

INLAND COUNTIES EMERGENCY MEDICAL AGENCY

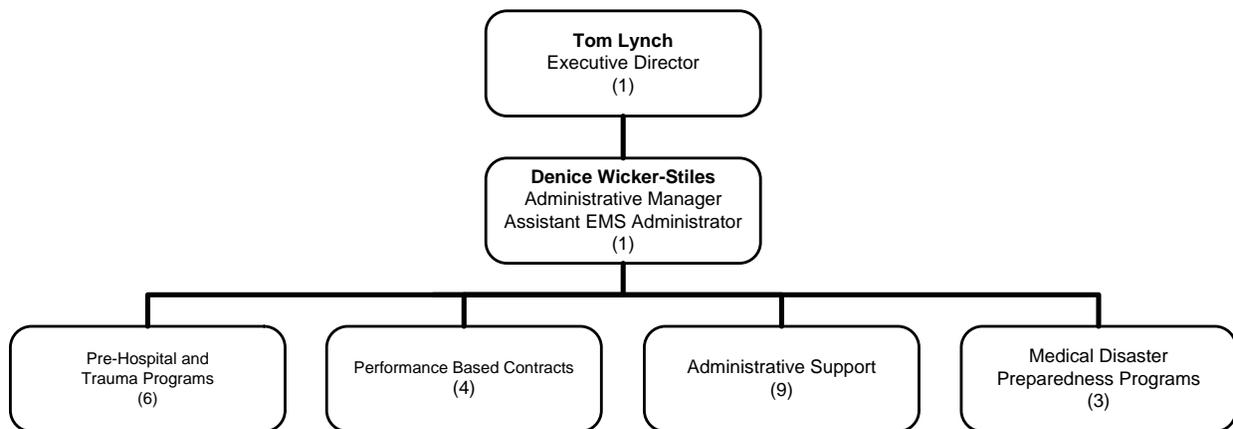
Tom Lynch

MISSION STATEMENT

Inland Counties Emergency Medical Agency ensures an effective system of quality patient care and coordinated emergency medical response by planning, implementing and evaluating an effective emergency medical services system including fire department and public ambulances, pre-hospital providers and hospitals, including specialty care hospitals, such as trauma and cardiac care hospitals.



ORGANIZATIONAL CHART



2010-11 AND 2011-12 ACCOMPLISHMENTS

- Implemented Statewide Central Registry and new disciplinary procedures for Emergency Medical Technicians in accordance with new State Regulations.
- Initiated Emergency Medical Services (EMS) Aircraft contracts for San Bernardino County.
- Increased participation in system-wide EMS data collection program with all system participants except some fire agencies.
- Increased county-wide hospital disaster preparedness through the purchase of various items and training.
- Implemented and certified six (6) neurovascular stroke centers in all regions of the County.
- Initiated the implementation of a new Electronic Patient Care System.
- Initiated the implementation of a new online education system.



GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

GOAL 1: ENSURE THAT THE MOST EFFECTIVE EMERGENCY SERVICES ARE DELIVERED TO THE RESIDENTS OF SAN BERNARDINO COUNTY.

Objective: Designate Specialty Care Hospitals to allow paramedics to transport specialty care patients to Specialty Care Hospitals in order to access the services of specialty physicians in a timelier manner.

Measurement	2009-10 Actual	2010-11 Actual	2011-12 Target	2011-12 Actual	2012-13 Target
Number of Cardiac Care Hospitals (CCHs) designated in the Inland Counties Emergency Medical Agency (ICEMA) jurisdiction.	6	6	7	6	7
Establishment of Neurovascular Stroke Receiving Centers Designated in the ICEMA Jurisdiction.	N/A	N/A	4	6	7
Begin comprehensive review and design of emergency medical services ground transportation system.	N/A	N/A	N/A	N/A	1
Begin comprehensive review and design of emergency medical services air transportation system.	N/A	N/A	N/A	N/A	1

In 2008-09, ICEMA established implementation of Cardiac Care Hospitals as one of its objectives. During that year, ICEMA designated Loma Linda University Medical Center, San Antonio Community Hospital, St. Mary's Medical Center and Pomona Valley Hospital as Cardiac Care Hospitals. In 2009-10, ICEMA designated St. Bernardine Medical Center and Riverside Community Hospital as Cardiac Care Hospitals increasing the number of hospitals to six. For 2012-13, ICEMA plans to add one more hospital to this designation specialty, which would increase the number of Cardiac Care Hospitals to seven.

In addition, ICEMA is established Neurovascular Stroke Receiving Centers as one of its objectives in 2011-12. ICEMA established 6 hospitals as Neurovascular Stroke Receiving Centers in 2011-12. For 2012-13, ICEMA plans to add one more hospital to this designation, which would increase the number of Neurovascular Stroke Receiving Centers to seven.

In 2012-13, ICEMA intends to begin a review of both emergency medical services ground and air transportation. The goal of this review is to assist ICEMA in the redevelopment of both systems.

GOAL 2: IMPLEMENT AN EMERGENCY MEDICAL SERVICES AUTHORITY QUALITY IMPROVEMENT PLAN.

Objective: Adopt and implement a medically sound and current Quality Improvement Plan within the ICEMA Region.

Measurement	2009-10 Actual	2010-11 Actual	2011-12 Target	2011-12 Actual	2012-13 Target
Increase in the number of Quality Improvement audit filters for system review and improvement	N/A	5	5	5	5
Increase in the number of educational programs implemented to address system Quality Improvement issues identified through a strong, standardized Quality Improvement program.	N/A	2	2	2	2

For 2011-12, ICEMA adopted and implemented the Emergency Medical Services Authority's (EMSA) new Quality Improvement Plan and reached the target of five audit filters of system review and improvement. In 2012-13, ICEMA continues to target five audit filters of system review.

In 2011-12, ICEMA has met the target of two educational programs implemented to address system quality improvement issues identified through a strong standardized quality improvement program. In 2012-13, ICEMA is targeting two more educational programs implemented to address system quality improvement issues identified through a strong standardized quality improvement program to improve our educational programs.



SUMMARY OF BUDGET UNITS

2012-13						
	Appropriation	Revenue	Net County Cost	Fund Balance	Net Budget	Staffing
Special Revenue Fund						
Inland Counties Emergency Medical Agency	3,899,700	3,564,129		335,571		24
Total Special Revenue Fund	3,899,700	3,564,129		335,571		24

5-YEAR APPROPRIATION TREND					
	2008-09	2009-10	2010-11	2011-12	2012-13
Inland Counties Emergency Medical Agency	0	3,706,887	3,808,735	5,715,840	3,899,700
Total	0	3,706,887	3,808,735	5,715,840	3,899,700

5-YEAR REVENUE TREND					
	2008-09	2009-10	2010-11	2011-12	2012-13
Inland Counties Emergency Medical Agency	0	3,206,887	2,964,903	4,968,587	3,564,129
Total	0	3,206,887	2,964,903	4,968,587	3,564,129

5-YEAR FUND BALANCE TREND					
	2008-09	2009-10	2010-11	2011-12	2012-13
Inland Counties Emergency Medical Agency	0	500,000	843,832	747,253	335,571
Total	0	500,000	843,832	747,253	335,571



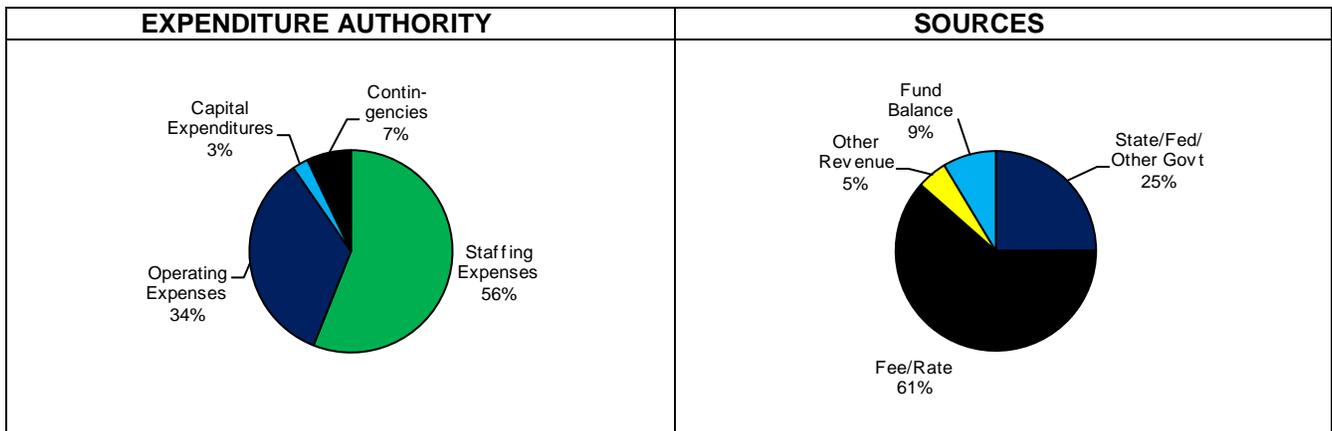
Inland Counties Emergency Medical Agency

DESCRIPTION OF MAJOR SERVICES

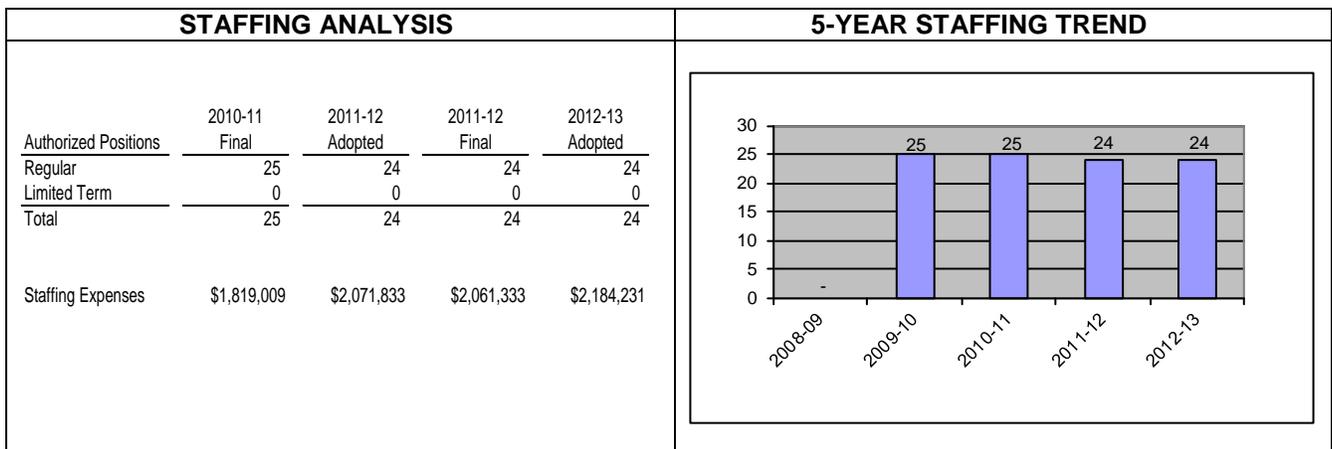
The Inland Counties Emergency Medical Agency (ICEMA) was developed under a Joint Powers Agreement with San Bernardino, Inyo and Mono Counties. ICEMA is responsible for ensuring effective emergency medical services for the three county areas. Specifically, they are charged with the coordination, evaluation and monitoring of emergency medical services within public and private pre-hospital providers, specialty hospitals, paramedic base hospitals, as well as the effectiveness of Emergency Medical Services (EMS) educational programs and medical disaster preparedness in accordance with Health and Safety Code, Division 2.5 and the following eight defined components of EMS: system organization and maintenance, staffing and training, communications, transportation, assessment of hospitals and critical care centers, data collection and evaluation, public information and education and disaster response.

Budget at a Glance	
Total Expenditure Authority	\$3,899,700
Total Sources	\$3,564,129
Fund Balance	\$335,571
Total Staff	24

2012-13 ADOPTED BUDGET



BUDGETED STAFFING



ANALYSIS OF 2012-13 ADOPTED BUDGET

GROUP: Other Agencies
 DEPARTMENT: Inland Counties Emergency Medical Services Agency
 FUND: ICEMA

BUDGET UNIT: SMI ICM
 FUNCTION: Health and Sanitation
 ACTIVITY: Hospital Care

	2008-09 Actual	2009-10 Actual	2010-11 Actual	2011-12 Actual	2011-12 Final Budget	2012-13 Adopted Budget	Change From 2011-12 Final Budget
Appropriation							
Staffing Expenses	0	1,428,562	1,819,009	1,961,754	2,061,333	2,184,231	122,898
Operating Expenses	0	1,415,944	1,189,107	2,696,351	2,745,461	1,340,646	(1,404,815)
Capital Expenditures	0	415,357	108,345	325,760	335,480	99,601	(235,879)
Contingencies	0	0	0	0	271,387	275,222	3,835
Total Exp Authority	0	3,259,863	3,116,461	4,983,865	5,413,661	3,899,700	(1,513,961)
Reimbursements	0	0	0	(10,000)	(10,000)	0	10,000
Total Appropriation	0	3,259,863	3,116,461	4,973,865	5,403,661	3,899,700	(1,503,961)
Operating Transfers Out	0	0	0	312,179	312,179	0	(312,179)
Total Requirements	0	3,259,863	3,116,461	5,286,044	5,715,840	3,899,700	(1,816,140)
Departmental Revenue							
Taxes	0	0	0	0	0	0	0
Realignment	0	0	0	0	0	0	0
State, Fed or Gov't Aid	0	1,580,121	1,165,228	848,911	930,966	972,801	41,835
Fee/Rate	0	1,442,458	1,205,865	3,915,290	4,021,491	2,401,295	(1,620,196)
Other Revenue	0	410,129	569,195	8,258	8,130	7,798	(332)
Total Revenue	0	3,432,708	2,940,288	4,772,459	4,960,587	3,381,894	(1,578,693)
Operating Transfers In	0	212,026	32,000	7,370	8,000	182,235	174,235
Total Sources	0	3,644,734	2,972,288	4,779,829	4,968,587	3,564,129	(1,404,458)
				Fund Balance	747,253	335,571	(411,682)
				Budgeted Staffing	24	24	0

BUDGET CHANGES AND OPERATIONAL IMPACT

Staffing expenses have a net increase of \$122,898 from the prior fiscal year budget which reflects an increase due to the replacement of a Public Service Employee with a Supervising Office Assistant.

Operating expenses have a decrease of \$1,404,815 due to start-up costs for the ePCR system no longer being a factor since implementation took place in 2011-12 and a transfer of vehicle code fines to local hospitals is not expected to take place in 2012-13.

Departmental revenue has a decrease of \$1,404,458 due to the decreased start-up funding related to implementation of the ePCR system which took place in 2011-12 and an expected decrease in vehicle code fine revenue.

MAJOR EXPENDITURES AND REVENUE IN 2012-13 ADOPTED BUDGET

Staffing expenses of \$2,184,231 fund 24 budgeted positions. Operating expenses of \$1,340,646 includes contracts for professional services, capital assets, facility cost and the continued support for the new Electronic Patient Care Record (ePCR) system. Departmental revenue of \$3,564,129 represents payments from fees charged for services, state Maddy funding and federal grant funding.

STAFFING CHANGES AND OPERATIONAL IMPACT

ICEMA intends to add 1 position in 2012-13. This position is a Supervising Office Assistant that will assist and manage the certification of emergency medical services workers. This position will report to the Administrative Manager. ICEMA will be de-funding a Public Service Employee resulting in zero net budgeted staffing changes.



2012-13 POSITION SUMMARY

<u>Division</u>	<u>Regular</u>	<u>Limited Term</u>	<u>Total</u>	<u>Filled</u>	<u>Vacant</u>	<u>New</u>	<u>Total</u>
Pre-Hospital and Trauma Programs	6	0	6	6	0	0	6
Performance Based Contracts	4	0	4	3	1	0	4
Administrative Support	11	0	11	10	0	1	11
Medical Disaster Preparedness	3	0	3	3	0	0	3
Total	24	0	24	22	1	1	24

Pre-Hospital and Trauma	Performance Based Contracts	Administrative Support
<u>Classification</u>	<u>Classification</u>	<u>Classification</u>
2 Contract Nurse	1 Public Health Program Coordinator	1 Executive Director
2 Emergency Medical Services Nurse	1 Staff Analyst II	1 Administrative Manager
2 Statistical Analyst	1 EMS Technical Consultant	1 Staff Analyst
6 Total	1 Office Assistant III	1 Fiscal Assistant
	4 Total	1 Secretary
		2 Emergency Medical Svcs Specialist
		2 Office Assistant III
		1 Office Assistant II
		1 Supervising Office Assistant
		11 Total
Medical Disaster Preparedness		
<u>Classification</u>		
1 Nurse Educator		
1 Medical Emergency Planning Spec.		
1 Training Specialist		
3 Total		



