

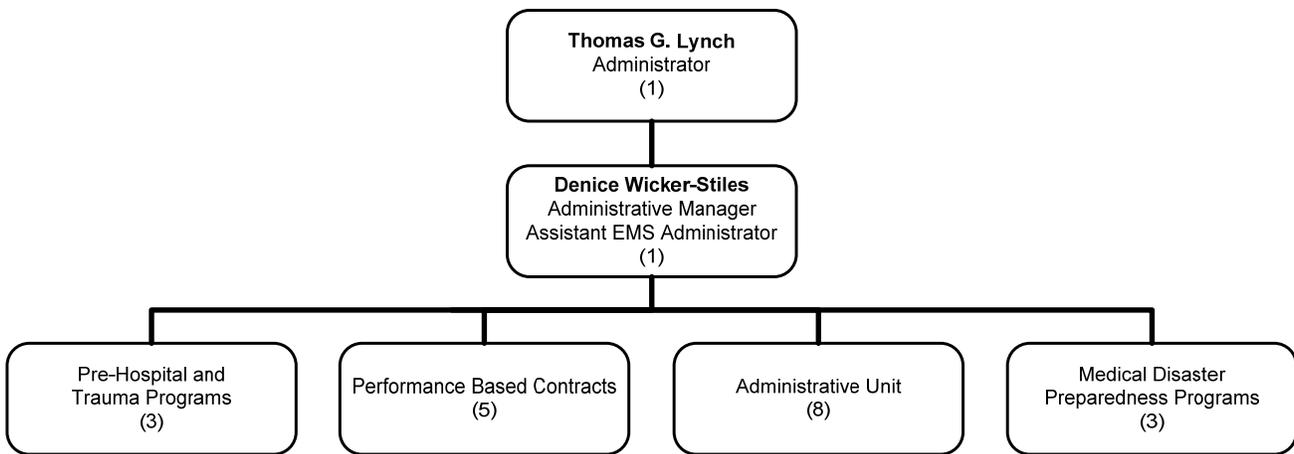
INLAND COUNTIES EMERGENCY MEDICAL AGENCY Thomas G. Lynch

DEPARTMENT 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



2012-13 ACCOMPLISHMENTS

- Provided for the operation and management of a regional emergency medical services system in San Bernardino, Inyo and Mono Counties through the approval of a new Joint Powers Agreement - approved by Board of Supervisors on January 8, 2013.
- Expanded San Bernardino County's network of designated Cardiovascular ST Elevation Myocardial Infarction (STEMI) Receiving Centers and Stroke Receiving Centers for improved patient care through prompt recognition and transport to facilities demonstrating the ability and commitment to provide rapid care with the proper resources.
- Implemented a data collection and electronic patient care record (ePCR) management system in order to increase the efficiency and effectiveness of the Emergency Medical Services (EMS) system and provide real time patient care data for quality care and medical control. Inland Counties Emergency Medical Agency (ICEMA) continues to add providers for future countywide data collection.



COUNTY GOALS AND OBJECTIVES AND DEPARTMENT PERFORMANCE MEASURES

COUNTY GOAL: PROVIDE FOR THE HEALTH AND SOCIAL SERVICES NEEDS OF COUNTY RESIDENTS

Objective(s): • *Promote public/private collaboration and projects that help to meet the health and human service needs of county residents.*

<i>Department Strategy:</i>	<ul style="list-style-type: none"> • <i>Collaborate with Emergency Medical Services (EMS) stakeholders to establish best practices to reduce bed delay (ambulance wait time).</i> • <i>Expand EMS stakeholder utilization of electronic data management system for continuous quality improvement and state/federal reporting.</i> • <i>Collaborate with first responders and transport providers to improve medical assistance and response.</i> 			
Measurement	2011-12 Actual	2012-13 Target	2012-13 Actual	2013-14 Target
Decrease countywide bed delay by 20%.	N/A	N/A	16,000 hours	12,800 hours
Increase number of EMS stakeholders utilizing the portable electronic data management system.	N/A	N/A	17	21
Increase number of EMS responses utilizing Emergency Medical Dispatch to prioritize response and resources.	N/A	N/A	18,000	28,000



SUMMARY OF BUDGET UNITS

2013-14						
	Requirements	Sources	Net County Cost	Fund Balance	Net Budget	Staffing
Special Revenue Fund						
Inland Counties Emergency Medical Agency	4,748,056	3,886,453		861,603		21
Total Special Revenue Fund	4,748,056	3,886,453		861,603		21

5-YEAR REQUIREMENTS TREND					
	2009-10	2010-11	2011-12	2012-13	2013-14
Inland Counties Emergency Medical Agency	3,706,887	3,808,735	5,715,840	4,946,014	4,748,056
Total	3,706,887	3,808,735	5,715,840	4,946,014	4,748,056

5-YEAR SOURCES TREND					
	2009-10	2010-11	2011-12	2012-13	2013-14
Inland Counties Emergency Medical Agency	3,206,887	2,964,903	4,968,587	4,610,443	3,886,453
Total	3,206,887	2,964,903	4,968,587	4,610,443	3,886,453

5-YEAR FUND BALANCE TREND					
	2009-10	2010-11	2011-12	2012-13	2013-14
Inland Counties Emergency Medical Agency	500,000	843,832	747,253	335,571	861,603
Total	500,000	843,832	747,253	335,571	861,603



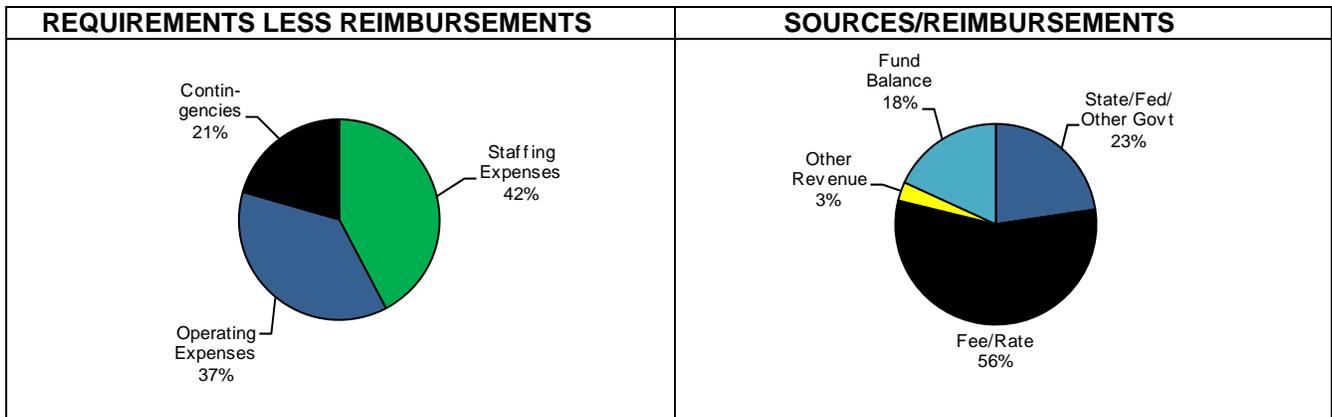
Inland Counties Emergency Medical Agency

DESCRIPTION OF MAJOR SERVICES

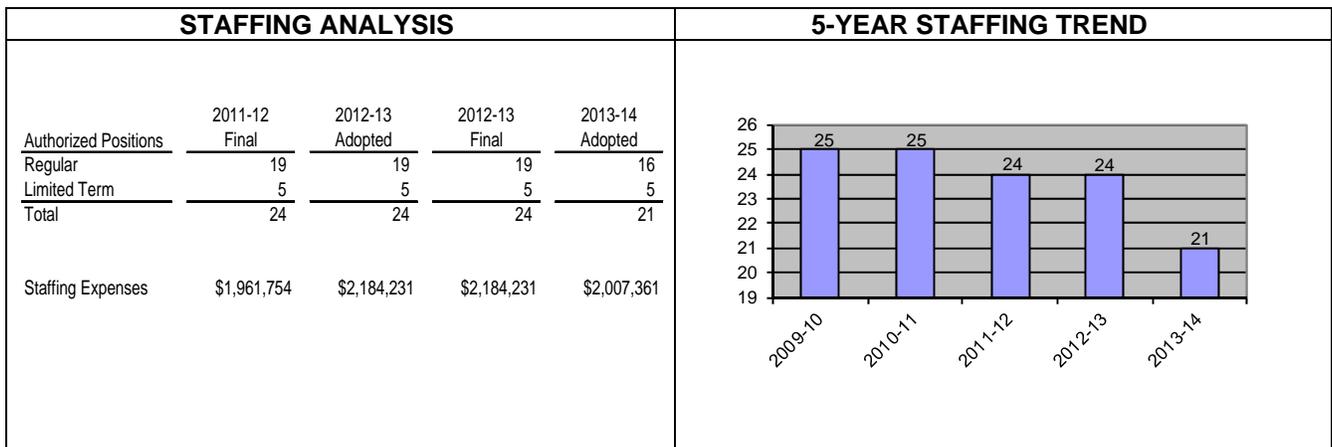
The Inland Counties Emergency Medical Agency (ICEMA) was developed under a Joint Powers Agreement with San Bernardino, Inyo and Mono Counties. ICEMA is responsible for ensuring effective emergency medical services for the three county areas. Specifically, they are charged with the coordination, evaluation 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.

Budget at a Glance	
Total Requirements	\$4,748,056
Total Sources	\$3,886,453
Fund Balance	\$861,603
Use of Fund Balance	\$0
Total Staff	21

2013-14 ADOPTED BUDGET



BUDGETED STAFFING



ANALYSIS OF 2013-14 ADOPTED BUDGET

GROUP: Administration
 DEPARTMENT: Inland Counties Emergency Medical Agency
 FUND: ICEMA

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

	2009-10 Actual	2010-11 Actual	2011-12 Actual	2012-13 Actual	2012-13 Final Budget	2013-14 Adopted Budget	Change From 2012-13 Final Budget
Requirements							
Staffing Expenses	1,428,562	1,819,009	1,961,754	1,982,989	2,184,231	2,007,361	(176,870)
Operating Expenses	1,415,944	1,189,107	2,696,351	1,635,813	2,486,695	1,765,288	(721,407)
Capital Expenditures	415,357	108,345	325,760	356,290	155,309	0	(155,309)
Contingencies	0	0	0	0	119,779	975,407	855,628
Total Exp Authority	3,259,863	3,116,461	4,983,865	3,975,092	4,946,014	4,748,056	(197,958)
Reimbursements	0	0	(10,000)	0	0	0	0
Total Appropriation	3,259,863	3,116,461	4,973,865	3,975,092	4,946,014	4,748,056	(197,958)
Operating Transfers Out	0	0	312,179	0	0	0	0
Total Requirements	3,259,863	3,116,461	5,286,044	3,975,092	4,946,014	4,748,056	(197,958)
Sources							
Taxes	0	0	0	0	0	0	0
Realignment	0	0	0	0	0	0	0
State, Fed or Gov't Aid	1,580,121	1,165,228	848,911	1,464,556	1,576,886	1,074,226	(502,660)
Fee/Rate	1,442,458	1,205,865	3,915,290	2,676,857	2,655,295	2,668,206	12,911
Other Revenue	410,129	569,195	8,258	49,472	7,798	34,021	26,223
Total Revenue	3,432,708	2,940,288	4,772,459	4,190,885	4,239,979	3,776,453	(463,526)
Operating Transfers In	212,026	32,000	7,370	287,530	370,464	110,000	(260,464)
Total Sources	3,644,734	2,972,288	4,779,829	4,478,415	4,610,443	3,886,453	(723,990)
				Fund Balance	335,571	861,603	526,032
				Budgeted Staffing	24	21	(3)

MAJOR EXPENDITURES AND REVENUE IN 2013-14 ADOPTED BUDGET

Requirements of \$4.7 million includes staffing, contracts for professional services, facility costs and the continued support and improvement to the electronic patient care record data system. Sources of \$3.9 million represent payments from fees charged for services, AB 612/1773 (Maddy) funding, and state and federal grant funding.

BUDGET CHANGES AND OPERATIONAL IMPACT

Requirements of \$4.7 million are decreasing by \$197,958 due to the reduction in the purchase of non-inventoriable equipment and staff reductions.

Sources of \$3.9 million are decreasing by \$723,990 as a result of decreased Maddy and federal funding.

STAFFING CHANGES AND OPERATIONAL IMPACT

Staffing expenses of \$2.0 million fund 21 budgeted regular positions. This includes a reduction in staffing of three unfilled positions. Staff reduction will result in an internal reorganization and streamlined processes resulting in improved efficiency.

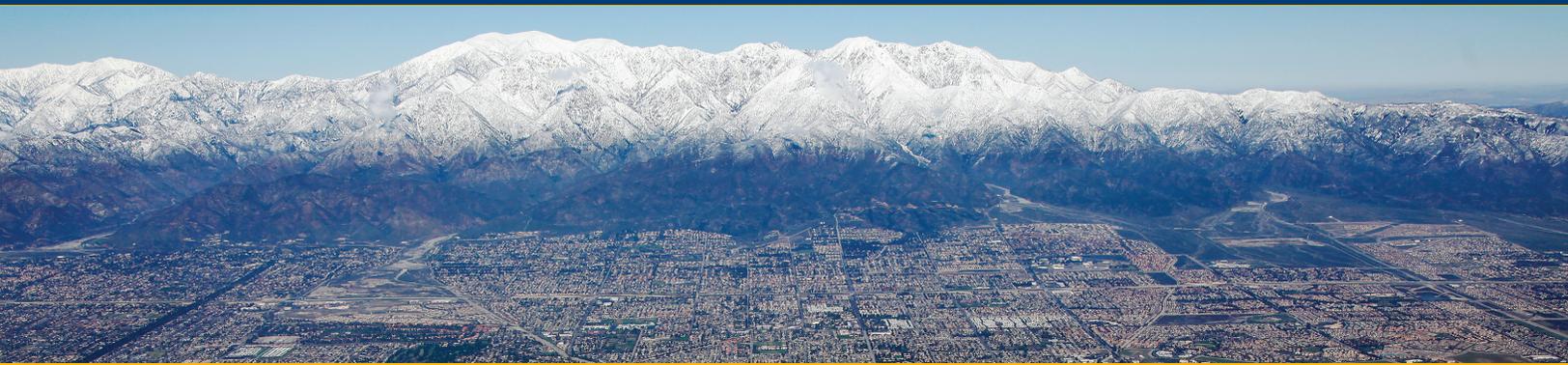


2014-15 POSITION SUMMARY

Division	Regular	Limited Term	Total	Filled	Vacant	New	Total
Administration	9	1	10	9	1	0	10
Pre-Hospital and Trauma Programs	1	2	3	3	0	0	3
Performance Based Contracts	4	1	5	5	0	0	5
Medical Disaster Preparedness Programs	2	1	3	3	0	0	3
Total	16	5	21	20	1	0	21

Administration	Pre-Hospital and Trauma Programs	Performance Based Contracts
<u>Classification</u>	<u>Classification</u>	<u>Classification</u>
1 Contract EMS Administrator	1 Contract EMS Nurse	1 Public Health Program Coordinator
1 Administrative Manager	1 EMS Nurse	1 Contract EMS Technical Consultant
1 Emergency Medical Servcs Specialist	1 Contract EMS Trauma Nurse	1 Staff Analyst II
3 Office Assistant III	<u>3 Total</u>	1 Statistical Analyst
1 Office Assistant II		<u>1 Office Assistant III</u>
1 Medical Emergency Planning Specialist		<u>5 Total</u>
1 Secretary I		
1 Fiscal Assistant		
<u>10 Total</u>		
Medical Disaster Preparedness Programs		
<u>Classification</u>		
1 Nurse Educator		
1 Emergency Medical Servcs Specialist		
1 Contract HPP Training Exersice		
<u>3 Total</u>		





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