ALS EMERGENCY AMBULANCE RESPONSE TIME ZONES

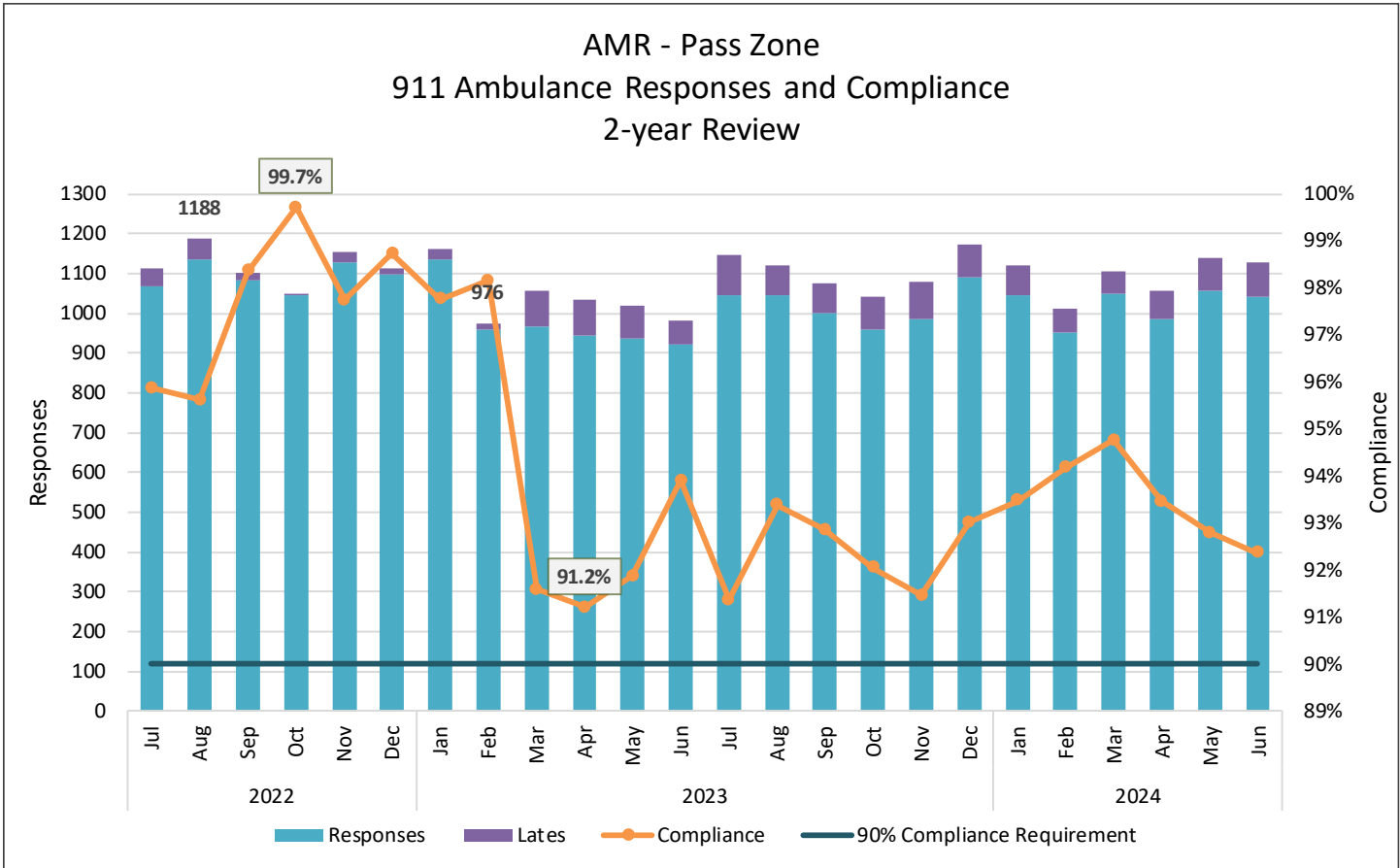
PASS



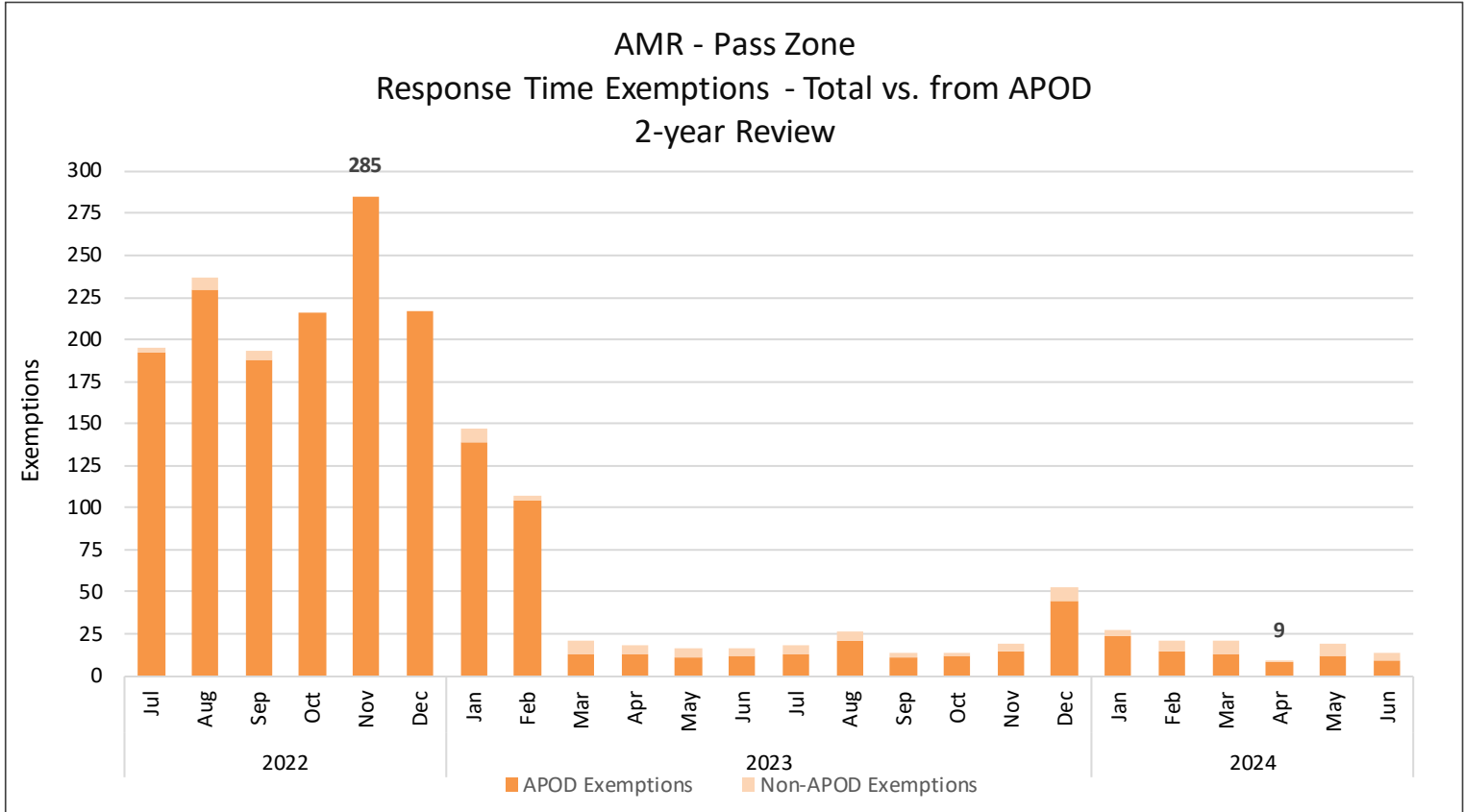
The Pass Response Time Zone includes the cities of Banning, Beaumont, and Calimesa, and also surrounds a large section of Interstate 10. The zone contains one hospital, and averages 905 9-1-1 responses per month, with an average of 69 late calls per month during the period covered in this report.

Pass Zone: Raw vs Adjusted Compliance Data

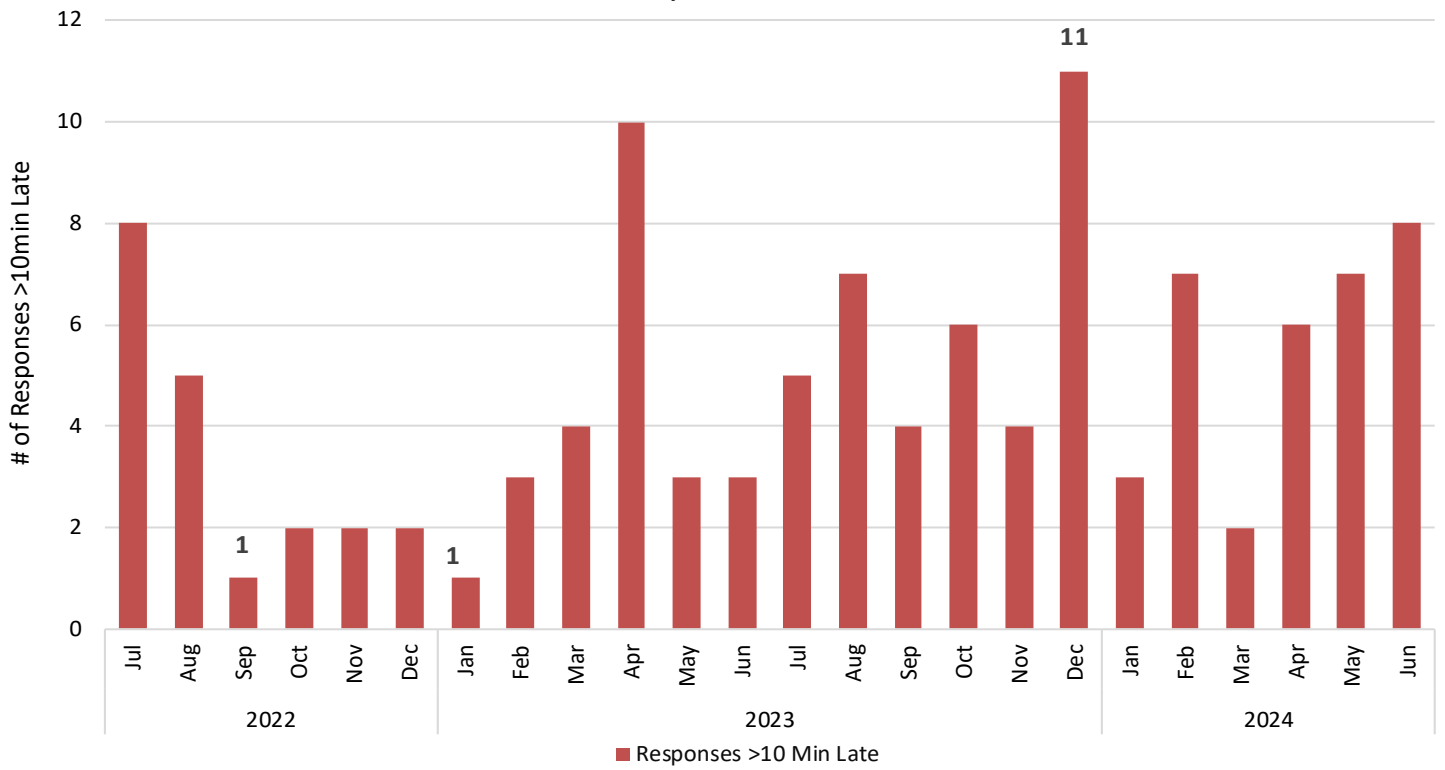




Pass Zone: Exemptions and Responses >10 Minutes Late



AMR - Pass Zone Responses >10min Late 2-year Review



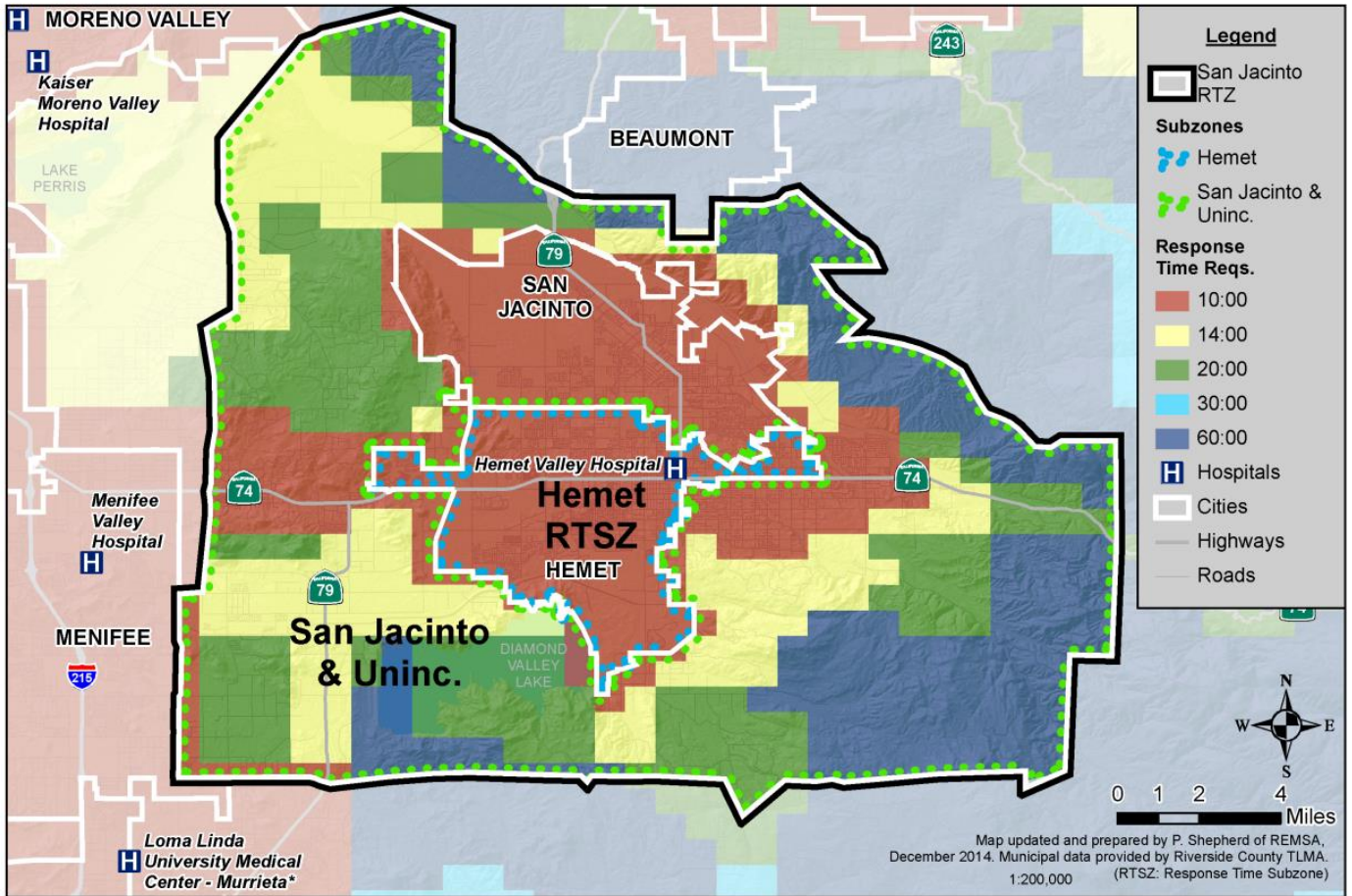
SAN JACINTO ZONE

The San Jacinto Response Time Zone includes two subzones: Hemet city and the San Jacinto and Unincorporated Area subzone. The Hemet Subzone contains the majority of the 911 ambulance response volume for the zone.

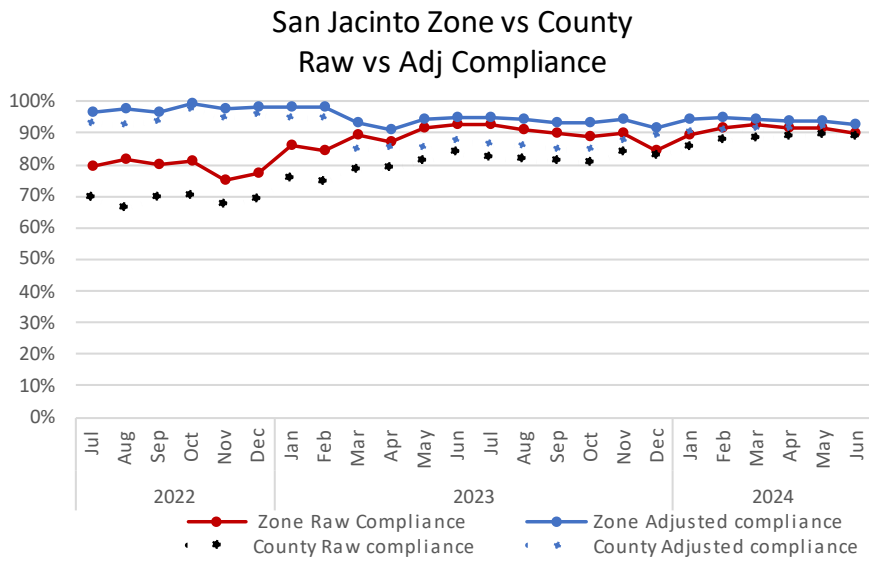


RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM
GROUND ALS EMERGENCY AMBULANCE RESPONSE TIME ZONES

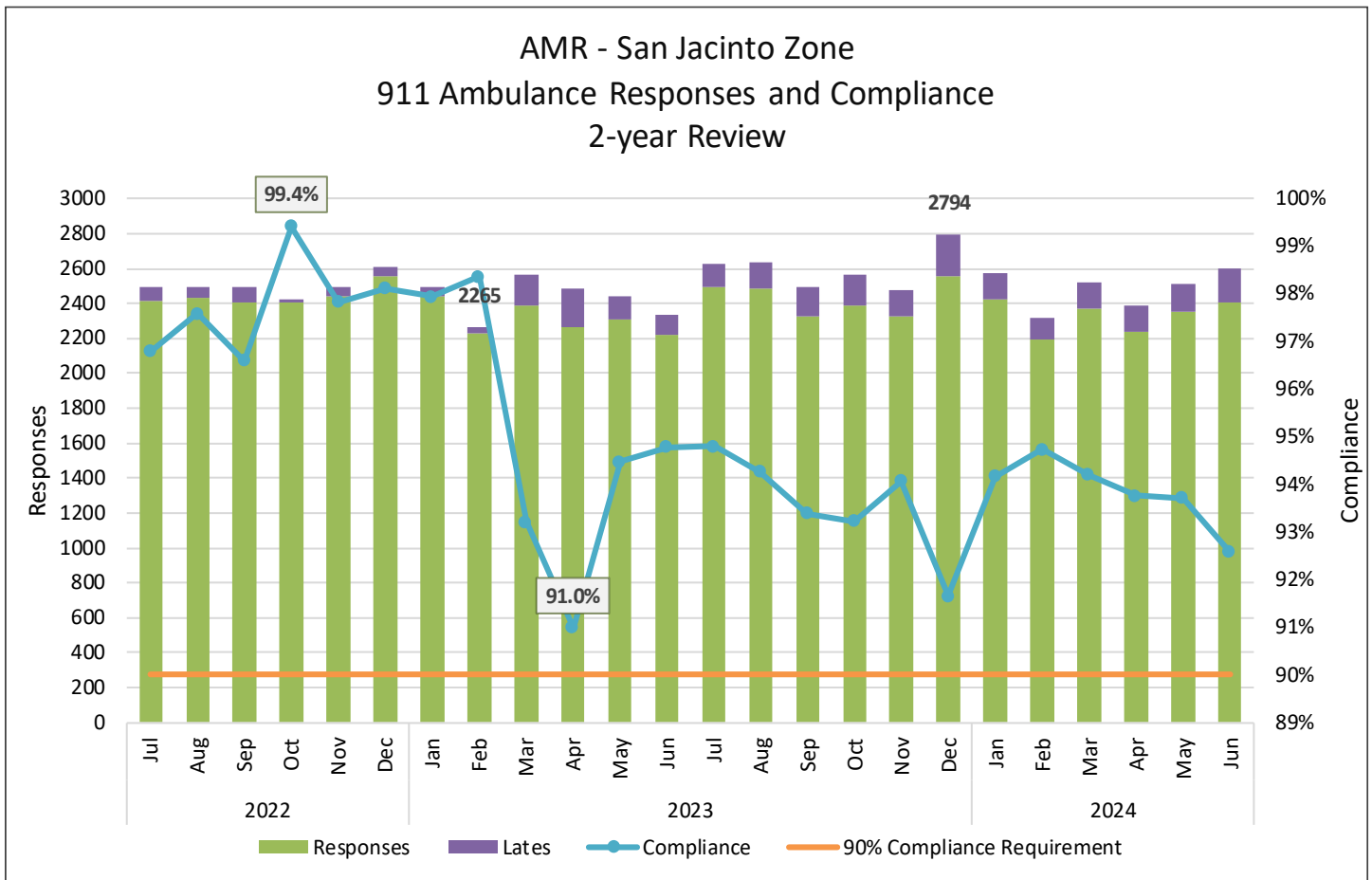
SAN JACINTO

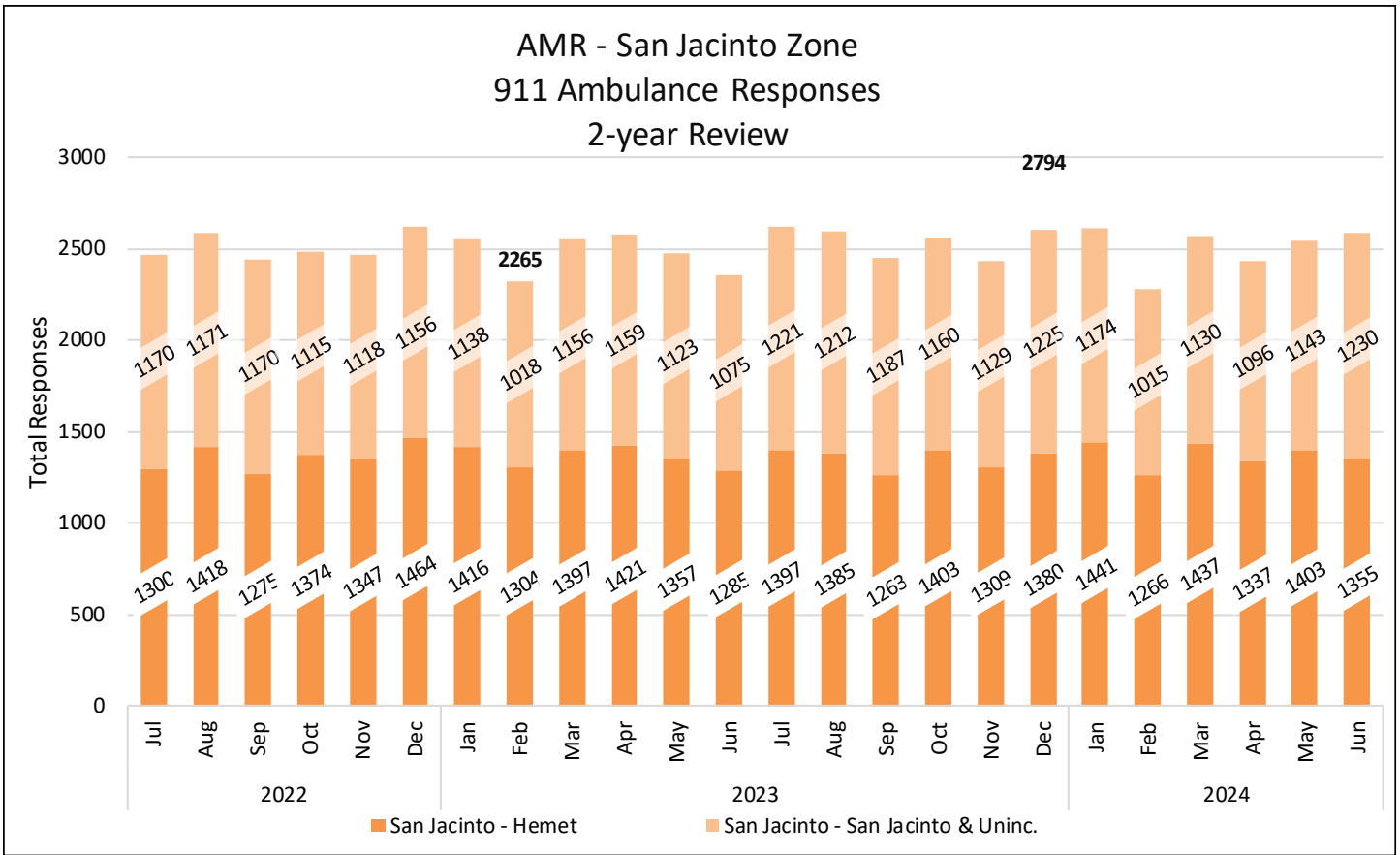


San Jacinto Zone: Raw vs Adjusted Compliance Data

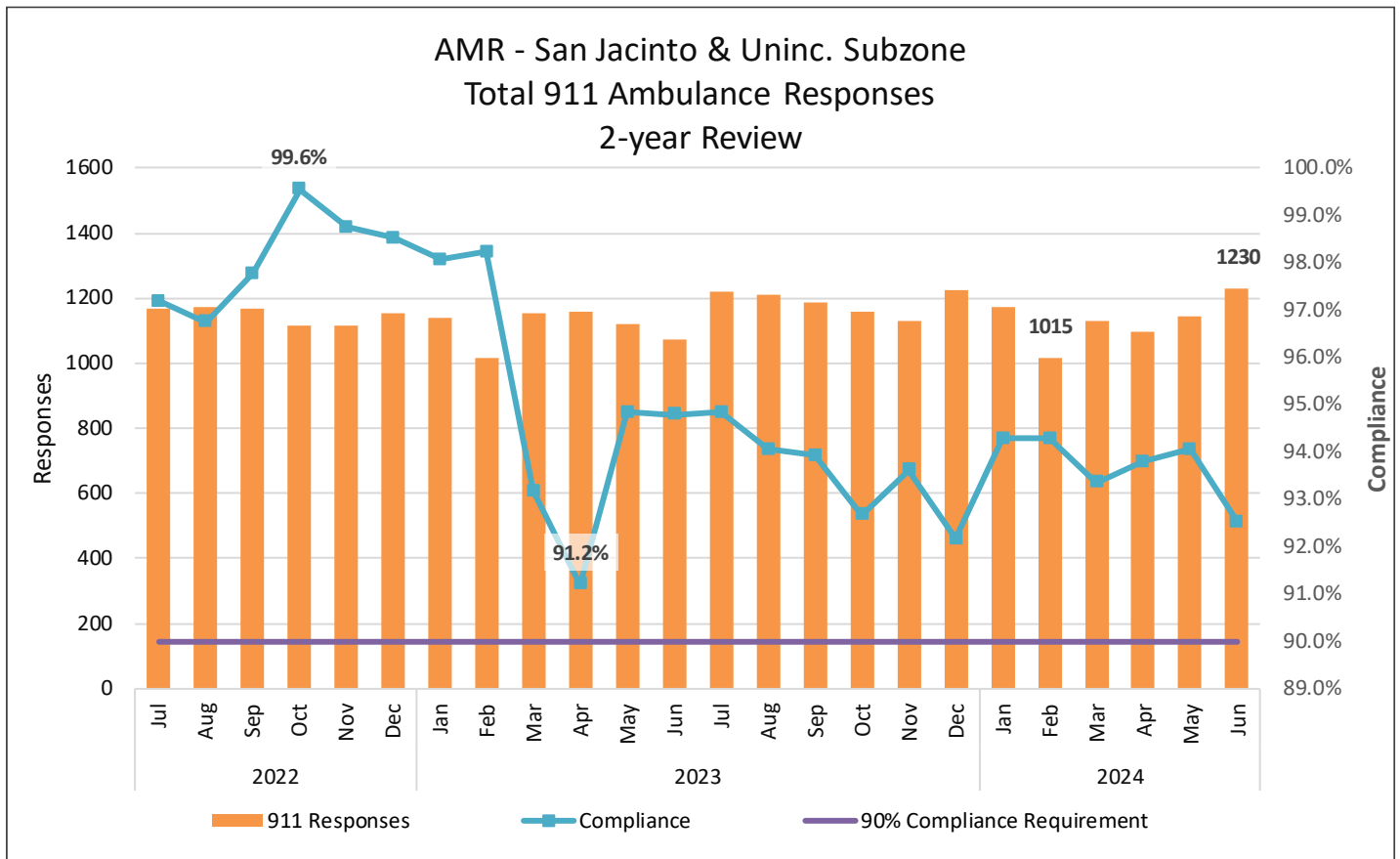


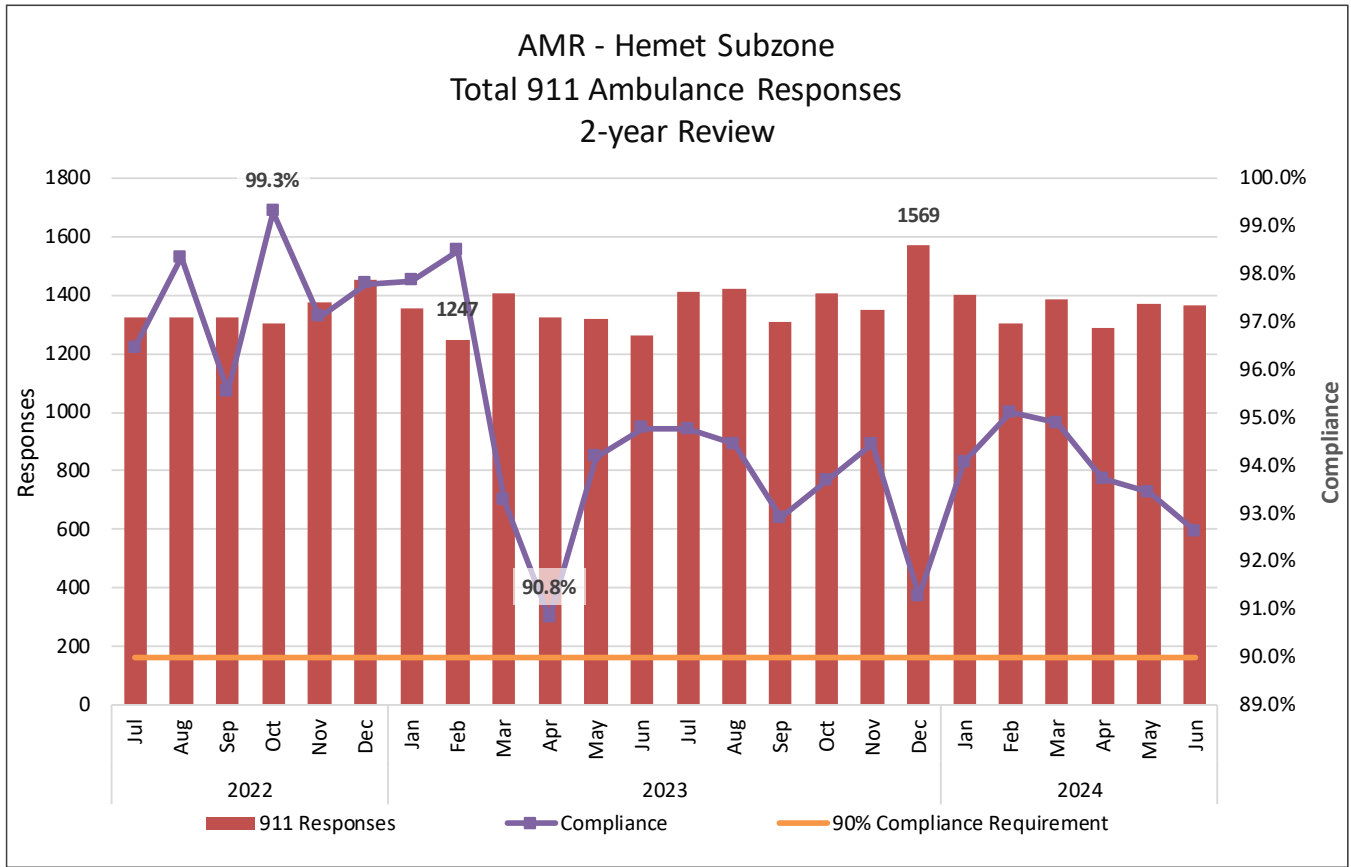
San Jacinto Zone: Subzone Response and Compliance Data



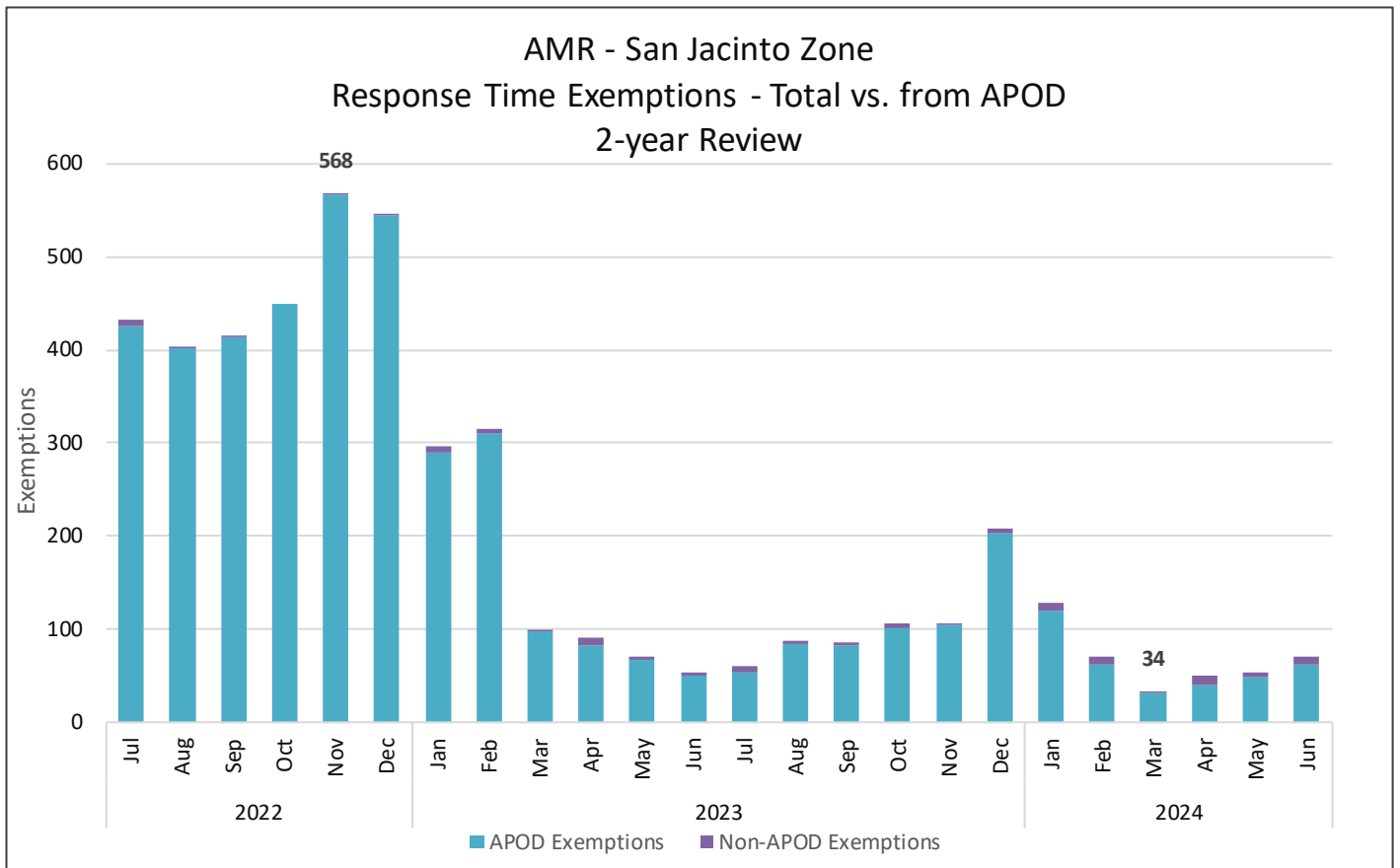


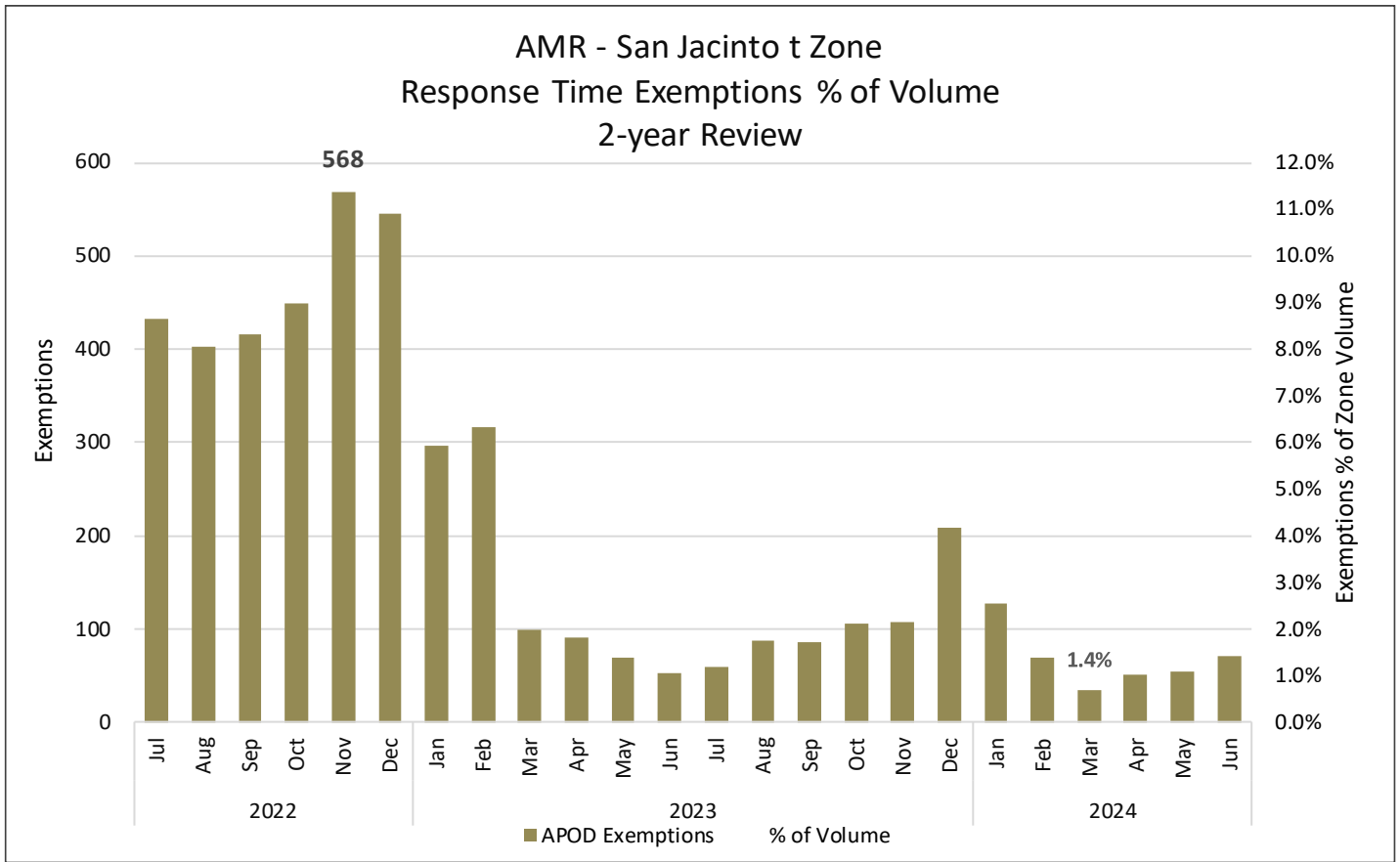
San Jacinto Zone: Subzone Response and Compliance Data (cont.)



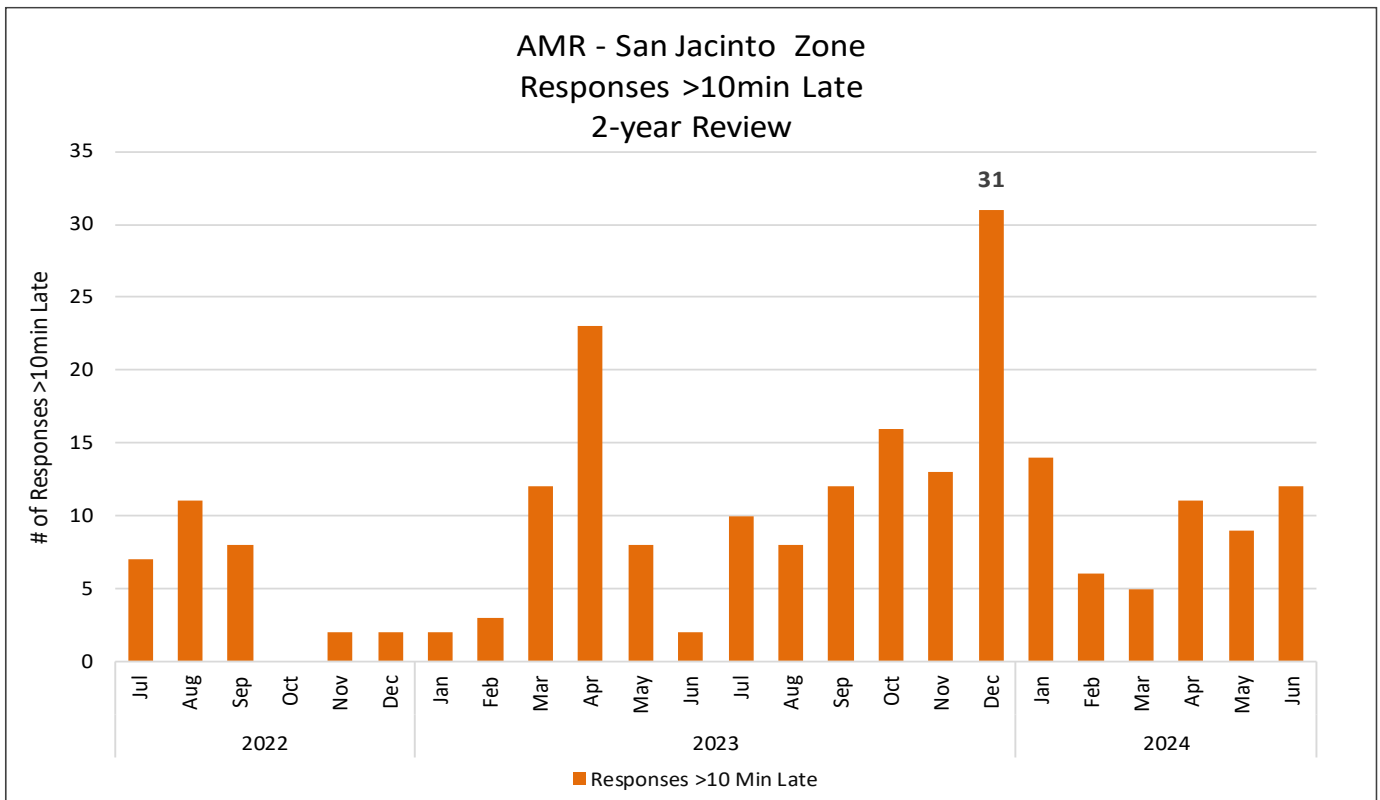


San Jacinto Zone: Exemptions





San Jacinto Zone: Responses > 10 Minutes Late



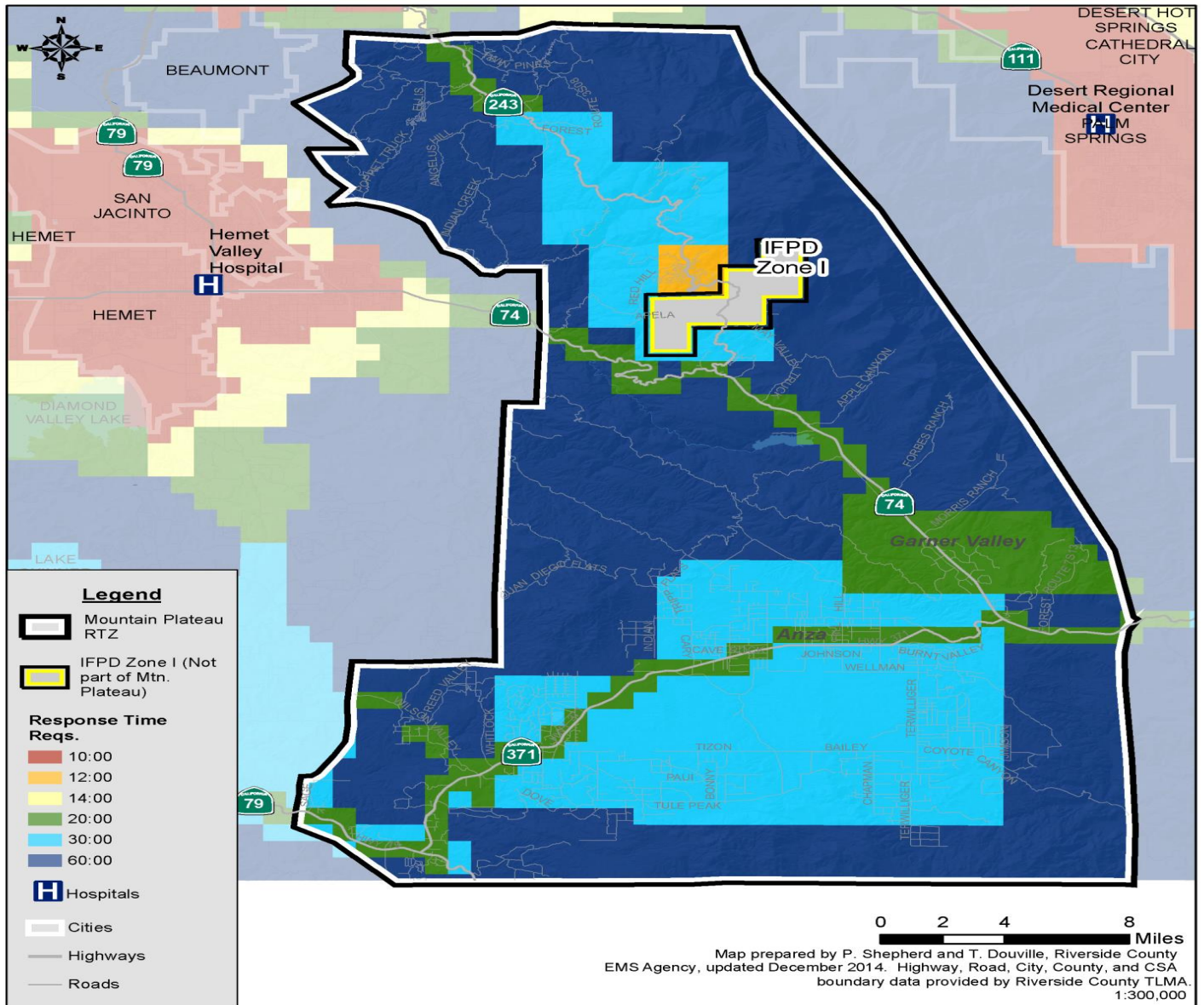
MOUNTAIN PLATEAU ZONE

The Mountain Plateau Response Time Zone consists of several rural communities and has no hospitals within the zone.

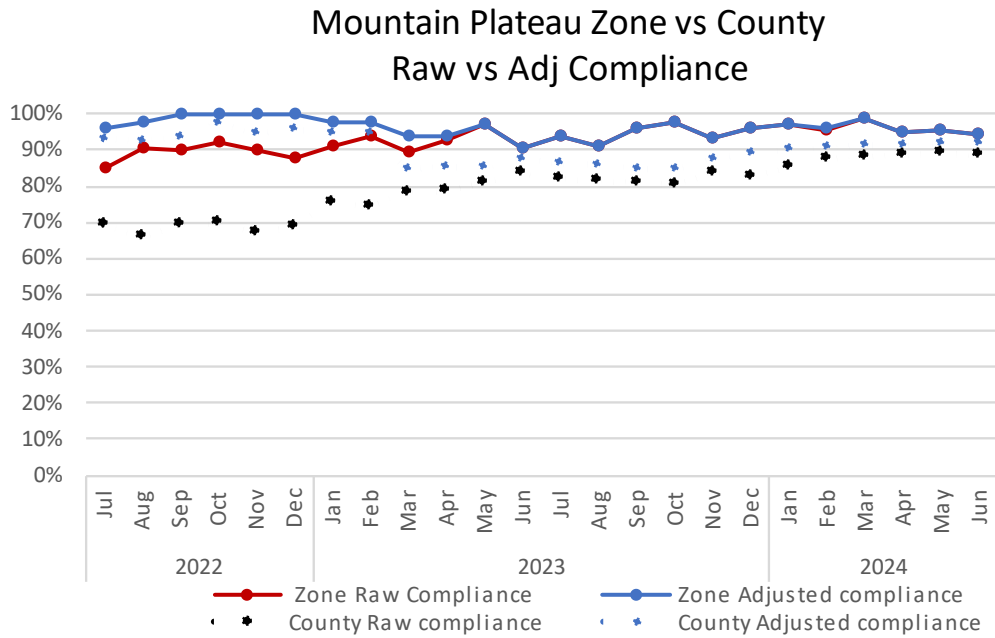
RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM GROUND ALS EMERGENCY AMBULANCE RESPONSE TIME ZONES



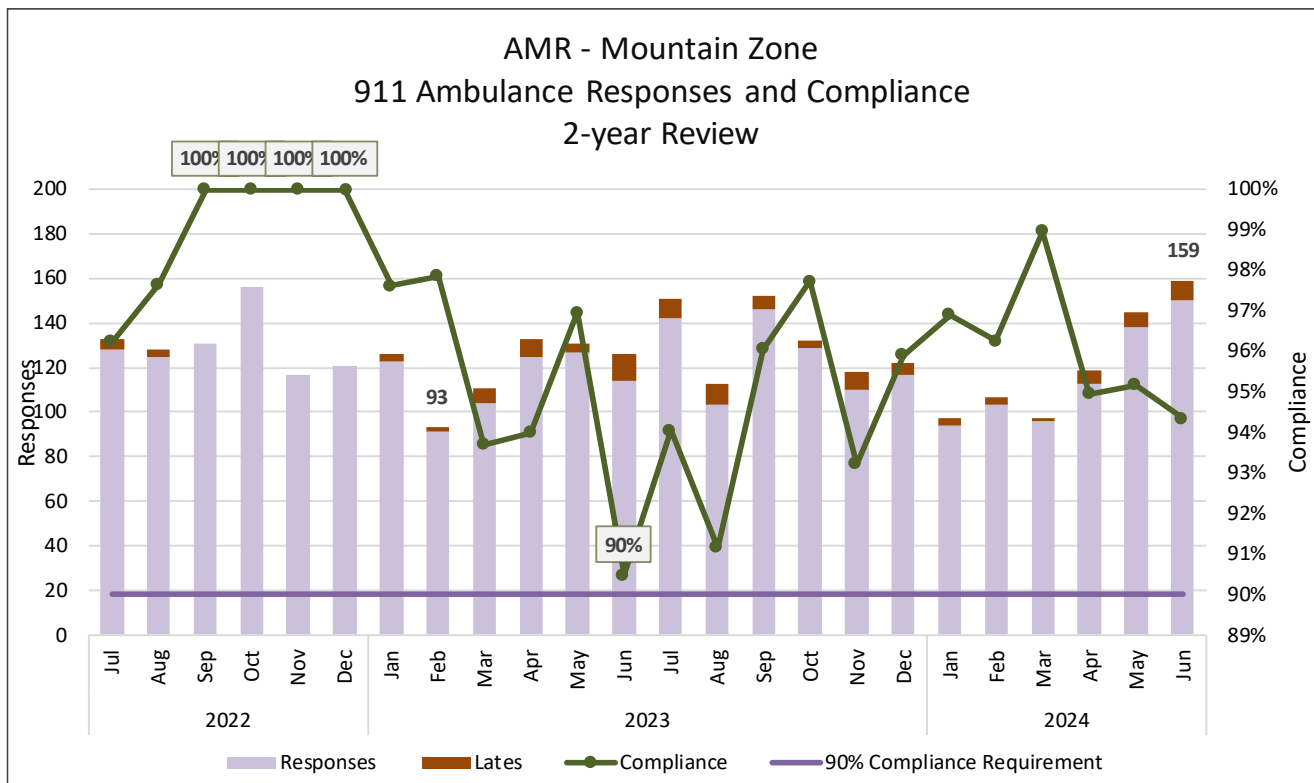
MOUNTAIN PLATEAU



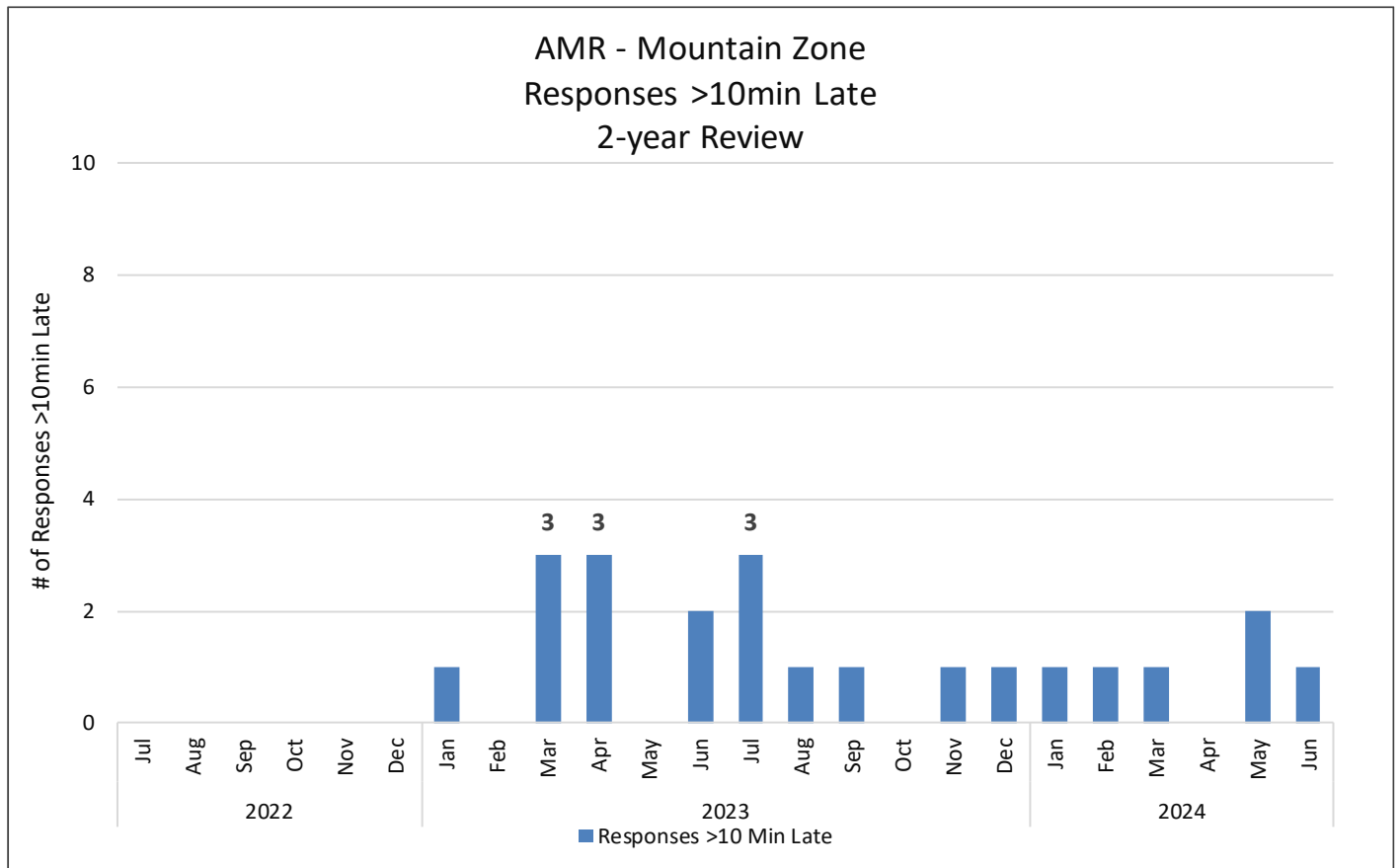
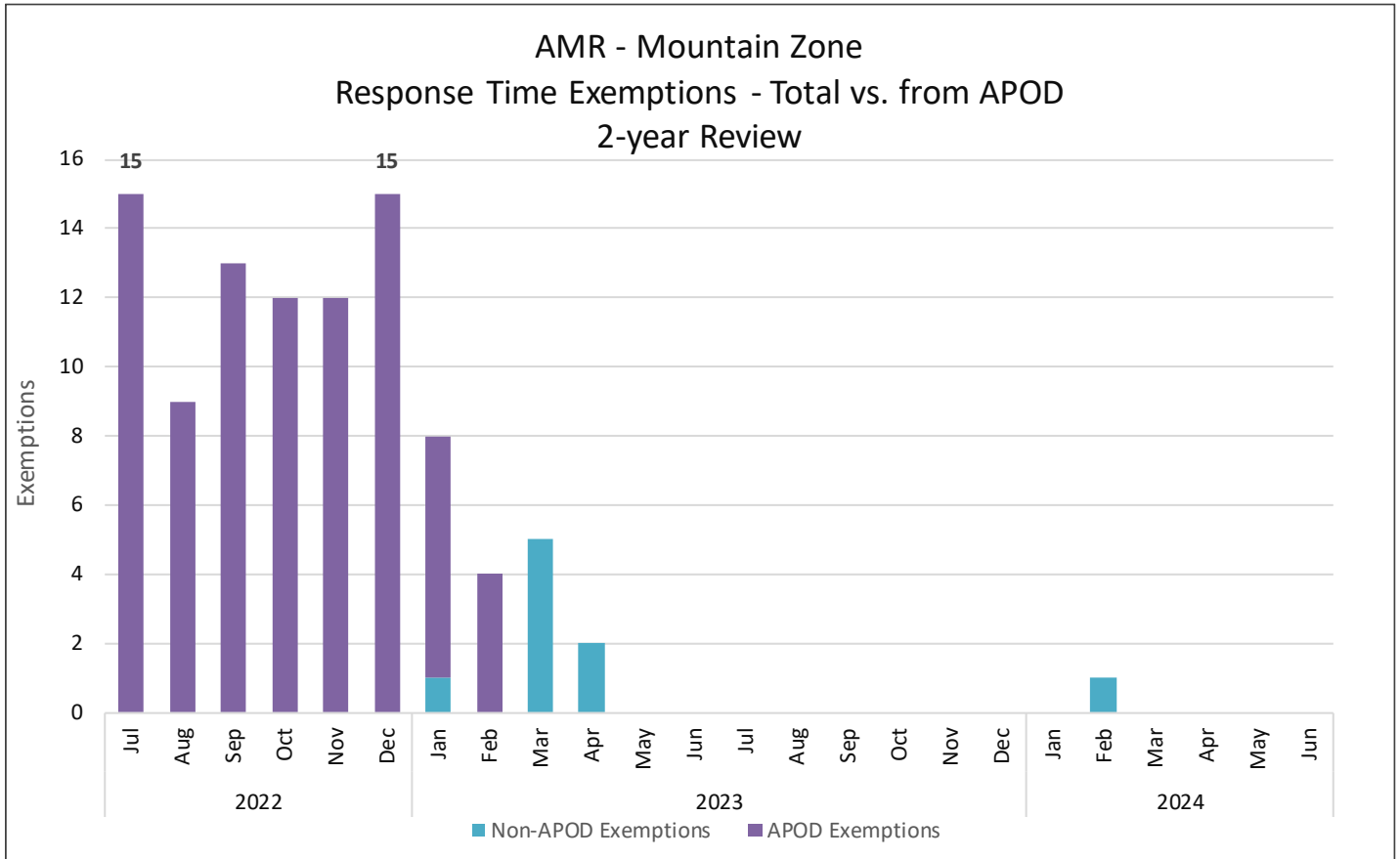
Mountain Plateau Zone: Raw vs Adjusted Compliance Data



Mountain Plateau Zone: Response and Compliance Data



Mountain Plateau Zone: Exemptions and >10 Minutes Late



ALS, BLS UTILIZATION OF AMR 9-1-1 CALLS

BLS Responses- Summary		Jul 23- Jun 24
County	Total Responses	232692
	Total BLS Responses	10657
	EMD approved(Omega,Alpha)	10413
	EMD-Beta,Charlie,Delta,Echo	104
	EMD-NA	140
	BLS Responses needing further review	244
	% of Total BLS responses needed further review	2.3%
Central	Total Responses	32213
	Total BLS Responses	2997
	EMD approved(Omega,Alpha)	2934
	EMD-Beta,Charlie,Delta,Echo	32
	EMD-NA	31
	BLS Responses needing further review	63
	% of Total BLS responses needed further review	2.3%
Desert	Total Responses	31547
	Total BLS Responses	992
	EMD approved(Omega,Alpha)	978
	EMD-Beta,Charlie,Delta,Echo	5
	EMD-NA	9
	BLS Responses needing further review	14
	% of Total BLS responses needed further review	2.3%
Mountain Plateau	Total Responses	1512
	Total BLS Responses	7
	EMD approved(Omega,Alpha)	7
	EMD-Beta,Charlie,Delta,Echo	0
	EMD-NA	0
	BLS Responses needing further review	0
	% of Total BLS responses needed further review	2.3%
Northwest	Total Responses	72456
	Total BLS Responses	1911
	EMD approved(Omega,Alpha)	1863
	EMD-Beta,Charlie,Delta,Echo	23
	EMD-NA	25
	BLS Responses needing further review	48
	% of Total BLS responses needed further review	2.3%
Palo Verde	Total Responses	2330
	Total BLS Responses	0
	EMD approved(Omega,Alpha)	0
	EMD-Beta,Charlie,Delta,Echo	0
	EMD-NA	0
	BLS Responses needing further review	0
	% of Total BLS responses needed further review	2.3%
Pass	Total Responses	13194
	Total BLS Responses	1006
	EMD approved(Omega,Alpha)	989
	EMD-Beta,Charlie,Delta,Echo	5
	EMD-NA	12
	BLS Responses needing further review	17
	% of Total BLS responses needed further review	2.3%
San Jacinto	Total Responses	30511
	Total BLS Responses	1145
	EMD approved(Omega,Alpha)	1114
	EMD-Beta,Charlie,Delta,Echo	16
	EMD-NA	15
	BLS Responses needing further review	31
	% of Total BLS responses needed further review	2.3%
Southwest	Total Responses	48929
	Total BLS Responses	2599
	EMD approved(Omega,Alpha)	2528
	EMD-Beta,Charlie,Delta,Echo	23
	EMD-NA	48
	BLS Responses needing further review	71
	% of Total BLS responses needed further review	2.3%

Total Responses		Jul 23- Jun 24
County	Total Responses	232692
	Total ALS Responses	222035
	Total BLS Responses	10657
	% ALS Responses	95%
	%BLS Responses	5%
Central	Total Responses	32213
	Total ALS Responses	29216
	Total BLS Responses	2997
	% ALS Responses	91%
	%BLS Responses	9%
Desert	Total Responses	31547
	Total ALS Responses	30555
	Total BLS Responses	992
	% ALS Responses	97%
	%BLS Responses	3%
Mountain Plateau	Total Responses	1512
	Total ALS Responses	1505
	Total BLS Responses	7
	% ALS Responses	100%
	%BLS Responses	0%
Northwest	Total Responses	72456
	Total ALS Responses	70545
	Total BLS Responses	1911
	% ALS Responses	97%
	%BLS Responses	3%
Palo Verde	Total Responses	2330
	Total ALS Responses	2330
	Total BLS Responses	0
	% ALS Responses	100%
	%BLS Responses	0%
Pass	Total Responses	13194
	Total ALS Responses	12188
	Total BLS Responses	1006
	% ALS Responses	92%
	%BLS Responses	8%
San Jacinto	Total Responses	30511
	Total ALS Responses	29366
	Total BLS Responses	1145
	% ALS Responses	96%
	%BLS Responses	4%
Southwest	Total Responses	48929
	Total ALS Responses	46330
	Total BLS Responses	2599
	% ALS Responses	95%
	%BLS Responses	5%

Audit Reason	Total Non compliant BLS
	Audit responses- Jul 23-Jun 24
Downgrade per fire	163
NO CAD to CAD	34
Other	15
ALS assigned- BIS requested as second unit/fire	11
BLS on scene- upgraded to code 3	9
MCI hazmat call	7
Dispatch error	3
CalFire dispatch this is a code 2 alpha response	2
Total Audit responses	244

JULY 2023 COMPLIANCE REPORT

Zone	Priority	Total Volume	RAW Gross Exceptions	Do Not Count	Adjusted Total Volume	RAW Compliance	Gross Exceptions	Corrections Requested	Corrections Approved	Exemptions Requested	Exemptions Approved	2nd Unit Qualifier	Compliance Calculated Responses	Chargeable Late Responses	Compliance	Contract Comp %
Northwest - Riverside City	911	3348	507	0	3348	84.86%	501	0	11	143	143	31	3348	327	90.23%	90.00%
Northwest - Norco & Uninc. North	911	1515	549	0	1515	63.76%	512	0	48	182	182	17	1515	313	79.34%	90.00%
Northwest - Corona & Uninc. South	911	1461	424	0	1461	70.98%	411	0	21	131	131	18	1461	262	82.07%	90.00%
Northwest Total	911	6324	1480	0	6324	76.60%	1424	0	80	456	456	66	6324	902	85.74%	90.00%
Southwest - Temecula & Murrieta	911	1578	437	0	1578	72.31%	428	0	19	90	90	14	1578	324	79.47%	90.00%
Southwest - LE, Menif, Wild, CL & Uninc.	911	2626	791	1	2625	69.88%	735	0	76	157	157	30	2625	548	79.12%	90.00%
Southwest Total	911	4204	1228	1	4203	70.79%	1163	0	95	247	247	44	4203	872	79.25%	90.00%
Central - Moreno Valley	911	1576	306	1	1575	80.58%	290	0	25	23	23	13	1575	254	83.87%	90.00%
Central - Perris & Uninc.	911	1141	326	0	1141	71.43%	303	0	33	23	23	15	1141	265	76.77%	90.00%
Central Total	911	2717	632	1	2716	76.74%	593	0	58	46	46	28	2716	519	80.89%	90.00%
San Jacinto - Hemet	911	1411	118	0	1411	91.64%	116	0	5	27	27	15	1411	74	94.76%	90.00%
San Jacinto - San Jacinto & Uninc.	911	1222	117	1	1221	90.43%	104	0	18	33	33	9	1221	63	94.84%	90.00%
San Jacinto Total	911	2633	235	1	2632	91.07%	220	0	23	60	60	24	2632	137	94.79%	90.00%
Desert - Palm Springs & DHS	911	1357	138	1	1356	89.83%	134	0	14	8	8	14	1356	112	91.74%	90.00%
Desert - La Quinta, Coachella & Uninc.	911	1397	151	0	1397	89.19%	134	0	20	17	17	13	1397	104	92.56%	90.00%
Desert Total	911	2754	289	1	2753	89.51%	268	0	34	25	25	27	2753	216	92.15%	90.00%
Palo Verde - Palo Verde	911	230	11	0	230	95.22%	10	0	3	0	0	3	230	7	96.96%	90.00%
Palo Verde Total	911	230	11	0	230	95.22%	10	0	3	0	0	3	230	7	96.96%	90.00%
Pass - Pass	911	1146	197	0	1146	82.81%	129	0	90	18	18	12	1146	99	91.36%	90.00%
Pass Total	911	1146	197	0	1146	82.81%	129	0	90	18	18	12	1146	99	91.36%	90.00%
Mountain Plateau - Mountain	911	156	21	5	151	86.54%	13	0	6	0	0	4	151	9	94.04%	90.00%
Mountain Plateau Total	911	156	21	5	151	86.54%	13	0	6	0	0	4	151	9	94.04%	90.00%
CountyWide Total	911	20164	4093	9	20155	79.70%	3820	0	389	852	852	208	20155	2761	86.30%	90.00%

AUGUST 2023 COMPLIANCE REPORT

Zone	Priority	Total Volume	RAW Gross Exceptions	Do Not Count	Adjusted Total Volume	RAW Compliance	Gross Exceptions	Corrections Requested	Corrections Approved	Exemptions Requested	Exemptions Approved	2nd Unit Qualifier	Compliance Calculated Responses	Chargeable Late Responses	Compliance	Contract Comp %
Northwest - Riverside City	911	3149	518	3	3146	83.55%	511	0	14	68	68	31	3146	412	86.90%	90.00%
Northwest - Norco & Uninc. North	911	1458	492	0	1458	66.26%	467	0	42	98	98	21	1458	348	76.13%	90.00%
Northwest - Corona & Uninc. South	911	1485	426	0	1485	71.31%	414	0	32	56	56	16	1485	342	76.97%	90.00%
Northwest Total	911	6092	1436	3	6089	76.43%	1392	0	88	222	222	68	6089	1102	81.90%	90.00%
Southwest - Temecula & Murrieta	911	1542	414	0	1542	73.15%	400	0	21	136	136	12	1542	252	83.66%	90.00%
Southwest - LE, Menif, Wild, CL & Uninc.	911	2594	803	0	2594	69.04%	750	0	69	254	254	36	2594	460	82.27%	90.00%
Southwest Total	911	4136	1217	0	4136	70.58%	1150	0	90	390	390	48	4136	712	82.79%	90.00%
Central - Moreno Valley	911	1625	325	0	1625	80.00%	309	0	24	32	32	13	1625	264	83.75%	90.00%
Central - Perris & Uninc.	911	1122	355	0	1122	68.36%	330	0	41	35	35	29	1122	266	76.29%	90.00%
Central Total	911	2747	680	0	2747	75.25%	639	0	65	67	67	42	2747	530	80.71%	90.00%
San Jacinto - Hemet	911	1423	129	0	1423	90.93%	128	0	2	42	42	7	1423	79	94.45%	90.00%
San Jacinto - San Jacinto & Uninc.	911	1212	158	0	1212	86.96%	144	0	16	46	46	26	1212	72	94.06%	90.00%
San Jacinto Total	911	2635	287	0	2635	89.11%	272	0	18	88	88	33	2635	151	94.27%	90.00%
Desert - Palm Springs & DHS	911	1264	123	1	1263	90.27%	110	0	16	20	20	13	1263	77	93.90%	90.00%
Desert - La Quinta, Coachella & Uninc.	911	1385	178	0	1385	87.15%	160	0	25	50	50	16	1385	94	93.21%	90.00%
Desert Total	911	2649	301	1	2648	88.64%	270	0	41	70	70	29	2648	171	93.54%	90.00%
Palo Verde - Palo Verde	911	205	14	2	203	93.17%	11	0	6	0	0	0	203	11	94.58%	90.00%
Palo Verde Total	911	205	14	2	203	93.17%	11	0	6	0	0	0	203	11	94.58%	90.00%
Pass - Pass	911	1120	191	1	1119	82.95%	119	0	84	26	26	19	1119	74	93.39%	90.00%
Pass Total	911	1120	191	1	1119	82.95%	119	0	84	26	26	19	1119	74	93.39%	90.00%
Mountain Plateau - Mountain	911	116	17	3	113	85.34%	14	0	0	0	0	4	113	10	91.15%	90.00%
Mountain Plateau Total	911	116	17	3	113	85.34%	14	0	0	0	0	4	113	10	91.15%	90.00%
CountyWide Total	911	19700	4143	10	19690	78.97%	3867	0	392	863	863	243	19690	2761	85.98%	90.00%

SEPTEMBER 2023 COMPLIANCE REPORT

Zone	Priority	Total Volume	RAW Gross Exceptions	Do Not Count	Adjusted Total Volume	RAW Compliance	Gross Exceptions	Corrections Requested	Corrections Approved	Exemptions Requested	Exemptions Approved	2nd Unit Qualifier	Compliance Calculated Responses	Chargeable Late Responses	Compliance	Contract Comp %
Northwest - Riverside City	911	2993	573	4	2989	80.86%	567	0	32	90	90	21	2989	456	84.74%	90.00%
Northwest - Norco & Uninc. North	911	1402	511	1	1401	63.55%	492	0	38	92	92	21	1401	379	72.95%	90.00%
Northwest - Corona & Uninc. South	911	1412	399	1	1411	71.74%	386	0	19	65	65	18	1411	303	78.53%	90.00%
Northwest Total	911	5807	1483	6	5801	74.46%	1445	0	89	247	247	60	5801	1138	80.38%	90.00%
Southwest - Temecula & Murrieta	911	1538	387	0	1538	74.84%	370	0	21	120	120	17	1538	233	84.85%	90.00%
Southwest - LE, Menif, Wild, CL & Uninc.	911	2450	747	1	2449	69.51%	708	0	66	223	223	37	2449	448	81.71%	90.00%
Southwest Total	911	3988	1134	1	3987	71.56%	1078	0	87	343	343	54	3987	681	82.92%	90.00%
Central - Moreno Valley	911	1505	333	1	1504	77.87%	308	0	33	14	14	11	1504	283	81.18%	90.00%
Central - Perris & Uninc.	911	1039	302	0	1039	70.93%	288	0	26	17	17	8	1039	263	74.69%	90.00%
Central Total	911	2544	635	1	2543	75.04%	596	0	59	31	31	19	2543	546	78.53%	90.00%
San Jacinto - Hemet	911	1309	139	0	1309	89.38%	136	0	4	36	36	7	1309	93	92.90%	90.00%
San Jacinto - San Jacinto & Uninc.	911	1187	145	0	1187	87.78%	131	0	21	50	50	9	1187	72	93.93%	90.00%
San Jacinto Total	911	2496	284	0	2496	88.62%	267	0	25	86	86	16	2496	165	93.39%	90.00%
Desert - Palm Springs & DHS	911	1170	130	1	1169	88.89%	121	0	20	12	12	10	1169	99	91.53%	90.00%
Desert - La Quinta, Coachella & Uninc.	911	1263	140	0	1263	88.92%	112	0	31	11	11	13	1263	88	93.03%	90.00%
Desert Total	911	2433	270	1	2432	88.90%	233	0	51	23	23	23	2432	187	92.31%	90.00%
Palo Verde - Palo Verde	911	169	10	0	169	94.08%	10	0	2	0	0	1	169	9	94.67%	90.00%
Palo Verde Total	911	169	10	0	169	94.08%	10	0	2	0	0	1	169	9	94.67%	90.00%
Pass - Pass	911	1078	177	1	1077	83.58%	102	0	88	14	14	11	1077	77	92.85%	90.00%
Pass Total	911	1078	177	1	1077	83.58%	102	0	88	14	14	11	1077	77	92.85%	90.00%
Mountain Plateau - Mountain	911	157	15	5	152	90.45%	7	0	3	0	0	1	152	6	96.05%	90.00%
Mountain Plateau Total	911	157	15	5	152	90.45%	7	0	3	0	0	1	152	6	96.05%	90.00%
CountyWide Total	911	18672	4008	15	18657	78.53%	3738	0	404	744	744	185	18657	2809	84.94%	90.00%

OCTOBER 2023 COMPLIANCE REPORT

Zone	Priority	Total Volume	RAW Gross Exceptions	Do Not Count	Adjusted Total Volume	RAW Compliance	Gross Exceptions	Corrections Requested	Corrections Approved	Exemptions Requested	Exemptions Approved	2nd Unit Qualifier	Compliance Calculated Responses	Chargeable Late Responses	Compliance	Contract Comp %
Northwest - Riverside City	911	3236	674	1	3235	79.17%	672	0	12	92	92	35	3235	545	83.15%	90.00%
Northwest - Norco & Uninc. North	911	1493	458	2	1491	69.32%	440	0	41	59	59	12	1491	369	75.25%	90.00%
Northwest - Corona & Uninc. South	911	1411	435	1	1410	69.17%	421	0	30	59	59	9	1410	353	74.96%	90.00%
Northwest Total	911	6140	1567	4	6136	74.48%	1533	0	83	210	210	56	6136	1267	79.35%	90.00%
Southwest - Temecula & Murrieta	911	1636	429	0	1636	73.78%	411	0	20	135	135	12	1636	264	83.86%	90.00%
Southwest - LE, Menif, Wild, CL & Uninc.	911	2429	747	0	2429	69.25%	700	0	67	232	232	26	2429	442	81.80%	90.00%
Southwest Total	911	4065	1176	0	4065	71.07%	1111	0	87	367	367	38	4065	706	82.63%	90.00%
Central - Moreno Valley	911	1616	340	0	1616	78.96%	325	0	26	36	36	16	1616	273	83.11%	90.00%
Central - Perris & Uninc.	911	994	325	1	993	67.30%	309	0	36	31	31	13	993	265	73.31%	90.00%
Central Total	911	2610	665	1	2609	74.52%	634	0	62	67	67	29	2609	538	79.38%	90.00%
San Jacinto - Hemet	911	1406	164	0	1406	88.34%	163	0	1	60	60	14	1406	89	93.67%	90.00%
San Jacinto - San Jacinto & Uninc.	911	1160	176	0	1160	84.83%	155	0	24	46	46	24	1160	85	92.67%	90.00%
San Jacinto Total	911	2566	340	0	2566	86.75%	318	0	25	106	106	38	2566	174	93.22%	90.00%
Desert - Palm Springs & DHS	911	1149	110	0	1149	90.43%	100	0	16	9	9	11	1149	80	93.04%	90.00%
Desert - La Quinta, Coachella & Uninc.	911	1403	175	0	1403	87.53%	149	0	31	12	12	21	1403	116	91.73%	90.00%
Desert Total	911	2552	285	0	2552	88.83%	249	0	47	21	21	32	2552	196	92.32%	90.00%
Palo Verde - Palo Verde	911	195	12	0	195	93.85%	12	0	2	1	1	1	195	10	94.87%	90.00%
Palo Verde Total	911	195	12	0	195	93.85%	12	0	2	1	1	1	195	10	94.87%	90.00%
Pass - Pass	911	1044	178	1	1043	82.95%	112	0	79	14	14	15	1043	83	92.04%	90.00%
Pass Total	911	1044	178	1	1043	82.95%	112	0	79	14	14	15	1043	83	92.04%	90.00%
Mountain Plateau - Mountain	911	138	16	6	132	88.41%	9	0	1	0	0	6	132	3	97.73%	90.00%
Mountain Plateau Total	911	138	16	6	132	88.41%	9	0	1	0	0	6	132	3	97.73%	90.00%
CountyWide Total	911	19310	4239	12	19298	78.05%	3978	0	386	786	786	215	19298	2977	84.57%	90.00%

NOVEMBER 2023 COMPLIANCE REPORT

Zone	Priority	Total Volume	RAW Gross Exceptions	Do Not Count	Adjusted Total Volume	RAW Compliance	Gross Exceptions	Corrections Requested	Corrections Approved	Exemptions Requested	Exemptions Approved	2nd Unit Qualifier	Compliance Calculated Responses	Chargeable Late Responses	Compliance	Contract Comp %
Northwest - Riverside City	911	2930	448	1	2929	84.71%	441	0	16	82	82	18	2929	342	88.32%	90.00%
Northwest - Norco & Uninc. North	911	1451	410	0	1451	71.74%	381	0	41	70	70	17	1451	295	79.67%	90.00%
Northwest - Corona & Uninc. South	911	1370	399	1	1369	70.88%	382	0	26	77	77	17	1369	288	78.96%	90.00%
Northwest Total	911	5751	1257	2	5749	78.14%	1204	0	83	229	229	52	5749	925	83.91%	90.00%
Southwest - Temecula & Murrieta	911	1553	327	0	1553	78.94%	309	0	19	109	109	10	1553	190	87.77%	90.00%
Southwest - LE, Menif, Wild, CL & Uninc.	911	2358	612	0	2358	74.05%	570	0	57	225	225	23	2358	322	86.34%	90.00%
Southwest Total	911	3911	939	0	3911	75.99%	879	0	76	334	334	33	3911	512	86.91%	90.00%
Central - Moreno Valley	911	1562	282	1	1561	81.95%	258	0	36	17	17	12	1561	229	85.33%	90.00%
Central - Perris & Uninc.	911	1004	273	1	1003	72.81%	252	0	41	22	22	10	1003	220	78.07%	90.00%
Central Total	911	2566	555	2	2564	78.37%	510	0	77	39	39	22	2564	449	82.49%	90.00%
San Jacinto - Hemet	911	1349	147	0	1349	89.10%	144	0	5	59	59	10	1349	75	94.44%	90.00%
San Jacinto - San Jacinto & Uninc.	911	1129	164	0	1129	85.47%	140	0	29	48	48	20	1129	72	93.62%	90.00%
San Jacinto Total	911	2478	311	0	2478	87.45%	284	0	34	107	107	30	2478	147	94.07%	90.00%
Desert - Palm Springs & DHS	911	1226	131	0	1226	89.31%	123	0	13	9	9	14	1226	100	91.84%	90.00%
Desert - La Quinta, Coachella & Uninc.	911	1309	141	0	1309	89.23%	135	0	12	16	16	21	1309	98	92.51%	90.00%
Desert Total	911	2535	272	0	2535	89.27%	258	0	25	25	25	35	2535	198	92.19%	90.00%
Palo Verde - Palo Verde	911	185	12	1	184	93.51%	10	0	5	0	0	0	184	10	94.57%	90.00%
Palo Verde Total	911	185	12	1	184	93.51%	10	0	5	0	0	0	184	10	94.57%	90.00%
Pass - Pass	911	1078	171	0	1078	84.14%	122	0	58	19	19	11	1078	92	91.47%	90.00%
Pass Total	911	1078	171	0	1078	84.14%	122	0	58	19	19	11	1078	92	91.47%	90.00%
Mountain Plateau - Mountain	911	122	14	4	118	88.52%	9	0	1	0	0	1	118	8	93.22%	90.00%
Mountain Plateau Total	911	122	14	4	118	88.52%	9	0	1	0	0	1	118	8	93.22%	90.00%
CountyWide Total	911	18626	3531	9	18617	81.04%	3276	0	359	753	753	184	18617	2341	87.43%	90.00%

DECEMBER 2023 COMPLIANCE REPORT

Zone	Priority	Total Volume	RAW Gross Exceptions	Do Not Count	Adjusted Total Volume	RAW Compliance	Gross Exceptions	Corrections Requested	Corrections Approved	Exemptions Requested	Exemptions Approved	2nd Unit Qualifier	Compliance Calculated Responses	Chargeable Late Responses	Compliance	Contract Comp %
Northwest - Riverside City	911	3105	434	1	3104	86.02%	430	0	15	138	138	12	3104	280	90.98%	90.00%
Northwest - Norco & Uninc. North	911	1645	412	0	1645	74.95%	387	0	34	112	112	27	1645	248	84.92%	90.00%
Northwest - Corona & Uninc. South	911	1434	384	2	1432	73.22%	373	0	29	143	143	12	1432	218	84.78%	90.00%
Northwest Total	911	6184	1230	3	6181	80.11%	1190	0	78	393	393	51	6181	746	87.93%	90.00%
Southwest - Temecula & Murrieta	911	1735	379	0	1735	78.16%	364	0	20	191	191	15	1735	158	90.89%	90.00%
Southwest - LE, Menif, Wild, CL & Uninc.	911	2654	753	0	2654	71.63%	711	0	56	389	389	23	2654	299	88.73%	90.00%
Southwest Total	911	4389	1132	0	4389	74.21%	1075	0	76	580	580	38	4389	457	89.59%	90.00%
Central - Moreno Valley	911	1693	278	1	1692	83.58%	249	0	39	35	35	24	1692	190	88.77%	90.00%
Central - Perris & Uninc.	911	1145	365	1	1144	68.12%	340	0	47	54	54	18	1144	268	76.57%	90.00%
Central Total	911	2838	643	2	2836	77.34%	589	0	86	89	89	42	2836	458	83.85%	90.00%
San Jacinto - Hemet	911	1569	268	0	1569	82.92%	267	0	4	115	115	15	1569	137	91.27%	90.00%
San Jacinto - San Jacinto & Uninc.	911	1226	229	1	1225	81.32%	205	0	30	94	94	15	1225	96	92.16%	90.00%
San Jacinto Total	911	2795	497	1	2794	82.22%	472	0	34	209	209	30	2794	233	91.66%	90.00%
Desert - Palm Springs & DHS	911	1364	153	0	1364	88.78%	140	0	18	11	11	11	1364	118	91.35%	90.00%
Desert - La Quinta, Coachella & Uninc.	911	1380	180	0	1380	86.96%	156	0	33	20	20	21	1380	115	91.67%	90.00%
Desert Total	911	2744	333	0	2744	87.86%	296	0	51	31	31	32	2744	233	91.51%	90.00%
Palo Verde - Palo Verde	911	189	6	1	188	96.83%	4	0	1	0	0	0	188	4	97.87%	90.00%
Palo Verde Total	911	189	6	1	188	96.83%	4	0	1	0	0	0	188	4	97.87%	90.00%
Pass - Pass	911	1176	220	3	1173	81.29%	155	0	73	53	53	20	1173	82	93.01%	90.00%
Pass Total	911	1176	220	3	1173	81.29%	155	0	73	53	53	20	1173	82	93.01%	90.00%
Mountain Plateau - Mountain	911	125	8	3	122	93.60%	5	0	0	0	0	0	122	5	95.90%	90.00%
Mountain Plateau Total	911	125	8	3	122	93.60%	5	0	0	0	0	0	122	5	95.90%	90.00%
CountyWide Total	911	20440	4069	13	20427	80.09%	3786	0	399	1355	1355	213	20427	2218	89.14%	90.00%

JANUARY 2024 COMPLIANCE REPORT

Zone	Priority	Total Volume	RAW Gross Exceptions	Do Not Count	Adjusted Total Volume	RAW Compliance	Gross Exceptions	Corrections Requested	Corrections Approved	Exemptions Requested	Exemptions Approved	2nd Unit Qualifier	Compliance Calculated Responses	Chargeable Late Responses	Compliance	Contract Comp %
Northwest - Riverside City	911	3123	382	1	3122	87.77%	377	0	12	113	113	24	3122	240	92.31%	90.00%
Northwest - Norco & Uninc. North	911	1539	363	0	1539	76.41%	330	0	47	100	100	21	1539	209	86.42%	90.00%
Northwest - Corona & Uninc. South	911	1434	320	0	1434	77.68%	312	0	21	96	96	24	1434	196	86.33%	90.00%
Northwest Total	911	6096	1065	1	6095	82.53%	1019	0	80	309	309	65	6095	645	89.42%	90.00%
Southwest - Temecula & Murrieta	911	1626	318	0	1626	80.44%	310	0	22	142	142	19	1626	149	90.84%	90.00%
Southwest - LE, Menif, Wild, CL & Uninc.	911	2579	645	2	2577	74.99%	588	0	74	298	298	22	2577	269	89.56%	90.00%
Southwest Total	911	4205	963	2	4203	77.10%	898	0	96	440	440	41	4203	418	90.05%	90.00%
Central - Moreno Valley	911	1627	243	0	1627	85.06%	213	0	42	21	21	16	1627	176	89.18%	90.00%
Central - Perris & Uninc.	911	1053	261	1	1052	75.21%	236	0	45	37	37	8	1052	191	81.84%	90.00%
Central Total	911	2680	504	1	2679	81.19%	449	0	87	58	58	24	2679	367	86.30%	90.00%
San Jacinto - Hemet	911	1400	157	0	1400	88.79%	157	0	0	65	65	9	1400	83	94.07%	90.00%
San Jacinto - San Jacinto & Uninc.	911	1174	172	0	1174	85.35%	147	0	28	63	63	17	1174	67	94.29%	90.00%
San Jacinto Total	911	2574	329	0	2574	87.22%	304	0	28	128	128	26	2574	150	94.17%	90.00%
Desert - Palm Springs & DHS	911	1207	133	1	1206	88.98%	123	0	17	14	14	12	1206	98	91.87%	90.00%
Desert - La Quinta, Coachella & Uninc.	911	1441	189	0	1441	86.88%	162	0	39	19	19	29	1441	114	92.09%	90.00%
Desert Total	911	2648	322	1	2647	87.84%	285	0	56	33	33	41	2647	212	91.99%	90.00%
Palo Verde - Palo Verde	911	179	20	0	179	88.83%	20	0	4	0	0	10	179	10	94.41%	90.00%
Palo Verde Total	911	179	20	0	179	88.83%	20	0	4	0	0	10	179	10	94.41%	90.00%
Pass - Pass	911	1121	167	1	1120	85.10%	107	0	68	27	27	7	1120	73	93.48%	90.00%
Pass Total	911	1121	167	1	1120	85.10%	107	0	68	27	27	7	1120	73	93.48%	90.00%
Mountain Plateau - Mountain	911	99	10	2	97	89.90%	8	0	0	0	0	5	97	3	96.91%	90.00%
Mountain Plateau Total	911	99	10	2	97	89.90%	8	0	0	0	0	5	97	3	96.91%	90.00%
CountyWide Total	911	19602	3380	8	19594	82.76%	3090	0	419	995	995	219	19594	1878	90.42%	90.00%

FEBRUARY 2024 COMPLIANCE REPORT

Zone	Priority	Total Volume	RAW Gross Exceptions	Do Not Count	Adjusted Total Volume	RAW Compliance	Gross Exceptions	Corrections Requested	Corrections Approved	Exemptions Requested	Exemptions Approved	2nd Unit Qualifier	Compliance Calculated Responses	Chargeable Late Responses	Compliance	Contract Comp %
Northwest - Riverside City	911	2933	323	1	2932	88.99%	319	0	11	80	80	35	2932	204	93.04%	90.00%
Northwest - Norco & Uninc. North	911	1356	255	0	1356	81.19%	233	0	27	55	55	23	1356	155	88.57%	90.00%
Northwest - Corona & Uninc. South	911	1284	307	0	1284	76.09%	298	0	18	88	88	9	1284	201	84.35%	90.00%
Northwest Total	911	5573	885	1	5572	84.12%	850	0	56	223	223	67	5572	560	89.95%	90.00%
Southwest - Temecula & Murrieta	911	1499	251	0	1499	83.26%	241	0	16	71	71	19	1499	151	89.93%	90.00%
Southwest - LE, Menif, Wild, CL & Uninc.	911	2237	423	0	2237	81.09%	387	0	58	120	120	14	2237	253	88.69%	90.00%
Southwest Total	911	3736	674	0	3736	81.96%	628	0	74	191	191	33	3736	404	89.19%	90.00%
Central - Moreno Valley	911	1500	166	1	1499	88.93%	148	0	31	21	21	12	1499	115	92.33%	90.00%
Central - Perris & Uninc.	911	950	200	2	948	78.95%	177	0	34	17	17	13	948	147	84.49%	90.00%
Central Total	911	2450	366	3	2447	85.06%	325	0	65	38	38	25	2447	262	89.29%	90.00%
San Jacinto - Hemet	911	1306	111	1	1305	91.50%	109	0	7	38	38	7	1305	64	95.10%	90.00%
San Jacinto - San Jacinto & Uninc.	911	1016	109	1	1015	89.27%	96	0	19	32	32	6	1015	58	94.29%	90.00%
San Jacinto Total	911	2322	220	2	2320	90.53%	205	0	26	70	70	13	2320	122	94.74%	90.00%
Desert - Palm Springs & DHS	911	1212	151	0	1212	87.54%	139	0	19	18	18	8	1212	113	90.68%	90.00%
Desert - La Quinta, Coachella & Uninc.	911	1266	174	0	1266	86.26%	140	0	47	20	20	17	1266	103	91.86%	90.00%
Desert Total	911	2478	325	0	2478	86.88%	279	0	66	38	38	25	2478	216	91.28%	90.00%
Palo Verde - Palo Verde	911	235	15	1	234	93.62%	14	0	5	0	0	2	234	12	94.87%	90.00%
Palo Verde Total	911	235	15	1	234	93.62%	14	0	5	0	0	2	234	12	94.87%	90.00%
Pass - Pass	911	1012	142	0	1012	85.97%	90	0	69	21	21	10	1012	59	94.17%	90.00%
Pass Total	911	1012	142	0	1012	85.97%	90	0	69	21	21	10	1012	59	94.17%	90.00%
Mountain Plateau - Mountain	911	107	17	0	107	84.11%	17	0	0	1	1	12	107	4	96.26%	90.00%
Mountain Plateau Total	911	107	17	0	107	84.11%	17	0	0	1	1	12	107	4	96.26%	90.00%
CountyWide Total	911	17913	2644	7	17906	85.24%	2408	0	361	582	582	187	17906	1639	90.85%	90.00%

MARCH 2024 COMPLIANCE REPORT

Zone	Priority	Total Volume	RAW Gross Exceptions	Do Not Count	Adjusted Total Volume	RAW Compliance	Gross Exceptions	Corrections Requested	Corrections Approved	Exemptions Requested	Exemptions Approved	2nd Unit Qualifier	Compliance Calculated Responses	Chargeable Late Responses	Compliance	Contract Comp %
Northwest - Riverside City	911	2991	391	1	2990	86.93%	387	0	13	122	122	24	2990	241	91.94%	90.00%
Northwest - Norco & Uninc. North	911	1448	291	1	1447	79.90%	272	0	33	80	79	29	1447	165	88.60%	90.00%
Northwest - Corona & Uninc. South	911	1487	265	0	1487	82.18%	253	0	23	99	99	9	1487	145	90.25%	90.00%
Northwest Total	911	5926	947	2	5924	84.02%	912	0	69	301	300	62	5924	551	90.70%	90.00%
Southwest - Temecula & Murrieta	911	1597	238	2	1595	85.10%	227	0	21	68	67	21	1595	139	91.29%	90.00%
Southwest - LE, Menif, Wild, CL & Uninc.	911	2448	484	0	2448	80.23%	439	0	68	111	111	36	2448	294	87.99%	90.00%
Southwest Total	911	4045	722	2	4043	82.15%	666	0	89	179	178	57	4043	433	89.29%	90.00%
Central - Moreno Valley	911	1627	201	0	1627	87.65%	179	0	32	17	17	17	1627	146	91.03%	90.00%
Central - Perris & Uninc.	911	1119	213	1	1118	80.97%	195	0	28	21	21	7	1118	167	85.06%	90.00%
Central Total	911	2746	414	1	2745	84.92%	374	0	60	38	38	24	2745	313	88.60%	90.00%
San Jacinto - Hemet	911	1388	94	0	1388	93.23%	93	0	6	14	14	9	1388	71	94.88%	90.00%
San Jacinto - San Jacinto & Uninc.	911	1130	123	0	1130	89.12%	108	0	20	20	20	15	1130	75	93.36%	90.00%
San Jacinto Total	911	2518	217	0	2518	91.38%	201	0	26	34	34	24	2518	146	94.20%	90.00%
Desert - Palm Springs & DHS	911	1306	168	0	1306	87.14%	156	0	16	35	35	22	1306	99	92.42%	90.00%
Desert - La Quinta, Coachella & Uninc.	911	1437	169	0	1437	88.24%	140	0	35	24	24	15	1437	101	92.97%	90.00%
Desert Total	911	2743	337	0	2743	87.71%	296	0	51	59	59	37	2743	200	92.71%	90.00%
Palo Verde - Palo Verde	911	196	12	1	195	93.88%	11	0	2	1	1	3	195	7	96.41%	90.00%
Palo Verde Total	911	196	12	1	195	93.88%	11	0	2	1	1	3	195	7	96.41%	90.00%
Pass - Pass	911	1106	139	0	1106	87.43%	89	0	62	21	21	10	1106	58	94.76%	90.00%
Pass Total	911	1106	139	0	1106	87.43%	89	0	62	21	21	10	1106	58	94.76%	90.00%
Mountain Plateau - Mountain	911	102	19	5	97	81.37%	14	0	0	0	0	13	97	1	98.97%	90.00%
Mountain Plateau Total	911	102	19	5	97	81.37%	14	0	0	0	0	13	97	1	98.97%	90.00%
CountyWide Total	911	19382	2807	11	19371	85.52%	2563	0	359	633	631	230	19371	1709	91.18%	90.00%

APRIL 2024 COMPLIANCE REPORT

Zone	Priority	Total Volume	RAW Gross Exceptions	Do Not Count	Adjusted Total Volume	RAW Compliance	Gross Exceptions	Corrections Requested	Corrections Approved	Exemptions Requested	Exemptions Approved	2nd Unit Qualifier	Compliance Calculated Responses	Chargeable Late Responses	Compliance	Contract Comp %
Northwest - Riverside City	911	3077	425	0	3077	86.19%	421	0	17	136	136	25	3077	260	91.55%	90.00%
Northwest - Norco & Uninc. North	911	1466	241	1	1465	83.56%	206	0	49	63	63	11	1465	132	90.99%	90.00%
Northwest - Corona & Uninc. South	911	1449	248	1	1448	82.88%	234	0	31	76	76	12	1448	146	89.92%	90.00%
Northwest Total	911	5992	914	2	5990	84.75%	861	0	97	275	275	48	5990	538	91.02%	90.00%
Southwest - Temecula & Murrieta	911	1496	216	0	1496	85.56%	204	0	18	65	65	13	1496	127	91.51%	90.00%
Southwest - LE, Menif, Wild, CL & Uninc.	911	2392	457	0	2392	80.89%	383	0	86	111	111	20	2392	252	89.46%	90.00%
Southwest Total	911	3888	673	0	3888	82.69%	587	0	104	176	176	33	3888	379	90.25%	90.00%
Central - Moreno Valley	911	1643	206	1	1642	87.46%	181	0	30	28	28	23	1642	131	92.02%	90.00%
Central - Perris & Uninc.	911	1069	190	0	1069	82.23%	160	0	35	24	24	20	1069	116	89.15%	90.00%
Central Total	911	2712	396	1	2711	85.40%	341	0	65	52	52	43	2711	247	90.89%	90.00%
San Jacinto - Hemet	911	1290	110	0	1290	91.47%	110	0	1	20	20	9	1290	81	93.72%	90.00%
San Jacinto - San Jacinto & Uninc.	911	1096	139	0	1096	87.32%	113	0	29	31	31	14	1096	68	93.80%	90.00%
San Jacinto Total	911	2386	249	0	2386	89.56%	223	0	30	51	51	23	2386	149	93.76%	90.00%
Desert - Palm Springs & DHS	911	1278	152	0	1278	88.11%	139	0	22	10	10	20	1278	109	91.47%	90.00%
Desert - La Quinta, Coachella & Uninc.	911	1337	159	0	1337	88.11%	128	0	38	14	14	16	1337	100	92.52%	90.00%
Desert Total	911	2615	311	0	2615	88.11%	267	0	60	24	24	36	2615	209	92.01%	90.00%
Palo Verde - Palo Verde	911	174	15	1	173	91.38%	13	0	4	0	0	0	173	13	92.49%	90.00%
Palo Verde Total	911	174	15	1	173	91.38%	13	0	4	0	0	0	173	13	92.49%	90.00%
Pass - Pass	911	1056	148	1	1055	85.98%	85	0	71	9	9	7	1055	69	93.46%	90.00%
Pass Total	911	1056	148	1	1055	85.98%	85	0	71	9	9	7	1055	69	93.46%	90.00%
Mountain Plateau - Mountain	911	123	14	4	119	88.62%	9	0	1	0	0	3	119	6	94.96%	90.00%
Mountain Plateau Total	911	123	14	4	119	88.62%	9	0	1	0	0	3	119	6	94.96%	90.00%
CountyWide Total	911	18946	2720	9	18937	85.64%	2366	0	432	587	587	193	18937	1610	91.50%	90.00%

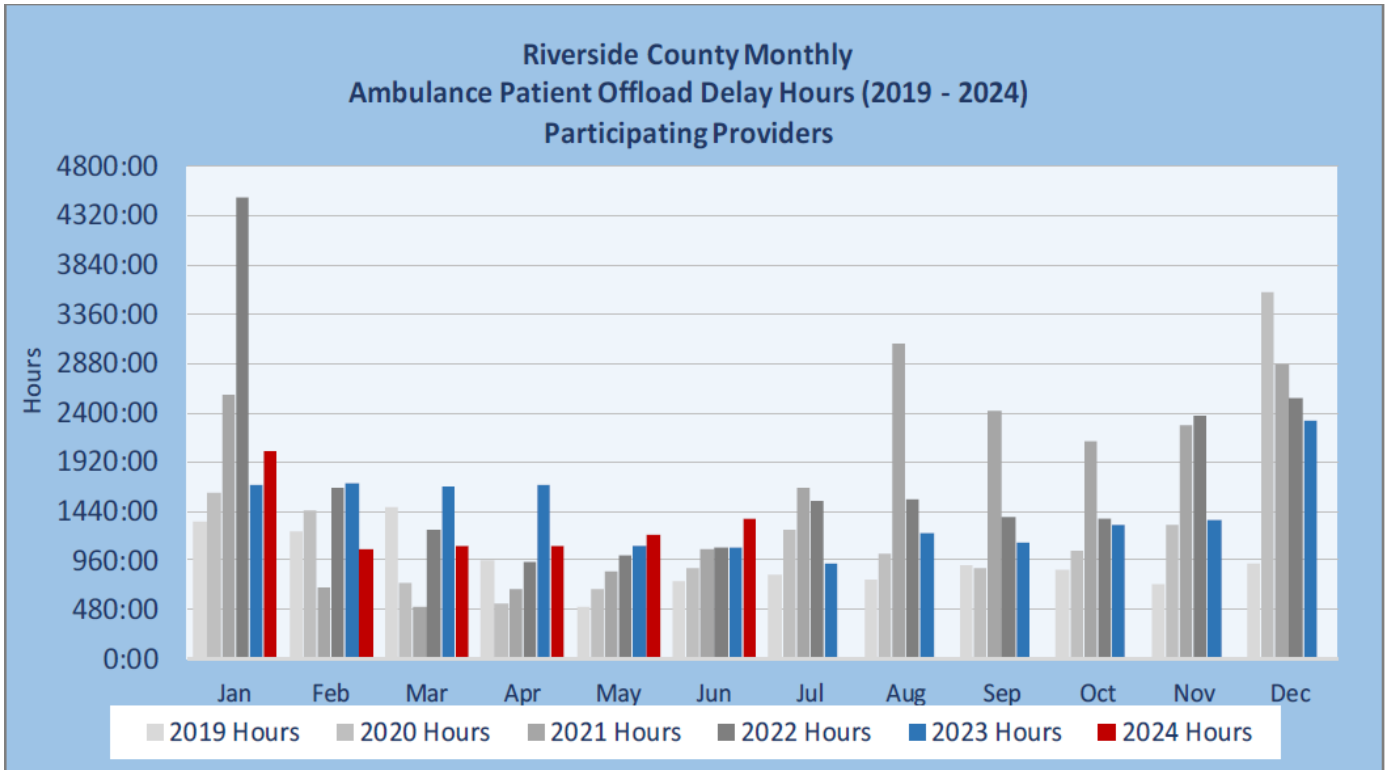
MAY 2024 COMPLIANCE REPORT

Zone	Priority	Total Volume	RAW Gross Exceptions	Do Not Count	Adjusted Total Volume	RAW Compliance	Gross Exceptions	Corrections Requested	Corrections Approved	Exemptions Requested	Exemptions Approved	2nd Unit Qualifier	Compliance Calculated Responses	Chargeable Late Responses	Compliance	Contract Comp %
Northwest - Riverside City	911	3260	421	5	3255	87.09%	416	0	14	128	128	35	3255	253	92.23%	90.00%
Northwest - Norco & Uninc. North	911	1596	247	1	1595	84.52%	229	0	33	65	65	25	1595	139	91.29%	90.00%
Northwest - Corona & Uninc. South	911	1471	239	1	1470	83.75%	229	0	21	84	84	14	1470	131	91.09%	90.00%
Northwest Total	911	6327	907	7	6320	85.66%	874	0	68	277	277	74	6320	523	91.72%	90.00%
Southwest - Temecula & Murrieta	911	1644	230	0	1644	86.01%	213	0	22	42	42	32	1644	139	91.55%	90.00%
Southwest - LE, Menif, Wild, CL & Uninc.	911	2562	446	0	2562	82.59%	390	0	74	137	137	20	2562	233	90.91%	90.00%
Southwest Total	911	4206	676	0	4206	83.93%	603	0	96	179	179	52	4206	372	91.16%	90.00%
Central - Moreno Valley	911	1651	197	0	1651	88.07%	167	0	34	17	17	17	1651	133	91.94%	90.00%
Central - Perris & Uninc.	911	1137	202	0	1137	82.23%	157	0	55	19	19	17	1137	121	89.36%	90.00%
Central Total	911	2788	399	0	2788	85.69%	324	0	89	36	36	34	2788	254	90.89%	90.00%
San Jacinto - Hemet	911	1371	129	0	1371	90.59%	124	0	11	23	23	11	1371	90	93.44%	90.00%
San Jacinto - San Jacinto & Uninc.	911	1143	133	0	1143	88.36%	112	0	27	31	31	13	1143	68	94.05%	90.00%
San Jacinto Total	911	2514	262	0	2514	89.58%	236	0	38	54	54	24	2514	158	93.72%	90.00%
Desert - Palm Springs & DHS	911	1314	159	1	1313	87.90%	153	0	12	19	19	15	1313	119	90.94%	90.00%
Desert - La Quinta, Coachella & Uninc.	911	1404	170	1	1403	87.89%	140	0	39	10	10	22	1403	108	92.30%	90.00%
Desert Total	911	2718	329	2	2716	87.90%	293	0	51	29	29	37	2716	227	91.64%	90.00%
Palo Verde - Palo Verde	911	186	11	1	185	94.09%	10	0	4	0	0	2	185	8	95.68%	90.00%
Palo Verde Total	911	186	11	1	185	94.09%	10	0	4	0	0	2	185	8	95.68%	90.00%
Pass - Pass	911	1139	181	1	1138	84.11%	103	0	91	19	19	2	1138	82	92.79%	90.00%
Pass Total	911	1139	181	1	1138	84.11%	103	0	91	19	19	2	1138	82	92.79%	90.00%
Mountain Plateau - Mountain	911	152	18	7	145	88.16%	10	0	1	0	0	3	145	7	95.17%	90.00%
Mountain Plateau Total	911	152	18	7	145	88.16%	10	0	1	0	0	3	145	7	95.17%	90.00%
CountyWide Total	911	20030	2783	18	20012	86.11%	2453	0	438	594	594	228	20012	1631	91.85%	90.00%

JUNE 2024 COMPLIANCE REPORT

Zone	Priority	Total Volume	RAW Gross Exceptions	Do Not Count	Adjusted Total Volume	RAW Compliance	Gross Exceptions	Corrections Requested	Corrections Approved	Exemptions Requested	Exemptions Approved	2nd Unit Qualifier	Compliance Calculated Responses	Chargeable Late Responses	Compliance	Contract Comp %
Northwest - Riverside City	911	3232	389	4	3228	87.96%	385	0	18	143	143	51	3228	191	94.08%	90.00%
Northwest - Norco & Uninc. North	911	1594	295	0	1594	81.49%	252	0	48	107	107	30	1594	115	92.79%	90.00%
Northwest - Corona & Uninc. South	911	1451	253	0	1451	82.56%	236	0	22	102	102	14	1451	120	91.73%	90.00%
Northwest Total	911	6277	937	4	6273	85.07%	873	0	88	352	352	95	6273	426	93.21%	90.00%
Southwest - Temecula & Murrieta	911	1569	248	0	1569	84.19%	228	0	28	85	85	17	1569	126	91.97%	90.00%
Southwest - LE, Menif, Wild, CL & Uninc.	911	2593	491	0	2593	81.06%	429	0	79	150	150	30	2593	249	90.40%	90.00%
Southwest Total	911	4162	739	0	4162	82.24%	657	0	107	235	235	47	4162	375	90.99%	90.00%
Central - Moreno Valley	911	1656	216	1	1655	86.96%	188	0	37	17	17	16	1655	155	90.63%	90.00%
Central - Perris & Uninc.	911	1175	211	0	1175	82.04%	170	0	51	32	32	19	1175	119	89.87%	90.00%
Central Total	911	2831	427	1	2830	84.92%	358	0	88	49	49	35	2830	274	90.32%	90.00%
San Jacinto - Hemet	911	1368	147	0	1368	89.25%	145	0	4	34	34	10	1368	101	92.62%	90.00%
San Jacinto - San Jacinto & Uninc.	911	1230	175	0	1230	85.77%	150	0	27	37	37	22	1230	92	92.52%	90.00%
San Jacinto Total	911	2598	322	0	2598	87.61%	295	0	31	71	71	32	2598	193	92.57%	90.00%
Desert - Palm Springs & DHS	911	1329	151	0	1329	88.64%	143	0	17	17	17	14	1329	112	91.57%	90.00%
Desert - La Quinta, Coachella & Uninc.	911	1357	163	2	1355	87.99%	140	0	30	12	12	20	1355	108	92.03%	90.00%
Desert Total	911	2686	314	2	2684	88.31%	283	0	47	29	29	34	2684	220	91.80%	90.00%
Palo Verde - Palo Verde	911	195	18	0	195	90.77%	14	0	7	0	0	3	195	11	94.36%	90.00%
Palo Verde Total	911	195	18	0	195	90.77%	14	0	7	0	0	3	195	11	94.36%	90.00%
Pass - Pass	911	1127	198	0	1127	82.43%	108	0	110	14	14	8	1127	86	92.37%	90.00%
Pass Total	911	1127	198	0	1127	82.43%	108	0	110	14	14	8	1127	86	92.37%	90.00%
Mountain Plateau - Mountain	911	165	21	6	159	87.27%	13	0	4	0	0	4	159	9	94.34%	90.00%
Mountain Plateau Total	911	165	21	6	159	87.27%	13	0	4	0	0	4	159	9	94.34%	90.00%
CountyWide Total	911	20041	2976	13	20028	85.15%	2601	0	482	750	750	258	20028	1594	92.04%	90.00%

AMBULANCE PATIENT OFFLOAD TIME



June 2024						
	ALS Transports	APOT	APOD Hours	APODs	APOD Compliance	APOT - 1
Corona Regional Med Ctr	855	528:56:58	210:54:35	329	61.5%	1:22:11
Desert Regional Med Ctr	1,287	281:09:23	8:30:38	39	97.0%	0:21:25
Eisenhower Health	1,559	310:20:05	3:30:36	29	98.1%	0:18:55
Hemet Valley Hospital	1,273	722:10:45	210:51:40	475	62.7%	0:55:43
Inland Valley Med Ctr	1,028	491:19:56	172:42:33	273	73.4%	1:04:52
JFK Hospital	727	102:19:10	1:57:52	7	99.0%	0:15:34
Kaiser Hospital Moreno Valley	374	183:54:34	47:50:14	124	66.8%	0:58:41
Kaiser Hospital Riverside	612	256:19:28	61:34:30	145	76.3%	0:49:03
Loma Linda Univ Med Ctr Mur	767	393:55:01	100:49:45	226	70.5%	0:52:56
Menifee Med Ctr	343	129:07:14	21:19:33	49	85.7%	0:35:05
Palo Verde Hospital	137	15:21:37	0:09:32	1	99.3%	0:13:50
Parkview Community Hospital	710	221:18:20	16:44:18	60	91.5%	0:29:43
Rancho Springs Med Ctr	571	233:44:55	55:02:36	103	82.0%	0:46:51
Riverside Community Hospital	1,893	870:55:18	243:29:26	467	75.3%	0:55:10
Riverside University Health System	1,752	537:44:41	17:21:06	147	91.6%	0:30:00
San Geronio Mem Hospital	618	357:12:14	112:58:11	230	62.8%	1:07:10
Temecula Valley Hospital	612	319:01:59	82:32:08	220	64.1%	0:55:52
Grand Total	15,118	5954:51:38	1368:19:13	2924	80.7%	0:45:00

Monthly Average over last 12 Months						
	Avg	Avg APOD			Max of	
	Transports	Avg APOT	Hours	Avg APODs	Min of APODs	APODs
Corona Regional Med Ctr	850	414:26:55	125:51:09	239	195	329
Desert Regional Med Ctr	1,327	337:26:50	34:49:07	90	27	146
Eisenhower Health	1,528	300:59:49	6:28:17	34	13	84
Hemet Valley Hospital	1,224	824:19:15	323:32:53	532	386	668
Inland Valley Med Ctr	1,010	521:52:08	192:36:42	292	212	376
JFK Hospital	739	106:42:49	3:16:58	11	3	25
Kaiser Hospital Moreno Valley	370	166:34:54	41:33:55	95	58	139
Kaiser Hospital Riverside	578	254:46:27	66:25:23	140	90	181
Loma Linda Univ Med Ctr Mur	744	407:30:54	124:21:43	240	169	288
Menifee Med Ctr	342	164:12:09	41:55:05	93	30	254
Palo Verde Hospital	147	19:40:34	0:54:15	3	1	6
Parkview Community Hospital	634	186:47:48	9:15:43	43	18	74
Rancho Springs Med Ctr	585	239:58:48	57:01:54	110	49	208
Riverside Community Hospital	1,836	626:26:57	117:14:37	263	65	467
Riverside University Health System	1,690	518:38:40	18:41:32	142	79	250
San Geronio Mem Hospital	594	357:25:53	119:45:22	224	159	306
Temecula Valley Hospital	588	280:29:29	64:32:12	184	127	269

Average ETS Transports over last 12 months			
	Compliance	APODs	APOD Hours
Emergency Treatment Services	74%	86	18:09:42

Item #	Summary of Contract Section	Evidence of Compliance	Status
Article 2.2	Meet 91% response time performance in all RTZs for at least nine (9) non-consecutive months of preceding contract year.	AMR did not meet 91% response time performance in all RTZ. It is important to note that AMR has consistently added resources and incrementally improved through the entire performance period making near complete compliance by their final month of June 2024.	Not Compliant
Article 6.1	Licensing and Permits are current.	Contractor has provided all copies of applicable CHP permits, local business licenses. REMSA staff have verified all credentials, certificates, and licenses to be current and in good standing.	Compliant
Article 8.1	Subcontract for work or services to have prior written approval of County Contract Administrator.	No changes for the 23/24 contract period. The Contractor holds public/private partnerships agreements with the City of Riverside, City of Corona, City of Calimesa, Morongo Band of Mission Indians, Soboba Band of Luiseno Indians. The contractor has also formalized an agreement with Morongo Fire Department to supply additional ambulances and an air ambulance to the Morongo Reservation and surrounding area in the Pass EMS zone.	Compliant
3.1	Provide continuous ALS emergency ambulance services to residents and visitors of Riverside County 24 hours a day, every day, according to the EMS Plan.	Contractor has available to REMSA staff 24/7 access into Firstwatch to provide daily and retrospective Schedules including ALS/BLS, and CCT interfacility staffing hours that is required for Section 3.1 of the Ground Ambulance Contract. These reports are sub divided by EMS zone and subzone that has been outlined in our EMS plan. This includes scheduled hours versus actual and loss hours due to unforeseen circumstances including out of service reasons for mechanical, staffing, restocking, etc. Hard copy core schedules has been provided in the Annual Review report and have been verified as part of the annual review.	Compliant
3.2	Contractor shall provide ground ALS emergency ambulance services for the exclusive operating areas and non-exclusive operating areas as stated in Attachments 1 & 2.	Contractor has available to REMSA staff 24/7 access into Firstwatch and visinet cad access that have detailed posting nplans and schedules by division or business unit. In the annual report contractor has supplied a detailed system status plan including posting locations within each EMS zone and appropriate subzone. MHOAC duty officer program has the same access for coordination purposes. All ambulances both ALS and BLS meet the criteria outlined in Riverside County Ordinance 756.1	Compliant
3.2.3	Contractor may enter into a subcontract or partnership with REMSA authorized ALS ambulance provider for the Mountain operating area, subject to approval by REMSA	Contractor has a partnership through REMSA Operational Policy #2120 with Idyllwild Fire Protection District and has utilized AVL locators with applicable ambulances on the mountain plateau where they assign and refer calls to the closes most appropriate resource per Policy #2120 intent. Compliance is monitored through monthly compliance reports and REMSA staff have verified these calls to be referred appropriately since the operational policy has gone into effect.	Compliant
Item #	Summary of Contract Section	Evidence of Compliance	Status
3.5.1	Establish and maintain operations centers to effectively support operations and field staff, including deployment/equipment, management/supervision, education/training, and adequate living quarters for 24 hour units/supervisors if needed, and equipped with generator for backup operation.	Contractor has demonstrated effective support operations for field staff which include equipment, supervision, education/training, and adequate living quarters for the 24 hour units and supervisors. Evidence of backup generators have been provided. REMSA staff have conducted site visits of these locations. The annual review provides location evidence and documentation in relation to those wrap around services for the operation centers.	Compliant
3.5.2	Establish and maintain an administrative headquarters for Riverside County operations.	Contractor headquarters is located at 879 Marlborough Ave. Riverside, Ca 92507. REMSA staff frequently meet with Contractor leadership at this location.	Compliant
3.5.3	Maintain a communications center for system status management and dispatch of ALS emergency ambulances.	Contractor's communication center is located at 879 Marlborough Ave. Riverside, Ca 92507. REMSA staff frequently meet with Contractor leadership at this location.	Compliant
3.5.3.1	Communications center shall utilize radio and data communication plan approved by REMSA that digitally integrates Contractor communications and CAD with EMS response partners; plan shall contain provisions for redundancy in the event of primary. Communications systems failure.	Contractor has a completed Radio and Data infrastructure model that has been in place since 2018 since its last over haul. Contractor maintains CAD to CAD integrations with four municipal fire departments, and One County Fire department and secondary PSAP. Contractor has worked in conjunction to replace those current integrations with a CAD to CAD Hub located with ConFire in San Bernardino. Contractor has supplied a Communications COOP plan which has sections regarding Response to a failure, recovery operations, and site migration if the current location is not suitable for operations.	Compliant
3.5.3.2	Communications center shall be equipped with a generator capable of maintaining operations despite loss of power or other utilities.	Contractor generator and supplied information including load tests are conducted at normal intervals. Site visits have been conducted by REMSA staff during past visits.	Compliant
Item #	Summary of Contract Section	Evidence of Compliance	Status
3.5.3.5	Contractor shall provide REMSA with a written deployment and system status plan for the number of ambulances, their assigned locations, deployment strategies and shift schedules; changes to the plan must be provided to REMSA at least 30 days prior to implementation date of proposed change.	Contractor has deployed the Operational Performance Analytics Program (OPAP) to enhance analyses of demand and staffing. OPAP allows AMR to strategize and anticipate necessary staffing deployment during seasonal fluctuations. Contractor has available to REMSA staff 24/7 access into Firstwatch reports that have detailed posting plans and schedules by business unit, EMS zone. In addition the annual report they have provided a static posting location by Business Unit that details EMS zone posts. REMSA staff have independently confirmed that every EMS zone and Subzone have staffing/posting locations and are available for immediate need by the MHOAC and EMS Duty Officer programs for coordination.	Compliant
3.6	Contractor may place ambulances in specific cities or communities of Riverside County; any contracts are subject to approval of REMSA.	Safety Net Ambulance agreements are in place for several departments.	Compliant
3.9	Contractor may provide non-transport special EMS programs as approved by REMSA.	Contractor on a regular basis throughout the performance period provides EMS standby's and special EMS programs outside of the normal ambulance response and transport model. The standby events are considered event medicine to large gatherings in Riverside County. Those events include but not limited to: Coachella & Stagecoach, March Air show, Spring Splash events at UC Riverside and Palm Springs. These events in conjunction as required by contract submitted applicable event action plans in Incident Command System Format. They coordinated efforts with other jurisdictional partners as needed. REMSA staff have provided administrative policies when needed for these events. Reference to REMSA Admin policy #6203. As part of the annual report Contractor as provided Standard operating procedures that govern these special programs which include tactical EMS, Bicycle and other light EMS response services.	Compliant
3.11	Capitalization: 5 year refresh cycle for technology; expand infrastructure as needed; rate increase may apply.	Contractor did not purchase any capital assets for this performance period.	Compliant
3.12	Disaster Assistance and Response: Contractor to be actively involved in planning for and responding; shall implement ambulance back up and system surge plan as requested, to be coordinated through MHOAC. Point of contact individual shall be designated by Contractor as primarily responsible for disaster preparedness and planning coordination.	Contractor participated in the following drills and dates during the performance period. Coachella Valley Disaster/MCI Drill - October 25, 2023 MultiAgency MCI Drill March 4, 2024 Palm Springs Tri Annual Airport TTX Drill May 6, 2024 SoCAL Rocks 2024 Tabletop exercise June 4, 2024 RCOA Tactical Response Violent Incidents/Active Shooter Drill June 26, 2024. Contractor supplies their full disaster plan for review during the annual review. REMSA staff have verified the plan is in good standing.	Compliant
3.13	Contractor shall assign a primary point of contact for ECC personnel and shall pay a fee for dispatch services provided by the County.	Contractor has a primary POC for ECC personnel either the Communications Manager or their designee. Contractor pays for dispatch services through a Semi Annual Payment process facilitated through REMSA as pass through to the ECC for services rendered.	Compliant
Item #	Summary of Contract Section	Evidence of Compliance	Status

4.2	Continuous Quality Improvement (CQI) Program Plan - Contractor shall develop and implement a CQI program that ensures optimal patient care and effective operations for all services under this Agreement. (4.2.5.1 - 4.2.5.11)	Contractor submitted their 2024 CQI plan, and provided an updated CQI outlook on 2023 work. This included special circumstance, percentages, and suggestions for improvement. OGL policies were provided that are division/business unit based. This includes Customer Patient Satisfaction, Patient belongings, Injury/Illness prevention, Community Education, Human Resources, Safety, Fleet equipment performance and materials management, Unusual Occurrences incidents and complaint management, Leadership, Communications including deployment and system status management, and risk management. REMSA staff have reviewed and verified its contents.	Compliant
4.5	Contractor shall employ a Medical Advisor who shall be a California licensed physician (MD or OD) employed as a 0.25 FTE minimum, and shall serve as primary liaison between Contractor and REMSA Medical Director for medical issues. REMSA Medical Director shall participate in selection process.	The Contractor's medical advisor is Dr. William Seth Dukes - in addition to his role as the medical advisor, he also serves as the Medical Director for Riverside City Fire, Highland Fire, and AMR San Bernardino County.	Compliant
4.8	Contractor shall develop and implement a comprehensive Patient Satisfaction Program for services provided to patients in the Riverside County EMS System.	Contractor has changed vendors since last performance year on their customer satisfaction survey and scoring systems. All business units are reports 90% customer satisfaction, however the breakdowns are not available for review this year.	Compliant
4.9	Clinical Education and Training Program to be developed and implemented by Contractor using contemporary performance based methods and processes. Program shall be linked to the Contractor's CQI program and congruent with EQIP.	Contractor has a approved field training officer program that is utilized for all new hire employee training. The CQI plan is up to date and revised for 2024. Contractor continues to use novel review methods including ImageTrend CQI module that includes peer review options for field training officers to review and continue to monitor newer employees after they have completed training.	Compliant

Item #	Summary of Contract Section	Evidence of Compliance	Status
5.2.1	Contractor shall meet the response time standards, as described in Exhibit 5-A, a minimum of 90% of the time.	Response time reports have been received, reviewed, and validated by REMSA staff. Compliance was received within the 15 day deadlines of the following month for the entire performance year. This performance year adopted a novel approach of an programmatic approval process of same concurrent EMS zone lates related to amount of ambulances on confirmed bed delay APOD times recorded in ePCR and verified by nursing signatures. This model has led to an 80% reduction in bed delay exemption requests/approvals. Contractor has made strides to managing their EMS system deployment to RAW compliance only and shows consistent improvements for the performance year	Compliant
5.2.3	Contractor agrees to cooperate with REMSA and EMS System participants to establish the Medical Dispatch System (MPDS).	MPDS is implemented and currently available in 97% of the County. The contractor continues to comply with all MPDS card mappings and resource triaging with County Fire only. BLS ambulances are utilized for Omega/Alpha related responses and is part of their approved EMD program managed by Cal Fire Riverside County Fire. A breakdown of ALS/BLS utilization ambulances are available and continue to be reviewed via CQI processes when determinant drift occurs.	Compliant
5.3	Contractor shall use REMSA approved CAD program synchronized to atomic clock and shall cooperate with REMSA and First Watch to provide and maintain continuous 24/7 data feeds and remote read-only access for real time monitoring and analysis of response time performance.	Tritech CAD by Central Square has been in place since the beginning of this Ground Ambulance Contract. REMSA staff have full read only access to both VisiCAD tools and Firstwatch for system monitoring. Response time performance reports are available to REMSA staff 24/7.	Compliant
5.3.2	Contractor shall utilize AVL/GPS linked to the digital CAD for real time tracking and monitoring capability.	AVL/GPS is integrated into the TriTech CAD. REMSA staff have access to VisiCAD for system monitoring. Contractor also provides access to AVL/GPS data for response exemption approval process in the OCU and other drill down versions within every call in Firstwatch.	Compliant
6.1	Contractor shall have a program to retain employees and minimize turnover.	Contractor provided competitive benefits, sign-on bonuses, paramedic upgrade bonuses, location relocation bonuses, educational assistance program, employee assistance program, employee discounts and 401k program. Contractor also allows for certain plans to be accessed by employees at their cost including Legal plan, Auto and Home insurance, ID Theft, Pet Insurance, and optional life insurance plans for family and children. Contractor also provided an earn while you learn EMT program for AMR Riverside, and paramedic scholarship program to help reduce the numbers of paramedic vacancies. These scholarships apply to all local approved Paramedic schools including Crafton, Moreno Valley College, and NCTI. Contractor is also offering a 15K sign on bonus for hard to recruit areas such as AMR Blythe.	Compliant

Item #	Summary of Contract Section	Evidence of Compliance	Status
6.1.1	Working with unions and an employee group to create an ongoing employee satisfaction assessment and monitoring system.	Contractor maintains Open Door Policy for encouraging employees to share suggestions, problems, and complaints. Program in place meeting every third Thursday between Contractor management and Union leadership including representatives, union president, and union stewards. Contractor has an onboarding survey for new employees thats administered within the first 90 days. There is no ongoing satisfaction assessment or monitoring system in place outside of the labor management meetings at this time. However this is slated to be addressed in future REMSA contract meetings with AMR.	Compliant
6.1.2	Conducting exit interviews with employees leaving employment to identify the dissatisfies that could be driving employee turnover. Reports of such analyses and Contractor's improvement strategies will be available to REMSA.	Contractor supplied results from employee exit survey relating to reasons why they had separated employment from the company. Annual Review documents provided spreadsheet of all involuntary and voluntary separation by reason and by regular/temp position. REMSA has reviewed all documents and are in good standing.	Compliant
6.1.3	Contractor will track and report employee turnover and results of employee satisfaction surveys annually to REMSA.	Contractor turnover survey results were reviewed and verified by REMSA staff. Contractor employee turnover by month ranges from 1.3% to 2.9%. Top reasons are the same for previous performance years citing behind hired by a fire department, other healthcare career advancement, and returning bak to school.	Compliant

Item #	Summary of Contract Section	Evidence of Compliance	Status
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6.2	Workforce professionalism - Standards of behavior to be implemented (14 points, 6.2.1- 6.2.14) for all services rendered under this Agreement.	6.2.1 Contractor's workforce professionalism standards are in place and defined within the Operational Guidelines Manual (OGL) and Employee Handbook updated on July 1 2020. The OGL manual includes all required contract standards and is updated on a regular basis and was reviewed by REMSA staff. 6.2.2 Pre employment and screening forms were provided and reviewed by REMSA staff. 6.2.3 Prospective employee criminal background checks examples have been provided and inspected by REMSA staff. Contractor has policies in place to exclude people from employment if background process prevents employment. 6.2.4 Contractor has demonstrated policies and procedures in place for vehicle, equipment, and station use and maintenance. 6.2.5 Policies regarding personal cleanliness and grooming are in place and inspected by REMSA staff. 6.2.6 Contractor has physical ability testing standards and policies in place to ensure a minimum physical fitness for duty. 6.2.7 Contractor maintains a regional and local Uniform standardization which includes cleanliness and appearance standards. The policies and uniform standards have been observed by REMSA staff throughout the year. 6.2.8 Contractor has secondary credentialing monitoring tools that is required through CAAS accreditation as well. REMSA maintains information security that personnel must have and an expired medical credential and if they do are locked out of the system. Prompting them to seek help and identifying any personnel that may be working with an expired credential. 6.2.9 Contractor has an OGL for patient interaction requirements that has been inspected by REMSA staff. 6.2.10 Contractor has regular staff meetings to education and update personnel when REMSA develops and pushes out a Protocol Update Course. Class rosters are available for inspection by REMSA staff. 6.2.11 Contractor regularly attends all of REMSA committee meetings including but not limited to: EMCC, PMAC, Stroke, STEM, TAC, ePCR workgroup, Riverside County Fire Chief's Association. Contractor also has an operational guideline regarding external party interactions that has been reviewed by REMSA staff. 6.2.12 Contractor participates in local events such as Chamber of Commerce, Hospital association, and general public safety events as requested. Contractor also provides regular community training and education. 6.2.13 Contractor has a standing policy addressing etiquette and expectations of conduct as it pertains to social media use. 6.2.14 Contractor has a standing policy that addresses interactions with family as well as ancillary parties potentially involved in emergency incidents.	Compliant
6.3	Organizational Staffing and Key Management Personnel: REMSA shall review and approve key management personnel. Contractor shall submit an organization chart and associated job descriptions to REMSA within sixty (60) calendar days of the signing of this Agreement (positions listed 6.3.1-6.3.9).	Contractor organization chart and job descriptions have been reviewed and approved by the REMSA contract administrator.	Compliant
Item #	Summary of Contract Section	Evidence of Compliance	Status
6.4	Credentialing for EMTs and Paramedics is required for all field personnel and shall be in conformance with REMSA policies and procedures.	All copies checked and verified by REMSA staff. Additionally, all contractors employees are registered within the Riverside County Emergency Medical Services Information System (REMSIS) Licensure Management System (LMS).	Compliant
6.5	Ambulance Staffing requirements: Two REMSA accredited paramedics or a REMSA accredited paramedic and REMSA certified EMT. Field personnel uniforms and identifiers must conform to Contractor's policy, subject to REMSA approval. REMSA may authorize alterations to staffing requirements as part of EMD program.	Contractor's ambulance staffing standards are in place and defined within the Operational Guidelines Manual (OGL). OGL manual was reviewed by REMSA staff. REMSA staff performs periodic scheduled and unscheduled field inspections. In the upcoming review period,	Compliant
6.6	Field Supervisor Program - one supervisor for every 15 ambulances in service by operation; meet REMSA credentialing criteria; have written program.	Contractor has a Riverside County Supervisor Plan and Operations Supervisor Training plan in place. The program was reviewed and approved by REMSA staff. Ratios are verified to be in compliance. REMSA has approved current supervisor staffing levels but has yet to establish a formal program for credentialing.	Compliant
6.8	Employees Health and Wellness Programs (6.8.1, 6.8.1.1, 6.8.1.2).	Reviewed by REMSA staff. Contractor Employee Health and Wellness program is all inclusive in scope and comprehensive in content based upon contract requirements and recommendations by the County Health Officer or designee.	Compliant
6.9	Contractor shall have a comprehensive FTO program approved by REMSA that establishes roles/responsibilities, employee eligibility criteria, credentialing and education/training requirements; FTO roles/responsibilities shall be integrated into Contractor's CQI plan and education/training programs	Contractor has Field Training Officer (FTO) program in place. Reviewed by REMSA staff and approved by the Contract Administrator. FTO program continues utilizing REMSIS for peer review CQI for retrospective monitoring of new hire employees performance.	Compliant
7.2	Establish policies and procedures for integration of radio and data communications with PSAPs, base hospitals, Public Health and Medical Communications Center, and on-scene incident command.	AMR has radio and telephone communication procedures in place. Policies and AMR OGLs were reviewed and approved by REMSA. It is recommended to update those policies including utilization of Public Safety Enterprise Communication system.	Compliant
7.3	Operate a dispatch center located within Riverside County and maintain all hardware and software necessary to receive and fulfill requests for emergency ambulance services made by County PSAP Centers; capable of receiving and replying to requests by voice and by CAD interface; capable of dispatching all ambulance units. Contractor shall implement CQI program for evaluation of dispatch operations, education and training of dispatchers, problem identification and resolution. The Dispatch CQI Plan shall be submitted to REMSA within 180 days and updated with the Contractor CQI Plan.	Contractor's ambulance dispatch center is currently located at 879 Marlborough Ave Riverside, CA 92507 and is operational 24/7/365. REMSA has verified communication center capacity during routine site visits. Contractor's Dispatch CQI program is updated simultaneously with Contractor CQI Plan and is provided timely.	Compliant
Item #	Summary of Contract Section	Evidence of Compliance	Status
7.3.1	CAD and IT Support - maintain a Computer Aided Dispatch (CAD) system according to the specifications of REMSA that assures a complete audit trail for all response times and assures REMSA access to the response time data at any time to assure Contractor compliance	Contractor has the TriTech CAD in place. Contractor has provided evidence of scheduled maintenance for TriTech CAD. REMSA utilizes the VisiCAD tools regularly to audit response time performance and monitor system status. Sample work orders for CAD upgrades and changes have been reviewed by REMSA staff	Compliant
7.3.1.1	Contractor will establish and maintain digital CAD-to-CAD interfaces with PSAPs as requested and authorized by REMSA.	Over the past 7 years, AMR has established and maintained CAD integrations with all PSAPs who request and are ready for integrations. Active CAD links have been established with: City of Riverside Fire Department, City of Corona Fire Department, City of Murrieta Fire Department, City of Hemet Fire Department, Riverside County Fire Department.	Compliant
7.3.1.3	Contractor shall ensure its own information system's hardware, software and personnel are capable of receiving and processing required data including, but not limited to, the ability to continuously monitor data transfer system stability and resolve system failures. In the event of a CAD outage Contractor shall deploy a continuity of operations plan, which shall be submitted to and approved by REMSA within thirty (30) calendar days of the signing of this Agreement.	Contractor's Business Continuity Plan is in place and has been reviewed by REMSA staff. Plan has been updated for review period.	Compliant
7.3.2	Supervisors - Contractor shall have a Dispatch Supervisor program for 24 hour supervision throughout the term of this agreement, which shall also contain requirements for employee eligibility, education and training.	Contractor Dispatch Supervisor Program is in place and is defined within the Operational Guidelines Manual (OGL). Program has been reviewed by REMSA staff.	Compliant
7.3.3	Dispatcher/System Status Controller (SSC) and Call Taker Program shall be comprehensive and ensure effective dispatch operations 24 hours per day, every day throughout the term of this Agreement, which shall contain requirements for employee eligibility, education and training.	Contractor has continuously, 24/7/365, provided dispatch services to residents and visitors of Riverside County through performance period. Dispatcher/ System Status Controller and Call Taker program is in place and is defined within the Operational Guidelines Manual (OGL). Program has been reviewed by REMSA staff.	Compliant
Item #	Summary of Contract Section	Evidence of Compliance	Status
7.4	Radio and Data Infrastructure and Equipment Requirements - Contractor will provide REMSA with a comprehensive radio system/network design including, but not limited to, site selection, power, security, IP backhaul and inter-site communications. Should Contractor's radio communication system be upgraded or replaced within the term of the Agreement, Contractor at their cost will upgrade and/or replace their radio communication equipment to be compatible with and operate on the new system. Modifications to the radio system/network shall be proposed to REMSA for approval at least thirty (30) calendar days prior to initiation of work.	Contractor has provided a technical and architectural review of the radio communication system developed by Rivcomm. Upgrade of radio equipment installed in ambulance has been upgraded to a PSEC compliant system.	Compliant

7.4.1	Unit Mobile Radios - Contractor is responsible for the communications equipment on ambulances and supervisory units; Contractor shall equip all ambulances and supervisory vehicles with radio equipment for communications with Contractor's dispatch center on Contractor's radio channels.	Radio equipment and all programmed channels are verified by REMSA staff during ambulance permitting inspection. REMSA intends to migrate all online medical control over to the Public Safety Enterprise Communications (PSEC) system.	Compliant
7.4.1.1	Radio communications equipment used for ambulance-to-hospital communication shall be configured so that personnel providing patient care are able to directly communicate with base or receiving hospital staff regarding the patient.	All Contractor ambulances are equipped with cellular phones and MedNet Radio consistent with REMSA policy. REMSA intends to migrate all online medical control over to the Public Safety Enterprise Communications (PSEC) system.	Compliant
7.4.1.2	Approved radio equipment shall be installed in conformance with existing REMSA policies prior to assignment of a vehicle to an emergency response area. Installations and removals will be at Contractor's expense.	Contractor radio equipment is installed in accordance with REMSA policies. Verified by onsite inspection by REMSA staff.	Compliant
7.4.1.3	Contractor shall operate communications equipment in conformance with all applicable rules and regulations of the Federal Communication Commission, and in conformance with all applicable REMSA policies and operating procedures.	Operational guidelines (OGL) and FCC licenses reviewed and verified by REMSA staff. Found to be in conformance with all REMSA policies and procedures.	Compliant
7.4.2	Portable or Handheld Radios - Contractor will provide each crew member assigned to an ambulance or supervisor unit with a VHF portable radio programmed annually as specified by REMSA. Contractor shall maintain a minimum cache of twenty (20) spare radios for back-up purposes.	Cellphones have been consistently used for review period. Contractor is utilizing Zipit application for cellular connectivity. Radios have been inspected by REMSA staff to be in compliance with REMSA Radio Standards policy.	Compliant
Item #	Summary of Contract Section	Evidence of Compliance	Status
7.4.3	Mobile Data Computers (MDCs) – Contractor shall equip each emergency ambulance and supervisor vehicle with a MDC that is capable of receiving and sending response related information to and from the vehicles. Contractor shall provide REMSA with the specifications for approval of any new MDCs to be used in the vehicles prior to purchase. All existing MDCs shall be afforded grandfathered approval by REMSA upon signing of this Agreement	Equipment has been verified by inspection by REMSA staff. Technical specifications and VisiNet Mobile Training Manual reviewed by REMSA staff. GIS support services are being provided through EMD staff to support and facilitate latest mapping layers to ensure timely response for Contractors resources.	Compliant
7.5	Global Positioning System (GPS) and Automatic Vehicle Location (AVL) - Contractor will provide an Automatic Vehicle Locator/Global Positioning System (AVL/GPS) solution integrated with ambulance and supervisor vehicle MDCs, including the equipment, software, and ongoing maintenance, solely at Contractor's expense. Contractor's ambulances and supervisor units must be equipped with a wireless modem and GPS receiver that links to its communications center's CAD system to track vehicle locations and select the closest available unit. Contractor shall supply AVL/GPS feeds to REMSA and other public safety agencies as authorized and requested by REMSA.	Contractor GPS and AVL equipment is in place and frequently utilized by REMSA staff for monitoring response time performance and ambulance routing. GIS support services are being provided through EMD staff to support and facilitate latest mapping layers to ensure timely response for Contractors resources.	Compliant
7.6	Radio Frequency Use, Management and Credentialing - Contractor will provide REMSA copies of all radio frequency records and will coordinate all frequency licensure activity through REMSA.	FCC licensing reviewed, verified and found up to date by REMSA staff. REMSA communicates regularly with the County Communications licensing coordinator to assure compliance.	Compliant
7.7	Communications Equipment Replacement - Contractor agrees to replace communications equipment according to a five year technology refresh cycle. Equipment that provides new capabilities to operations above established baseline capabilities at the effective date of this Agreement may be included in annual improvement and enhancement goals; replacement of existing equipment that has reached the end of its five year cycle shall be considered baseline operating maintenance and shall not be included in the formulation of annual improvement and enhancement goals.	Contractor's communications capital equipment list reviewed and verified by the Contract Administrator. Equipment purchase orders have been reviewed and verified. Contractor has provided proof of radio equipment capable of utilizing the Public Safety Enterprise Communication. (PSEC)	Compliant
7.7.1	Contractor's computer aided dispatch (CAD) system will not be included in the technology refresh program; however, the Contractor shall utilize upgrades offered by their CAD vendor if they are applicable to the Contractor's service offerings under this Agreement.	Contractor's current CAD configuration meets the requirements. Regular CAD upgrades that provide for more robust daily and roll-up performance reporting and monitoring have been completed and are ongoing.	Compliant
Item #	Summary of Contract Section	Evidence of Compliance	Status
8.1	Customer Service Excellence - Develop and implement customer service program to establish and maintain customer service excellence. Include qualitative and quantitative evaluation of customer feedback. Findings and metrics to be included in the APR shall document and incorporate feedback from, but not limited to, the following customers: (8.1.1 - 8.1.6)	During the performance period AMR received consistent responses to surveys by various agencies and stakeholders including Fire Departments, Cities, Hospitals and other medical facilities. Results were overall positive with the majority of responses from hospital staff. There were no dissenting opinions about services or quality of personnel willing to help and integrate into the health teams.	Compliant
8.2	Community Education Program - Provide a minimum of one hundred and twenty (120) hours per year for each ambulance operating area, as defined by Attachment 1, Operating Areas. Prepare an annual Community Education Plan with specific goals and objectives as to meet or exceed minimum acceptable levels set by the EMS Administrative Group for that operating area. Plan shall include but not be limited to the following elements: (8.2.1 - 8.2.5)	Contractor provided evidence of public and partner education across the eight (8) ambulance operating areas and other areas of the County. Education included Health and Safety Fair, Community CPR, File of Life, Ambulance Demonstrations, Air Ambulance Demonstrations, Every 15 minutes awareness campaign. All hours were accounted for in the Annual Report and verified by REMSA staff. Contractor also has a deployable mobile training unit containing a high fidelity training simulator to complete any necessary medical trainings to the public or internal staff.	Compliant
8.3	Communications with Electronic or Print Media - Contractor will notify REMSA of all communications with media when it pertains to services performed within the scope of this Agreement	Contractor provided applicable local/corporate policies regarding media interaction. REMSA received notification from the Contractor each time there was a media inquiry.	Compliant
9.1	Ambulances - Shall meet the standards as specified in Riverside County Ambulance Ordinance No. 756 or any other REMSA approved program, policy, protocol or procedure governing the provision of ambulances and equipment. All emergency ambulances used for prehospital care and transport shall be Type III (Modular) ambulances that conform to the highest standards for crash safety rating, passenger/patient safety systems, and shall have less than 250,000 miles of service. All exterior colors, lettering, graphics and markings on ambulances and supervisor vehicles must be approved by REMSA. All ambulances utilized for response to 9-1-1 and prehospital emergency calls shall meet or exceed CAAS standards.	For the review period in question, Contractor has complied with ambulance mileage standards. As noted in previous review period (2022-2023), contractor has updated list to specify which BLS ambulances are being utilized in the emergency response system.	Compliant
Item #	Summary of Contract Section	Evidence of Compliance	Status
9.2	Vehicle Maintenance Program - Institute and maintain a preventative vehicle maintenance program approved by REMSA. The program shall include sufficient service sites strategically located throughout Contractor's service areas so that out-of-service time is limited. The program shall contain, but not be limited to, metrics for annual miles driven, lost unit hours due to mechanical failures, number of mechanical failures and vehicle accidents. These metrics shall be included in the annual performance report to REMSA.	Confirmed by REMSA staff through vehicle inspections and spot checks. All ambulances meet the required criteria. 100% of the ambulance fleet comprise of types III ambulances. Verified, through the permit process, that all ambulances meet CAAS standards. AMR has provided updated facility locations throughout Riverside County that has been verified by REMSA staff.	Compliant
9.3	Field Supervisor Vehicles - Shall have less than 250,000 miles of service on the entire vehicle (engine, drivetrain, chassis, truck body and all associated major parts). Each field supervisor on-duty shall be assigned a dedicated emergency response vehicle (ERV) which shall meet all requirements for designation as an ERV and be equipped pursuant to REMSA specifications	Field Supervisor vehicle mileage logs and specifications submitted to REMSA and has been verified. Contractor has purchased and begun using one all electric supervisor (Ford Mustang Mach-E) vehicle.	Compliant
9.4	Durable Medical Equipment - Provide field personnel standardized durable medical equipment as specified by the REMSA standard drug and equipment list or as approved by REMSA for use within a specialty EMS services program. Contractor shall fully support achievement of the County EMS System Strategic Plan objectives and comply with resulting REMSA policies for equipment standardization with First Responders.	REMSA staff reviewed the Contractors capital equipment, durable medical equipment, and ambulance par level sheets. All meet REMSA policy equipment standards for ALS and BLS ground transport services.	Compliant

9.4.1	Contractor shall have a durable medical equipment maintenance program. Critical failures of medical equipment shall be reported consistent with applicable laws and to REMSA. Lost unit hours due to equipment failure or malfunctions shall be reported to REMSA monthly and included in Contractor's annual performance report to REMSA.	All service agreements were submitted to REMSA for review including contracts for Stryker (Ambulance Gurney), and Zoll (Cardiac Monitor). Equipment failure records are available to REMSA upon request. Lost unit hour reports are available through the Daily Management Report supplied by Firstwatch that tracks all out of service reasons available in real time and retrospective to REMSA staff 24/7.	Compliant
9.4.2	Mandatory Cardiac Monitor Purchase – Contractor shall purchase new cardiac monitors for every ambulance used under this Agreement. REMSA shall specifically identify the new monitors to be purchased by Contractor and the new equipment shall be in service by January 1, 2016.	Contractor completed rollout of Zoll cardiac monitors and has been compliant with program for multiple review periods. Invoices for the new monitors were submitted to REMSA. The new monitors and associated field employee training were verified and approved by REMSA.	Compliant
9.5	Disposable Medical Equipment - Equip and supply ambulances according to REMSA policies, protocols and procedures. REMSA written approval required to modify inventory.	Contractor has provided up to date checklists that are compliant with the current REMSA equipment standards.	Compliant
Item #	Summary of Contract Section	Evidence of Compliance	Status
9.5.1	Ambulance Equipment/Supplies Restock - Submit a detailed written plan to maintain adequate equipment and supplies on all ambulances. Include provisions for support services strategically located across the County to maximize unit in-service time and minimize out-of-service time. Report lost unit hours due to equipment restock monthly and include in APR.	Plans is up to date: Contractor has established guidelines (OGL) for equipment restock and has deployment centers/restock locations in place across the County. Out of Service hours continues to be tracked and available in the Daily Management Report and trigger through firstwatch to REMSA staff.	Compliant
9.6	Equipment and Supply Cache - maintain an on-site inventory of equipment sufficient to ensure continued, uninterrupted operations for 14 calendar days in the event of a large scale disaster.	Contractor has provided evidence of compliance that shows 14 calendar days of emergency supplies.	Compliant
10.1	REMSIS - REMSIS shall consist of an ePCR platform, secure data base and analytical/reporting tools pursuant to REMSA specifications. Contractor shall utilize REMSIS ePCR to capture and transmit patient care reports and data, and by REMSA to perform clinical quality oversight for medical services provided by Contractor.	Contractor has updated its OGL effective 01/28/2020 to be compliant with ePCR ImageTrend requirements per REMSA policy 7701 and 7702. Contractor participates in the REMSIS data collection program including timely submission of NEMSIS 3.5.0 complaint records and is compliant with CEMSIS Title 22 regulations.	Compliant
10.1.01	An ePCR shall be created, completed and transmitted to the data server for every EMS response and prehospital transport by Contractor.	Contractor submits roughly 75% of all applicable ePCR's pertaining to an EMS response. Contractor does generate for every patient transport and operates above normal behavior of other EMS First response and transport agencies. During this performance period, contractor has supplied reconciliation report to identify records that were not found for corresponding responses.	Compliant
10.1.03	Contractor shall pay costs that include personnel, support, vendor maintenance, hardware and software procurement, annual maintenance and upgrades, annual County IT oversight for REMSIS and associated information systems as per County Fee Schedule, Exhibit 14-A.	Fees received by REMSA and verified by invoice and accounts receivable. EMD Fiscal staff are reviewing all REMSIS related documents as part of routine audit.	Compliant
10.2	Dynamic Performance Monitoring - First Watch will be used as a data reporting application for the near real time evaluation of operational performance, response time data, clinical data and syndromic surveillance. First Watch shall interface with REMSIS, Contractor CAD and other data systems as required, and shall utilize the following features:	The FirstWatch integration, as part of the REMSIS program, is continuously utilized as a part of this agreement for concurrent and retrospective contract compliance and clinical data validation. The AMR CAD is directly linked with FirstWatch and the ImageTrend ePCR system. This process was used for COVID-19 response, Influenza like illness tracking, pediatric response and surge. This regulatory oversight method has improved situational awareness for all Riverside County stakeholders. The AMR Monthly reports are processed within the FirstWatch Online Compliance Utility (OCU) Module.	Compliant
Item #	Summary of Contract Section	Evidence of Compliance	Status
10.3	Monthly and Annual Performance Reports - Monthly reports within 15 working days following the end of each month. The APR shall be provided by the first work day of September each year and shall include but not be limited to the following elements:	The Contractor's monthly reports are processed with the Firstwatch Online Compliance Utility (OCU) Module. An automated compliance/exemption model has been completed and is currently providing monthly reports in the outlined time.	Compliant
10.3.8	Deployment and Unit Hour Metrics	Contractor has provided copy of station and post locations throughout all three operational areas. They have also included new BLS posting locations to accommodate the increased utilization of EMD. Contractor has also provided a summary of monthly total unit hours, with a significant increase noted to meet the demands of the emergency response system. Within the last year, contractor has added up to 19,000 unit hours in a particular month.	Compliant
10.3.12	Strategic plan goals/objectives for the year - completed system improvements and enhancements	During the review period, Contractor has committed to multiple objectives that contribute to system improvements. The CATT team has been deployed throughout the review period, assisting in providing thorough care to patients experiencing mental health crisis. Contractor has also begun working with DPH to institute a program that provides follow up services to individuals that may benefit from such services as well as frequent users of the 911 system. Contractor has also committed to adding over 1000 ambulance unit hours per week.	Compliant
10.3.13	Activities and results of the CQI Plan	Compliant and submitted as part of the annual CQI update.	Compliant
10.5	Missing Patient Care Reports (PCRs) - REMSA may assess a fee of \$100 for every PCR that is not submitted to the REMSIS database within the time specified by REMSA. The fee amount will be included as part of the quarterly invoices.	Contractor has given report of reconciliation report of all ePCR's generated per ambulance response. REMSA staff will develop a plan to increase performance of patient care generated reports to ambulance responses and attach fine reports through firstwatch as part of the monthly compliance intervals.	Compliant
11.1	Integration with the MHOAC Program - During response to mass casualty incidents or disasters within or effecting the County, Contractor operations shall fall under management and coordination of the MHOAC as a function of the Medical/Health Branch in support of the County Emergency Operations Plan (EOP). Contractor shall participate in disaster drills and DMS training programs as requested by REMSA.	Contractor demonstrated consistent ability to integrate with MHOAC and participate in large scale community events without an obvious impact to emergency system. Contractor was also able to respond in real time to large scale, multi patient incidents. Frequent participation in county and municipal emergency trainings/demonstrations.	Compliant
Item #	Summary of Contract Section	Evidence of Compliance	Status
11.3	Contractor shall at all times have two (2) type II immediate need Ambulance Strike Team (AST) and one (1) type II planned need AST available for deployment upon authorization from the MHOAC. Contractor shall maintain and operate the two (2) County acquired Disaster Medical Support Units (DMSU), of which one will be located in the Eastern County and one will be located in the Western County.	The contractor maintains two DMSUs, (1) in Hemet and (1) in Palm Springs. The DMSUs were activated and deployed multiple times during the COVID-19 pandemic to augment supply and supervisory functions. The vehicle was inspected by REMSA staff during an ambulance permit inspection.	Compliant
11.5	Disaster Coordinator shall be identified and shall participate fully in all MHOAC planning and response activities as requested by REMSA.	The AMR Disaster Coordinator is Paramedic Supervisor, Gary Denham. The lasting effects of the COVID-19 pandemic was continuous throughout this performance period including the influenza like illness cases that continue to rise in Riverside County. Gary and many other AMR supervisors were integrated into the Riverside County MHOAC program.	Compliant
12.1	Contractor shall enter into public/private partnerships with First Responder agencies to maximize the functional capacity and efficiency of an integrated and cooperative two tiered Regional EMS System. Agreements are subject to approval by REMSA. Contractor response time requirements may be lengthened by a maximum of two minutes in Metro and Urban areas only to facilitate partnerships, with REMSA approval.	The Contractor holds public/private partnership agreements with the City of Riverside and Corona. The Response Time Standard in the City of Corona and the City of Riverside is 12 minutes (10 Minutes + 2 minutes). This agreement supports the first response paramedic (ALS) programs in each city, respectively. Contractor has recently entered into a agreement for augmented Ambulance response in the pass zone with Morongo Fire Department. During the review period, Contractor entered into a new agreement with Riverside City.	Compliant
12.1.3	Within one year of the signing of this agreement, Contractor shall demonstrate good faith effort to establish support agreements with all Fire Departments authorized by REMSA to provide ALS First Responder services.	Contractor has provided documentation of support agreements with multiple fire departments.	Compliant

12.2	Equipment Supply, Inventory and Restock - Contractor will develop mechanisms to restock disposable equipment and supplies (as detailed on the First Responder Standard Drug and Equipment lists) other than narcotics used by First Responders when treatment has been provided by First Responder personnel and the patient is transported by Contractor. Contractor shall submit written plans for accomplishing First Responder restock to REMSA within 90 days of the signing of this Agreement.	Contractor has established multiple agreements to restock medical supplies on a one for one basis or monthly restock of durable medical supplies	Compliant
13.5	Financial Reports and Audits - Contractor will provide quarterly unaudited financial statements, in a format prescribed by REMSA.	Contractor provides quarterly unaudited statements, Contract administrator and EMS administrator independently review and verify these statements. They are in compliance.	Compliant
Item #	Summary of Contract Section	Evidence of Compliance	Status
13.6	Billing/Collection Services - Contractor shall assist REMSA to evaluate the billing accuracy and customer service provided by their billing department. Contractor shall include customer/patient feedback in their customer services program. The APR will include metrics of the number of billing complaints and compliments.	Contractor supplied annual summary of billing accuracy as well as summary of customer feedback. Primary customer complaint was "billing" related with multiple sub-categories. (Wrong person, incorrect amount)	Compliant

2023-2024 Annual Performance Report and attached documents as required by the agreement (#15-097) with American Medical Response (AMR).

Date: 10-17-2024

Background:

The Board of Supervisors approved the County 9-1-1 Advanced Life Support (ALS) emergency ambulance agreement with American Medical Response (AMR) on January 13, 2015. The ninth-year performance period of the agreement commenced on July 1, 2023, and finished on June 30, 2024. According to the terms of the agreement, AMR is required to submit an annual report and other supported documentation demonstrating compliance with the current contract #15-097 to REMSA. REMSA received AMR's annual performance report on August 31, 2024.

The annual performance report must include (1) evidence of compliance with the agreement provisions, (2) achievement of response time performance of at least 91% in all response time zones for at least nine months, (3) evidence of completed system enhancements for the finished year, and (4) a written agreement with REMSA for planned EMS system enhancements for the next performance period. The request may also include a rate increase request to cover the cost of system enhancements for the current year that exceeds \$250,000.

OVERVIEW OF CONTRACTOR (AMR) AND ATTACHED DOCUMENTS

REMSA has reviewed AMR's annual report submission and all the contractor requirements, as stipulated in the agreement. Additionally, REMSA monitors AMR's monthly compliance and reports response time performance semi-annually to the EMS Administrative Zone Groups. REMSA has produced the following to determine that AMR has met its contractual obligations.

- 2023/2024 AMR Annual Report
 - Exhibit A: **Completed** System Enhancements: 2023/2024 - (Page 9)
 - Exhibit B: **Planned** System Enhancements: 2023/2024 - (Page 10)
 - Attachment 1: 2023/2024 AMR Compliance Review Matrix
 - Attachment 2: 2023/2024 AMR Annual Response Time Report

The AMR Annual Report, Compliance Review Matrix, and Response Time Report supply the information collected by REMSA to determine AMR's compliance with the agreement provisions. The performance period reviewed by REMSA was from July 1, 2023, through June 30, 2024. The following summarizes key performance areas of the agreement during that performance period.

RESPONSES, TRANSPORTS, AND COMPLIANCE

AMR responded to **216,601** Emergency Medical Service (EMS) 9-1-1 calls during this performance period and transported **162,436** patients to hospitals (75.0% transport percentage). Compared to the previous performance period, this represents a **4.6% increase** in 9-1-1 response volume and a **4.7% increase** in patient transport. The ambulance response and transport volume showed slight growth, with the transport percentage remaining steady at **75%** across both performance periods. Notably, there was a **14.4% decrease** in **Transports with APOD** (Ambulance Patient Offload Delays), dropping from **40,442** in the previous period to **34,632** in this period.

Period	Total Responses	Transports	Transports with APOD	Transport (%)
2023	107,315	80,723	16,765	75.2%
Quarter 3	53,185	40,014	7,462	75.2%
Quarter 4	54,130	40,709	9,303	75.2%
2024	109,286	81,713	17,867	74.8%
Quarter 1	53,665	40,189	9,040	74.9%
Quarter 2	55,621	41,524	8,827	74.7%
Grand Total	216,601	162,436	34,632	75.0%

Refer to attached AMR Annual Compliance document.

OPERATIONS AND EMERGENCY MEDICAL DISPATCH

3.1.3 Advanced Life Support (ALS) Mandate - Contractor shall place an ALS ambulance on scene for every request for emergency medical services, unless otherwise authorized by REMSA through an approved Emergency Medical Dispatch (EMD) and resource response program that dictates level and priority of ambulance response. The ALS mandate may be suspended by REMSA either directly or by policy/protocol during a Multiple Casualty Incident (MCI) response.

AMR has normalized all EMS responses in compliance with the approved BLS resource triaging program approved through County Fire's Emergency Medical Dispatch Program. There is a known disparity of approved EMD centers required different tiers of response for the same Omega/Alpha responses. AMR continues to work collaboratively and provides feedback to REMSA and first response partners regarding those challenges.

BLS Responses- Summary		Jul 23- Jun 24
County	Total Responses	232692
	Total BLS Responses	10657
	EMD approved(Omega,Alpha)	10413
	EMD-Beta,Charlie,Delta,Echo	104
	EMD-NA	140
	BLS Responses needing further review	244
	% of Total BLS responses needed further review	2.3%

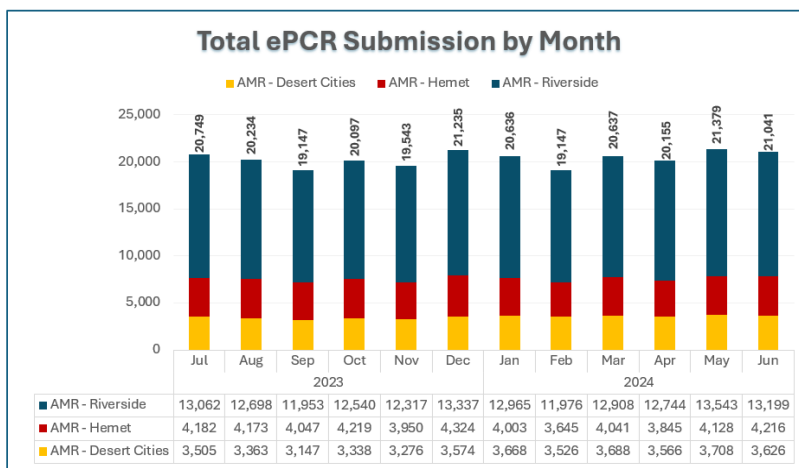
Audit Reason	Total Non compliant BLS Audit responses- Jul 23-Jun 24
Downgrade per fire	166
NO CAD to CAD	34
Other	15
ALS assigned- BIS requested as second unit/fire	11
BLS on scene- upgraded to code 3	9
MCI hazmat call	7
Dispatch error	3
CalFire dispatch this is a code 2 alpha response	2
Total Audit responses	247

The entire calendar year response was audited that resulted in a 2.3% potential inappropriate use after first review. The 2.3% resulted in 247 calls that were drill downed. Total of 3 calls were inappropriate BLS ambulance response due to human dispatch error. The 10,663 BLS ambulance response show **0.0002%** error for the entire performance year.

CLINICAL DATA COLLECTION AND REPORT

The 2023-2024 fiscal year displayed an overall increase in the volume of EMS responses which corresponded with a growth in volume of electronic patient care records.

Figure 1: Total AMR ePCRs Generated each Month



REMSA policy 7701 requires patient records to be completed in compliance with the California Code of Regulations Title 22, (Chapter 4, Article 7, Section §100170(6A); Article 8, Sections §100171) and uploaded in a timely manner following a response or patient transfer to an emergency department. To get a more in depth look at the efficiency of AMR EPCR entry for the Riverside County EMS system, data was pulled in 1-day increments, and mean changes of EPCR totals were calculated and evaluated based on changes in record count.

The data was also evaluated for total count of EPCR submissions, hour of day (Fig. 3), day of week (Fig. 4), validation score (Fig. 5), and response type (Fig. 6). Validation scores were analyzed to represent the quality of documentation for each record. For this analysis, records that did not involve patient contact were removed.

Figure 2: AMR ePCRs Submission Delays each Day

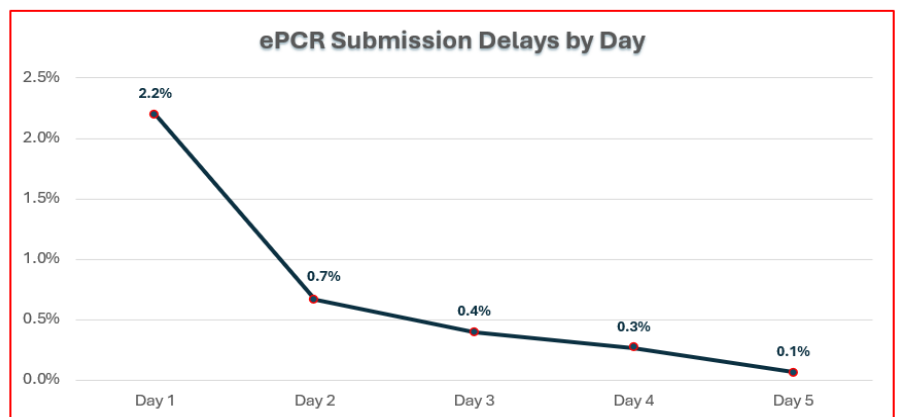
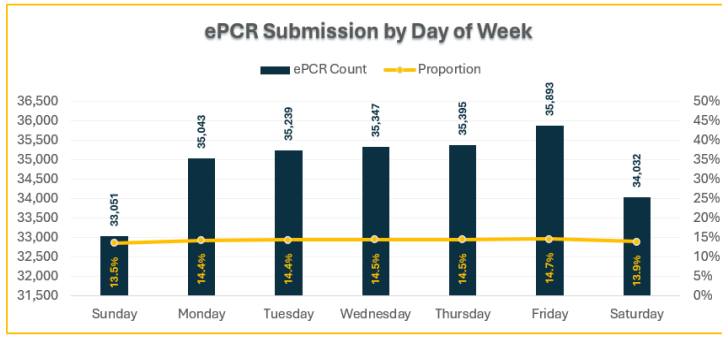


Figure 3: Total AMR ePCRs Generated by Day of the Week



For the 2023-2024 fiscal year, AMR generated a total of 244,000 EPCR. AMR-Riverside comprised the largest portion of those records with 62.8% of the total submissions (153,242 EPCR). Approximately 97.8% of those records were entered within one day of the incident, 0.7% were entered the following day, and little change was observed beyond Day 3 (less than 1%). It was found that the most common hour of day that delayed reports initiated from incidents at 5-6 PM (20.3%). December 2023 displayed the greatest number of EPCR generated in 2023 with 21,041

reports in that month (Figure 2). 2PM was the busiest hour of day accounting for approximately 5.9% of all reports (33,451 reports). Fridays generated the greatest volume of incidents according to EPCR submissions with 14.7% (35,883 records) of total EPCR occurring on that day. Emergency responses compared to non-emergency transport (interfacility/medical) also accounted for most, nearly 89%, of all AMR EPCR for the fiscal year 2023-2024 (88.6%; 216,160 records).

Figure 4: Total AMR ePCRs Generated by Hour of Day

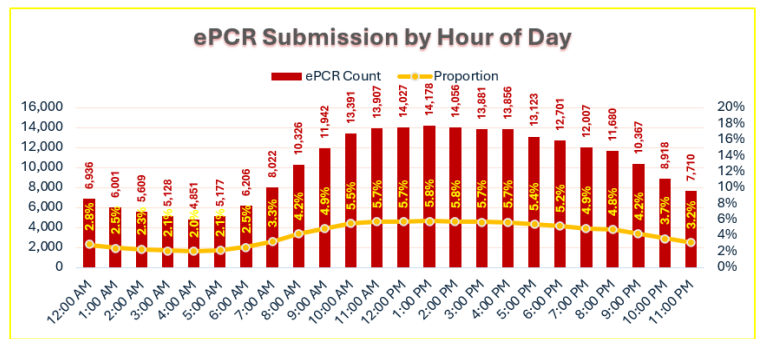
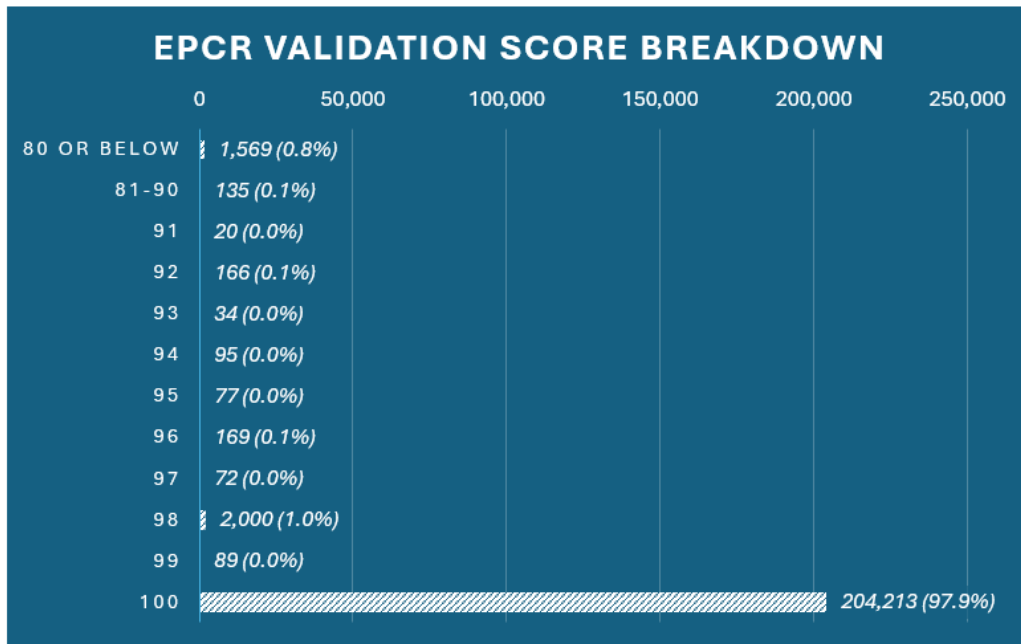


Figure 5: AMR ePCRs Validation Scores



WORKFORCE SATISFACTION AND TURNOVER

AMR’s turnover survey results were reviewed and verified by REMSA staff. AMR employee turnover by a quarter during the performance period was July-Sept 6.8%, Oct-Dec 6.0%, Jan-Mar 4.1%, and Apr-Jun 5.9%. The top 3 primary reasons for separation, according to survey results provided to REMSA, were: Job with the Fire Department 19%, career advancement 14%, and seeking other employment 20%.

AMR Employee Turnover	2019-20	2020-21	2021-22	2022-23	2023-24
Q1	9.8%	7.3%	10.1%	8.5%	6.8%
Q2	5.5%	6.3%	7.3%	6.3%	6.0%
Q3	6.3%	7.2%	8.4%	8.0%	4.1%
Q4	5.1%	9.6%	8.0%	7.2%	5.9%

Turnover has decreased over year compared to 2022/2023 review period. AMR continues to escalate recruiting and retention strategies. AMR continued to offer paramedic scholarships, sign-on bonuses, paramedic upgrade bonuses, and in certain locations relocation bonuses to attract candidates. During this performance period “career advancement” was the number one cause of turnover. Typically, “Seeking Other Employment” is the primary cause for turnover.

EMPLOYEE INJURIES AND EXPOSURES

During the performance period July 1, 2023 – June 30, 2024
The most common cause of employee injury or exposure was:
Exposure to Infectious Disease: 19%
Sprains/Strains: 51%

CUSTOMER SERVICE AND PATIENT SATISFACTION

AMR continues to utilize a patient satisfaction survey that is conducted by a third-party vendor, “EMS SURVEY TEAM.” A percentage of patients are randomly selected and surveyed each month. The data is analyzed, and the vendor generates the reports monthly and or quarterly by operational division. The reports include customer satisfaction scoring relating to dispatch, ambulance cleanliness, personnel competency, and office performance including billing and customer service metrics. The report also includes AMR’s overall mean score and performance compared to similar companies of size and complexity.

AMR also utilizes a facility questioner and regularly asks for feedback from healthcare facilities that they do business with including 911 transport, interfacility services. These medical facilities include Riverside County Hospitals, skilled nursing facilities, emergency treatment services (mental health), and extended care facilities. AMR maintained a 91-93% satisfaction rate during all quarters of the performance period.

AMR customer satisfaction was at or above the average satisfaction metric for comparable EMS operations in neighboring jurisdictions. AMR continues to perform above those established benchmarks by the third-party company conducting the research.

VEHICLE PERFORMANCE AND SAFETY

AMR Riverside County drove **6,958,662** miles in the performance period July 1, 2023 – June 30, 2024. The fleet experienced 57 at fault vehicle contacts during the period resulting in 122,081 miles DRIVEN per at fault vehicle contact. AMR has had their fleet equipped with Drive Cam for several years, which is a vehicle monitoring system to help us in identifying risky behavior and through coaching and counseling, changed driving habits that have been shown to reduce incidents.

HIGH USERS OF 9-1-1 SERVICES (HART Program)

The Healthcare Accessibility and Resource Team (HART) program is currently in effect with AMR and RUHS-Public Health. The HART program will pair a Community Health Worker (CHW) with an Emergency Medical Technician (EMT) to follow up with frequent users of emergency medical services. The goal is to offer additional support and resources to patients, aiming to reduce emergency medical service (EMS) utilization and emergency department visits. Patients were selected based on frequent 9-1-1 encounters, with the criteria that each patient had at least one encounter in the past 90 days. Before the program was paused, **273 AMR patients** were contacted, with the highest number of encounters for a **single patient being 558 encounters total, with 83 encounters in the last six months (Jan-June)**. The total number of encounters across all patients contacted reached **13,903**.

Among those patients, the most common status outcome was No Contact Made, which occurred 147 times. Contact Made followed with 86 instances, and **Follow-Up was recorded 35 times**, indicating continued efforts to engage patients. Additionally, there were 5 instances of Patient Deceased. Out of the total contacts, **43 people received referrals** to various services. The most common referrals were to the **Department of Public Social Services (DPSS) (27 referrals)**, the **Office on Aging (17 referrals)**, and **Inland Empire Health Plan (IEHP) (12 referrals)**. Additional referrals were provided to the Riverside Transit Agency (RTA) for transportation and In-Home Supportive Services (IHSS) for in-home care, showcasing the team's focus on addressing both social and healthcare needs.

SERVICES FOR MENTAL HEALTH PATIENTS

AMR Riverside 5150 transports by Zone for the performance period July 1, 2023 – June 30, 2024.

EMS Zone	Transports	Percentage of Total
Northwest Zone	2,864	28.72%
Central Zone	1,941	19.46%
Southwest Zone	1,050	10.53%
San Jacinto/Hemet Zone	1,035	10.38%
Pass Zone	459	4.60%
Mountain Plateau Zone	10	0.10 %
Desert Zone	2,519	25.26%
Palo Verde Zone	95	0.95%
Total Transports	9,973	100%

Mental health 5150 transports were up by 1,088 transports from previous performance period. AMR has continued to support with the Community Assessment and Transport Team (CATT) that helps divert mental health transports to local mental health urgent cares and away from Emergency Departments at hospitals.

COMMUNITY EDUCATION AND INVOLVEMENT

During this performance period, AMR provided 1124 hours of community education and support across Riverside County.

Public Education	Hours	Tactical Support	Hours
NW Zone:	289	Riverside County Sheriff	600
SW Zone:	125	Hemet Police/Murrieta	29
San Jacinto/Hemet Zone:	243	FBI	12
Pass Zone	104	Riverside City SWAT	12
Mountain Plateau Zone:	0	Desert SWAT	24
Desert Zones	214	San Diego SWAT	6
Central Zone:	80		
Palo Verde Zone:	69		
Riverside County:	1124	Total TEMS Hours	683

GRAND TOTAL **1,807 Hours**

FINANCIAL PERFORMANCE

AMR's fiscal year runs concurrently with the calendar year, making financial reporting by AMR's fiscal year misaligned with the agreement performance period. However, throughout the performance period, REMSA receives unaudited quarterly financial statements, as well as an independently audited annual financial report. All financial statements show AMR is in good financial health for the FY23/24 performance year.

SERVICE RATES

Per Exhibit 13 of the agreement, AMR has requested a rate increases as the Ambulance rate of 9.99% for the current performance period from the previous year. The rates below as follows:

	2022/2023 Rates	2023/2024
<i>ALS and BLS Rate</i>	2,373.74	2,610.88
<i>Mileage</i>	57.72	63.49
<i>Oxygen</i>	246.88	271.54
<i>Night Charge</i>	269.96	296.93
<i>Dry Run with Patient Care</i>	368.94	405.80

RATE INCREASE FOR PLANNED SYSTEM ENHANCEMENTS

The terms of the current agreement require that AMR provide the first \$250,000 in annual system enhancements at their cost and may request a rate increase to cover the balance of the cost of the agreed-upon system enhancements. REMSA negotiated the PLANNED system enhancements to be completed by AMR during the 2023-2024 performance period. AMR has requested a **9.99%** increase based on the area consumer price index of a **4.7%** as determined by the US Bureau of Labor and Statistics and published on their website.

SUMMATION

REMSA has concluded review of the annual performance report from American Medical Response (AMR). AMR has shown significant improvements in previously identified areas of deficiency throughout this performance period. The only deficiency noted was the inability to meet response time requirements early in the performance period for some EMS Zones and Subzones. AMR added several core paramedics scheduled services and improved month over month during the performance period.

The current ground ambulance service contract #15-097 remains in effect until June 30, 2026.

EXHIBIT A:

COMPLETED SYSTEM ENHANCEMENTS (2023/2024)

Patient Follow Up Program (HART)

AMR shall work with REMSA and other stakeholders to develop a program under which follow up will occur with patients who are high frequency users of the EMS system and others who may benefit from follow up after engaging the EMS system, linking the individual with appropriate resources for their underlying medical, mental health, and social needs.

Span of Control

To improve span of control, and to meet administrative and operational needs more effectively within the Riverside Operation, AMR will hire additional leadership team members and administrative positions with operational oversight may include the Southwest and Central zones.

Cost: \$250,000+ Annually

Additional Unit Hours

AMR will add over 1000 additional ambulance unit hours weekly throughout the County aimed at the continual improvement of 9-1-1 ambulance response times. Continuous analysis of system demands will be monitored and scheduled unit hours will be adjusted as necessary to better maintain system compliance.

AMR Mobile Training Unit

AMR has placed into service a mobile training unit with a high-fidelity manikin used to simulate more realistic training scenarios. The MTU will be offered to all community partners as well as AMR personnel. The unit also contains cameras and monitors to allow students to watch interactions while outside of the vehicle to enhance the student experience. Further it is stocked with 2 CPR manikins designed to test and provide feedback to healthcare professionals on effective CPR. This unit was used several times during the review period of 2022-2023.

Cost: \$15K annually

AVL Program

AMR continues to support the closest unit response program outlined by REMSA by providing to Idyllwild Fire Protection District AVL devices to track their vehicles to aid in the implementation of the program. AMR has a reduced revenue of approximately \$178,000 annually to support the program plus an additional \$3,600 in annual costs related to the upkeep of the AVL systems.

Cost: \$181,600 annually

Citizen CPR Training

AMR has dedicated Two (2) Citizen CPR training units to the fleet. These units are fully stocked with all supplies necessary to conduct Compression only training to any group or organization. AMR has hired a full time CPR coordinator to do community outreach and schedule training classes, including a dedicated CPR hotline for scheduling classes. AMR has trained thousands of citizens with this program in Hands only CPR as a part of our no cost Citizen CPR Training program.

Cost: \$110,000 annually

Behavioral Health Response Unit

AMR, in cooperation with Riverside County Behavioral Health has reached an agreement for a 5150-response unit. This unit will be utilized as a scene response unit to law enforcement to avoid the 5150 and transport the patient to a voluntary treatment center to avoid unnecessary hospitalizations. This program is staffed by an EMT and a Clinical Therapist. The vehicle and EMT have been supplied by AMR and the Clinical Therapist will be funded by Behavioral Health. There has been a delay in putting the unit

in service while the county develops protocols and procedures. The unit will be in service as soon as staffing is secured by Riverside County Behavioral Health.

Cost: \$90K annually

**EXHIBIT B:
PLANNED SYSTEM ENHANCEMENTS (2023/2024)**

Integrated Service Delivery Model

AMR appreciates the Riverside County Integrated Service Delivery team's joint mission, to create access to targeted county resources for low acuity patients. AMR will invest this performance year's system enhancement commitment to support Integrated Service Delivery initiatives, that may include the initial cost of introducing Nurse Navigation to Riverside County, hiring Healthcare Access Manager or other opportunities identified through the work of the integrated service delivery team.

Exhibit 1: Definitions

1. Advanced Life Support (ALS) - Shall mean special services designed to provide definitive prehospital emergency medical care including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs, and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital or utilizing approved prehospital treatment protocols or standing orders as part of the local EMS system at the scene of an emergency, during transport to an acute care hospital or other approved facility, during inter-facility transfers, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency department or other medical staff of that hospital (Health & Safety Code, Section 1797.52).
2. Advanced Life Support Ambulance (ALS Ambulance) - Shall mean an ambulance equipped, or arranged and staffed for the purpose of providing ALS care. The meaning includes, but is not limited to, privately and publicly owned ambulances operating within exclusive operating areas while under contract with the County of Riverside.
3. Ambulance - Shall mean any motor vehicle which meets the applicable standards as stated in the California Code of Regulations and is specifically constructed, modified or equipped, or arranged, used, licensed, or operated for the purpose of transporting sick, injured, convalescent, infirmed, or otherwise incapacitated person(s) in need of medical care.
4. Ambulance Patient Offload Delay (APOD) – Shall be defined as occurring when a patient has been transported to the Hospital Emergency Department (ED) and remains on the Contractor’s ambulance gurney for a period of time exceeding the REMSA established time interval standard of thirty (30) minutes for removal of the patient from the ambulance gurney.
5. Ambulance Strike Team (AST) – Ambulance Strike Team shall consist of 5 staffed ambulances, an Ambulance Strike Team Leader (ASTL) and a leader vehicle. Type II AST shall be defined as 5 non-hazmat ALS ambulances and an ASTL with a vehicle. ASTLs shall be authorized by the EMS Agency pursuant to the Emergency Medical Services Authority (EMSA) guidelines.
6. Annual System Improvement and Enhancement Goals – Shall mean those goals, mutually agreed upon by the parties, that contain the system improvements and enhancements that are to be implemented by the Contractor for the specified year.
7. Arrival on Scene – Shall mean the exact time (hour/minute/second) on a twenty four (24) hour clock that the ambulance arrived on scene; or the exact time (hour/minute/second) the ambulance arrived at the staging location if requested to stage by the PSAP, secondary PSAP, or incident commander.
8. Basic Life Support (BLS) - Shall mean emergency first aid and cardiopulmonary resuscitation medical care procedures which, as a minimum, include recognizing respiratory and cardiac arrest and starting proper application of cardiopulmonary resuscitation to maintain life without invasive techniques, unless authorized by state law or regulation, until the victim may be transported or until

ALS medical care is available.

9. Basic Life Support Ambulance (BLS Ambulance) - Shall mean an ambulance equipped, or arranged, and staffed for the purpose of providing BLS care. The meaning includes, but is not limited to, privately and publicly owned emergency and non-emergency ambulances operating within the County of Riverside.
10. Collection Rate – Shall mean the calculated percentage of collected dollars (cash per transport) divided by average patient charges (APC) for emergency ambulance transports as stated on the Contractor’s financial report to the County.
11. Annual Performance Report – Shall mean the report to be generated by the Contractor for REMSA that details the Contractor’s activities and presents the performance metrics and compliance elements stipulated under the Agreement in a format approved by REMSA.
12. County EMS Agency - Shall be the County agency having primary responsibility for the administration of emergency medical services within the county. As set forth below, REMSA is the County designated County EMS Agency.
13. County EMS System or EMS System - Shall mean the specifically organized system which provides for the personnel, facilities, and equipment for the effective and coordinated delivery of EMS services within the county.
14. Disaster Medical Support Unit or DMSU – The Disaster Medical Support Unit is a vehicle owned by EMSA and provided to the EMS Agency for disaster medical response. The DMSU may be utilized as an ASTL vehicle upon authorization of the EMS Agency. If the DMSU is utilized to support Contractor response within the operational area, Contractor is responsible to restock equipment and supplies utilized.
15. Emergency Ambulance – Shall mean an ambulance permitted pursuant to Riverside County Ambulance Ordinance 756.1 and operated by a REMSA-authorized EOA or Non-EOA emergency ambulance provider as identified in the County EMS Plan.
16. Emergency Ambulance Services – Shall mean ambulance services at any REMSA-authorized level (ALS, LALS or BLS) provided in response to 9-1-1 and seven digit or ten digit requests for emergency medical service through an authorized Public Safety Answering Point (PSAP); or prehospital emergency calls received directly by the Contractor.
17. Emergency Ambulance Transport – Shall mean any ambulance transport originating from a 9-1-1, seven digit or ten digit request for service through an authorized Public Safety Answering Point (PSAP); or originating from prehospital emergency calls received directly by the Contractor or an ambulance transport of a patient suffering a medical emergency from the prehospital environment to a REMSA authorized Prehospital Receiving Center (PRC) Emergency Department.
18. Emergency Medical Dispatch (EMD) – Shall mean a system that enhances services provided by Public Safety Answering Point (PSAP) emergency medical dispatchers by allowing the call taker to quickly narrow down the caller’s type of medical or trauma situation using nationally standardized medical triage, so as to better dispatch emergency services and provide quality instruction to the caller before help arrives.

19. Emergency Medical Services (EMS) – Shall mean the services utilized in response to a medical emergency.
20. Emergency Medical Services Authority or EMSA – Shall mean the State of California agency that is responsible for the coordination, administration, and integration of the statewide emergency medical services system throughout California.
21. EMS System Strategic Plan – Shall mean the County plan for future adaptations, changes or revisions to the EMS system or County EMS Plan.
22. Advanced Life Support Emergency Response Vehicle (ERV) - Shall mean an emergency response vehicle staffed, equipped and arranged, to provide ALS care. An ERV is not an ambulance and is not a transport vehicle and may respond to service requests when approved by REMSA through policy, protocol or approved plan.
23. EMS Administrative Group – Shall mean the group of individuals designated by REMSA to provide local input to REMSA on the Contractor’s performance within a specific EOA or non-EOA.
24. EMS Quality Improvement Program (EQIP) – Shall mean system-wide quality improvement planning and activities as stated in the plan submitted by REMSA and approved by the California EMS Authority pursuant to the California Code of Regulations, Title 22.
25. Exclusive Operating Area (EOA) – Shall mean an area or subarea defined by the County EMS Plan for which REMSA, upon recommendation of the County, that exclusively restricts operations to one or more emergency ambulance services or providers of limited advanced life support (LALS) or advanced life support (ALS) or basic life support (BLS) pursuant to the Health and Safety Code, Division 2.5, 1797.224.
26. Medical Director - Shall mean that physician designated to serve as the Medical Director of the EMS Agency pursuant to Section 1797.202 of the Health and Safety Code.
27. Medical Health Operational Area Coordinator (MHOAC) – Shall mean the Medical Health Operational Area Coordinator as defined under the California Health and Safety Code, 1797.153. This function is defined in State law as a joint medical/health function between the County EMS Administrator and the County Health Officer. This MHOAC is responsible for all medical/health planning, operations and recovery for disaster response within the Operational Area (OA) and coordination of medical/health mutual aid resources to and from other OAs.
28. MCI – Shall mean a Multiple Casualty Incident.
29. Mileage Per Loaded Mile – The fee charged per mile or fraction thereof for transport of patient from pickup to drop off.
30. Non-Exclusive Operating Area (non-EOA) – Shall mean an area or subarea defined by the County EMS plan that has been designated by REMSA for the provision of emergency ambulance services but does not meet the requirements in the Health and Safety Code to be designated as an EOA.
31. Oxygen - The fee charged for administration of medical oxygen irrespective of amount, or route administered.
32. Paramedic (EMT-P) - Shall mean a person licensed and accredited to render ALS medical care

pursuant to Sections 1797 of the Health and Safety Code.

33. Permitted Ambulance Providers – Shall mean those ambulance provider agencies issued a permit to operate in the County pursuant to Ambulance Ordinance 756.1.
34. Public Safety Enterprise Communication (PSEC) – A Riverside County managed enterprise radio system for public safety agencies use.
35. Public Safety Answering Point (PSAP) - Where 9-1-1 calls are first received.
36. Quality Improvement - Shall mean the evaluation of prehospital emergency medical services to identify where personnel performance or the system itself can be improved, the implementation of potential improvements, and their re-evaluation and refinement in a continuous cycle. While Quality Assurance traditionally focuses on the detection of defects, Quality Improvement strives to prevent them. Thus, a Quality Improvement program must include, but not be limited to, Quality Assurance, and must encompass the sum of all activities undertaken to assure that prehospital emergency medical services maintain the standard of care established for those services.
37. REMSA – Shall mean the Riverside County Emergency Medical Services (EMS) Agency.
38. REMSIS – Shall mean the Riverside County EMS Information System, and is comprised of any procured software used for the purpose of documentation, data analytics, and other situational awareness tools facilitated and controlled by REMSA.
39. Satellite Stations – A building or facility utilized by contractor for the purpose of staging ambulance crews and equipment outside of deployment centers.

Exhibit 2: Insurance Requirements

2.1 Without limiting or diminishing Contractor's obligation to indemnify or hold the County harmless, Contractor shall procure and maintain or cause to be maintained, at its sole cost and expense, the following insurance coverage's during the term of this Agreement. As respects to the insurance section only, the County herein refers to the County of Riverside, its Agencies, Districts, Special Districts, and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents, or representatives as Additional Insureds.

2.2 Workers' Compensation: If Contractor has employees as defined by the State of California, Contractor shall maintain statutory Workers' Compensation Insurance (Coverage A) as prescribed by the laws of the State of California. Policy shall include Employers' Liability (Coverage B) including Occupational Disease with limits not less than \$1,000,000 per person per accident. This policy shall be endorsed to waive subrogation in favor of the County of Riverside.

2.3 Commercial General Liability: Commercial General Liability insurance coverage, including but not limited to, premises liability, unmodified contractual liability, products and completed operations liability, personal and advertising injury, and cross liability coverage, covering claims which may arise from or out of Contractor's performance of its obligations hereunder. Policy shall name the County as Additional Insured. Policy's limit of liability shall not be less than \$2,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this Agreement or be no less than two (2) times the occurrence limit.

2.4 Vehicle Liability: If vehicles or mobile equipment are used in the performance of the obligations under this Agreement, then Contractor shall maintain liability insurance for all owned, non-owned, or hired vehicles so used in an amount not less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this Agreement or be no less than two (2) times the occurrence limit. Policy shall name the County as Additional Insureds.

2.5 Professional Liability/Errors & Omissions: Contractor shall maintain Professional Liability Insurance providing coverage for Contractor's performance of work included within this Agreement, with a limit of liability of not less than \$5,000,000 per occurrence and \$10,000,000 annual aggregate. If Contractor's Professional Liability Insurance is written on a claims made basis rather than an occurrence basis, such insurance shall continue through the term of this Agreement and Contractor shall purchase at his sole expense either 1) an Extended Reporting Endorsement (also, known as Tail Coverage); or 2) Prior Dates Coverage from the new insurer with a retroactive date back to the date of, or prior to, the inception of this Agreement; or 3) demonstrate through Certificates of Insurance that Contractor has Maintained continuous coverage with the same or original insurer. Coverage provided under items; 1), 2), or 3) will continue as long as the law allows.

2.6 General Insurance Provisions - All lines:

2.6.1 Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an A M BEST rating of not less than A: VII (A:7) unless such requirements are waived, in writing, by the County Risk Manager. If the County's Risk Manager waives a requirement for a particular insurer such waiver is only valid for that specific insurer and only for one policy term.

2.6.2 Contractor must declare its insurance self-insured retention for each coverage required herein.

2.6.3 Contractor shall cause Contractor's insurance carrier(s) to furnish the County of Riverside with either 1) a properly executed original Certificate(s) of Insurance as required herein, and 2) if requested to do so orally or in writing by the County Risk Manager, provide access to summaries of policies including all Endorsements and all attachments thereto, showing such insurance is in full force and effect. Further, said Certificate(s) and policies of insurance shall contain a statement that the insurance carrier(s) shall endeavor to provide thirty (30) days written notice to the County of Riverside prior to any cancellation or expiration in coverage of such insurance. In the event of a material modification, cancellation, expiration, or reduction in coverage, this Agreement may terminate forthwith, unless the County of Riverside receives, prior to such effective date, another properly executed original Certificate of Insurance and original copies of endorsements or certified original policies, including all endorsements and attachments thereto evidencing coverage's set forth herein and the insurance required herein is in full force and effect. Contractor shall not commence operations until the County has been furnished original Certificate (s) of Insurance. An individual authorized by the insurance carrier on its behalf shall sign the Certificate of Insurance. Contractor shall provide County with access to copies of insurance policy endorsements required pursuant to this Agreement. Contractor will meet the requirements of this provision by endeavoring to provide thirty (30) days notification of cancellation or expiration in coverage to the County.

2.6.4 It is understood and agreed to by the parties hereto that Contractor's insurance shall be construed as primary insurance, and the County's insurance and/or deductibles and/or self-insured retentions or self-insured programs shall not be construed as contributory.

2.6.5 If, during the term of this Agreement or any extension thereof, there is a material change in the scope of services; or, there is a material change in the equipment to be used in the performance of the scope of work; or, the term of this Agreement, including any extensions thereof, exceeds five (5) years; the County reserves the right to request an adjustment to the types of insurance and the monetary limits of liability required under this Agreement, if in the County Risk Manager's reasonable judgment, the amount or type of insurance carried by Contractor has become inadequate.

2.6.6 Contractor shall pass down the insurance obligations contained herein to all tiers of subcontractors working under this Agreement.

2.6.7 The insurance requirements contained in this Agreement may be met with a program(s) of self-insurance acceptable to the County.

2.6.8 Contractor agrees to notify County of any significant claim by a third party or any incident or event that may give rise to a claim against the County arising from the performance of this Agreement.

2.7 Cyber Liability: Contractor shall procure and maintain cyber liability insurance, with limits not less than \$2,000,000 per occurrence or claim, \$4,000,000 aggregate. Coverage shall be sufficiently broad to

respond to the duties and obligations as is undertaken by Contractor in this Agreement and shall include, but not limited to, claims involving infringement of intellectual property, including but not limited to infringement of copyright, trademark, trade dress, invasion of privacy violations, information theft, damage to or destruction of electronic information, release of private information, alteration of electronic information, extortion and network security. The policy shall provide coverage for breach response costs as well as regulatory fines and penalties as well as credit monitoring expenses with limits sufficient to respond to these obligations. If Contractor maintains broader coverage and/or higher limits than the minimums shown above, County requires and shall be entitled to the broader coverage and/or higher limits maintained by Contractor. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to County.

Exhibit 3: Scope of Services

3.1 General Scope of Services – Contractor, under the general direction of REMSA, shall employ all resources necessary to continuously provide emergency ambulance services as specified under this Agreement to the residents and visitors of Riverside County twenty four (24) hours a day, every day throughout the term of this Agreement.

3.1.1 Scope of Operations - Contractor shall comply with and be constrained by those roles and responsibilities assigned to Contractor by REMSA as stated in the Riverside County EMS Plan including annual updates of the County EMS Plan.

3.1.2 Continuous EMS System Improvement and Innovation Initiatives – The parties desire to continuously improve the EMS System and delivery of high-quality emergency medical care at financially sustainable costs. It is the County's intent to continuously improve the EMS System through the strategic planning process. As elements of the County EMS System Strategic Plan are developed and implemented throughout the life of this Agreement, Contractor agrees to cooperate with REMSA to implement improvements and enhancements of the EMS System to assure the residents and visitors of Riverside County continuously receive the highest quality emergency medical transportation services and associated emergency medical care. Contractor shall participate, as required by REMSA, in achieving the goals stipulated in the County EMS System Strategic Plan and the EMS Quality Improvement Plan. As determined by REMSA, this shall include implementing and conducting all services described under this Agreement in a manner that assures clinical and operational performance excellence combined with innovative strategies and technology that optimize delivery of high quality out-of-hospital medical care, community service and service accountability at financially sustainable costs.

3.1.2.1 Contractor shall cooperate with REMSA to develop annual system improvement and enhancement goals and reports consistent with the priorities established in the Riverside County EMS System Strategic Plan and EQIP. Annual goals and commensurate financial investment requirements for Contractor are subject to approval by REMSA. Achievement of annual goals, as evidenced by results demonstrated in the annual performance report (Exhibit 10, section 10.3), shall be considered prerequisite for consideration and approval of Contractor requests for one extension.

3.1.3 Advanced Life Support Mandate - Contractor shall respond with an ALS ambulance to the scene of every request for emergency medical services, unless otherwise authorized by REMSA through an approved Emergency Medical Dispatch, i.e., a BLS ambulance, and resource response program that dictates level and priority of ambulance response, or if specific level of service is requested by jurisdictional First Response Agency on scene. The ALS mandate may be suspended at REMSA's discretion, for circumstances such as, but not limited to a declared disaster or Multiple Casualty Incident response.

3.1.4 County shall, except as otherwise provided herein, utilize Contractor exclusively for the provision of all ground emergency ambulance services and shall refer all 9-1-1 emergency

medical calls, including any direct call (7-digit or 10 digit phone calls) emergency medical requests received at PSAPs, and prehospital emergency ambulance transports to Contractor within the Exclusive Operating Area(s). This provision shall not preclude the County from utilizing medical mutual aid resources during disasters or Multiple Casualty Incidents as determined necessary and authorized by the Medical Health Operational Area Coordinator. Nor shall this provision preclude County from requiring Contractor to enter into agreements with other qualified ambulance providers or First Response agencies for the purpose of back up, safety net or mutual aid ambulance service. Contractor shall submit these agreements to REMSA within 180 days of execution. Any such mutual aid, safety net or back up agreements shall be approved in writing by REMSA which approval shall not be unreasonably conditioned, withheld or delayed.

3.2 Service Areas and Exclusive Operating Areas - Contractor shall provide ground ALS emergency ambulance services to the County for the exclusive operating areas (EOAs) and non-EOA operating areas as stated in the County EMS Plan and the maps contained in Attachment 1, Operating Areas, and Attachment 2, Response Time Zones and Subzones.

3.2.1 Respond to All Requests - Contractor shall respond to all 9-1-1 and direct call (7-digit or 10 digit phone calls) requests for emergency ambulance services within their assigned areas as stated in this Agreement. Contractor shall provide services twenty four (24) hours a day, every day.

3.2.2 As necessary for public safety, health and welfare or to ensure an effective County EMS System, County reserves the right to make adjustments to the exclusive operating area(s) and/or non-exclusive operating areas consistent with applicable laws. Any changes in exclusive operating area EOA(s) and/or non-EOA operating areas shall be subject to County providing written notice to Contractor. Contractor shall be entitled to submit a rate increase request for additional expenses created by County adjustments to operating areas. Upon verification of additional expenses by the County, approval of rate increase shall not be unreasonably conditioned, delayed or withheld.

3.2.3 Mountain and Pass Non-Exclusive Operating Areas – Contractor may enter into a subcontract, public/private or cooperative partnership with a REMSA authorized ALS emergency ambulance provider for services supplied to the Mountain or Pass operating areas. Any such subcontract is subject to approval by REMSA and shall not be unreasonably conditioned, delayed or withheld.

3.3 Integration and Collaboration with the EMS System – Contractor shall work collaboratively with REMSA, PSAPs, public safety partners, other permitted ambulance providers, hospitals and communities to assure an integrated and coordinated system of readiness, emergency medical response, transport and continuity of patient care. This includes requests from or approved through REMSA for: mutual and automatic aid; community education and injury prevention campaigns; work on critical infrastructure; participation in planning activities; support for committees, joint training programs, drills, educational events and conferences; research projects; preparing grant or funding applications; supplying clinical reports and performance data, and continuous quality improvement initiatives.

3.3.1 County shall ensure Contractor, as an essential EMS System provider, is designated as a ground emergency ambulance provider under the County's EMS Plan.

3.3.2 A \$500 fine will be imposed for any incident when Contractor refers a 9-1-1 response to a BLS unit, except as authorized by agreement with the first response agency and approved by REMSA. Fines will be invoiced quarterly and distributed to first response agencies with the annual EMS System Enhancements.

3.4 Automatic and Mutual Aid – Contractor shall comply with provisions of the County Master Ambulance Mutual Aid Policy as adopted and amended by REMSA.

3.4.1 Contractor shall implement an ambulance back-up and system surge plan as stated in Attachment 3, Ambulance Back-Up and System Surge Plan of this Agreement.

3.4.2 Contractor shall assist other EOA and non-EOA ambulance providers and provide mutual aid inside and outside the Riverside County Operational Area as requested by REMSA.

3.4.3 Automatic and Mutual Aid policies, protocols and operational procedures for Contractor to deploy or receive resources from within or outside the Riverside County Operational Area (OA) are subject to approval by REMSA.

3.5 Local Infrastructure – Contractor shall provide all necessary operational, clinical, and support service infrastructure for its operations within Riverside County to achieve optimal service delivery.

3.5.1 Contractor shall establish and maintain deployment centers within the County. Deployment centers are to be located in areas of the County that will most effectively support efficient Contractor operations. All deployment centers shall be equipped with a generator and back up utilities capable of maintaining operations despite the loss of power or other essential utilities (e.g. phone lines, internet, etc.). Satellite stations are not considered deployment centers. Each deployment center shall be of sufficient size and functional capability to support field staff and the ambulance deployment plan including but not limited to the following services:

3.5.1.1 Ambulance deployment and equipment stocking.

3.5.1.2 Operations management and administration.

3.5.1.3 Field Supervisor deployment and support.

3.5.1.4 Clinical and educational services including sufficient space capacity and technology to provide on-site employee meetings and education/training programs commensurate with the number of field employees supported by the operations center.

3.5.1.5 Adequate living quarters for field personnel if 24 hour units/supervisors are included in the ambulance deployment model.

3.5.1.6 Basic fleet services to manage basic repairs and preventative maintenance. Contractor may deploy mobile mechanic to meet this requirement.

3.5.2 Contractor shall establish and maintain an administrative headquarters within Riverside County. One of the operations centers may also double as the headquarters provided it is of sufficient capacity and capability to support the key personnel required under this Agreement.

3.5.3 Contractor shall maintain a communications center located within Riverside County for the system status management and dispatch of emergency ambulances.

3.5.3.1 Contractor communications center shall utilize a radio and data communications plan approved by REMSA that digitally integrates Contractor communications and computer aided dispatch (CAD) with EMS response partners identified by REMSA in the County EMS Plan. The radio and data communications plan shall contain provisions for redundancy to maintain Contractor operations in the event of primary communications systems failure due to any cause.

3.5.3.2 Contractor communications center shall be equipped with a generator capable of maintaining operations despite the loss of power or other essential utilities (e.g. phone lines, internet, etc.).

3.5.3.3 Integration and Relocation of Contractor Dispatching for Ground Emergency Ambulances – Pursuant to on-going development and implementation of EMS System improvements under the County EMS System Strategic Plan and as subsequently detailed in the approved County EMS Plan update, the County reserves the right to require Contractor to integrate and relocate system status management and dispatching for emergency ambulance services to a County facility capable of supporting dispatch operations as described within this Agreement. Contractor shall be provided necessary space within the selected County facility in which its personnel who shall retain control of Contractor deployment and system status management. Contractor shall be responsible for payment of all County costs incurred by the integration and relocation of dispatch services within a County facility and use of associated County infrastructure. Contractor shall be entitled to submit a rate increase request for additional expenses created by relocation of dispatching. Upon verification of additional expenses by the County, approval of the rate increase shall not be unreasonably conditioned, withheld or delayed.

3.5.3.4 Any and all outside vendors or contractors employed by Contractor to provide work on any critical infrastructure that is housed in County facilities shall be pre-approved by REMSA and the appropriate County department.

3.5.3.5 Ambulance System Status Management, Deployment Planning and Shift Schedule(s) - Contractor will be responsible for planning the dispatch of ambulances through the provision of a deployment and system status management plan. Contractor shall provide to REMSA a written deployment and system status plan for the number of ambulances, their assigned locations, deployment strategies and shift schedule(s). REMSA will be notified of any permanent core schedule changes that occur.

3.6 Community Contracts for Specific Ambulance Placement – This Agreement is focused upon Contractor service requirements and performance within the countywide EMS System. There are no provisions requiring ambulances to be placed in specific cities or communities of Riverside County. Contractor may contract directly with cities and communities to have an ambulance located within their

community. Such arrangements are subject to the approval of REMSA and shall not be at the expense of the County.

3.7 Services for Mental Health Patients – Contractor shall provide services for County Mental Health patients as stipulated in Exhibit 3-A, Services for Mental Health.

3.8 County Medically Indigent Services Program (MISP) – Contractor shall provide ambulance transportation to persons enrolled in the County’s Medically Indigent Services Program (MISP). Contractor shall be eligible for reimbursement contingent on the availability of funds received by the County.

3.9 Special Emergency Medical Services Programs – Contractor may provide special EMS programs as approved by REMSA. Examples of specialty care EMS programs include but are not limited to: event medical services; bicycle EMS services; tactical EMS services; fire line EMS services, community paramedic services, patient navigation services, telehealth, integrated services, and technology innovations. Where applicable, such special service programs shall conform to established REMSA policies and California EMS Authority (EMSA) guidelines.

3.9.1 Non-transport special EMS programs shall be submitted for approval by REMSA prior to procurement of equipment, training of staff or establishing agreements with any entity other than REMSA. Approval is specific to the limits of each program and may not be generally construed as approval of Contractor as an authorized “First Responder”.

3.9.2 Contractor shall continue to utilize REMSIS documentation software when applicable during these special emergency medical service programs and are not permitted to utilize paper methods as a permanent solution.

3.9.3 Contractor and REMSA shall implement a low acuity patient navigation program provided by Contractor, to include nurse-based patient navigation services to assess and refer patients to resources outside the 911 system, 911 patient navigation services, EMS field referrals, and implementation of innovative technology to identify low-acuity patients and improve their access to care. County shall not provide any subsidy under this Agreement for nurse navigation. Contractor will make nurse navigation available to every approved Emergency Medical Dispatch center in Riverside County. Specific program guidelines to be discussed and included:

3.9.3.1 Contractor shall establish a connection pathway to be determined (e.g., dedicated telephone and/or CAD-to-CAD interface) and scripting to receive referrals to Contractor’s nurse screening center from County EMS and Fire agencies, Public Safety Answering Points, and Contractor’s personnel. Once implemented, this will become the primary process for low acuity 911 navigation services within the County.

3.9.3.2 Contractor will conduct proper CQI related to the nurse navigation line. REMSA and participating PSAP’s will be provided with access to CQI reports related to Nurse Navigation.

3.9.3.3 In the event a call returns back from nurse navigation as required to go to an

Emergency Department, it will be routed back to the public safety access point. There is a response appropriate to the acuity of the patient that will happen and response time standards for that call will restart once call has been routed back to dispatch.

3.9.3.4 In the event a responding agency on scene (e.g., Fire Department first responders or Contractor) refers a 911 patient to Contractor's patient navigation service and the answering nurse determines that an ambulance transport is not required, the responding agency may clear the scene and return to service. This is applicable to instances where the Contractor's patient navigation service determines that patient may be safely transported by personal vehicle, ride share or other alternative transport mode. If the patient requires ambulance transport, the responding ambulance will transport in accordance with REMSA protocol to the most appropriate emergency department.

3.10 Compliance with REMSA Protocols, Policies, Procedures and Applicable Laws – Contractor shall comply with REMSA protocols, policies, procedures, performance standards, EMS System standards, EMS System requirements and with applicable laws in the provision of all services stated in this Agreement.

3.11 Capitalization – Contractor shall demonstrate continuous commitment to invest in its infrastructure, advanced technology and equipment to optimize operational effectiveness, clinical care, and support services throughout the term of this Agreement.

3.11.1 County requires that Contractor provide its field personnel with service ready equipment that is maintained based on manufacturer recommendation and within manufacturer established life cycle as applicable. Contractor will develop a comprehensive maintenance program based on these manufacturer recommendations within (180) days at the execution of this Agreement that must be approved by REMSA and includes maintenance plans for the following pieces of equipment.

3.11.1.1 Cardiac monitors

3.11.1.2 Transport ventilators

3.11.1.3 Mobile data computers (MDCs) or equivalent tablet

3.11.1.4 Computer hardware for the County ePCR program

3.11.1.5 Mobile ambulance radios or portable handheld radios. Ambulances must have one mobile radio and two portable radios with a minimum of one radio being PSEC compliant.

3.11.2 Contractor shall continuously evaluate, upgrade and expand infrastructure commensurate with growth in call volume, population growth, advances in technology, community and stakeholder feedback and feedback or observations from their own local field and management personnel to assure operations, clinical care, and support services are optimized. REMSA shall evaluate Contractor's infrastructure needs based upon the above elements. Upon the determination of REMSA, additional, updated or new infrastructure to be procured or replaced by Contractor shall be part of the annual improvement goal development process; subject to costs, financing and appropriate rate increases.

3.12 Disaster Assistance and Response – Contractor shall be actively involved in planning for and responding to MCIs and disasters within the County. Contractor shall implement the ambulance back up and system surge plan (Attachment 3) as requested by REMSA or the Medical Health Operational Area Coordinator (MHOAC). Once the plan is activated all Contractor resources and mission tasking shall be coordinated through the MHOAC in support of the County Emergency Operations Plan (EOP).

3.12.1 Contractor shall designate an individual who will have primary responsibility for disaster preparedness and planning coordination. This individual shall be the primary point of contact between Contractor and REMSA. Contractor disaster coordinator shall attend training, meetings and drills as requested by REMSA and support the MHOAC to assure adequate ambulance resources are available during MCIs and disasters.

3.13 County Dispatch Services - For Contractor service areas covered by the County Emergency Command Center (ECC) as the secondary PSAP, the County shall provide 9-1-1 and direct (7 digit or 10 digit) emergency call intake, EMD and CAD data entry services for Contractor. 9-1-1 and direct (7 digit or 10 digit) emergency call response data shall be supplied to Contractor through a digital CAD link. Contractor agrees to work collaboratively with the ECC to assure uninterrupted effective communications, information management and infrastructure compatibility. Contractor shall assign an individual that will serve as the primary point of contact for ECC personnel. Contractor shall pay a fee for the call intake, EMD and CAD data entry services provided by the County as stated in Exhibit 14-A, County Fee Schedule.

Exhibit 3-A: Service for Mental Health

1. Mental Health Patients in the Field - Contractor shall provide ambulance transportation for persons in apparent need of mental health treatment and are under a hold pursuant to sections 5150-5157 of the Welfare and Institution Code, from their location within Riverside County to an appropriate evaluation health care facility within their primary response areas. Response times for the ambulance for transportation from the field will be thirty (30) minutes if requested through a PSAP and ninety (90) minutes for transportation from a healthcare facility. Transportation for these persons may be by BLS unit or subcontracted out to BLS providers or by alternative transportation modes. Any subcontract for these services shall be subject to REMSA and the Riverside University Health System – Behavioral Health) approval.
 - a. If Contractor responds to a call where RUHS-BH response personnel are on scene, the RUHS-BH evaluator(s) shall provide patient destination to the Contractor’s personnel. Voluntary patients that do not meet medical necessity may be transported by RUHS-BH staff or their designated transportation provider.
 - b. All other patient destinations shall be as directed by the appropriate personnel that were authorized and applied the hold under WIC 5150-5157.
 - c. The patient destination shall be clearly written on the original 5150-5157 document which shall accompany the patient.
 - d. For purposes of this Agreement “in the field” is also defined as patients in the following locations:
 - i. A law enforcement station or jail.
 - ii. A Hospital Emergency Department, if the patient is attended by RUHS-BH staff and the 5150 was placed by RUHS-BH staff.

2. Interfacility Transportation (IFT) of Mental Health Patients – Contractor shall provide transportation for persons on hold that meet medical necessity for an ambulance pursuant to sections 5150-5157 of the Welfare and Institution Code, from any Riverside County operated or contracted facility providing healthcare to a facility within Riverside County or San Bernardino County authorized to provide intensive mental health treatment. Transportation for these persons may be by BLS units or other appropriate means or subcontracted out to BLS providers, as approved by REMSA and the RUHS-BH. Contractor or their subcontractor shall be the sole provider of such transportation services for all interfacility transports.
 - a. The sending County facility shall ensure that the patient has been accepted by the receiving facility before transferring the patient to the care of the Contractor. The sending facility shall notify Contractor of receiving facility acceptance, the name of the physician that accepted the patient at the receiving facility and provide proof of such authorization to Contractor.
 - b. The patient destination shall be clearly written on the original 5150-5157 document which shall accompany the patient.
 - c. Contractor shall be eligible to receive reimbursement for interfacility transports at the approved MediCal rate for those patients for which the County is responsible and no other payment source is available. County shall issue Contractor transportation authorizations at time of service. Contractor shall submit record of County transportation authorization in their claim for reimbursement. Contractor shall make all reasonable attempts to collect from all other payment sources before utilizing RUHS-BH as the payor of last resort.

3. Service Records – Contractor shall initiate, complete and transmit an ePCR to the REMSIS data base

for all patients that receive services under this Agreement.

Exhibit 4: Quality of Patient Care and Medical Oversight

4.1 Standards of Care –Contractor shall cooperate with REMSA and collaborate with EMS System participants to develop, implement and continuously improve clinical standards of care that optimize patient outcomes. Contractor further agrees to continuously maintain optimal effort to improve core indicators of quality service as established by REMSA with the goal to consistently provide excellent patient care and patient satisfaction.

4.2 Clinical Education Span of Control – Contractor shall utilize Clinical Education specialists for the clinical oversight of field personnel. One (1) CES Specialist per operational division. In addition, the clinical span of control can be supported by other clinical support staff, including Lead Field Training Officers, and designated field training employees.

4.3 Clinical Score Card – While it is noteworthy to continue to monitor and promote effective response, the majority of 9-1-1 EMS responses do not require a response time under ten minutes. The Parties have determined that clinical measurements encourage EMS systems and community leaders to implement an approach to EMS system performance that prioritizes patient-centered care and uses a broad, balanced set of clinical, safety, experiential, equity, operational, and financial measures to evaluate the effectiveness of EMS systems. The Parties further recognized that feasible, evidence-based performance measures should be used that are associated with improved patient outcomes and system performance. As such, Contractor and REMSA shall develop a clinical score card to demonstrate continuous quality clinical care within ninety (90) days of the commencement of this Agreement. The score card shall include mutually agreed upon metrics, with performance thresholds reported monthly with response time compliance and measured Countywide. These reports will be reported administratively only.

4.4 Continuous Quality Improvement (CQI) Program Plan – Contractor shall work with REMSA to develop and implement a CQI program plan that ensures optimal patient care and effective operations for all services provided under this Agreement. The CQI program plan shall:

4.4.1 Be in compliance with California Code of Regulations, Title 22, Chapter 12, associated State guidelines and the REMSA EMS Quality Improvement Program (EQIP).

4.4.2 Utilize practices that promote integration and collaboration for clinical excellence with all EMS System participants.

4.4.3 Establish a sufficient organizational structure within Contractor’s county-wide operation that supports effective clinical oversight and execution of the plan.

4.4.4 Contain provisions to continuously monitor, evaluate and report core performance, process and patient outcome indicators as established by REMSA.

4.4.5 In addition to the provision of medical care, include the following areas:

4.4.5.1 Customer-Patient Satisfaction

4.4.5.2 Accountability for patient belongings

4.4.5.3 Injury/Illness Prevention

4.4.5.4 Community Education

4.4.5.5 Human Resources

- 4.4.5.6 Safety
- 4.4.5.7 Fleet, Equipment Performance and Materials Management
- 4.4.5.8 Unusual Occurrences, Incidents, and Complaint Management
- 4.4.5.9 Leadership
- 4.4.5.10 Communications (Deployment, System Status Management and Dispatching)
- 4.4.5.11 Risk Management

4.4.6 Demonstrate progressive quality improvement results evidenced by annual written updates to REMSA on the effectiveness of the plan and summary of activities conducted under the plan.

4.4.7 Include procedures to assure an electronic patient care report (ePCR) is generated for each patient response utilizing the REMSA approved data system.

4.4.8 Include linkages to continuing education programs.

4.4.9 Include action planning to improve performance based upon core indicators as established by REMSA.

4.5 Medical Control – REMSA is responsible for the provision of medical control over the EMS System which includes all medical services provided by Contractor under this Agreement. Prospective and on-line medical control of emergency medical technician and paramedic personnel shall be according to the policies and procedures established by the REMSA Medical Director. Retrospective medical control shall be provided according to the standards set forth by the REMSA Medical Director through CQI programs, including continuing education programs conducted cooperatively by Contractor, REMSA, partner pre-hospital provider agencies and the base hospitals.

4.5.1 Contractor accepts REMSA's authority to investigate all aspects of Contractor's operation relevant to the assurance that patient care services under Contractor's operation are performed in a safe and reliable manner. Accordingly, Contractor shall provide, in a timely and regular manner, all records, information, and reports requested by the REMSA Medical Director, or designee, to evaluate the emergency medical services provided by Contractor under this Agreement.

4.6 Medical Review/Audits – Contractor acknowledges that medical reviews and audits are a critical function of an effective medical quality assurance and improvement program.

4.6.1 Contractor shall work cooperatively with REMSA, base hospitals and other EMS partners to identify and support activities that provide case-based learning and feedback to all field personnel.

4.6.2 Contractor shall comply with requests by the REMSA staff including its Medical Director for employee attendance at medical reviews or audits.

4.7 Medical Advisor – Contractor shall employ a California licensed physician (MD or DO) as the medical advisor who shall be vested with sufficient authority to establish and enforce internal standards of excellence for the medical care provided by Contractor. The medical advisor shall serve as the primary liaison between Contractor and the REMSA Medical Director for medical issues.

4.7.1 The medical advisors shall be employed or contracted as the equivalent of a .25 FTE at minimum and identified in Contractors organizational structure.

4.7.2 The medical advisor shall be provided with sufficient support, including staff, to effectively oversee the medical components of the approved CQI and clinical education and training programs.

4.7.3 The medical advisor shall cooperate and collaborate with the REMSA Medical Director to develop and implement policies, protocols and procedures that ensure optimal patient outcomes.

4.7.4 Contractor shall advise the REMSA Medical Director in the process for selection of the medical advisor.

4.8 Medical Committee Participation – Contractor shall participate in all medical committees, work groups and task forces as requested by REMSA.

4.9 Medical Research – Contractor shall cooperate with REMSA to explore opportunities, develop methodologies, implement, manage and publish research initiatives authorized by the REMSA Medical Director. This shall include all reasonable operational support to assist the REMSA Medical Director to complete publishable research projects during the life of this Agreement. Medical research projects may be included in the annual system improvement and enhancement goals and shall include but not be limited to:

4.9.1 Procuring equipment and supplies required to conduct studies approved by the REMSA Medical Director.

4.9.2 Providing logistical support including the staff necessary to implement methodologies included in studies approved by the REMSA Medical Director and/or staff.

4.10 Patient Satisfaction Program – Contractor shall develop and implement a comprehensive Patient Satisfaction Program (PSP) that focuses on services provided to patients in the Riverside County EMS System. The PSP shall contain quantitative and qualitative assessment mechanisms that will enable REMSA to validate and benchmark patient feedback on the quality of services they were provided by Contractor.

4.11 Clinical Education and Training – Contractor shall develop and implement a clinical education and training program that utilizes contemporary performance based methods and processes, is linked to Contractor's CQI program plan and is congruent with the REMSA EMS Quality Improvement Program (EQIP). The clinical education and training program will include elements as outlined in Attachment 4, Personnel Education and Training Program of this Agreement.

4.12 Incident Review and Investigations - Contractor will provide all information requested by REMSA relative to incidents and inquiries and will make involved personnel available for interview by REMSA staff in a timely manner.

4.12.1 Contractor's supervisory and management personnel will assist REMSA with incident investigations and disciplinary activities as requested by REMSA.

4.12.2 Contractor will respond to REMSA requests for information within two (2) business days unless otherwise instructed by REMSA or otherwise required by applicable laws. This shall include patient care reports (PCR), supplemental patient information, CAD records, incident narratives and reports, inventory ordering, receipt and control documentation, fleet

maintenance records, critical failure reports, safety reports and any other information or records required by REMSA to fully complete thorough reviews and investigations related to any services provided under this Agreement.

4.12.3 Contractor shall notify REMSA of the occurrence of any and all incidents, in accordance with the criteria, policies and procedures established by REMSA.

Exhibit 5: Response Time Performance, System Enhancement Fees and Performance Credits

5.1 Emergency Response Time Zones and Subzones – Contractor service areas are exclusive operating areas (EOAs) and non-exclusive operating areas (non-EOAs) as designated in the County EMS Plan and as shown in the maps contained in Attachment 1, Operating Areas. Response time performance measurement within the EOAs and non-EOAs shall be calculated utilizing response time zones (RTZs) and response time subzones (RTSZs) as shown in the maps in Attachment 2, Response Time Zones and Subzones.

5.2 Response Time Performance Standards – Contractor shall continuously maintain optimal effort to improve key indicators of quality performance such as ambulance response times. Contractor further agrees that the performance criteria stated in this Agreement are intended as a minimum baseline for measuring minimum performance and Contractor will maintain optimal effort to continually exceed those minimum standards.

5.2.1 Contractor shall deploy sufficient resources to meet the response time standards as described in Exhibit 5-A, Emergency Ambulance Response Time Standards, in all RTZs and RTSZs a minimum of 90% of the time.

5.2.2 Response time changes based upon increasing call volume, call density or population growth - County shall review Contractor emergency response volume in the RTZs and RTSZs annually. Increasing call volume or identified and sustained call density in the RTZs and RTSZs, either based upon population growth or other factors, may be considered by REMSA for possible changes to response time standards.

5.2.2.1 REMSA shall include Contractor in the annual review process and provide proposed changes to response time standards to Contractor by the first work day of March each year.

5.2.2.2 Changes to response time standards based upon the annual review shall be effective on July 1 each year.

5.2.2.3 Contractor shall be entitled to submit a rate increase request for additional expenses created by addition of resources required to meet improved response time standards. Upon verification of additional expenses by the County, approval of the rate increase shall not be unreasonably withheld, conditioned or delayed.

5.2.3 Medical Priority Dispatch System (MPDS). County desires to continuously improve system efficiency by establishing resource response priorities during the term of this Agreement. Contractor agrees to cooperate with REMSA and EMS System participants to establish the Medical Priority Dispatch System (MPDS) with ProQA as the standard for resource prioritization within the County and as approved by REMSA and established pursuant to the programs, policies, protocols and procedures of the REMSA Medical Director.

5.2.3.1 Prioritized response time standards utilizing MPDS protocols for response prioritization - Contractor agrees to work with REMSA and EMS System participants to develop and implement modified response time standards, as approved by REMSA and established pursuant to the programs, policies, protocols and procedures of the REMSA Medical Director. Compliance with set standards will be required in the same format as general Contractor compliance noted in section 5.2.2.

5.3 Response Time Performance Monitoring and Measurement - Contractor shall utilize a REMSA approved digital Computer Aided Dispatch (CAD) program synchronized to the atomic clock to capture all data elements required for accurate response time performance measurement, analysis and reporting. Additionally, Contractor shall cooperate with REMSA and First Watch or REMSA approved alternative vendor to provide and maintain continuous 24/7 data feeds to First Watch or REMSA approved alternative for real time monitoring and analysis of response time performance. Contractor shall provide direct remote read only access to Contractor CAD system and associated data as requested by REMSA.

5.3.1 The following times shall be captured by the digital CAD:

- 5.3.1.1 Time the response request was received by Contractor
- 5.3.1.2 Time the appropriate unit was assigned to the response
- 5.3.1.3 Time the ambulance was in route to the response address
- 5.3.1.4 Time the ambulance arrived on scene at the response address
- 5.3.1.5 Time the ambulance departed the scene
- 5.3.1.6 Time the ambulance arrived at the hospital emergency department
- 5.3.1.7 Time the ambulance was response ready and back in service

5.3.2 Contractor shall utilize Automated Vehicle Location (AVL) and Global Positioning System (GPS) linked to the digital CAD for real time tracking of all emergency ambulance responses and shall make AVL/GPS data and real time monitoring capability available to REMSA and first response partner entities within Riverside County as authorized by REMSA.

5.3.3 Response time shall be measured in minutes and whole seconds from the time the call is received by Contractor from the PSAP or secondary PSAP with address and or location, or direct call, until arrival of the ambulance at the incident location or the call is cancelled by the PSAP or secondary PSAP.

5.3.3.1 Contractor shall be given fifteen (15) seconds for pager queue time. In the event of a full CAD outage, contractor shall be given sixty (60) seconds of pager queue time.

5.3.3.2 Incidents where Contractor's ambulance has been given direction to stage away from the incident location by the PSAP, secondary PSAP or on-scene incident commander, the response time clock will stop when the ambulance arrives at the staging location.

5.3.3.3 Calls canceled en route shall not be used to determine compliance. These calls shall be reported separately in the monthly reports and not counted for on-time.

5.3.3.4 Incidents identified by an approved EMD process as Code-2 responses, Shall afford Contractor an additional fifteen (15) minute response time to be added to the standard emergency response time for that zone.

5.4 Response Time Exemptions – Contractor shall maintain sufficient resources to meet all obligations under this Agreement. In rare occasions, unusual events outside Contractor's control may occur that directly affect Contractor's ability to meet response time requirements. In determining whether Contractor has met the response time standards for each category of call during any calendar month, calls which fail to meet the applicable standard for reasons beyond Contractor's reasonable control, including, but not necessarily limited to, the following reasons, shall be counted as a compliant response once approved by REMSA. The Contractor shall provide its request for exceptions to REMSA within fifteen (15) days of the end of the preceding month and provide written support for

its requests. The process for requesting exemptions shall be through the Online Compliance Utility provided by FirstWatch.

5.4.1 Unavoidable delays caused by uncontrollable access problems, such as road construction or road closures, which may cause an ambulance to be late.

5.4.2 Responses during a mutually agreed upon, unpredictable and prolonged system surge based on historical data.

5.4.3 Appropriate Resource Allocation. Responses delayed due to a County Communications Center or the applicable approved EMD center that uses modified response, and are on Emergency Rule.

5.4.4 Ambulance Patient Offload Delay as defined below.

5.4.4.1 APOD occurs when transfer of care of emergency patient is delayed more than thirty (30) minutes following the arrival at an Emergency Department.

5.4.4.2 Ambulance patient offload time (APOT) is based on NEMESIS values eTimes.09 subtracted from eTimes.11; The initial thirty (30) minutes of APOT is not included in the timeframe considered for justification.

5.4.4.3 A late response will be considered for bed delay (BD) exemption if another unit within the same zone was on APOD when the response was dispatched but subsequently arrived late.

5.4.4.4 Unit on APOD must be on delay at the time a unit was subsequently late was dispatched (eTimes.02). The APOD must come before the dispatch of the late response and be actively on APOD when dispatch occurred.

5.4.4.5 Generally, one unit on APOD can only account for one late response. One unit on APOD cannot be used as justification across multiple late responses. However, if a unit is on extended APOD as where the delay is greater than ninety (90) minutes of APOT, or sixty (60) minutes of APOD, one additional bed delay (BD) delay will be considered for each additional 60 minute a unit is on APOD.

5.4.4.6 All bed delay exemptions will be calculated by either AMR staff or FirstWatch online compliance utility algorithm and will only use REMSIS EPCR data to validate calls that will be submitted to REMSA for review and final approval to determine that exemptions meet bed delay criteria.

5.4.5 Unavoidable delays at Railroad crossings within Riverside County.

5.5 Response Time Corrections – Contractor shall maintain sufficient resources to meet all obligations under this Agreement. In rare occasions, unusual events outside Contractor’s control may occur that directly affect Contractor’s ability to record all time intervals in CAD correctly. In such cases Contractor may submit with evidence corrected time stamps within the Online Compliance Utility. Calls which fail to meet the applicable standard for reasons beyond Contractor’s reasonable control, including, but not necessarily limited to, the following reasons, shall be corrected when calculating monthly compliance. The Contractor shall provide its request for corrections to REMSA within fifteen (15) days of the end of the preceding month and provide written support for its requests.

5.5.1 Closed gates (i.e., locked or secured) resulting in delay to the responding emergency ambulance from going on scene of the location or address of the call. Those lost minutes and seconds will be added to the response time interval only.

5.5.2 Upgraded calls – If the initial response time requirement expired prior to being upgraded and the ambulance is not on scene then that call is considered non-compliant.

5.5.3 Missed on scene time – Missed on scene times can be submitted via time correction but does not necessarily exempt any fee assessment outlined in exhibit 5-B.

5.6 System Enhancement Fees - If Contractor fails to meet the response time standards or performance standards in the delivery of service, except as otherwise exempted, Contractor shall be assessed system enhancement fees as described in Exhibit 5-B, System Enhancement Fees.

5.7 Emergency Response Time Performance Credits - If Contractor meets the response time standards in the delivery of service in any one given Response Time Zone (RTZ), as well as in the Response Time Subzones (RTSZ) located within the areas, as defined in Attachment 2, Response Time Zones and Subzones, Contractor will be awarded performance credits to offset System Enhancement Fees assessed for that RTZ, as specified in Exhibit 5-C, Emergency Response Time Performance Credits.

5.8 REMSA shall respond to Contractor's request for exemptions within thirty (30) days of receipt of the request from Contractor or such longer period as agreed by the parties; such approval shall not be unreasonably conditioned, delayed or withheld. REMSA will inform the Contractor in writing of the incidents, fees and credits incurred on a monthly basis. REMSA shall apply a reasonable person standard and shall not unreasonably withhold, condition or deny any request for an exemption. Contractor shall be entitled to appeal any incidents and fees to REMSA within ten (10) calendar days of receipt. Unless REMSA reverses the fees, Contractor shall pay all fees within forty five (45) calendar days of receipt of the quarterly invoice from REMSA. A late payment charge of ten (10) percent per annum will be assessed monthly if payment is not received within forty-five (45) days. Fees shall be paid to the "County of Riverside" with payments directed to REMSA. Collected fees will be used for purposes to supplement EMS System costs and enhancements such as EMS patient data and information systems and medical equipment.

Exhibit 5-A: Emergency Ambulance Response Time Standards

Response Time Definition for 9-1-1 Responses – The elapsed time (interval) in minutes and whole seconds from the time the call is received by Contractor from the PSAP, secondary PSAP or direct call until arrival of the emergency ambulance at the incident location or the call is cancelled by the PSAP or secondary PSAP.

Response Time Metric Calculation – Shall be the result of the elapsed time (interval) between clock start and clock stop minus the fifteen (15) second pager queue time allowance or sixty (60) pager queue time during a full CAD outage.

Response Time Clock Metrics to be captured by the digital CAD synchronized to the atomic clock for calculation of response time:

1. Time Stamp Metric for Clock Start – The exact time (hour/minute/second) on a twenty four (24) hour clock that Contractor received the response information, and address from the PSAP, secondary PSAP, or direct call.
2. Time Stamp Metric for Clock Stop - The exact time (hour/minute/second) on a twenty four (24) hour clock that the ambulance arrived on scene; or the exact time (hour/minute/second) the ambulance arrived at the staging location if requested to stage by the PSAP, secondary PSAP, or incident commander; or the exact time (hour/minute/second) the call was cancelled by the PSAP or secondary PSAP; or the exact time (hour/minute/second) the call was answered by Contractor’s low acuity nurse-based call center within sixty (60) seconds.
3. In the event a call has been referred to and answered by Contractor’s low acuity nurse-based 911 call center and no ambulance response is needed, there shall be no further Response Time requirements.
4. BLS Emergent Responses – 15 minutes shall be added to base response time requirement when a BLS level response is required by EMD determinant code.

Response Time Standards

Metro - Ten (10) Minutes or less

Contractor shall place an emergency ambulance on scene in ten (10) minutes or less 90% of the time in the areas identified by the maps in Attachment 2, Response Time Zones and Subzones. For clarity, 10:16 or 11:01 (not 10:01) shall be late in accordance with the pager queue time allowances set forth in Exhibit 5 Section 5.3.

Urban - Fourteen (14) Minutes or less

Contractor shall place an emergency ambulance on scene in fourteen (14) minutes or less 90% of the time in areas identified by the maps in Attachment 2, Response Time Zones and Subzones. For clarity, 14:16 or 15:01 (not 14:01) shall be late in accordance with the pager queue time allowances set forth in Exhibit 5 Section 5.3.

Suburban - Twenty (20) Minutes or less

Contractor shall place an emergency ambulance on scene in twenty (20) minutes or less 90% of the time in areas identified by the maps in Attachment 2, Response Time Zones and Subzones. For clarity, 20:16 or 21:01 (not 20:01) shall be late in accordance with the pager queue time allowances set forth in Exhibit 5 Section 5.3.

Rural - Thirty (30) Minutes or less

Contractor shall place an emergency ambulance on scene in thirty (30) minutes or less 90% of the time in areas identified by the maps in Attachment 2, Response Time Zones and Subzones. For clarity, 30:16 or 31:01 (not 30:01) shall be late in accordance with the pager queue time allowances set forth in Exhibit 5 Section 5.3.

Wilderness - Sixty (60) Minutes or less

Contractor shall place an emergency ambulance on scene in sixty (60) minutes or less 90% of the time in areas identified by the maps in Attachment 2, Response Time Zones and Subzones. For clarity, 60:16 or 61:01 (not 60:01) shall be late in accordance with the pager queue time allowances set forth in Exhibit 5 Section 5.3.

Exhibit 5-B: System Enhancement Fees

If Contractor fails to meet the response time standards or performance standards in the delivery of service, except as otherwise exempted by REMSA, Contractor shall be assessed system enhancement fees in the following amounts:

1. For each response where Contractor where exceeds the response time standard, the following amounts shall be assessed:

0.01 - 1 minute	= \$5.00
1.01 - 2 minutes	= \$10.00
2.01 - 3 minutes	= \$20.00
3.01 - 4 minutes	= \$50.00
4.01 - 5 minutes	= \$70.00
5.01 - 6 minutes	= \$180.00
6.01 - 7 minutes	= \$220.00
7.01 - 8 minutes	= \$392.00
8.01 - 9 minutes	= \$448.00
9.01 - 10 minutes	= \$504.00
10.01- 15 minutes	= \$800.00
15.01 – 20 minutes	= \$1,000.00
20.01 – 30 minutes	= \$1,200.00
30.01 – 60 minutes	= \$2,400.00
More Than 60 minutes	= \$7,500.00

2. \$1,000.00 for failure of the ambulance crew to report their arrival on scene and the on scene time is not verifiable by other reliable means.
3. \$1,000.00 for any preventable mechanical failure, as determined by REMSA, during patient transport.

Exhibit 5-C: Emergency Ambulance Response Time Performance Credits

If Contractor exceeds the minimum response time standards in the delivery of service in any one given Response Time Zone (RTZ), as well as in the Response Time Subzone(s) (RTSZ) located within that RTZ, as defined by Attachment 2, Response Time Zones and Subzones, Contractor will be awarded the following performance credits to off-set system enhancement fees assessed for that same RTZ as stated in Exhibit 5-B:

% Compliance	Credit
90.5%-91%	10%
91.01% -92%	25%
92.01% - 93%	50%
93.01% - 94%	75%
94.01% - 95%	90%

The County will forgive all assessed system enhancement fees for response time compliance over 95% in a single RTZ, excluding those fees generated by responses greater than 10 minutes late.

In addition, if all RTZs and RTSZs as defined in Attachment 2, Response Time Zones and Subzones exceed minimum compliance, the following additional credits will apply:

% Compliance	Credit
90.5%-91%	10%
91.01% -92%	25%
92.01% - 93%	50%
93.01% - 94%	75%
94.01% - 95%	90%

The County will forgive assessed system enhancement fees for response time compliance over 95% in all RTZs, excluding those fees generated by responses greater than 10 minutes late.

Credits will be applied to off-set assessed system enhancement fees only during the same quarterly compliance period.

Exhibit 6: Personnel Requirements

6.1 Working Conditions/Stable Workforce – It is the intent of County that Contractor demonstrates commitment to attract and maintain a highly professional and stable workforce. Contractor will have a program aimed at retaining employees and minimizing turnover. Such a program will include, but not be limited to:

6.1.1 Working with unions and an employee group to create an ongoing employee satisfaction assessment and monitoring system including surveys designed to monitor employee dissatisfaction and satisfaction levels.

6.1.2 Conducting exit interviews with employees leaving employment to identify the dissatisfiers that could be driving employee turnover. Reports of such analyses and Contractor's improvement strategies will be available to REMSA.

6.1.3 Contractor will track and report employee turnover and results of employee satisfaction surveys annually to REMSA.

6.2 Workforce Professionalism – Contractor shall implement standards of behavior for their employees that establish the highest degree of professionalism and accountability for all services rendered under this Agreement. These standards shall include but not be limited to the following:

6.2.1 A code of professional conduct

6.2.2 Pre-employment screening, interviews and testing

6.2.3 Prospective employee criminal background checks

6.2.4 Vehicle, equipment and station use and maintenance

6.2.5 Personal cleanliness and grooming

6.2.6 Employee physical fitness for duty

6.2.7 Uniform standardization, cleanliness, appearance and care

6.2.8 Maintaining required professional credentials

6.2.9 Communicating with patients

6.2.10 Knowledge of and compliance with applicable laws, policies, protocols and procedures governing the professional practice of EMS

6.2.11 Interactions with other members of the EMS team (e.g. First Responders, healthcare facility staff, other ambulance providers, REMSA staff)

6.2.12 Interactions with the public

6.2.13 Appropriate use of social media

6.2.14 Interactions with patient families

6.3 Organizational Staffing and Key Management Personnel – Contractor shall have key management personnel identified in their organization that are responsible for the services provided under this Agreement. REMSA shall be entitled to review and approve key management personnel. Such approval shall not be unreasonably withheld. In the event REMSA has bona fide and legitimate complaints regarding the performance of any key personnel during the term of this Agreement, Contractor agrees to cooperate in good faith with REMSA in addressing and resolving such concerns.

Contractor shall submit an organization chart and associated job descriptions to REMSA within sixty (60) calendar days of the signing of this Agreement and shall identify key management personnel in the following functions:

- 6.3.1 Operations
- 6.3.2 Medical CQI/Clinical
- 6.3.3 Communications
- 6.3.4 Deployment, System Status Management and Performance
- 6.3.5 Fleet Services
- 6.3.6 Customer Service/Business Services
- 6.3.7 Education/Training
- 6.3.8 Field Supervision
- 6.3.9 Disaster Preparedness, Planning and Coordination

6.4 Credentialing – Contractor shall ensure that all field personnel are credentialed by REMSA and that valid credentials are maintained by all personnel throughout the term of this Agreement. No field personnel shall be allowed to work in the field unless they have valid credentials. Field personnel credentials shall be entered into the REMSA data base. Credentialing requirements shall be as follows or as modified by REMSA policies:

- 6.4.1 EMTs
 - 6.4.1.1 EMT certification by REMSA
 - 6.4.1.2 CPR for Professional Rescuers
 - 6.4.1.3 California Driver’s License
 - 6.4.1.4 California Ambulance Driver Certification and associated Medical Certification
- 6.4.2 Paramedics
 - 6.4.2.1 California Paramedic License
 - 6.4.2.2 Accreditation by REMSA
 - 6.4.2.3 CPR for Professional Rescuers
 - 6.4.2.4 California Driver’s License
 - 6.4.2.5 California Ambulance Driver Certification and associated Medical Certification
 - 6.4.2.6 ACLS Certification or other cardiac course approved by REMSA
 - 6.4.2.7 PALS Certification or other pediatric course approved by REMSA
 - 6.4.2.8 PHTLS Certification or other trauma course approved by REMSA

6.5 Ambulance Staffing - Ambulances performing services under this Agreement shall be staffed with at least two REMSA credentialed individuals at all times. Staffing configurations shall conform to the following:

- 6.5.1 Two REMSA accredited paramedics; or
- 6.5.2 A REMSA accredited paramedic and a REMSA certified EMT.
- 6.5.3 All field personnel uniforms and identifiers (e.g. name plates, badges, patches, etc.) shall conform to Contractor’s policies and are subject to approval by REMSA.

6.5.4 Alterations to staffing requirements may be authorized by REMSA as part of an Emergency Medical Dispatch (EMD) and priority resource utilization program.

6.6 Field Supervisor Program – Contractor shall utilize field supervisors for the direct supervision of field personnel. These individuals will ensure that field personnel maintain the highest level of professionalism, patient care and customer service for all services rendered under this Agreement. These individuals shall be credentialed by REMSA under the EMS Supervisor Program and fulfill all of the duties, roles and responsibilities contained therein. There shall be a minimum of one (1) field supervisor on duty at all times for every fifteen (15) ambulances in service by operation. Field supervisor deployment shall be evenly dispersed across all zones. In addition to individuals meeting the REMSA credentialing criteria for inclusion in the EMS Supervisor Program, Contractor shall have a written program which clearly describes the eligibility criteria, training, roles and responsibilities of field supervisors.

6.6.1 On-Duty Field Supervisors shall be available to and cooperate fully with the REMSA Duty Chief and Duty Officers. Contractor shall collaborate with REMSA to establish policies, protocols and procedures establishing 24/7 communications capability between REMSA and Contractor's Field Supervisors for incident information that will assist REMSA with its duty to monitor, coordinate and manage the EMS System.

6.6.2 On-Duty Field Supervisors shall be available to respond to service requests in dedicated ERV. This includes but is not limited to large scale incidents, incidents requiring multiple ambulances and during times of unusual system surge to initiate patient care.

6.7 General Education and Training – Field employees shall receive all education and training as stipulated under Attachment 4, Employee Education and Training Programs.

6.8 Employee Health and Wellness – Contractor shall establish programs to assure employee health and wellness including but not limited to the following:

6.8.1 Injury and Illness Prevention Program (IIPP) shall include but not be limited to:

6.8.1.1 All training required by the Occupational Safety and Health Administration (OSHA) for EMS field personnel

6.8.1.2 The following vaccinations and screenings, or record of declination, required by the Riverside County Public Health Officer or designee:

1. **Tuberculosis** PPD test semi-annually
2. **Hepatitis B** Given in a three (3) dose series (dose #1 initial, #2 in 1 month, #3 approximately 5 months after #2).
3. **Influenza** Give 1 dose of trivalent inactivated influenza vaccine (TIV) or live attenuated influenza vaccine (LAIV) annually.
4. **MMR** For healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart.
5. **Varicella (chickenpox)** For HCP who have no serologic proof of immunity, prior vaccination, or history of varicella disease, give 2 doses of varicella vaccine, 4 weeks apart.
6. **Tetanus, diphtheria, pertussis** Give all HCP a Td booster dose every 10

years, following the completion of the primary 3-dose series. Give a 1-time dose of tetanus, diphtheria, acellular pertussis vaccine (Tdap) to all HCP younger than age 65 years with direct patient contact.

7. The Contractor shall maintain records for all field employee screenings, immunizations and vaccinations, including declinations. Records shall be made available for inspection by REMSA upon request.

6.8.1.3 Communicable Diseases Exposure and Infection Control

6.8.1.4 Hazardous Materials/Hazardous Communications

6.8.1.5 Lifting and patient movement

6.8.1.6 Proper use of equipment and vehicles

6.8.1.7 Physical fitness for duty

6.8.1.8 Use of personal protective equipment (PPE)

6.8.2 Chemical Dependency and Substance Abuse Prevention

6.8.3 Workplace violence

6.8.4 Fatigue awareness and mitigation – Contractor shall develop a policy which stipulates maximum amount of time an employee can continuously be on-duty; and rest/sleep requirements that must be followed for all employees that are continuously on-duty for more than twelve (12) hours.

6.8.5 Critical Incident Stress Debriefing and Evaluation

6.9 Field Training Officers (FTO) - Contractor shall designate a sufficient number of field training officers who shall function as trainers and perform other duties on behalf of Contractor. Field training officers shall meet REMSA requirements as preceptors. Contractor shall have a comprehensive FTO program approved by REMSA that establishes roles and responsibilities, employee eligibility criteria, credentialing and education/training requirements. FTO roles and responsibilities shall be integrated into Contractor's CQI Plan and education/training programs.

6.10 Paramedic Preceptors - Contractor shall cooperate with REMSA approved paramedic training programs and REMSA to develop a preceptor program. The preceptor program shall provide adequate, as determined by REMSA, paramedic field internship positions in support of REMSA approved programs. Preferential placement for paramedic field internship shall be provided to REMSA approved paramedic programs.

Exhibit 7: Communications

7.1 The parties agree that this section is subject to modification in the event that REMSA, through the on-going EMS System improvements as implemented under the County EMS System Strategic Plan, decides to exercise the option for integration and relocation of Contractor dispatching for emergency ambulances as stipulated in Exhibit 3, section 3.5.3.3.

7.2 System Integration – Contractor shall establish policies and procedures for the integration of radio and data communications with PSAPs, base hospitals, the Public Health and Medical Communications Center, and on-scene incident command.

7.3 Communications Center Operations - Contractor shall operate a dispatch center located within Riverside County and maintain all hardware and software (fixed, mobile, interfaces, and networks) necessary to receive and fulfill requests for emergency ambulance services made by County PSAP Centers. Contractor shall be capable of receiving and replying to requests for emergency ambulance services by voice and by CAD interface. Contractor's dispatch center shall be capable of dispatching all ambulance units used to provide emergency ambulance services pursuant to this Agreement. Contractor shall implement a CQI program for the evaluation of dispatch operations, education and training of dispatchers, problem identification and resolution. The Dispatch CQI Plan shall be submitted to REMSA within one hundred eighty (180) calendar days of signing of this Agreement and updated synchronously with Contractor CQI Plan.

7.3.1 Computer Aided Dispatch (CAD) and Information Technology (IT) Support - Contractor must maintain a Computer Aided Dispatch (CAD) system according to the specifications of REMSA that assures a complete audit trail for all response times and assures REMSA access to the response time data at any time to assure Contractor compliance.

7.3.1.1 Contractor will establish and maintain digital CAD-to-CAD interfaces or CAD-to-CAD HUB with PSAPs as requested and authorized by REMSA.

7.3.1.2 Contractor shall pay costs for all interfaces with REMSA and any provider agencies to Contractor's computer equipment for the purpose of receiving data and for hardware at Contractor's dispatch facility.

7.3.1.3 Contractor shall ensure its own information system's hardware, software and personnel are capable of receiving and processing required data including, but not limited to, the ability to continuously monitor data transfer system stability and resolve system failures. In the event of a CAD outage Contractor shall deploy a continuity of operations plan, which shall be submitted to and approved by REMSA within thirty (30) calendar days of the signing of this Agreement.

7.3.2 Supervisors – Contractor shall have a Dispatch Supervisor program that ensures dispatch operations are supervised twenty four (24) hours per day, every day through the term of this

Agreement. The Dispatch Supervisor program shall also contain requirements for employee eligibility, education and training.

7.3.3 Dispatcher/System Status Controller (SSC) and Call Taker Training - Contractor shall have a comprehensive dispatcher/SSC and call taker program that ensures effective dispatch operations twenty four (24) hours per day, every day through the term of this Agreement. The dispatcher/SSC and call taker program shall also contain requirements for employee eligibility, education and training.

7.4 Radio and Data Infrastructure and Equipment Requirements - Contractor will provide REMSA with a comprehensive radio system plan that will contain dispatch console, mobile radio, and portable radios that will include one (1) PSEC compliant radio per unit, and operate on the Riverside County PSEC radio system. network design including, but not limited to, site selection, power, security, IP backhaul and inter-site communications. Should Contractor's radio communication system be upgraded or replaced within the term of the Agreement, Contractor at their cost will upgrade and/or replace their radio communication equipment to be compatible with and operate on the existing PSEC system. Modifications to the radio system/network shall be proposed to REMSA for approval at least thirty (30) calendar days prior to initiation of work.

7.4.1 Unit Mobile Radios - Contractor is responsible for the communications equipment on ambulances and supervisory units used in performance of emergency ambulance services for REMSA. Contractor shall equip all ambulances and supervisory vehicles with radio equipment for communications with Contractor's dispatch center on Contractor's radio channels.

7.4.1.1 Radio communications equipment used for ambulance-to-hospital communication shall be configured so that personnel providing patient care are able to directly communicate with base or receiving hospital staff regarding the patient.

7.4.1.2 Approved radio equipment shall be installed in conformance with existing REMSA policies prior to assignment of a vehicle to an emergency response area. Installations and removals will be at Contractor's expense.

7.4.1.3 Contractor shall operate communications equipment in conformance with all applicable rules and regulations of the Federal Communication Commission, and in conformance with all applicable REMSA policies and operating procedures.

7.4.2 Portable or Handheld Radios - Contractor will provide each crew member assigned to an ambulance or supervisor unit with a PSEC and VHF portable radio programmed annually as specified by REMSA. Contractor shall maintain a minimum cache of twenty (20) spare radios for back-up purposes.

7.4.3 Mobile Data Computers (MDCs) or equivalent tablet device – Contractor shall equip each emergency ambulance and supervisor vehicle with a MDC or equivalent tablet device that is capable of receiving and sending response related information to and from the vehicles. Contractor shall provide REMSA with the specifications for approval of any new MDCs or equivalent tablet device to be used in the vehicles prior to purchase. All existing MDCs shall be afforded grandfathered approval by REMSA upon signing of this Agreement.

7.5 Global Positioning System (GPS) and Automatic Vehicle Location (AVL) - Contractor will provide an Automatic Vehicle Locator/Global Positioning System (AVL/GPS) solution integrated with ambulance and supervisor vehicle MDCs, including the equipment, software, and ongoing maintenance, solely at Contractor's expense. Contractor's ambulances and supervisor units must be equipped with a wireless modem and GPS receiver that links to its communications center's CAD system to track vehicle locations and select the closest available unit. Contractor shall supply AVL/GPS feeds to REMSA and other first response public safety agencies as authorized and requested by REMSA.

7.6 Radio Frequency Use, Management and Credentialing - Contractor will provide REMSA copies of all radio frequency records and will coordinate all frequency licensure activity through REMSA.

7.7 Contractor agrees to equip all emergency ambulances with a minimum of one (1) Public Safety Enterprise Communication (PSEC) radio with 50% completed with 180 days, and 100% within 365 days of the effective date of this contract. Any delays meeting this standard can be requested by Contractor for appropriate extension.

7.8 Communications Equipment Replacement— As stated in this Agreement, service ready equipment that is maintained based on manufacturer recommendation and within manufacturer established life cycle as applicable. Contractor will develop a comprehensive maintenance program based on these manufacturer recommendations within (180) days at the execution of this contract that must be approved by REMSA and includes maintenance plans for the communication equipment.

7.8.1 Contractor understands that Agency CAD systems require routine updates as well as wholesale replacements to ensure systems remain secure and able to meet system performance requirements. These changes may require modification of vendor CAD 2 CAD interfaces to ensure ongoing communications between systems. Contractor agrees to update and/or modify CAD 2 CAD interfaces in a reasonable timeframe to ensure continuity of operations between Agency and Contractor without unnecessary delay or security exposure when required by Agency.

Exhibit 8: Customer Service and Community Education

8.1 Customer Service Excellence – Contractor shall develop and implement a customer service program that establishes and maintains customer service excellence. Contractor shall include qualitative and quantitative evaluation of customer feedback for services provided under the terms of this Agreement. Findings and metrics shall be included in the annual performance report to REMSA as stated in Exhibit 10, section 10.3, and shall document and incorporate feedback from, but not limited to, the following customers:

- 8.1.1 Fire Department First Responder Agencies
- 8.1.2 Base Hospital Paramedic Liaison Nurses (PLN) and ED Medical Directors
- 8.1.3 Non-Base Prehospital Receiving Hospitals
- 8.1.4 City Managers
- 8.1.5 Sub-Acute Care Facilities (e.g., clinics, dialysis centers)
- 8.1.6 Skilled Nursing Facilities and Assisted Living Facilities

8.2 Community Education Program - Contractor will provide a community education program that contains a minimum of one hundred and twenty (120) hours per year for each ambulance operating area, as defined by Attachment 1, Operating Areas. Contractor will prepare an annual Community Education Plan within 180 days of execution of this Agreement with specific goals and objectives to meet or exceed minimum acceptable levels set by the EMS Administrative Group for that operating area. The Plan will be submitted to REMSA and the EMS Administrative Group for review and approval prior to implementation and shall include but not be limited to:

- 8.2.1 Community CPR (Cardio Pulmonary Resuscitation) and AED (Automated External Defibrillator) Program
- 8.2.2 Community Injury and Illness Prevention
- 8.2.3 CPR and first aid for schools
- 8.2.4 Annual Public Information Campaign that may include platforms: print, radio, tv, and social media. (e.g., appropriate use of 9-1-1, population based healthcare messaging)
- 8.2.5 Other topics as mutually agreed upon by Contractor and REMSA

8.3 Communications with the Electronic or Print Media - Contractor will notify REMSA of all communications with the media when it involves services within the scope of this Agreement.

Exhibit 9: Fleet and Equipment

9.1 Ambulances - Contractor's ambulances shall meet the standards, subject to REMSAs authority to alter, as specified in Riverside County Ambulance Ordinance No. 756.1, as may be amended from time to time, or other County ordinance, resolution or REMSA program, policy, protocol or procedure governing the provision of ambulances and equipment. All ALS emergency ambulances used for prehospital care and transport shall be Type III (Modular) ambulances that conform to the highest standards for crash safety rating, passenger/patient safety systems, and shall have less than 275,000 miles of service on the ambulance. All vehicle exterior colors, lettering, graphics and markings on ambulances and supervisor vehicles must be approved by REMSA. Additionally, all ambulances utilized for response to 9-1-1 and prehospital emergency calls shall meet or exceed the standards established by the Commission on Accreditation of Ambulance Services (CAAS).

9.2 Vehicle Maintenance Program - Contractor will institute and maintain a preventative vehicle maintenance program that must be approved by REMSA. The maintenance program shall include sufficient service sites strategically located throughout Contractor's service areas so that out-of-service time is limited. The maintenance program shall contain, but not be limited to, metrics for annual miles driven, lost unit hours due to mechanical failures, number of mechanical failures and vehicle accidents. Vehicle performance metrics shall be included in Contractor's annual performance report to REMSA.

9.3 Field Supervisor Vehicles - Emergency Response Vehicle (ERV) - Prehospital emergency ambulance support vehicles (Field Supervisor Vehicles) shall have less than 275,000 miles of service on the entire vehicle (engine, drivetrain, chassis, truck body and all associated major parts). Each field supervisor on-duty shall be assigned a dedicated emergency response vehicle (ERV) which shall meet all requirements for designation as an ERV and be equipped pursuant to REMSA specifications.

9.4 Durable Medical Equipment - County requires that Contractor provide its field personnel standardized durable medical equipment as specified by the REMSA standard drug and equipment list or as approved by REMSA for use within a specialty EMS services program. Contractor shall fully support achievement of the County EMS System Strategic Plan objectives and comply with resulting REMSA policies for equipment standardization with First Responders.

9.4.1 Contractor shall have a durable medical equipment maintenance program. Critical failures of medical equipment shall be reported consistent with applicable laws and to REMSA. Lost unit hours due to equipment failure or malfunctions shall be reported to REMSA monthly and included in Contractor's annual performance report to REMSA.

9.5 Disposable Medical Equipment - Contractor will equip and supply ambulances according to REMSA policies, protocols and procedures. This inventory may be modified only with the written approval of REMSA.

9.5.1 Ambulance Equipment/Supplies Restock - Contractor will submit a detailed written plan to maintain adequate equipment and supplies on all ambulances. The plan shall include provisions for support services strategically located across the County to maximize unit in-service time and minimize out-of-service time for equipment restocking. Lost unit hours due to

equipment restock shall be reported to REMSA monthly and included in Contractor's annual performance report to REMSA.

9.5.2 Contractor will have a temperature monitoring system in all carry bag equipment to ensure the medication and medical equipment are in good working order according to manufacturer recommendation and within manufacturer established life cycle as applicable. Equipment identified to be stored outside of recommended conditions including temperature shall be discarded and replaced.

9.6 Equipment and Supply Cache – Contractor shall maintain an on-site inventory of equipment sufficient to ensure continued, uninterrupted operations for fourteen (14) calendar days in the event of a large scale disaster for County wide operations. This equipment can be split and stored across multiple deployment locations.

Exhibit 10: Operational and Clinical Data Collection, Information Management and Reporting

- 10.1. The Riverside County EMS Information System (REMSIS) - County shall operate, coordinate and maintain REMSIS to fulfill its duties and responsibilities as prescribed by the California Health and Safety Code, California Code of Regulations, Emergency Medical Services Authority (EMSA) Guidelines and the EMS Plan. REMSIS shall consist of an ePCR platform, associated secure data base and analytical and reporting tools pursuant to REMSA specifications. The REMSIS ePCR shall be utilized by Contractor to capture and transmit patient care reports and data, and by REMSA to perform clinical quality oversight for medical services provided by Contractor. REMSIS shall also include the electronic sharing of ePCR data to the REMSIS trauma registry, the STEMI and stroke registry, the credentialing data base, the Public Health injury prevention data base (Submersion Injury Report), First Watch First Pass and/or other clinical monitoring tools, the EMS Authority, and Contractor's billing program. Contractor shall cooperate fully with REMSA to assure continuous improvement of REMSIS that will enable REMSA and the REMSA Medical Director to validate optimal patient care is provided by Contractor.
 - 10.1.1. Contractor shall assure a REMSIS ePCR is created, completed and transmitted to the data server for every EMS response and prehospital transport by Contractor.
 - 10.1.2. The purpose of REMSIS is to assist County and Contractor in the following:
 - 10.1.2.1. Modifying and enhancing the 9-1-1 System based on needs identified through data collection.
 - 10.1.2.2. Identifying protocol and training needs for current and future prehospital treatments and procedures.
 - 10.1.2.3. Communicating patient data to other health care providers and partners in order to provide for continuity of patient care.
 - 10.1.2.4. Performing patient outcomes measurement and quality assurance function.
 - 10.1.2.5. Optimizing the quality and efficiency of clinical care and overall operations.
 - 10.1.2.6. Identifying research opportunities for improved patient care.
 - 10.1.3. Contractor shall pay costs that include personnel, support, vendor maintenance, hardware and software procurement, annual maintenance and upgrades, annual County IT oversight for REMSIS and associated information systems. County has determined that the amount as specified in Exhibit 14-A, County Fee Schedule constitutes a reasonable allocable share of the current cost which should be payable by Contractor, based on the benefit of REMSIS and associated information systems to Contractor. County represents that this payment shall be less than or equal to the County's actual costs to provide REMSIS and associated information systems. No funds shall be used by the County in a manner that may violate 42 U.S.C. Section 1320a-7b, the federal Anti-Kickback Statute.
- 10.2. Dynamic Performance Monitoring - Contractor shall cooperate with REMSA to utilize First Watch, or REMSA approved equivalent, as a data reporting application for the near real time evaluation of operational and clinical performance, response time data, clinical data and syndromic surveillance. The First Watch system or REMSA approved equivalent will allow secure Web-based access to

REMSIS. Contractor shall cooperate with REMSA and First Watch to implement a dashboard, a web-enabled platform that mines and presents data from a single or multiple disparate data sources for quick access to near real time data that is critical information enabling REMSA to monitor Contractor's performance and compliance with the provisions of this Agreement. First Watch shall interface with the REMSIS, Contractor CAD and other CAD or data systems as requested and approved by REMSA. First Watch features specified by REMSA include but are not limited to:

- 10.2.1. Trigger design and configuration capability
 - 10.2.2. Individual dashboard views
 - 10.2.3. Snapshots of current status in real time
 - 10.2.4. Drill-down capability from the dials and pie charts
 - 10.2.5. Drill down into the underlying First Watch trigger for detailed information
 - 10.2.6. Current trend monitoring on qualifying events and metrics
 - 10.2.7. Monitoring of key performance indicators in real time, current or month-to-date views of compliance to requirements
 - 10.2.8. Status indicators to ensure data are online and serve as a visual indicator in alerting mode for trend triggers
 - 10.2.9. Syndromic surveillance pursuant to triggers specified by REMSA
 - 10.2.10. The First Pass Dashboard, for mining data from REMSIS
 - 10.2.11. The Clinical Compliance Utility reports for clinical scorecard monitoring
- 10.3. Monthly and Annual Performance Reports – Contractor shall provide detailed monthly and annual performance reports in a format specified by REMSA. The monthly performance report shall be provided to REMSA within fifteen (15) business days of the end of each month. The annual performance report shall be provided to REMSA by the first work day in September of each year. The reports shall include but not be limited to the following elements:
- 10.3.1. Responses, transports and response time performance metrics
 - 10.3.2. Patient satisfaction metrics
 - 10.3.3. Customer service metrics
 - 10.3.4. Billing complaints and feedback metrics
 - 10.3.5. Workforce satisfaction and turnover metrics
 - 10.3.6. Vehicle and equipment performance and safety metrics
 - 10.3.7. Aggregate employee injury and exposure statistics

- 10.3.8. Deployment and unit hour metrics
 - 10.3.9. Mental health service metrics
 - 10.3.10. Metrics identifying high users of 9-1-1 EMS services
 - 10.3.11. Community education program metrics
 - 10.3.12. Strategic plan goals/objectives for the year – completed system improvements and enhancements
 - 10.3.13. Activities and results of the CQI plan
 - 10.3.14. Additional information as may be reasonably requested by REMSA with sufficient advance notice.
- 10.4. Focused Performance Audit Reports – Contractor shall comply with requests by REMSA for data and reports on focused topics. These topics may include any services provided under this Agreement. REMSA shall provide the timeline for submission of requested focus audit reports at the time of the request.
- 10.5. Missing Patient Care Reports (PCRs) – REMSA may assess a fee of \$100.00 for every patient care report that is not submitted to the REMSIS data base, within 15 days of the end of the previous performance month. The fee amount is only applicable to those service requests that an ambulance arrived on scene and will be included as part of the quarterly invoices outlined in Exhibit 5, item 5.7.

Exhibit 11: Disaster Medical Services (DMS) and Multiple Casualty Incident (MCI) Response

11.1 Integration with the Medical Health Operational Area Coordination (MHOAC) Program – Contractor shall, to the best of its ability, assist in other EMS service areas both within and outside of Riverside County as directed by REMSA because of medical disaster, mass casualty, or other reason necessitated for the safety, health and welfare of the public in Riverside County or other public jurisdiction. During response to mass casualty incidents or disasters within or effecting the County, Contractor operations shall fall under management and coordination of the MHOAC as a function of the Medical/Health Branch in support of the County Emergency Operations Plan (EOP). Contractor shall participate in disaster drills and DMS training programs as requested by REMSA.

11.2 Mutual Aid Outside the County - Requests for Contractor's resources for mutual aid outside of Riverside County shall be consistent with the California Disaster Medical Operations Manual (CDMOM) as authorized by the MHOAC. Such authorization shall not be unreasonably withheld after an assessment of the situation by the MHOAC and a determination has been made that adequate resources will remain available to meet the emergency medical and health needs of the County.

11.3 Ambulance Strike Teams (AST)/Medical Task Force (MTF) and Disaster Medical Support Units (DMSU) - Contractor shall at all times have two (2) type II immediate need Ambulance Strike Team (AST) and one (1) type II planned need AST available for deployment upon authorization from the MHOAC. Contractor shall maintain and operate the two (2) County acquired Disaster Medical Support Units (DMSU), of which one will be located in the Eastern County and one will be located in the Western County. Contractor shall maintain the DMSUs in response ready condition in accordance with the specifications delineated in the memorandum of understanding (MOU) between the County and the State of California.

11.4 Reimbursement for Disaster Medical Services - At the conclusion of any declared disaster as determined by REMSA, Contractor shall determine its direct marginal costs incurred in the course of rendering this disaster assistance, and shall present such cost statement to REMSA for review and possible reimbursement should federal or state monies become available. Contractor shall allow, but not require, its employees to render aid under such disaster conditions voluntarily and without compensation. Contractor shall not include in its cost statement any charges for services rendered by volunteer employees. The cost statement associated with rendering aid under disaster conditions shall be based entirely upon the actual direct additional marginal costs incurred by Contractor in the course of rendering such disaster assistance, and shall not include costs of maintaining production capacity that would have been borne by Contractor to meet normal service requirements if the disaster had not occurred. Reimbursement to Contractor by the County shall be contingent upon the availability of disaster assistance funding received by the County.

11.5 Disaster Coordinator - Contractor shall identify an individual that shall function as Contractor's Disaster Coordinator, who shall participate fully in all MHOAC planning and response activities as requested by REMSA.

Exhibit 12: Integration and Support of First Responders

12.1 Support Agreements, Subcontracting and Partnerships - Contractor shall enter into public/private partnerships with First Responder agencies to maximize the functional capacity and efficiency of an integrated and cooperative two tiered Regional EMS System. Partnership agreements are subject to approval by REMSA and must be in compliance with the requirements stipulated in this Agreement and all applicable State and Federal laws. County shall extend Contractor response time requirements, by a maximum of two (2) minutes in Metro and Urban areas only, to facilitate a complementary two-tiered partnership.

12.1.1 The parties agree and insist that funding provided by Contractor to support First Responder programs must be in compliance with 42 U.S.C. Section 1320a-7b, the Federal Anti-Kickback Statute. As such, Contractor is not expected to enter into First Responder support agreements that require Contractor to supply funding in excess of verifiable cost savings that will be realized by Contractor through a complementary partnership.

12.1.2 With reference to Section 1797.224 of the California Health and Safety Code, no First Responder support agreement, public/private partnership agreement or any other subcontract that modifies Contractor services within an established EOA shall be approved by REMSA if such an agreement may in any way be deemed a change in “manner and scope” of the services continuously rendered by Contractor since January 1, 1981.

12.1.3 Within one year of the signing of this Agreement, Contractor shall demonstrate evidence that they have made a good faith effort to establish support agreements with all Fire Departments authorized by REMSA to provide ALS First Responder services.

12.2 Equipment Supply, Inventory and Restock – On a one-for-one basis if an agreement with First Response agency is not already established, Contractor will develop mechanisms to restock disposable equipment and supplies other than narcotics used by First Responders when treatment has been provided by First Responder personnel and the patient is transported by Contractor. The First Responders’ supplies which will be restocked to the First Responder agency by Contractor will include all disposable supplies as they appear on the First Responder Apparatus Standard Drug and Equipment lists. Contractor shall consult with First Responder agencies and submit written plans for accomplishing First Responder restock to REMSA within ninety (90) calendar days of the signing of this Agreement. Equipment supply and restock processes may be submitted as part of a comprehensive First Responder subcontract or partnership agreement.

12.3 Equipment Standardization - Contractor shall cooperate with REMSA and First Responder agencies to implement an equipment standardization program consistent with the County EMS System Strategic Plan and REMSA policies.

12.4 Return of First Responder Personnel - Contractor agrees to return public service personnel who accompany the ambulance crew during transport, to their regular duty station at the earliest possible time following transport of the patient. Alternative transportation, such as taxi or supervisor, shall be provided when necessary.

Exhibit 13: Service Rates, Financial Management and Reporting

- 13.1. Service Rates - Contractor shall comply with the Service Rate Schedule set forth by the County in Exhibit 13-A. Contractor shall not discount its rates or collect a rate less than the rates set forth in Exhibit 13-A, except where required by law, for financial hardship, or as otherwise specifically stated in this Agreement.
- 13.2. Consumer Price Index (CPI) Rate Increases – The REMSA Director in consultation with the County Executive Office may approve annual regular and ordinary net rate increases up to 10%. On an annual basis beginning July 1st 2026, and until termination of this Agreement, Contractor shall be entitled to increase the rates in Exhibit 13-A using the Department of Labor, Bureau of Labor Statistics CPI for the Los Angeles, Riverside, and Orange County Area – All Urban Consumers (“Area CPI”). To ensure the rate increase is in place on each July 1st, the parties will use the Area CPI for the previous twelve (12) month period ending on December 31st of the preceding year. The Area CPI shall be adjusted to compensate for Contractor’s collection rate by utilizing the average of Contractor’s most recent annual collection rate for services performed in Riverside County. Formula: Area CPI divided by Contractor’s annual average collection rate equals the net CPI increase (“Net CPI Increase”). For example, if the Area CPI inflation rate increases 2% and Contractor’s average collection rate is 50%, the Net CPI Increase shall equal 4% ($2\% \div 50\%$). Net rate increases that exceed 10% must be approved by the Board of Supervisors.
- 13.3. Rate Increases for System Enhancements – Contractor shall be entitled to submit a rate increase request to cover projected cost increases that will exceed \$250,000 annually due to implementation of a one-time EMS System enhancements completed during the year as agreed upon by the parties in development of annual EMS System improvement and enhancement goals. Upon mutual agreement by the parties, existing system enhancements in place as of the execution of this Agreement can be grandfathered outside of the one-time EMS System Enhancements. This shall be included in the Contractor’s request for a rate increase under Section 4.2 of the Agreement. The Contractor shall provide to the County a detailed written justification for the increase in a format specified by REMSA. Approval of rate increases for the cost of system enhancements shall be contingent upon and coincide with approval by REMSA which shall not be unreasonably conditioned, delayed or withheld.
- 13.4. Extraordinary Rate Increase – Contractor may request an extraordinary rate increase to the rates in Exhibit 13-A under Section 4.3 of the Agreement.
- 13.5. Financial Reports and Audits - Contractor will provide County quarterly unaudited financial statements for its services provided pursuant to this Agreement. These reports shall be provided in a format prescribed by REMSA.
- 13.5.1. Annual Financial Audit - Contractor will promptly provide annual financial statements in a format approved by REMSA that have been audited by an independent Certified Public Accountant in accordance with generally accepted auditing standards. Statements shall be

available to REMSA within no more than one hundred twenty (120) calendar days of the close of each fiscal year. If Contractor's financial statements are prepared on a consolidated basis, then separately audited financial statements specifically related to the Riverside County operation will be required.

13.5.2. Contractor will provide any information separately requested by the County Auditor-Controller's Office and allow full access to its financial records by the County Auditor-Controller's Office for the period covered by the Agreement.

13.6. Billing/Collection Services – Contractor shall assist REMSA with evaluating the billing accuracy and customer service provided by their billing department. Contractor shall include customer/patient feedback in their customer service program. Metrics that show the number of billing complaints and compliments shall be included in Contractor's annual performance report to REMSA as referenced in Exhibit 10, section 10.3 "Monthly and Annual Performance Reports".

13.7. Management Overhead Cost Allocations – Contractor corporate overhead allocations that include regional support and IT, division administration and corporate management services shall be limited to a maximum of 3.3% of total net revenue from services rendered under this Agreement.

Exhibit 13-A: Service Rate Schedule

County Approved and Mandated Rate Schedule	
ALS E or BLS E Base Rate	\$3,446.16
Mileage per loaded patient mile	\$83.80
Oxygen administration	\$358.42
Night Charge (sunset to sunrise)	\$391.92
Dry Run with Patient Care provided at scene	\$535.63

Exhibit 14: Contract Administration and County Fee Schedule

14.1 Performance Oversight and Monitoring –The County, through REMSA, shall continuously review, inspect and monitor all aspects of Contractor’s operations and performance necessary to ensure all services provided by Contractor to County residents and visitors meet the requirements stated in this Agreement, the EMS Plan, REMSA programs, policies, protocols and procedures and as required by law. Contractor shall be responsible for cooperating with REMSA to fulfill this function including providing access to all records, facilities and personnel as required by REMSA. Contractor shall be responsible for the provision of monitoring tools and technology, and payment of all costs incurred by the County to enable REMSA to ensure global, transparent and effective oversight of Contractor services.

14.1.1 Direct Observation by REMSA Personnel - Contractor accepts REMSA’s authority to investigate all aspects of Contractor’s operation to assure that patient care services under Contractor’s operation are performed in a safe and reliable manner. REMSA personnel may and will at any time directly observe Contractor operations including ride-a-longs (in accordance with Contractor policies and applicable laws, e.g., HIPAA) with field supervisors and ambulance crews. Contractor agrees to grant access to REMSA personnel for announced or unannounced observation, inspection, audit or review of any operational, clinical or support function including but not limited to records, facilities, equipment, vehicles and personnel. During any inspection, audit or review Contractor shall make requested records pertaining to any service rendered under this Agreement available to REMSA personnel. REMSA personnel shall conduct themselves in a professional and courteous manner, shall not interfere with Contractor’s employees in the performance of their duties, and shall at all times be respectful of Contractor’s employer/employee relationships. REMSA personnel shall wear their County credentials and badge at all times while on Contractor property or in the presence of Contractor personnel. REMSA shall provide written feedback and results of any inspection, audit or review performed within ten (10) business days.

14.1.2 Approval of Contractor Subcontracts, Agreements, Plans, Programs, Policies, Protocols and Procedures – In addition to REMSA approvals required by applicable laws, all Contractor subcontracts, agreements, plans, programs, policies, protocols and procedures undertaken pursuant to this Agreement shall be submitted to REMSA for approval prior to their implementation. Unless otherwise stated in this Agreement all such qualifying documents shall be submitted to REMSA on a mutually agreed upon timeline following the signing of this Agreement.

14.1.3 Payment of County Support Costs – Contractor acknowledges that County incurs costs for integrating Contractor services into the EMS Plan. Contractor shall be responsible for payment of the County Fee Schedule as stipulated in Exhibit 14-A to cover the cost of services provided to Contractor by County, use of County infrastructure and equipment, and for support of County EMS data and information management systems as stated in this Agreement. The funding set forth in this Agreement shall be used only for County services. County warrants and

represents that the payments made by Contractor to County shall be less than or equal to County's actual costs to provide those County services. No funds shall be used by County in a manner that may violate 42 U.S.C. Section 1320a-7b, the federal Anti-Kickback Statute.

14.1.4 Contractor Obligation to Notify County – Contractor shall report immediately to REMSA in writing any instance whereby they did not meet or have reason to believe they may not meet any requirement stated in this Agreement. Upon notice of failure or impending failure to meet requirements of this Agreement, REMSA shall perform a review and develop the appropriate corrective action plan to be implemented by Contractor.

14.2 Annual Contractor Performance Report to the County Board of Supervisors – Contractor shall cooperate with REMSA in development of an annual report to the County Board of Supervisors, detailing essential elements of Contractor's performance and compliance with this Agreement. The report shall be in a format specified by REMSA and shall also include the annual improvement and enhancement goals successfully completed by Contractor for the current year and those agreed upon for the next year.

14.3 EMS Administrative Groups - REMSA will designate a group of individuals to form an EMS Administrative Group for each exclusive operating area and non-exclusive operating area assigned to Contractor under this Agreement. This group will advise REMSA on the performance of Contractor in their area and make recommendations to REMSA for improvements to the services provided by Contractor and the EMS Plan. Each city may designate one representative and an alternate to serve on this group. Recommendations by the EMS Administrative Group shall be included in the REMSA annual Board of Supervisors report and considered by REMSA for inclusion in the annual improvement and enhancement goals.

14.4 Sharing of Information - Contractor shall not discourage or prevent its employees or agents from sharing information with REMSA or appropriate County personnel concerning the County's EMS System, including issues related to Contractor's operations.

14.5 Notice of Labor Action - Contractor shall notify County of any threatened labor action or strike that would adversely affect its performance under this Agreement. At the time of said notice, Contractor shall provide County and other affected public entities with a written plan of proposed action that will assure continued service delivery as stated in this Agreement in the event of any threatened work force action or strike.

14.6 Ambulance Permitting – To the extent not in conflict with this Agreement, Contractor shall comply with all requirements of Riverside County Ambulance Ordinance No. 756.1.

Exhibit 14-A: County Fee Schedule

Contractor shall be responsible for payment of fees for:

- A. Costs incurred by the County for administration and oversight of this Agreement, as stated in Exhibit 14, section 14.1.3; and,
- B. Costs for integration of Contractor services and operations into County programs and infrastructure, including, but not limited to, REMSIS as stated in Exhibit 10, section 10.1.3; and,
- C. Costs for services supplied by Riverside County Emergency Communication Center (ECC), as stated in Exhibit 3, section 3.13.

In addition, the County Fee Schedule shall be adjusted annually according to Department of Labor, Bureau of Labor Statistics Consumer Price Index (CPI) for the Los Angeles, Riverside, and Orange County Area – All Urban Consumers (“Area CPI”) for the duration of this Agreement but in no event shall the Area CPI exceed five percent (5%) annually.

The following fees for FY 25/26 starting July 1, 2025 shall be paid to the County in semi-annual payments, due October 1, 2025 and March 1, 2026:

Description	Annual Fee	Semi-Annual Payment Amount
Contract Administration and Oversight	\$736,942.26	\$368,471.13
REMSIS	\$638,176.82	\$319,088.41
ECC and EMD Services	\$493,826.98	\$246,913.49
Total Fees:	\$1,868,946.06	\$934,473.03

Fees for future years shall also be paid on October 1 and March 1. Contractor shall pay all fees within forty five (45) calendar days of receipt of the semi-annual invoice from REMSA. A late payment charge of ten (10) percent per annum will be assessed monthly if payment is not received within forty-five (45) days. Fees shall be paid to the “County of Riverside” with payments directed to REMSA.

Exhibit 15: Termination, Breach and County Takeover

15.1 Termination by County for Material Breach - County may terminate this Agreement in the event of any Material Breach by Contractor as defined in Section 15.4. County shall provide Contractor with no less than thirty (30) calendar days' advance written notice citing, with specificity, the basis for the Material Breach (the "Breach Notice"). In the event Contractor shall have cured the Material Breach within such time as stated in the Breach Notice, this Agreement shall remain in full force and effect. In the event County reasonably deems Contractor to remain in Material Breach as of the end of the time stated in the Breach Notice, County may provide Contractor with a written notice of termination ("Termination Notice"), setting forth the specific reasons County believes Contractor remains in Material Breach and the effective date of termination ("Termination Date"), which shall be no less than eighteen (18) months from the date of the Termination Notice.

15.2 Termination by Contractor for Material Breach - Contractor may terminate this Agreement in the event of any Material Breach by County of this Agreement as defined in Section 15.5. Contractor shall provide County with no less than thirty (30) calendar days' advance written notice citing, with specificity, the basis for the Material Breach (the "Breach Notice"). In the event County shall have cured the Material Breach within such time as stated in the Breach Notice, this Agreement shall remain in full force and effect. In the event Contractor reasonably deems County to remain in Material Breach as of the end of the time stated in the Breach Notice, Contractor may provide County with a written notice of termination ("Termination Notice"), setting forth the specific reasons Contractor believes County remains in Material Breach and the effective date of termination ("Termination Date"), which shall be no less than eighteen (18) months from the date of the Termination Notice.

15.3 Cooperation After Termination or Expiration - In the event of termination by either party for any reason, or upon expiration of this Agreement, Contractor shall continue to cooperate with County and with the successor provider to help assure a smooth transition.

15.4 Material Breach By Contractor - The County may declare Contractor in Material Breach of the Agreement for any of the following reasons:

15.4.1 Failure of Contractor to maintain a 90% aggregate response time performance level system-wide throughout the exclusive provider area for any three (3) months, which need not be consecutive, during any calendar year;

15.4.2 Failure of Contractor to operate the ambulance service system in a manner which enables County and Contractor to remain in substantial compliance with, and without material deviation from, the requirements of applicable federal and state laws, rules and regulations;

15.4.3 Intentionally supplying of false or misleading information; or supplying incomplete information so as to effectively mislead;

15.4.4 Intentional falsification of operational data, including but not limited to dispatch data, patient report data, response time data, financial data, downgrading of presumptive run code

designations to enhance Contractor's apparent performance, or falsification or deliberate omission of any other data related to this Agreement;

15.4.5 Unauthorized reduction in force of personnel and/or operations to the detriment of required performance;

15.4.6 Failure of Contractor to reasonably cooperate with and assist County in a planned takeover of Contractor's operations;

15.4.7 Chronic or repetitive failure to maintain equipment in accordance with this Agreement or good maintenance practices, or to replace equipment in accordance with the equipment replacement policies;

15.4.8 Attempts by Contractor to intimidate or otherwise punish employees who desire to interview with or to sign contingent employment agreements with competing firms during a future Request for Proposal process;

15.4.9 Failure to promptly and properly cure a minor breach after written notice from the County and reasonable opportunity to cure; or

15.4.10 Any failure of performance required by this Agreement and which is determined by the County to constitute an immediate and substantial threat to the general public health and safety or the EMS System.

15.5 Material Breach by County - Contractor may declare County in Material Breach of the Agreement for the following reasons:

15.5.1 Intentionally supplying of false or misleading information; or supplying incomplete information so as to effectively mislead.

15.5.2 Any other chronic and repetitive failures of the County that directly impact Contractor's ability to perform under the Agreement.

15.6 Continuous Service Delivery - In the event of Material Breach by Contractor and termination of the Agreement by the County, Contractor will use its best efforts to assure continuous delivery of services required under this Agreement regardless of the underlying cause or consequence of such Material Breach. Contractor recognizes that there is a public health and safety obligation that requires the County to provide uninterrupted service delivery in the event of Material Breach, even if Contractor disagrees with the determination of Material Breach. Continuation of services may require the County to deliver the services set forth in this Agreement as assisted by Contractor.

15.7 County Takeover of Ambulances -The parties agree that County will have the right to execute an emergency takeover of Contractor's emergency ambulance operations upon termination by the County for Contractor's Material Breach. This includes but is not limited to buildings, radio communications, vehicles, equipment, supplies, personnel and other infrastructure required to maintain emergency ambulance services to the service areas identified in this Agreement. Contractor will cooperate fully with such takeover and will challenge or appeal the matter only after such takeover has been completed in order to ensure Continuous Service Delivery. This cooperation will include allowing the County to directly operate Contractor's ambulances (including, but not limited to,

on-board equipment and supplies) under a lease arrangement for a period of up to two (2) years following the termination date of the Agreement. Contractor will make available to the County all means to contact Contractor's employees working in Contractor's Riverside County operations so they may be retained on an emergency basis by the County for operation of the ambulances.

15.7.1 Leasing fees for infrastructure required for the County to maintain emergency ambulance response for the service areas identified in this Agreement shall be based on fair market value at the time of County takeover.

15.8 Termination Without Cause for Acceptable Reasons: Either party may terminate this Agreement without cause upon two (2) years' written notice to the other party, if the terminating party's decision is made in good faith. The County's decision must be approved by the Board of Supervisors. Acceptable reasons for such termination by the County may include but are not necessarily limited to: changes in applicable laws or regulations; changes in healthcare standards or requirements; lack of funding; developments external to County or beyond County's control.

Attachment 1: Emergency Ambulance Operating Areas

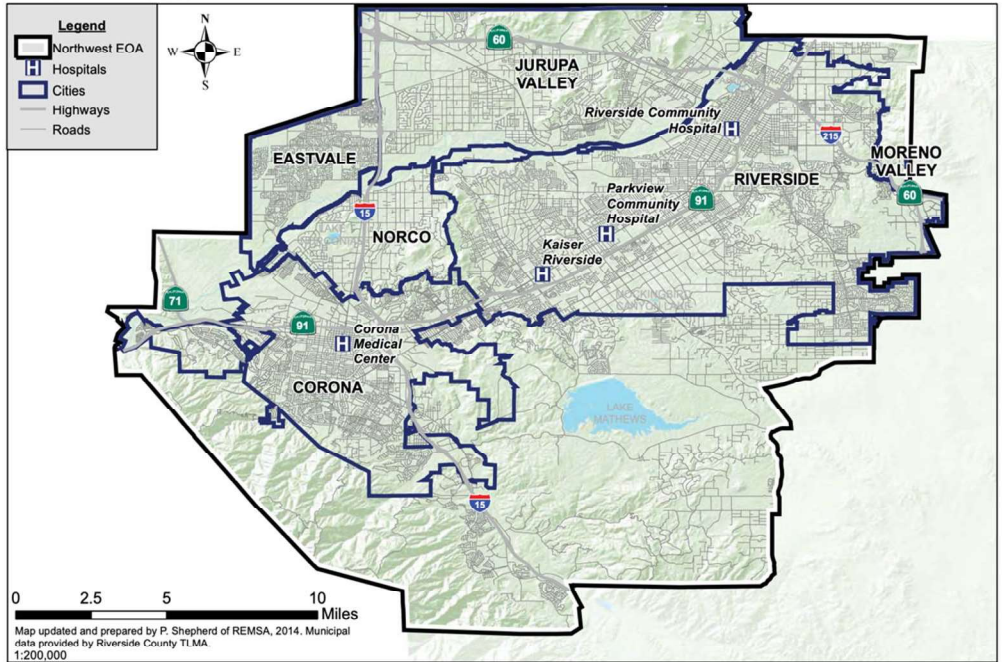
Attachment 1 includes the following maps:

1. Riverside County Emergency Medical Services System Ambulance Operating Areas
2. Riverside County Emergency Medical Services System Ambulance Exclusive Operating Area: Northwest
3. Riverside County Emergency Medical Services System Ambulance Exclusive Operating Area: Southwest
4. Riverside County Emergency Medical Services System Ambulance Exclusive Operating Area: Central
5. Riverside County Emergency Medical Services System Ambulance Exclusive Operating Area: San Jacinto
6. Riverside County Emergency Medical Services System Ambulance Non-Exclusive Operating Area: Pass
7. Riverside County Emergency Medical Services System Ambulance Non-Exclusive Operating Area: Mountain Plateau
8. Riverside County Emergency Medical Services System Ambulance Exclusive Operating Area: Desert
9. Riverside County Emergency Medical Services System Ambulance Exclusive Operating Area: Palo Verde



RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM
AMBULANCE EXCLUSIVE OPERATING AREA

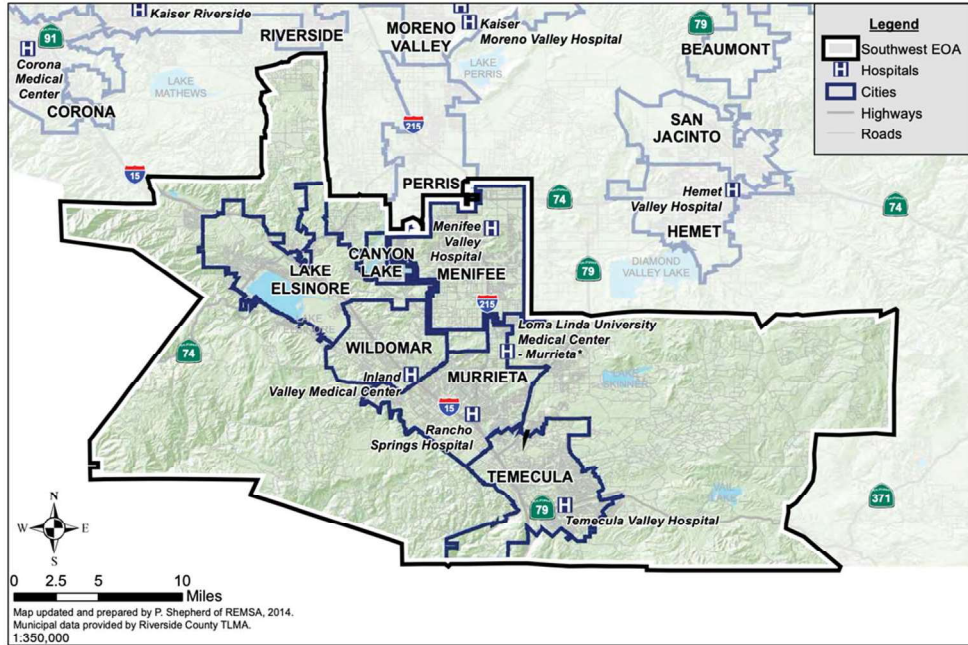
NORTHWEST





RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM
AMBULANCE EXCLUSIVE OPERATING AREA

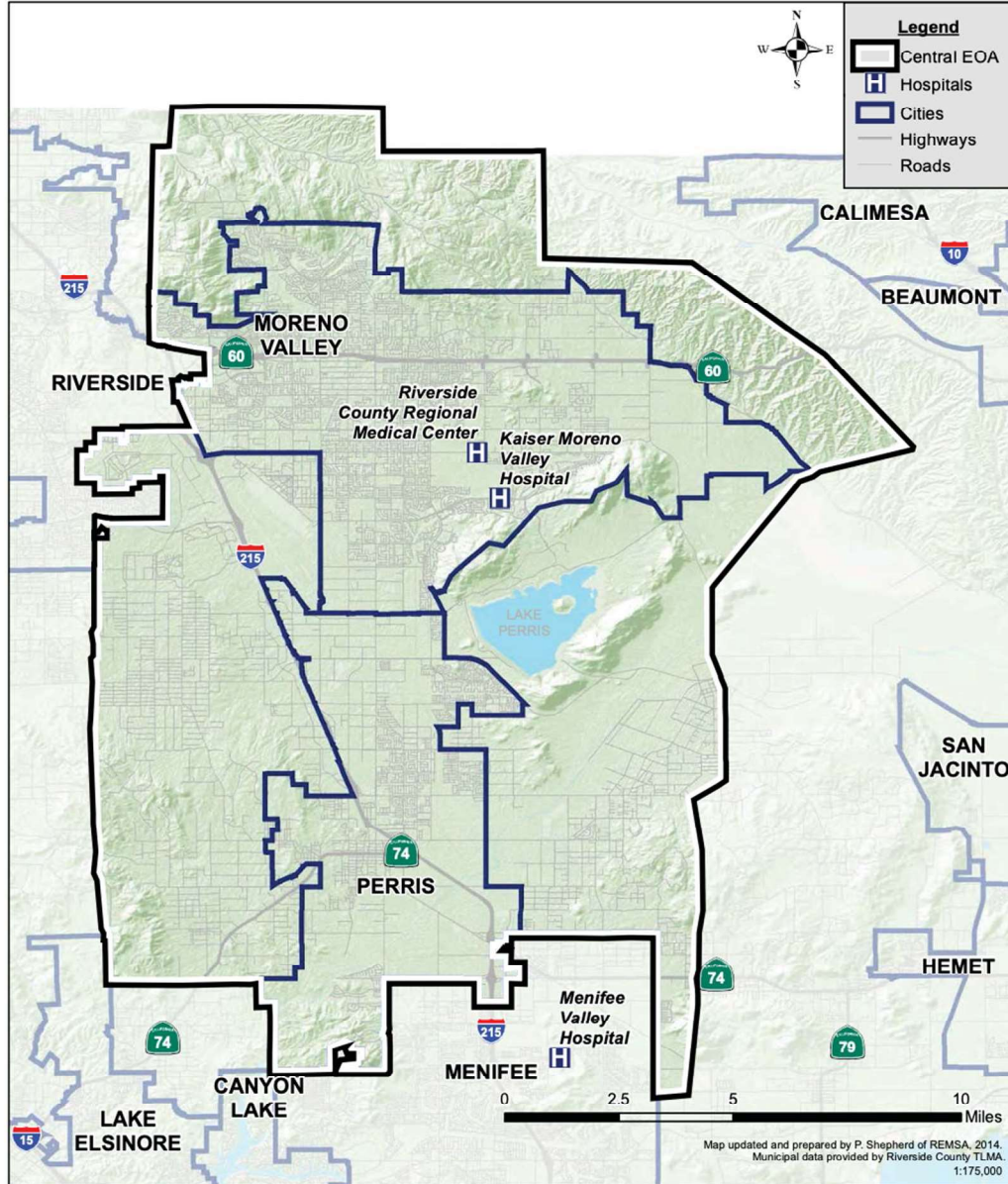
SOUTHWEST





RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM
AMBULANCE EXCLUSIVE OPERATING AREA

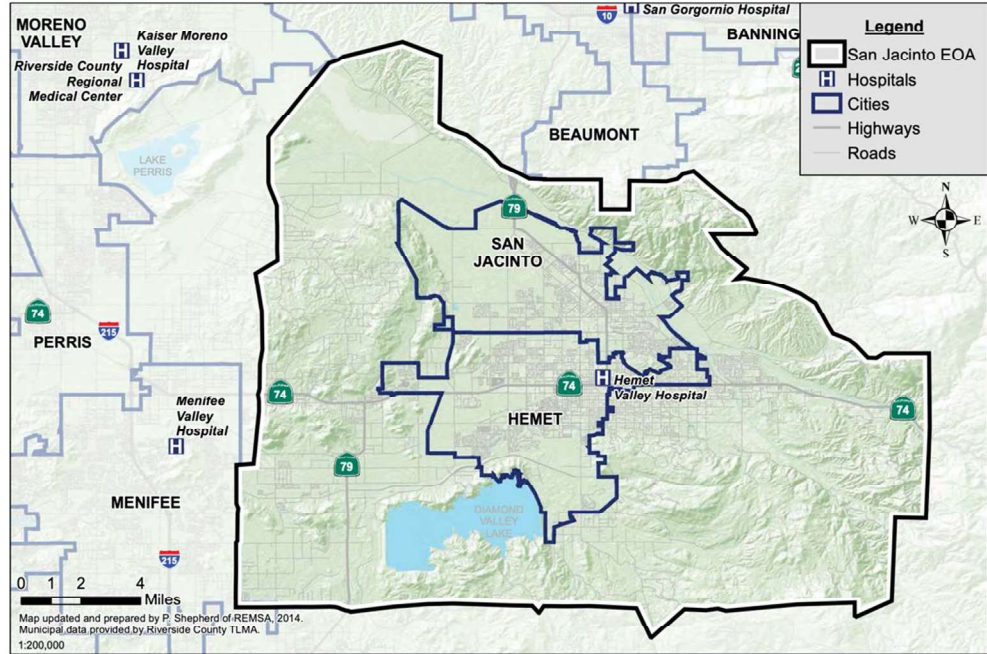
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RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM
AMBULANCE EXCLUSIVE OPERATING AREA

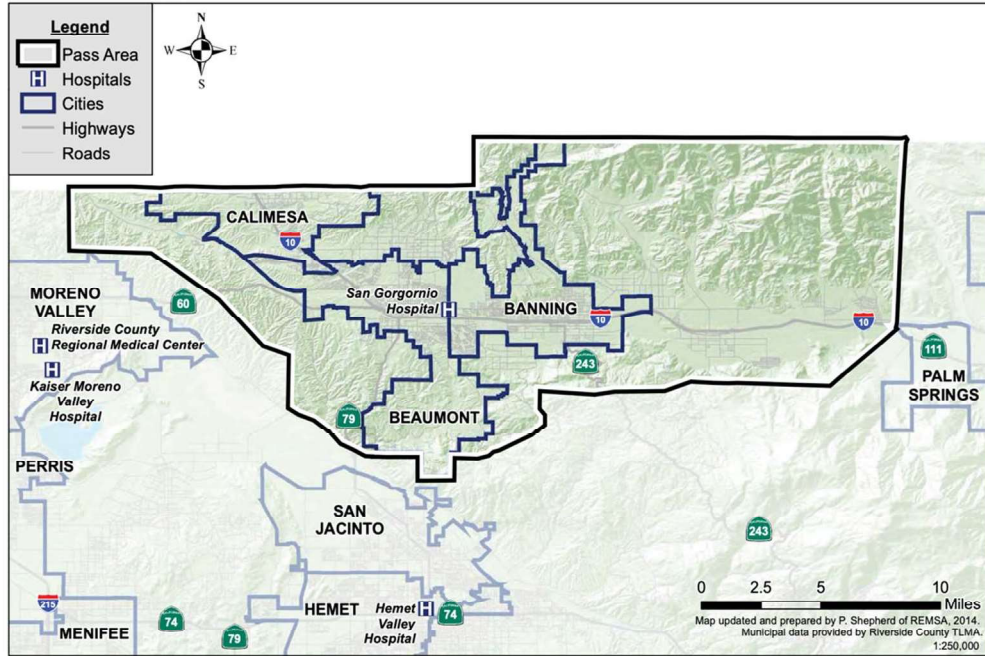
SAN JACINTO





RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM
AMBULANCE NON-EXCLUSIVE OPERATING AREA

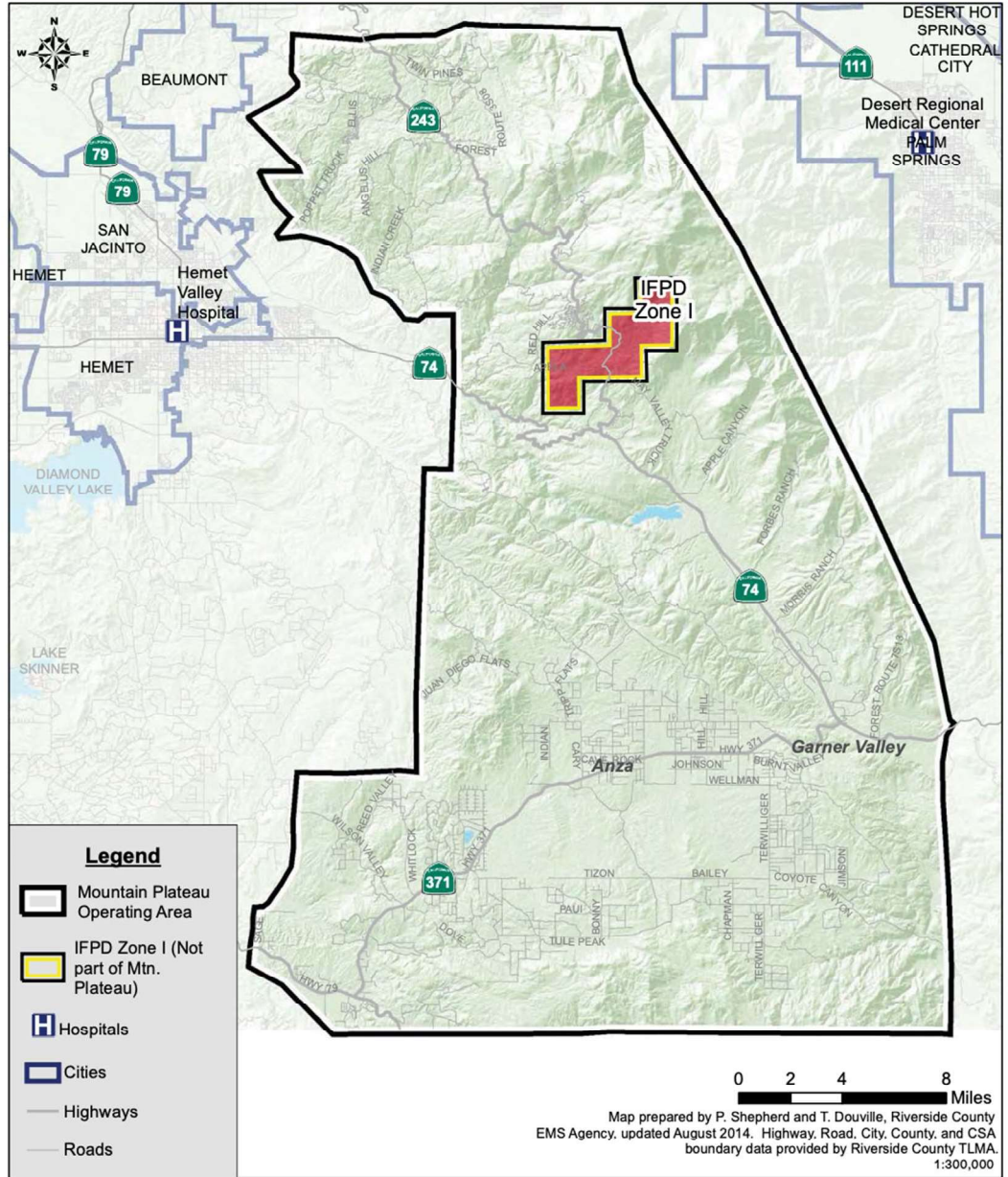
PASS



RIVERSIDE COUNTY
EMERGENCY AMBULANCE NON-EXCLUSIVE OPERATING AREA



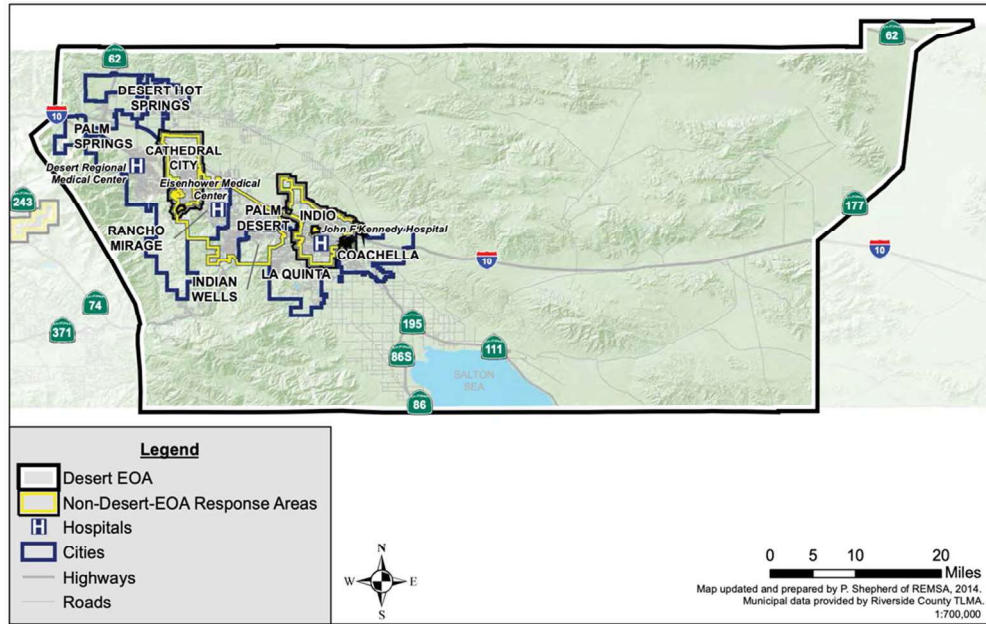
MOUNTAIN PLATEAU





RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM
AMBULANCE EXCLUSIVE OPERATING AREA

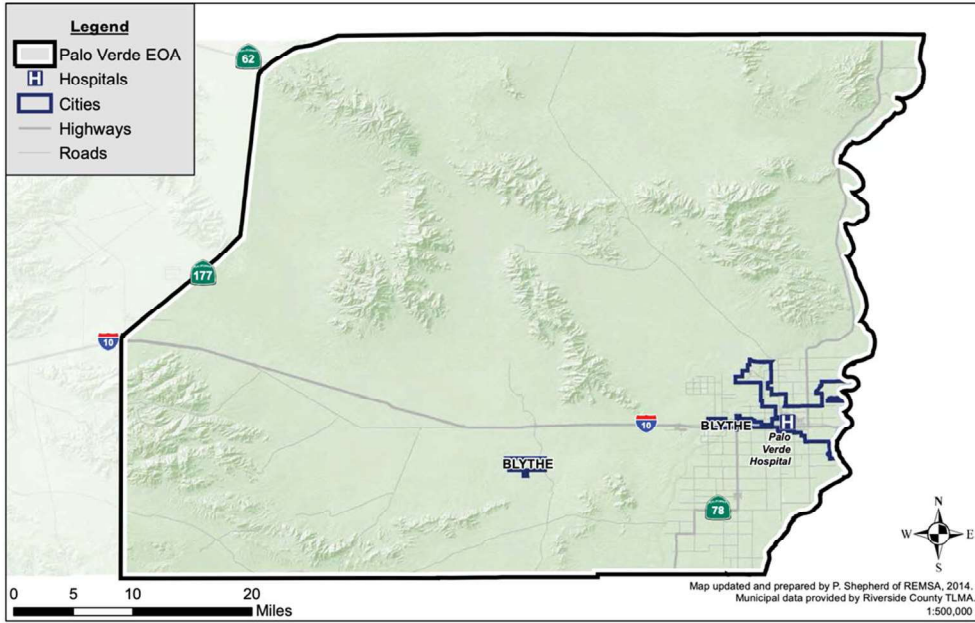
DESERT





RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM
AMBULANCE EXCLUSIVE OPERATING AREA

PALO VERDE



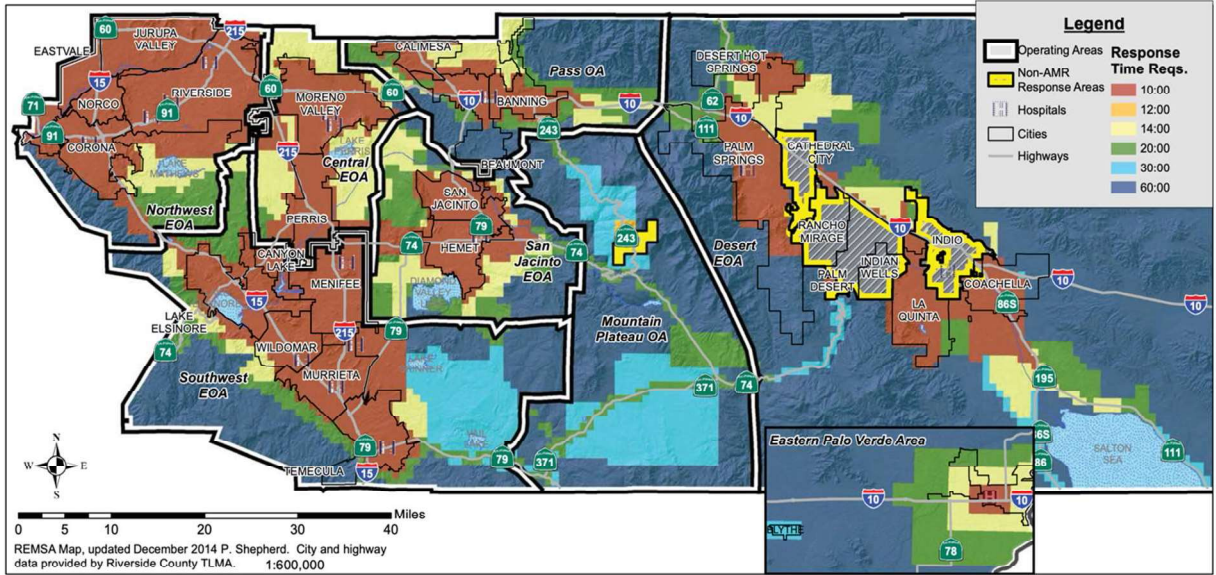
Attachment 2: Response Time Zones and Subzones

Attachment 2 includes the following maps:

1. Riverside County Emergency Medical Services System Ground ALS Emergency Ambulance Response Time Zones
2. Riverside County Emergency Medical Services System Ground ALS Emergency Ambulance Response Time Zones: Northwest
3. Riverside County Emergency Medical Services System Ground ALS Emergency Ambulance Response Time Zones: Southwest
4. Riverside County Emergency Medical Services System Ground ALS Emergency Ambulance Response Time Zones: Central
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9. Riverside County Emergency Medical Services System Ground ALS Emergency Ambulance Response Time Zones: Palo Verde

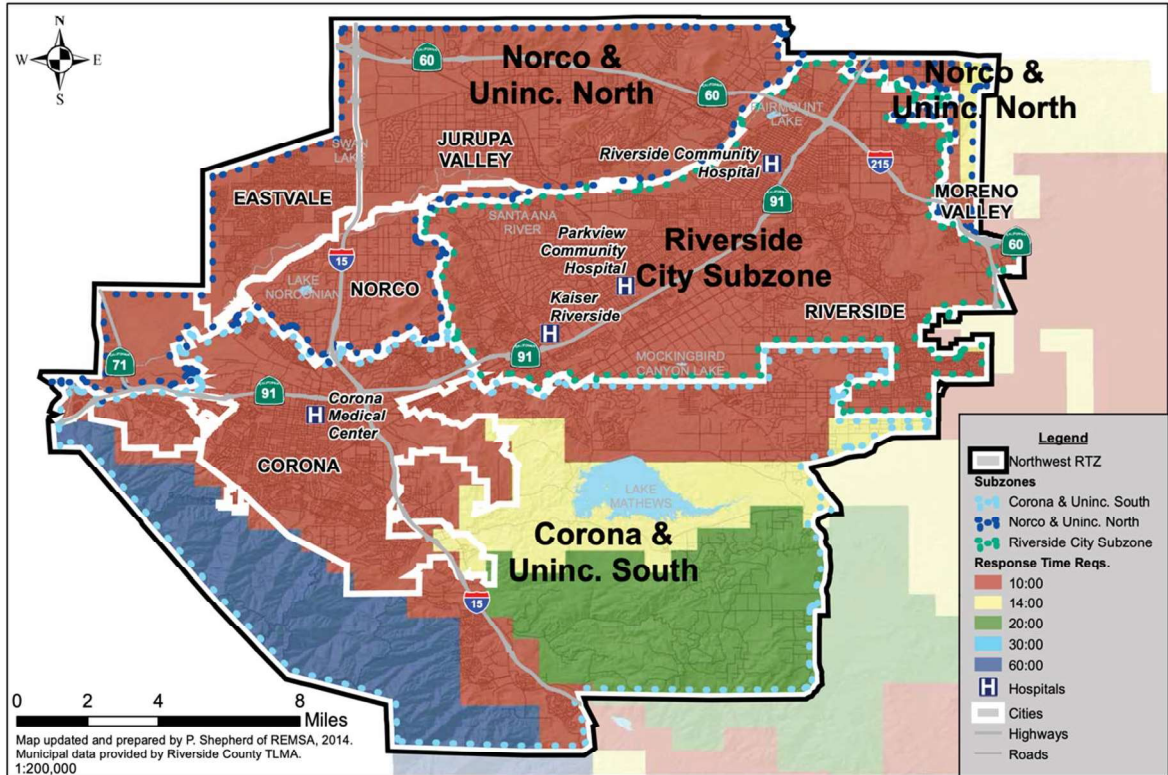


RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM GROUND ALS EMERGENCY AMBULANCE RESPONSE TIME ZONES





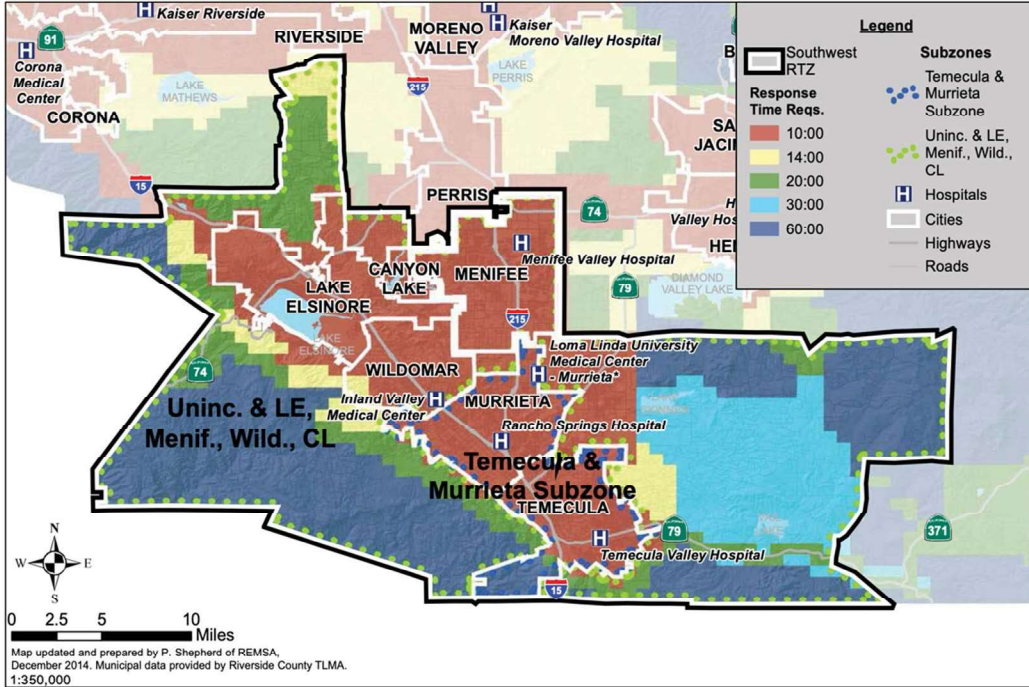
RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM GROUND ALS EMERGENCY AMBULANCE RESPONSE TIME ZONES NORTHWEST





RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM
GROUND ALS EMERGENCY AMBULANCE RESPONSE TIME ZONES

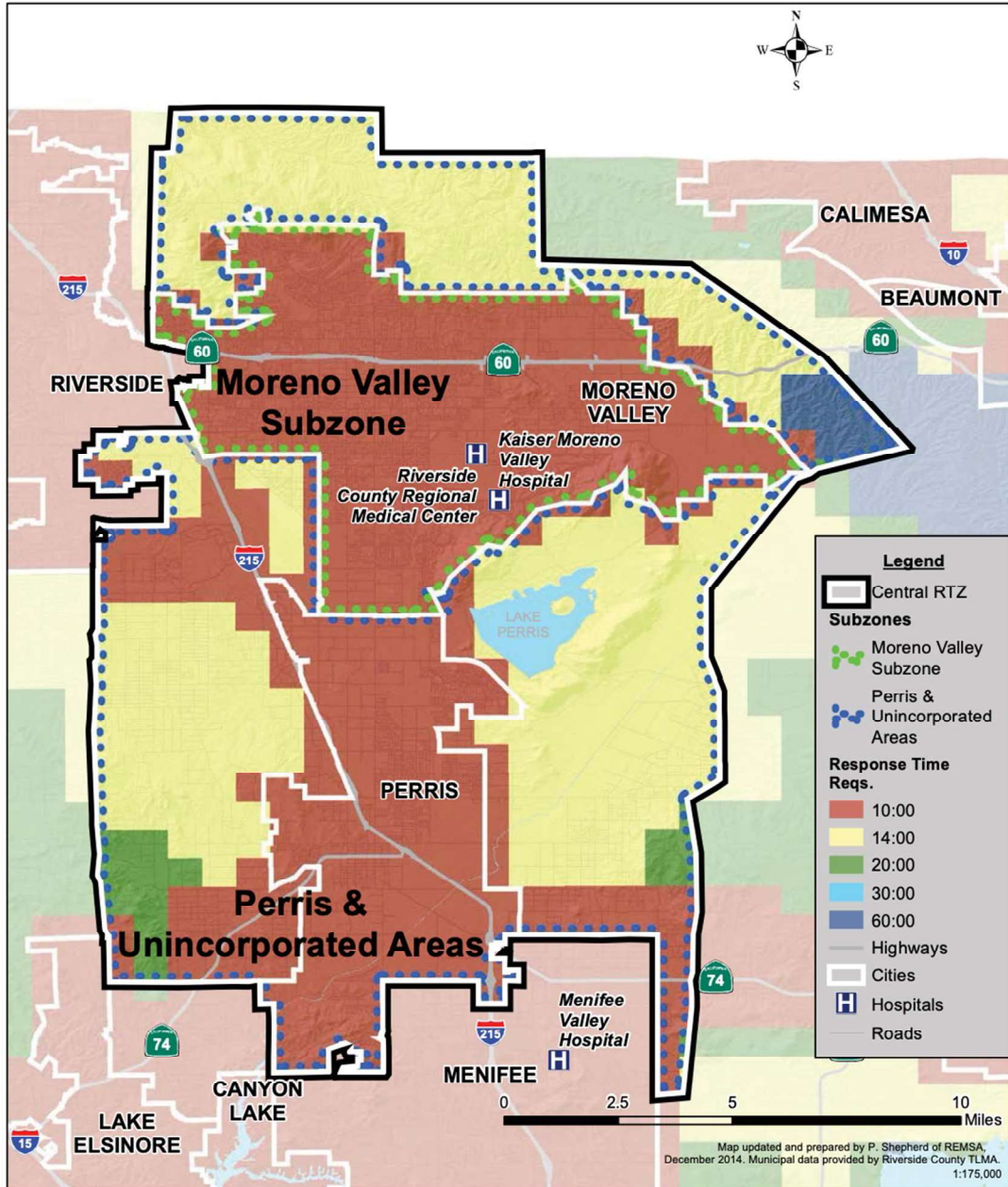
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RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM
GROUND ALS EMERGENCY AMBULANCE RESPONSE TIME ZONES

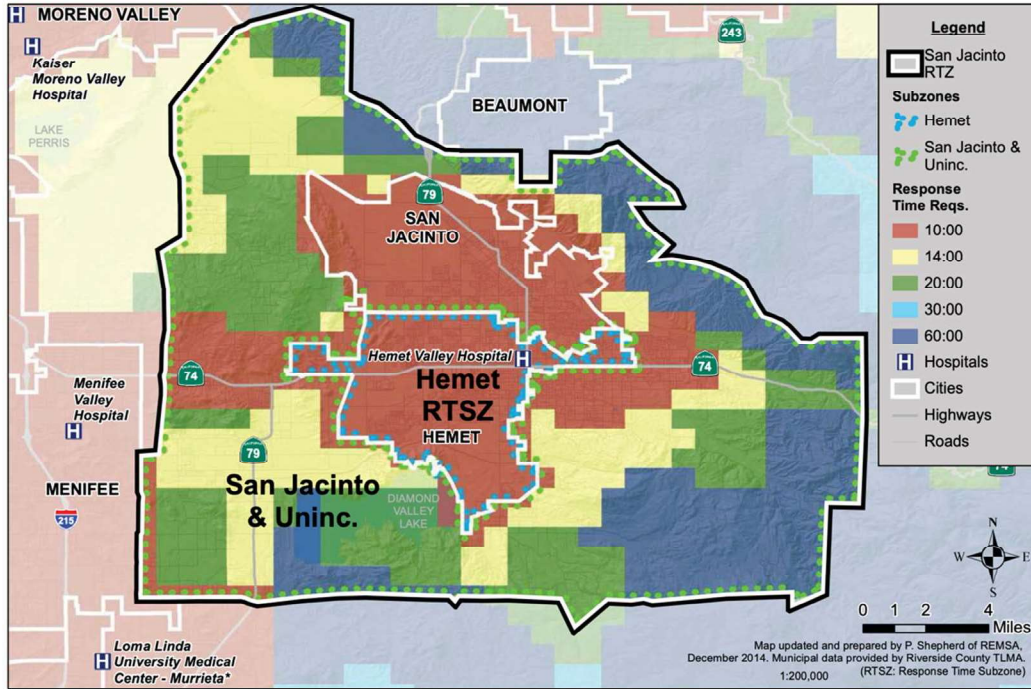
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RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM
GROUND ALS EMERGENCY AMBULANCE RESPONSE TIME ZONES

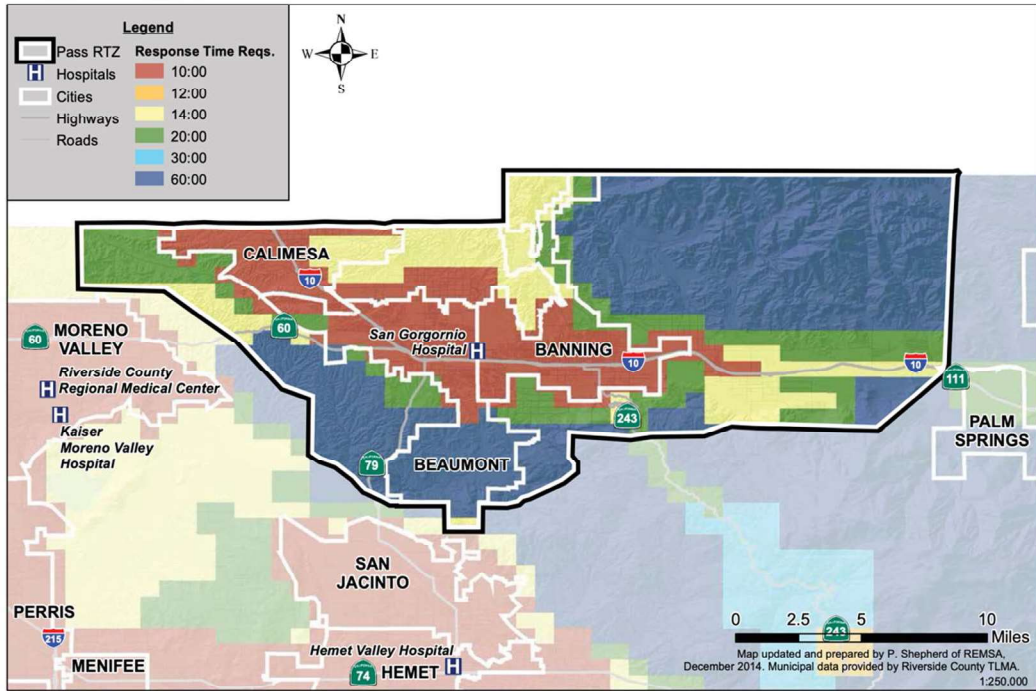
SAN JACINTO





RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM
GROUND ALS EMERGENCY AMBULANCE RESPONSE TIME ZONES

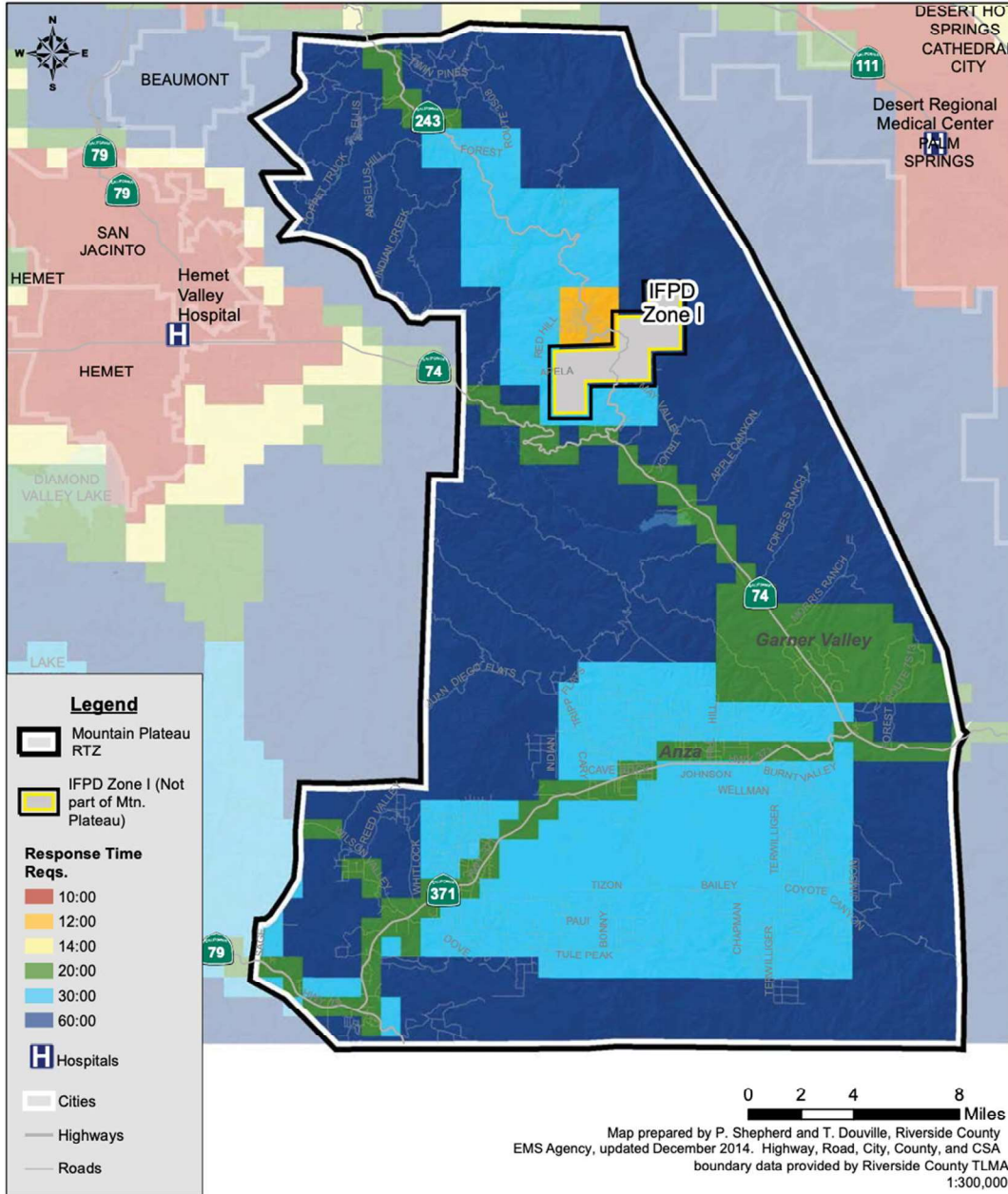
PASS



RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM
GROUND ALS EMERGENCY AMBULANCE RESPONSE TIME ZONES



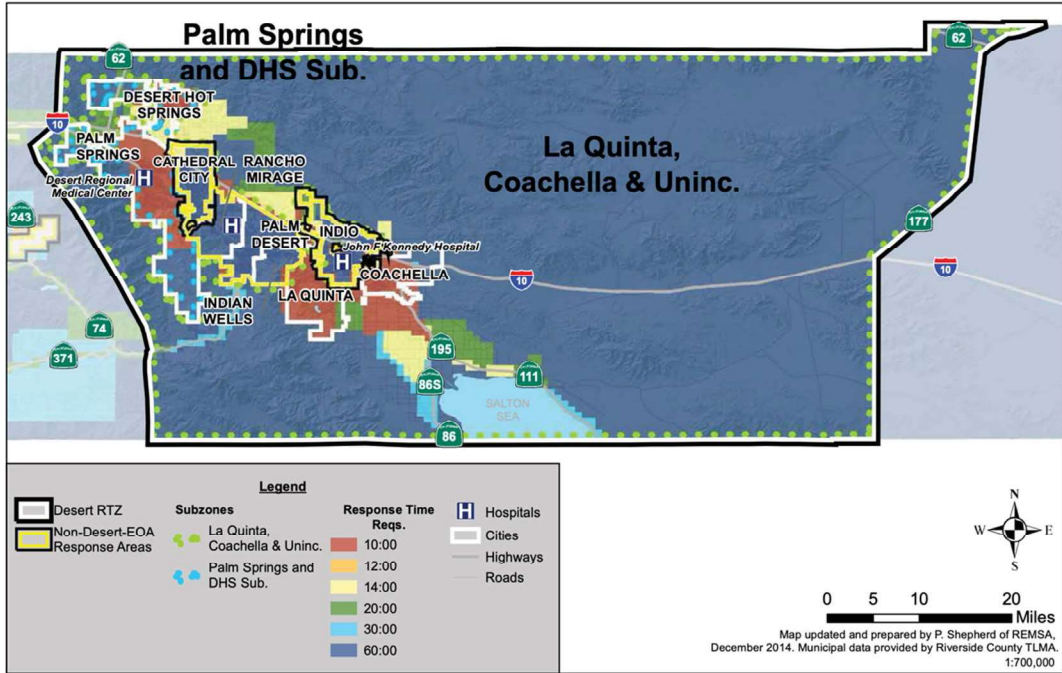
MOUNTAIN PLATEAU





RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM
GROUND ALS EMERGENCY AMBULANCE RESPONSE TIME ZONES

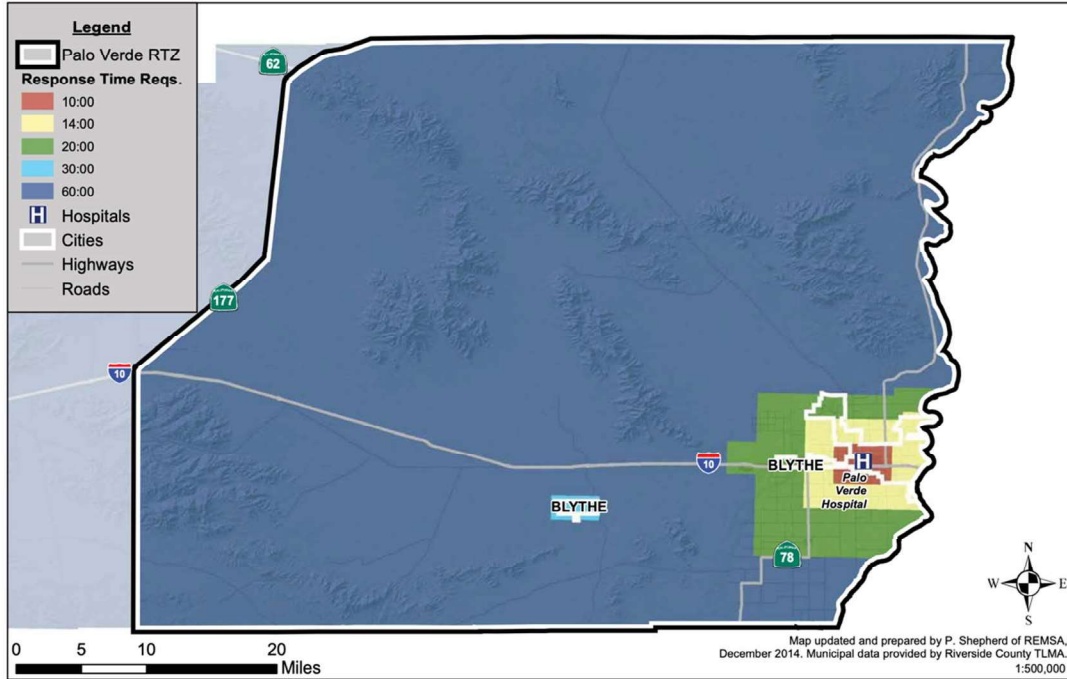
DESERT





RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES SYSTEM
GROUND ALS EMERGENCY AMBULANCE RESPONSE TIME ZONES

PALO VERDE



Attachment 3: Ambulance Back Up and System Surge Plan

To effectively provide for a consistent method of ensuring adequate emergency ambulance availability, the Contractor shall implement an ambulance back-up plan for use during day-to-day operations and during unusual circumstances that increase EMS call volume.

Contractors Reserve Emergency Ambulance Fleet

Contractor shall maintain a response ready reserve ambulance fleet equal to 20% of peak deployment and emergency staffing procedures for use of reserve ambulances as required by daily EMS call volume increases or when requested by REMSA.

Subcontracted Back-Up Emergency Ambulance Fleet

Contractor shall establish agreements with Riverside County permitted ambulance providers for purposes of 9-1-1 backup ambulance services when the Contractor has exhausted its own in-County resources. The back-up plan will include subcontracts with permitted ambulance provider agencies that have sufficient operational presence to provide immediate response to back-up requests in the Contractor's service areas as defined in Attachment 2, Response Time Zones and Subzones. Contractor shall secure adequate subcontracted providers to assure a minimum back-up ambulance fleet equal to an additional 20% of the Contractor's peak deployment. Subcontracts will contain provisions to ensure:

1. Subcontractors have the equipment, resources and operational capabilities to function as back-up providers pursuant to policies established by REMSA.
2. Processes are in place for the Contractor to be able to activate the back-up provider and establish communications with each back-up ambulance for integration into the Contractor's operation at the request of REMSA.
3. The Contractor has implemented the appropriate elements in its CQI plan to ensure subcontractors meet REMSA standards for patient care.
4. Subcontractors adhere to the provisions of this Agreement for system integration, management and coordination during disasters and MCIs.

Contractor may enter into agreements with Fire Departments for the placement and staffing of emergency back-up ambulances to be utilized according to the policies and procedures of REMSA.

Contractor shall implement appropriate radio communications and dispatch policies consistent with REMSA policies, protocols and procedures that establish criteria for initiating the 9-1-1 back-up plan and assures adherence to the Incident Command System (ICS).

Immediate Emergency Ambulance Surge Capacity

Contractor shall have a surge plan approved by REMSA within one hundred eighty (180) days of the Agreement commencement. This plan will outline specific deployment expectations and timeframes based on requests by REMSA. This plan will also include trigger points, notifications, escalation pathways, overhead personnel, communications, staffing, vehicles, and additional medical equipment. The plan will be submitted by contractor within 180 days of execution of this Agreement.

Attachment 4: Education and Training Programs

Comprehensive and Integrated Training Programs - Contractor shall have a comprehensive training and education program for Contractor's paramedics, EMTs, management and support staff. Training and education classes shall be open to all Riverside County EMS system personnel and partner agencies. Contractor is fully responsible for the training programs but the programs shall adhere to REMSA requirements and be developed collaboratively with the Riverside County Fire Chiefs Association EMS Officers Group, Hospitals, educational institutions and other system partners.

Clinical Education Services – Contractor shall provide an organization schematic to REMSA for approval. The CES organization shall identify sufficient qualified personnel to assure that all education and training requirements as stated in this Agreement are implemented and maintained toward the goal of excellent patient care, optimal patient outcomes and safe and efficient operations.

Continuing Education Provider Requirements - Contractor shall obtain and maintain authorization as a provider of Emergency Medical Services (EMS) Continuing Education by REMSA in accordance with the California Code of Regulations, Title 22 and REMSA policies.

Training Facilities - Contractor shall provide training facilities at each location that include classroom space to adequately accommodate training needs for that location.

Training Program Components

New employee education, orientation, and evaluation - All Contractor's new EMT and paramedic employees shall complete an orientation that is designed to prepare them to be fully functioning paramedics or EMTs in Riverside County. This orientation shall be approved by REMSA and will include, but not be limited to:

1. A review of all REMSA plans, programs, policies, protocols, and procedures as appropriate for the individual's level of credentialing and job duties.
2. Demonstration of skills proficiency in optional and infrequent skills as identified in REMSA policies, protocols, procedures, performance standards and EQIP. (This can be a component of field evaluation and training.)
3. Geography and maps of Riverside County.
4. Prehospital receiving centers (PRC), trauma centers and specialty care centers including designated patient catchment areas.
5. Corporate compliance policies.
6. Harassment awareness.
7. OSHA/Federal Laws and Regulations.
8. Illness/Injury Prevention.
9. Exposure Control.
10. Medical Legal Documentation.
11. Defusing assaultive behavior.
12. Professionalism.
13. Back safety.
14. Critical incident stress management.
15. Patient care documentation.
16. HIPAA Health Insurance Portability and Accountability Act (confidentiality and regulation).

17. Customer service.
18. Hazardous materials (first responder awareness level).
19. Mass casualty incidents.
20. ICS 100, 200 and 700, 800.
21. Gurney operations.
22. Cultural competence and linguistic access
23. Medical equipment familiarization, user competency and critical failure reporting.

Paramedics

Education and Training Requirements - The parties understand that required training may be modified by changes in REMSA plans, programs, policies, protocols and procedures. Education/training required for paramedics include:

1. Advanced Cardiac Life Support.
2. Pediatric Advanced Life Support or equivalent as determined by REMSA .
3. Prehospital Trauma Life Support (PHTLS) or equivalent as determined by REMSA.
4. CPR for the professional rescuer (continuous certification).
5. ICS 100, 200 and 700, 800.
6. Infrequent Skills Lab: hands-on experience demonstrating proficiency on skills that are not frequently used in the day-today practice of EMS or are part of the optional scope of practice.
7. Annual REMSA policy, protocol and procedure updates.
8. Attendance at a minimum of one (1) Base Hospital meeting per year for paramedics.
9. Annual training courses/offerings as identified by the REMSA Medical Director, Contractor Medical Advisor or Clinical Education Services Manager through CQI activities.
10. All new paramedics will complete the field evaluation program prior to being placed on a field shift to work with an EMT partner. The field evaluation program shall require that the new paramedic function under the direct supervision of a REMSA approved FTO or Preceptor during the evaluation period. The field evaluation program shall be in compliance with REMSA policies and submitted as a part of the Contractor's CQI plan.

Supervisors

Contractor shall work with REMSA to develop and implement a comprehensive field supervisor program that includes field operations guidelines and policies to be followed by supervisors. Contractor supervisors shall be credentialed by REMSA as EMS Supervisors.

EMTs

EMTs shall have the following training:

1. CPR for the Professional Rescuer.
2. EMT-Basic Skills Competency.
3. ICS 100,200 and 700,800
4. Infrequent Skills Lab: hands-on experience demonstrating proficiency on skills that are not frequently used in the day-today practice of EMS or are part of the optional scope of practice.
5. Annual REMSA policy, protocol and procedure updates.
6. Annual training courses/offerings as identified by the REMSA Medical Director, Contractor Medical Advisor or Clinical Education Services Manager through CQI activities.

7. 911 ambulance/paramedic partner training.
8. Prior to working on a 911 ambulance with a paramedic partner, EMTs will complete Contractor's competency based Paramedic Partner curriculum. This consists of a didactic curriculum and field training/evaluation to be submitted to REMSA as part of the Contractor's CQI plan. Following the didactic education, EMTs will be assigned to an ambulance with an authorized field training officer and complete a skills evaluation prior to being assigned to work one-on-one with a paramedic partner.

Driver Training and Safety

All field personnel that operate emergency vehicles shall complete the following:

1. All persons driving an ambulance or support ERV providing service under this Agreement shall have successfully completed Contractor's driver training program which is consistent with the Emergency Vehicle Operator Course (EVOC) curriculum of the U.S. Department of Transportation.
2. Training on all of the Contractor's vehicle safety policies.
3. Mapping, Navigation and Area Familiarization Training.

Contractor will subscribe to the California Department of Motor Vehicles' "Pull Notice" Program which tracks employee infractions of the California Vehicle Code.

Contractor shall have a driver acceptability policy that establishes eligibility criteria for individuals to whom the Contractor extends the privilege of emergency vehicle operation.

Contractor will provide remedial driver training to employees who have been involved in a preventable collision or who have been identified as needing to improve their ambulance driving skills.

Field Training Officers (FTOs)

Contractor shall implement a comprehensive Field Training Officer (FTO) Program subject to approval by REMSA. The FTO program shall assure that Contractor has sufficient number of qualified FTOs to support execution of the CQI plan, Contractor and REMSA education and training programs and other duties on behalf of the Contractor.

On-Going Evaluation of Training Programs

Contractor shall continuously evaluate the effectiveness of all training programs required under this Agreement. For each training program, Contractor shall identify an evaluation methodology and shall include narrative on the effectiveness of the programs in the annual performance report to REMSA.