

# INLAND COUNTIES EMERGENCY MEDICAL AGENCY

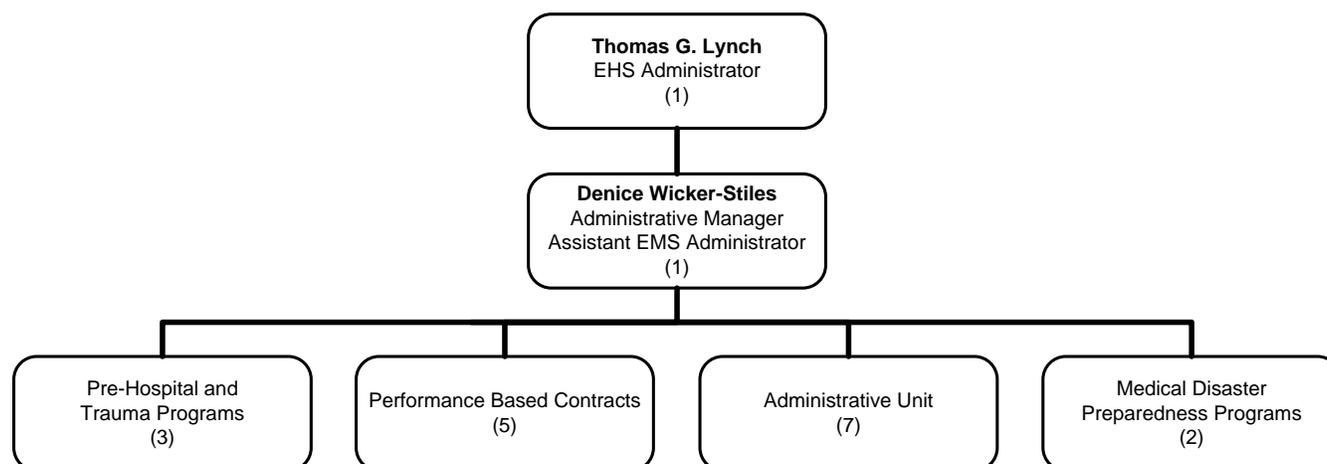
Thomas G. Lynch

## 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 (EMS) system including fire departments, public ambulances, pre-hospital providers, hospitals, and specialty hospitals, such as trauma, stroke and cardiac care hospitals.*



## ORGANIZATIONAL CHART



## 2016-17 SUMMARY OF BUDGET UNITS

	2016-17					
	Requirements	Sources	Net County Cost	Use of / (Contribution to) Fund Balance	Use of / (Contribution to) Net Position	Staffing
<b>Other Agencies</b>						
Inland Counties Emergency Medical Agency	4,051,140	4,139,228		(88,088)		19
Total Other Agencies	4,051,140	4,139,228	0	(88,088)	0	19
<b>Total - All Funds</b>	4,051,140	4,139,228	0	(88,088)	0	19



## 2015-16 MAJOR ACCOMPLISHMENTS

- Received the California State Association of Counties (CSAC) Merit Award for the Continuation of Specialty Care program which allows for an expedited transfer of trauma, STEMI, or Stroke patients to Specialty Care Centers using the 9-1-1 system, preventing any delays in treatment.
- Received National Association of Counties (NACO) Award for the Continuation of Specialty Care Program, for the EMS Credentialing Portal, and for the Medical and Health Operational Area Coordinator.
- Received a California Department of Public Health (CDPH) grant for the development of a statewide stroke registry.
- Completed a state sponsored Federal Block Grant to evaluate and develop a process for integration of EMS into Health Information Exchange (HIE).
- Completed a state sponsored Federal Block Grant to successfully transition into National Emergency Medical Services Information System (NEMSIS) Version 3.
- Facilitated California in becoming the first state to transmit EMS data to NEMSIS National Database.
- Facilitated mutual aid responses during the initial Waterman Incident on December 2, 2015 and months that followed for Department of Behavioral Health and Division of Environmental Health of Department of Public Health.

## DEPARTMENT PERFORMANCE MEASURES

<b>COUNTY GOAL: PROVIDE FOR THE SAFETY, HEALTH AND SOCIAL SERVICE NEEDS OF COUNTY RESIDENTS</b>		<b>Measure</b>	<b>2014-15 Actual</b>	<b>2015-16 Target</b>	<b>2015-16 Est.</b>	<b>2016-17 Target</b>
<b>OBJECTIVE</b>	<b>Partner with County and non-County agencies and maximize the use of Federal and State programs and funding to address the public health, safety and social service needs of County residents and move participants to self-sufficiency.</b>	Number of new revenue contracts and workplans/ applications submitted	5	4	4	2
<b>STRATEGY</b>	Cooperatively develop service contracts with State and Federal agencies to fund department activities.					
<b>COUNTY GOAL: IMPROVE COUNTY GOVERNMENT OPERATIONS</b>		<b>Measure</b>	<b>2014-15 Actual</b>	<b>2015-16 Target</b>	<b>2015-16 Est.</b>	<b>2016-17 Target</b>
<b>OBJECTIVE</b>	<b>Monitor and evaluate operations and implement strategies to continually improve efficiency, effectiveness and collaboration.</b>	Number of Ambulance Patient Offload Delay (bed delay) hours	28,701	25,232	49,000	25,000
<b>STRATEGY</b>	Collaboratively develop policies and procedures to reduce Ambulance Patient Offload Delay (bed delay) hours.					
<b>COUNTY GOAL: IMPROVE COUNTY GOVERNMENT OPERATIONS</b>		<b>Measure</b>	<b>2014-15 Actual</b>	<b>2015-16 Target</b>	<b>2015-16 Est.</b>	<b>2016-17 Target</b>
<b>OBJECTIVE</b>	<b>Monitor and evaluate operations and implement strategies to continually improve efficiency, effectiveness and collaboration.</b>	Percentage of air transports reviewed for quality improvement	100%	100%	100%	100%
<b>STRATEGY</b>	Ensure patient safety and improve patient care through quality improvement review of air transport documentation.					
<b>COUNTY GOAL: IMPROVE COUNTY GOVERNMENT OPERATIONS</b>		<b>Measure</b>	<b>2014-15 Actual</b>	<b>2015-16 Target</b>	<b>2015-16 Est.</b>	<b>2016-17 Target</b>
<b>OBJECTIVE</b>	<b>Monitor and evaluate operations and implement strategies to continually improve efficiency, effectiveness and collaboration.</b>	Number of EMS Continuing Education providers audited	22	20	24	24
<b>STRATEGY</b>	Ensure EMS Continuing Education/Training Programs are compliant with Title 22, California Code of Regulations and educational standards.					



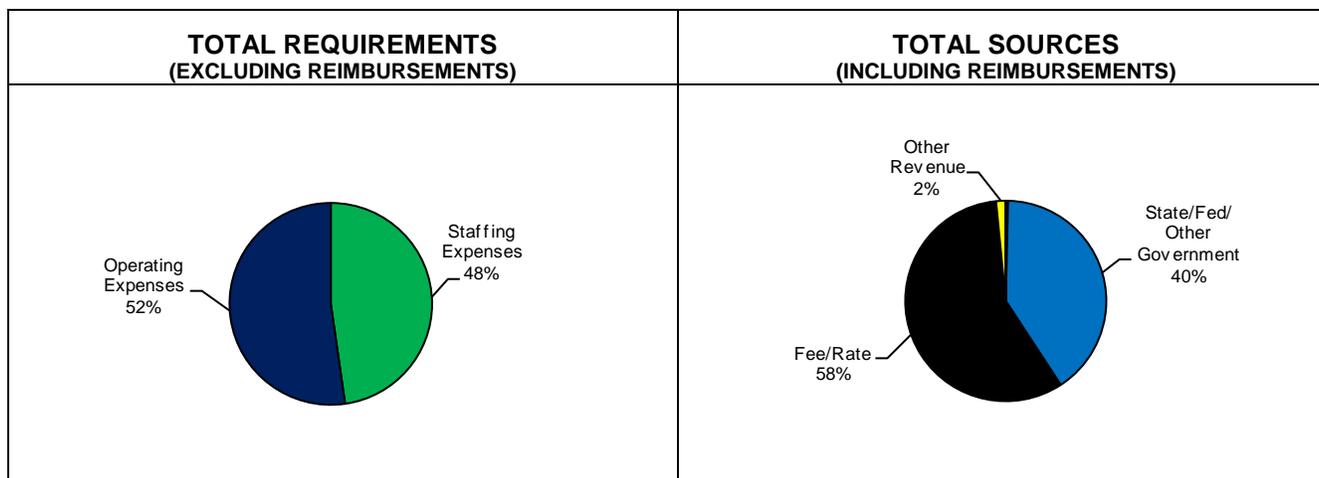
## Inland Counties Emergency Medical Agency

### 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 (EMS) within the public and private pre-hospital providers, specialty hospitals, paramedic base hospitals, as well as the effectiveness of EMS educational programs and medical disaster preparedness.

Budget at a Glance	
Total Requirements (Excl. Reimb.)	\$4,051,140
Total Sources (Incl. Reimb.)	\$4,139,228
Use of/ (Contribution to) Fund Balance	(\$88,088)
Total Staff	19

### 2016-17 RECOMMENDED BUDGET



## ANALYSIS OF 2016-17 RECOMMENDED BUDGET

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

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

	2012-13	2013-14	2014-15	(A) 2015-16	2015-16	(B) 2016-17	(B-A) Change From Prior Year Modified Budget
	Actual	Actual	Actual	Modified Budget	Estimate	Recommended Budget	
<b>Requirements</b>							
Staffing Expenses	1,982,988	2,035,785	1,861,215	1,962,059	1,838,031	1,934,143	(27,916)
Operating Expenses	1,635,813	1,737,636	2,332,139	2,132,488	1,673,875	2,116,997	(15,491)
Capital Expenditures	356,290	49,439	66,000	58,230	44,948	0	(58,230)
Total Exp Authority	3,975,091	3,822,860	4,259,354	4,152,777	3,556,854	4,051,140	(101,637)
Reimbursements	0	0	(242)	0	0	0	0
Total Appropriation	3,975,091	3,822,860	4,259,112	4,152,777	3,556,854	4,051,140	(101,637)
Operating Transfers Out	0	110,000	330,000	0	0	0	0
Total Requirements	3,975,091	3,932,860	4,589,112	4,152,777	3,556,854	4,051,140	(101,637)
<b>Sources</b>							
Taxes	0	0	0	0	0	0	0
Realignment	0	0	0	0	0	0	0
State/Fed/Other Government	1,464,556	1,430,177	1,121,437	1,689,875	1,486,406	1,673,175	(16,700)
Fee/Rate	2,676,857	2,129,954	3,341,095	2,499,923	2,370,749	2,386,816	(113,107)
Other Revenue	49,472	16,869	30,045	20,158	27,514	63,937	43,779
Total Revenue	4,190,885	3,576,999	4,492,577	4,209,956	3,884,669	4,123,928	(86,028)
Operating Transfers In	287,530	261,360	44,954	49,976	12,212	15,300	(34,676)
Total Financing Sources	4,478,415	3,838,359	4,537,530	4,259,932	3,896,881	4,139,228	(120,704)
<b>Fund Balance</b>							
Use of / (Contribution to) Fund Balance**	(503,324)	94,501	51,581	(107,155)	(340,027)	(88,088)	19,067
Available Reserves				844,831	1,077,703	1,165,791	320,960
Total Fund Balance				737,676	737,676	1,077,703	340,027
Budgeted Staffing*	24	21	20	18	18	19	1

\*Data represents modified budgeted staffing

\*\*Contribution to Fund Balance appears as a negative number and increases Available Reserves.

## MAJOR REQUIREMENTS AND SOURCES IN 2016-17 RECOMMENDED BUDGET

Staffing Expenses of \$1.9 million fund 19 budgeted positions.

Operating Expenses of \$2.1 million are primarily comprised of computer software of \$140,852, special department expense of \$212,223 required for the Hospital Preparedness Program, professional and specialized services of \$466,000, software maintenance of \$189,400 for the ongoing ePCR system, and transfers of \$451,750 for building leases and central services.

Sources of \$4.1 million are primarily comprised of state and federal grant funds, fines and penalties, fees for licenses and permits, and performance based contract revenues.

## BUDGET CHANGES AND OPERATIONAL IMPACT

Requirements are decreasing by \$101,637 primarily due to reductions in Staffing Expenses and no planned Capital Expenditures.

Sources are decreasing by \$120,704 primarily due to a reduction in Maddy funds (SB612) received. The Maddy funds are derived from additional penalties assessed on fines and bail forfeitures that the courts collect for certain criminal offenses and motor vehicle violations. These funds are used for emergency services and payment to trauma and emergency physicians and hospitals.



## ANALYSIS OF FUND BALANCE

The department expects to have a contribution to Fund Balance of \$88,088 in 2016-17. The majority of the increase in departmental Fund Balance is a result of no planned Capital Expenditures in 2016-17 and cost savings from staffing reorganizations.

### 2016-17 POSITION SUMMARY\*

Division	2015-16				2016-17		
	Modified Staffing	Adds	Deletes	Re-Orgs	Recommended	Limited	Regular
Administration	8	1	0	0	9	2	7
Pre-Hospital and Trauma Programs	3	0	0	0	3	2	1
Performance Based Contracts	5	0	0	0	5	1	4
Medical Disaster Preparedness Programs	2	0	0	0	2	0	2
<b>Total</b>	<b>18</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>19</b>	<b>5</b>	<b>14</b>

\*Detailed classification listing available in Appendix D.

### STAFFING CHANGES AND OPERATIONAL IMPACT

Staffing Expenses of \$1.9 million fund 19 budgeted positions of which 14 are regular positions and five are limited term positions. Despite the addition of one limited term position, a small overall reduction in costs occurred due to retirement of one senior staff.

