To the Board of Supervisors,

Pursuant to the provisions of Arizona Revised Statutes Section 48-261, the undersigned submit the following Impact Statement for the proposed creation of a new Special Tax District (Fire District) to be known as:

**PINAL RURAL FIRE RESCUE & MEDICAL DISTRICT**

(HEREINAFTER “PRF&M” or “THE DISTRICT” or “THE FIRE DISTRICT”)

It is the intent of the organizing board of directors of the proposed Fire Rescue and Medical District to comply with all applicable laws that apply under Title 48 - Special Taxing Districts, and any other applicable laws.

Per ARS 48-26-1-A-1 an impact statement must be submitted comprised of the following:

(a) A legal description of the boundaries of the proposed district and a map and a general description of the area to be included in the district sufficiently detailed to permit a property owner to determine whether a particular property is within the proposed district.

(b) The detailed list of taxed properties provided by the assessor pursuant to this paragraph.

(c) An estimate of the assessed valuation within the proposed district.

(d) An estimate of the change in the property tax liability, as a result of the proposed district, of a typical resident of the proposed district.

(e) A list and explanation of benefits that will result from the proposed district.

(f) A list and explanation of the injuries that may result from the proposed district.

(g) The names, addresses and occupations of the proposed members of the district's organizing board of directors.

(h) A description of the scope of services to be provided by the district during its first five years of operation. At a minimum this description shall include an estimate of anticipated capital expenditures, personnel growth and enhancements to service.
In reply to the above we state the impacts in their alphabetical order:

(a) A legal description of the boundaries of the proposed district and a map and a general description of the area to be included in the district sufficiently detailed to permit a property owner to determine whether a particular property is within the proposed district.

- *Legal Description Attached as Exhibit “A”*
- *Map and General Description Attached as Exhibit “B”*

(b) The detailed list of taxed properties provided by the assessor pursuant to this paragraph.

- *Attached as Exhibit “C”*

(c) An estimate of the assessed valuation within the proposed district.

Per the Pinal County Assessor’s Office, the estimated Primary Net Assessed Value of these parcels for Tax Year 2015 is currently (as of 04/15/2014) One Million, Eight Hundred Sixty Thousand, and One Hundred Fifty Four Dollars ($1,860,154.00).

- *The Proposed First Year Budget Attached as Exhibit “D”*

(d) An estimate of the change in the property tax liability, as a result of the proposed district, of a typical resident of the proposed district.

The budget will be prorated among all taxable properties in the District to ensure that all the District’s residents receive equal protection. These are, based on current assessed valuation of each property, at a rate of Three Dollars ($3.00) per One Hundred ($100.00) of secondary (2nd) assessed valuation.

**SAMPLE CALCULATIONS OF PROPOSED TAX LIABILITIES:**

How the tax liability for the District is calculated:

\[(\text{Assessed Value of Property}) \times (10\%) \times (3.00) / (100) = (\text{Tax Liability})\]

A residence with a total secondary assessed valuation of Fifty Thousand and 00/100 Dollars ($50,000.00) would have an estimated increased tax liability of One Hundred Fifty and 00/100 dollars ($150.00) per year

OR
A residence with a total secondary assessed valuation of Seventy Five Thousand and 00/100 Dollars ($75,000.00) would have an estimated increase tax liability of Two Hundred Twenty-Five and 00/100 dollars ($225.00) per year.

OR

A residence with a total secondary assessed valuation of One Hundred Thousand and 00/100 Dollars ($100,000.00) would have an estimated increase tax liability of Three Hundred and 00/100 dollars ($300.00) per year.

OR

A residence with a total secondary assessed valuation of One Hundred Twenty Five Thousand and 00/100 Dollars ($125,000.00) would have an estimated increase tax liability of Three Hundred Seventy Five and 00/100 ($375.00) per year.

OR

A residence with a total secondary assessed valuation of One Hundred Fifty Thousand and 00/100 Dollars ($150,000.00) would have an estimated increase tax liability of Four Hundred Fifty and 00/100 dollars ($450.00) per year.

OR

A residence with a total secondary assessed valuation of One Hundred Seventy Five Thousand and 00/100 Dollars ($175,000.00) would have an estimated increase tax liability of Five Hundred Twenty Five and 00/100 dollars ($525.00) per year.

OR

A residence with a total secondary assessed valuation of Two Hundred Thousand and 00/100 Dollars ($200,000.00) would have an estimated increase tax liability of Six Hundred and 00/100 dollars ($600.00) per year.

(e) A list and explanation of benefits that will result from the proposed district.

1. The District shall assure that all properties within the District have access to emergency services and all other services offered by the District.

2. The District shall utilize all land, buildings, apparatus, equipment and personnel necessary for the preservation of life and property.

3. The District shall enter into contracts and execute any agreements or instruments and do any other acts necessary or appropriate to carry out its purpose for fire protection and preservation of life.
4. The District shall continue to build a regional fire/emergency medical delivery system for South Eastern Pinal County, while providing a stable Fire & Medical District dedicated to its property owners and employees.

5. The District shall continue to provide the highest level of services needed for residents of the district.

6. The District shall be eligible for Fire District Assistance Tax (FDAT).

7. The taxes paid to the District by property owners, may be written off as tax deductions.

8. The District shall hold public meetings to discuss resident issues, concerns and to promote the health and welfare of residents while being sensitive to their needs.

9. The District will continue to be progressive and build a class "A" Fire and Medical District.

10. The District will provide for a rapid evaluation process for properties outside of the District who wish to be annexed into the District.

11. Shall prepare an annual budget with an estimate of all expenditures, including salaries paid to employees of the District, and a public hearing will be held to adopt the budget.

12. The District itself shall determine the compensation payable to its employees.

13. The District may procure the services, if necessary, of a municipal fire department, town, district or settlement, or an organized private fire protection company.

14. The District shall retain the services of a Certified Public Accountant to perform annual audits of the fire districts finances.

15. The District shall retain the services of a private legal counsel, if necessary.

16. The District shall establish a fee schedule for District services provided to non-residents and non-tax payers through a third-party service at industry standard rates.

17. The District shall control future protection of area residents and assume control of protection needs of the area served by the District.

18. The District may construct, purchase, lease, lease-purchase or otherwise acquire the following or any intent therein; and in connection with such construction or any other acquisition, purchase lease, lease-purchase or grant a lien on any or all of its present or future property including:

   - Apparatus, rescue equipment (including ambulances), and equipment related
to any of the foregoing.

- Land and buildings with equipment and furnishings to house equipment and personnel necessary for fire protection and preservation of life.

19. The District may issue bonds to finance the acquisition of property and construct buildings as provided in A.RS. *48-806. Bonds may not be issued without consent of the voters at an election held for this purpose.

20. The District shall assist the State Fire Marshal in the enforcement of State Fire Protection Standards.

21. The District shall accept gifts, contributions, bequests, and grants and comply with any special requests.

22. The District shall pay membership dues to the Arizona Fire District Association.

23. Pinal Rural Fire Rescue, Inc. currently provides a highly effective All-Hazard Fire/Rescue/EMS services as a subscription service to the area so Pinal Rural Fire Rescue already has the infrastructure and knowledge of the region in place to approximately 70% of this defined area.

- This area within the legal description attached has historically never been part of any formal fire/rescue service, or fire district, dedicated to the defined area prior to the formation of Pinal Rural Fire Rescue. The area is outside any formal fire district. Prior to Pinal Rural Fire Rescue taking on this region residents had no assurances what agency would respond, or IF any agency was responding. The other 30% are areas that have the potential for growth impact and being planned proactively, rather than reactively.

24. This region is an impoverished and negatively impacted economically by loss of primary employment by the copper industry in the region, and high unemployment. The costs to operate a fire protection, rescue, and medical service is a daunting endeavor.

- Currently, Pinal Rural Fire Rescue subscriptions are sold at a rate of One Hundred Dollars ($100) per basic family residence with minor secondary fees for additional structures. Subscribers incur no additional charges, no matter the nature or frequency of calls.

- Non-subscribers are billed by a third-party service at industry-standard fees for apparatus response, call times, level of service rendered (fire, MVA, HazMat,
service call, etc.), and number of personnel. A large working structure fire could easily cost upwards of $4,000.00 to $5,000.00. By transitioning to a tax-based Special Tax District, costs are shared equitably by ALL residents, and no weighty billing cost impact would be felt by some and not by others.

- Due to the deeply impoverished area, the tax rate assessed as a Special Tax District can frequently be less than current Pinal Rural Fire Rescue subscription rate fees. This signifies the basic aspiration of PRFR&M to provide state of the art, and industry standard Fire/Rescue/EMS to all equally, over the desire to gain high fees from some, and not from others.

25. Pinal Rural Fire Rescue currently has adequate fire apparatus and rescue vehicles available to protect the area defined:

- One (1) Type 2 fire engine (structure) - 750 GPM pump/750 gallon capacity
- One (1) One Type 3 Wildland engine – 750GPM/600gallon capacity
- One (1) Type 6 4X4 Wildland engine – 300 GPM/300 gallon capacity
- One (1) Medium-Duty Rescue. This vehicle also doubles as a medical patient transport unit, when permitted by law, and for a mass-casualty incident (MCI)
- One (1) Type 1 4X4, a medical patient transport capable unit, when permitted by law
- One (1) Type 2 2X4, a medical patient transport capable unit, when permitted by law

26. Pinal Rural Fire Rescue currently has two (2) resident Paramedics, three (3) roster Firefighter I/II/Paramedics and adequate support staff to supplement the certified stipend shift staffing model

27. Pinal Rural Fire Rescue currently provides residential accommodations for certified personnel to staff their fire station on 12 and/or 24-hour shifts.

28. Pinal Rural Fire Rescue currently has an active recruitment program with the graduates and students from the Pima College Fire Academy. Pinal Rural Fire Rescue currently has a roster of eight (8) AZ Certified Firefighter I/II/EMTs, on top of the four (4) FF I/II Paramedics. All have graduated from the formal fire academy through Pima College in Tucson, AZ.

29. Through its active recruitment program with Pima College Fire Academy, Pinal Rural Fire Rescue currently provides a level of Emergency Medical Services that far
exceeds any other local fire agency’s capabilities since Pinal Rural Fire Rescue has multiple Arizona certified personnel at both the Basic Life Support (EMT) and Advanced Life Support (Paramedic) levels of service 24/7/365. (Pima College Fire Academy requires successful completion of EMT or Paramedic training before they are permitted to attend the fire academy.)

30. Pinal Rural Fire Rescue currently require all certified EMS personnel to maintain certification through the National Registry of Emergency Medical Technicians (NREMT). This mandates a much higher quantity and quality of Continuing Education units above and beyond what Arizona requires.

31. Pinal Rural Fire Rescue staffs AZ certified Paramedics 24/7/365. Historically since its inception, Emergency Medical responses account for 76% of Pinal Rural Fire Rescue’s responses so this increased level of first-response care exceeds any other fire agency in the region.

32. Currently, the fire-based first response ALS (Paramedic) of Pinal Rural Fire Rescue is the only agency along the Copper Corridor of AZ 77 between the Golder Ranch Fire District to the south and the Globe Fire Department to the north.

33. Pinal Rural Fire Rescue’s current 9-1-1 service area is protected by two ambulance services and the local coverage is frequently inadequate.

a. When Tri City Meds - Rural/Metro (Pinal) out of San Manuel responds to an EMS call in its Certificate of Necessity (CON), which includes the southern 2/3 portion of the Pinal Rural Fire Rescue 9-1-1 service area, Rural/Metro dispatches Pinal Rural Fire Rescue to initiate first response fire-based ALS EMS for stabilization. If Tri City Meds is on another call, If two calls come in rapid sequence, an occasional occurrence, there is a long delay in transport service availability as their backup ambulance comes from Tucson 40 minutes to 1 hour away. Therefore, fire-based first response is absolutely vital to life safety.

b. Kearny Ambulance Service provides CON coverage to the northern 1/3 portion of the Pinal Rural Fire Rescue’s 9-1-1 service area. They are only Paramedic staffed a portion of the time. The rest of the time they staff only EMTs. This agency refuses to dispatch Pinal Rural Fire Rescue to calls in its 9-1-1 service area for first-response fire-based Paramedic response. If both agencies do happen to end up at the same scene, Kearny Ambulance Service refuses to allow Pinal Rural Fire
Rescue Paramedics to ride along with the patient Pinal Rural Fire Rescue initiates Advanced Life Support care. Since a Paramedic cannot release care to a lower-level of certification and care (unless the patient’s condition meets an extremely narrow threshold) Pinal Rural Fire Rescue must request Rural/Metro (Pinal) out of San Manuel to respond. This has caused up to 2-hour delays to get a transport ambulance.

c. These facts require that the District will continue to increase its number and advanced level of staffing to address this lack of protection until such a time it can assume the transportation of the sick and injured from within the District.

d. Pinal Rural Fire Rescue has already initiated application with the Arizona Dept. of Health Services, Bureau of EMS and Trauma Systems, to obtain a Certificate of Necessity to address the excessive response times, and disparity of levels of certified personnel to address a rural region.

e. Since there is also a significant number of elderly in this area the faster first-response by an Advanced Life Support Paramedics could literally mean the difference between life and death.

34. Pinal Rural Fire Rescue currently has Hazardous Materials medical direction to treat that possibility, and is the only fire-based service in the region with that capability. This is critical due to the excessively high exposures to the many intermodal transportation of Hazardous Materials waste from the copper mining industries in this part of Pinal County.

35. Pinal Rural Fire Rescue currently has a certified Fire Instructor I that is accredited by the International Fire Service Accreditation Congress (IFSAC), which is the peer-reviewed national standard for firefighter training instructors. This is also the only Accredited Fire Instructor in the this part of the Copper Corridor

36. The District shall continue it’s proactive and comprehensive Community Public Education Program which includes:

- FREE CPR/AED training to the public provided on a monthly basis
- “Borrow an AED” program wherein PRF&R loans an AED to scholastic sporting events and public gatherings as a preventative program to address Sudden Cardiac Death
- Stroke Awareness Program
• Fall Injury Prevention Program
• FREE home fire safety inspection program

(f) A list and explanation of the injuries that may result from the proposed district.
   1. No injury will be anticipated
   2. The District shall maintain liability insurance in an amount believed to be adequate.

(g) The names, addresses and occupations of the proposed members of the District's organizing board of directors.
   1. Steven Turcotte, US Navy Rear Admiral (Ret.)/rancher
      91181 E Aravaipa Rd. Winkelman, AZ 85192
   2. Thomas Carlson, self-employed
      83491 E Palomita Rd. Mammoth, AZ 85618
   3. Georgina Jacquez, housewife/caregiver
      82971 E Palomita Rd. Mammoth, AZ 85618

(h) A description of the scope of services to be provided by the District during its first five years of operation. At a minimum this description shall include an estimate of anticipated capital expenditures, personnel growth and enhancements to service.

   Pinal Rural Fire Rescue has a demonstrated track record of successfully establishing and operating an extensive program of fire protection, rescue, Emergency Medical Services and Community Education programs while serving the residents and visitors to the Pinal Rural Fire Rescue 911 service area. This was accomplished through effective management and utilization of revenues from subscriptions, donations and grants. These funds were utilized effectively to obtain the equipment and apparatus needed to protect the region served by Pinal Rural Fire Rescue.

   After the formation of the Pinal Rural Fire Rescue & Medical District, the District will continue to expand and improve services beyond its already exceptional level of fire protection, rescue and Emergency Medical Service that were previously not available, nor still in the region, in this region of the Copper Corridor.

   1. Scope of Services
      a. PRFR&M will continue to provide the current level of state of the art All-Hazard Fire/Rescue and Advanced Life Support (Paramedic) services to all residents and visitors to the district. Since Pinal Rural Fire Rescue already has sufficient
capabilities the added revenues will exponentially increase the level of protection it can provide which includes, but is not limited to:

- Certified Firefighter I/II staffing for Fire Protection and Suppression
- Fire Based First Response Advanced Life Support EMS 24/7/365
- All Hazard Rescue Services
- Hazardous Materials Operations Level Response and Mitigation
- Fire Prevention Programs
- Life Safety Initiatives
- Community Education Programs

2. The Five-Year Capital Plan for the Fire District goals include, but are not limited to:

- To purchase and/or obtain six (6) used, refurbished and/or new fire apparatus/rescues within the first five-year span, purchased with budgetary funds supplemented by fundraising, donations and grants. The decision between refurbished and/or new will vary depending on revenue streams and grant procurements.
  
  a) Two (2) Type 1 Fire Engines
  b) One (1) Quint (Combination engine/ladder truck)
  c) One (1) Type 3 Wildland Engine
  d) One (1) Type 6 Wildland Engine
  e) One (1) medical transport vehicle

- Within the first five (5) years two additional stations are a goal to be built to reduce response times from the main Fire Station 625 in Mammoth. First, Station 626 is planned to be built on land 1.3 east of AZ 77 (anticipated in, or before, the first year of tax revenues) to protect the District’s northern region. Secondly, Station 627 will be built on land to be acquired south of Mammoth, AZ. This will give the District significantly reduced response times.

- A Request for Proposal (RFP) from the San Carlos Apache Tribe for their new casino resort complex will be forthcoming in 2014 to contract fire-rescue services to the complex during construction and operation. This facility will also include a 400-home community for employees.
  
  o On face value, the District stands a good opportunity to acquire this contract based on our staffing and available services. However, knowing the fickle
nature of such contracts from political pressures, even if not awarded to the District, there will still be a large increase in response needs so the District needs to be proactive to be able to address this increase before it is upon us.

- If the District obtains the contract that will permit us to add full-time staffing at all fire stations.

- PRFR&M will also initiate a stipend system to recruit additional certified firefighter EMTs or Paramedics to staff stations on an as needed basis with the goal being all stations staffed on a 24/7/365/basis in the foreseeable future.

- The future plans in Emergency Medical Services for PRFR&M is based upon a thorough Gap Analysis and Needs Assessment (attached). The initial application for a Certificate of Necessity (CON) to operate an Ambulance Service for a portion of the District has been submitted and completed “Administratively Complete” status. We are now in the “Substantive Review” phase.

- PRFRs current 911 service area is protected by two ambulance services and the local service is frequently inadequate. The current CON holders are not able to adequately address the increased call volumes with their legacy system as defined prior in the “Benefits” section so Pinal Rural Fire Rescue has initiated application to operate a CON as noted in (e) (33) (iv) above.

3. The District will initiate pursuing national accreditation by the Center for Public Safety Excellence (CPSE), a peer-reviewed standard of excellence by fire agencies in the U.S. Agencies that receive this excellence accreditation are deemed excellent in all aspects for an All-Hazards fire-based response system.

4. The District will initiate applying for an Insurance Service Organization (ISO) rating. This organization’s rating system determines fire insurance coverability and a rate schedule to homeowners and businesses. This will have immediate effect to the residents of the District by decreasing the rating number; a lower numerical rating number (1-10) means an increase of savings by insured parties. Currently the area is rated 10/10 which is the least protection number rating. Due to this rating many residents are unable to find affordable fire insurance.
Signatures attesting:

____________________________________
Steven Turcotte, Member

____________________________________
Thomas Carlson, Member

____________________________________
Georgina Jacquez, Member
LEGAL DESCRIPTION FOR THE CREATION OF THE SPECIAL TAX DISTRICT (FIRE DISTRICT) FOR PINAL RURAL FIRE RESCUE & MEDICAL DISTRICT

Beginning at the midpoint of Section Twenty-Three (23) of Township Six (6) South, Range Sixteen (16) East along the boundary of the San Carlos Apache Federal Tribal Land Trust boundary which follows a line northeast, following the San Carlos Apache Tribal Land Trust boundary (as it exists 04/02/2014), to the northwest corner of Section Eighteen (18) of Township Six (6) South, Range Seventeen (17) East.

Then the northern boundary travels due east along the north section lines for twelve (12) miles to the northeast corner of Section Thirteen (13) of Township Six (6) South, Range Eighteen (18) East to the Pinal County Line.

It then creates an eastern boundary by following the Pinal County Line south for twenty-two (22) miles along the east Township line to the southeast corner of Section Thirty-Six (36) of Township Nine (9) South, Range Eighteen (18) East;

thence westerly to the southwest corner of Section Thirty-One (31) of Township Nine (9) South, Range Eighteen (18) East; thence northerly to the northwest corner of Section Thirty-One (31) of Township Nine (9) South, Range Eighteen (18) East;

thence westerly to the southwest corner of Section Twenty-Five (25) of Township Nine (9) South, Range Seventeen (17) East; thence northerly to the southwest corner of Section Twenty-Four (24), of Township Nine (9) South, Range Seventeen (17) East;

thence westerly to a point on the East right of way of South Veterans Memorial Parkway; thence following said right of way northwesterly to a point on the east section line of Section Twenty-Four, of Township Nine (9) South, Range Sixteen (16) East; thence northerly to the northeast corner of Section Twenty-Four, of Township Nine (9) South, Range Sixteen (16) East; thence westerly to the northwest corner of Section Twenty-Two (22) of Township Nine (9) South, Range Sixteen (16) East;

thence northerly to the northwest corner of Section Fifteen (15) of Township Nine (9) South, Range Sixteen (16) East; thence westerly to the southwest corner of
Section Nine (9) of Township Nine (9) South, Range Sixteen (16) East; thence northerly to northwest corner of Section Nine (9) of Township Nine (9) South, Range Sixteen (16) East; thence easterly to the southern midpoint of Section Four (4) of Township Nine (9) South, Range Sixteen (16) East; thence northerly to the center midpoint of Section Four (4) of Township Nine (9) South, Range Sixteen (16) East; thence easterly to the easterly mid-point of Section Two (2) of Township Nine (9) South, Range Sixteen (16) East; thence northerly to the northwest corner of Section One (1) Township Nine (9) South, Range Sixteen (16) East;

thence easterly to the northeast corner of the northwest quarter of the northwest quarter of Section One (1) of Township Nine (9) South, Range Sixteen (16) East; thence north to the northeast corner of the northwest quarter of the northwest quarter of Section Thirty-Six (36) of Township Eight (8) South, Range Sixteen (16) East;

thence westerly to the northwest corner of Section Thirty-Six (36) of Township Eight (8) South, Range Sixteen (16) East; thence north to the eastern midpoint of Section Twenty-Six (26) of Township Eight (8) South, Range Sixteen (16) East;

thence westerly to the southwest corner of the east half of the southeast quarter of the northeast quarter of Section Twenty-Six (26) of Township Eight (8) South, Range Sixteen (16) East; thence north to the south line of the northeast quarter of the northeast quarter of Section Twenty-Six (26) of Township Eight (8) South, Range Sixteen (16) East;

thence west to the southwest corner of the northeast quarter of the northeast quarter of Section Twenty-Six (26) of Township Eight (8) South, Range Sixteen (16) East; thence north to the northwest corner of the northeast quarter of the northeast quarter of Section Twenty-Six (26) of Township Eight (8) South, Range Sixteen (16) East;

thence east to the northeast corner of Section Twenty-Five (25) of Township Eight (8) South, Range Sixteen (16) East; thence northerly to the northwest corner of Section Nineteen (19) of Township Eight (8) South, Range Seventeen (17) East;

thence easterly to a point on the West right of way of the San Manuel Arizona Rail Road Company (SMARRCO) rail line; thence southeasterly along said West right of way to a point on the north Section Line of Section Thirty (30) of Township Eight (8) South, Range Seventeen (17) East;
thence westerly along the north section line of Section Thirty (30) of Township Eight (8) South, Range Seventeen (17) East to the northwest corner of Section Thirty (30) of Township Eight (8) South, Range Seventeen (17) East; thence southerly to the western midpoint of Section Thirty-One (31) of Township Eight (8) South, Range Seventeen (17) East; thence easterly to the center midpoint of Section Thirty-One (31) of Township Eight (8) South, Range Seventeen (17) East;
thence northerly to the northern midpoint of Section Thirty-One (31) of Township Eight (8) South, Range Seventeen (17) East; thence northerly into Section Thirty (30) of Township Eight (8) South, Range Seventeen (17) East to a point approximately 800 feet north of the south section line; thence easterly to the East right of way of AZ State Highway 77;
thence northerly along said East right of way to the Golden Slipper Lane alignment; thence easterly to a point on the western section line of Section Twenty-Nine (29) of Township Eight (8) South, Range Seventeen (17) East;
thence northerly to the northwest corner of Section Twenty (20) of Township Eight (8) South, Range Seventeen (17) East; thence easterly to the southwest corner of Section Sixteen (16) of Township Eight (8) South, Range Seventeen (17) East; thence northerly to the northwest corner of Section Sixteen (16) of Township Eight (8) South, Range Seventeen (17) East; thence westerly to the northeast corner of Section Sixteen (16) of Township Eight (8) South, Range Sixteen (16) East;
thence southerly to the southeast corner of Section Twenty-One (21) of Township Eight (8) South, Range Sixteen (16) East; thence westerly to the southern midpoint of Section Twenty (20) of Township Eight (8) South, Range Sixteen (16) East; thence southerly to the southern midpoint of Section Twenty-Nine (29) of Township Eight (8) South, Range Sixteen (16) East; thence westerly to the northeast corner of Section Thirty-One (31) of Township Eight (8) South, Range Sixteen (16) East;
thence westerly to the northeast corner of Section Thirty-One (31) of Township Eight (8) South, Range Sixteen (16) East; thence southerly to the southeast corner of Section Thirty-One (31) of Township Eight (8) South, Range Sixteen (16) East; thence westerly to the southwest corner of Section Thirty-One (31) of Township Eight (8) South, Range Sixteen (16) East; thence, northerly to the northwest corner of Section Nineteen (19) of Township Seven (7) South, Range Sixteen (16) East; thence easterly to the north midpoint of Section Twenty-Four (24) of Township Seven (7) South, Range Sixteen (16) East; thence northerly to the north midpoint of Section Thirteen (13) of Township Seven (7) South, Range Sixteen (16) East; thence
westerly to the southeast corner of Section Eleven (11) of Township Seven (7) South, Range Sixteen (16) East; thence northerly to the northeast corner of Section Eleven (11) of Township Seven (7) South, Range Sixteen (16) East; thence westerly to the northwest corner of Section Eleven (11) of Township Seven (7) South, Range Sixteen (16) East;

thence northerly to the northwest corner of Section Two (2) of Township Seven (7) South, Range Sixteen (16) East; thence easterly to the southeast corner of Section Thirty-Six (36) of Township Six (6) South, Range Sixteen (16) East; thence northerly to the eastern midpoint of Section Twenty-Four (24) of Township Six (6) South, Range Sixteen (16) East;

thence westerly to the midpoint of Section Twenty-Three (23) of Township Six (6) South, Range Sixteen (16) East, or point of beginning.

---

- In the foregoing the townships mentioned are south and the ranges mentioned are east of the Gila and Salt River Base and Median (G&SRB&M). All of the lands within the exterior boundaries of the area of the Special Tax Districts to be created are within Pinal County, Arizona.
- The Federal Tribal lands of the San Carlos Apache Tribe within the boundaries of the area of the Special Tax District to be created are automatically exempt from inclusion due to their Trust status.
The proposed **Pinal Rural Fire Rescue & Medical District** boundary is shown above in orange with section lines depicted in yellow. The district is bounded on the northwest by the San Carlos Apache Tribe and the Dudleyville Fire District, the Pinal County boundary on the east, the San Manuel Fire District on the south, the Oracle & Mammoth Fire Districts and the Town of Mammoth on the west.
<table>
<thead>
<tr>
<th>PARCELNO</th>
<th>NAME1</th>
<th>ADDRESS2</th>
<th>CITY</th>
<th>STATECODE</th>
<th>ZIPCODE</th>
<th>STREETFREETNAME</th>
<th>STREETYEAR</th>
<th>STREETPROPERTYCY</th>
<th>PROPERTTYTAXEAYEAR</th>
<th>FCV</th>
<th>LPV</th>
<th>Sec Net Asse</th>
<th>Pri Net Assed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and Address</td>
<td>City, State, Zip</td>
<td>City, State, Zip</td>
<td>Amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------</td>
<td>-----------------</td>
<td>--------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TABLE MOUNTAIN RANCH LLLP</td>
<td>TUCSON, AZ 85719</td>
<td>DUDLEYVILLE, AZ 85192</td>
<td>$10,024.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NATURE CONSERVANCY</td>
<td>TUCSON, AZ 85719</td>
<td>DUDLEYVILLE, AZ 85192</td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GAUDET TRACY</td>
<td>IDAHO FALLS, ID 83406</td>
<td>DUDLEYVILLE, AZ 85192</td>
<td>$648.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RYCHENER DAVID &amp; SKELDON JOYCE H</td>
<td>TUCSON, AZ 85755</td>
<td>DUDLEYVILLE, AZ 85192</td>
<td>$13,361.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TURCOTTE STEPHEN A &amp; JANE STEVEN S</td>
<td>TUCSON, AZ 85742</td>
<td>DUDLEYVILLE, AZ 85192</td>
<td>$2,125.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PECK LINDA S &amp; MCGUIRE WILLIAM J</td>
<td>SCOTTSDALE, AZ 85255</td>
<td>DUDLEYVILLE, AZ 85192</td>
<td>$1,516.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEDRICK PHILIP W &amp; GORMAN CATHERINE A</td>
<td>WINKELMAN, AZ 85192</td>
<td>DUDLEYVILLE, AZ 85192</td>
<td>$8,956.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LARSEN HERBERT C</td>
<td>WINKELMAN, AZ 85192</td>
<td>DUDLEYVILLE, AZ 85192</td>
<td>$1,404.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LARSEN HERBERT C</td>
<td>WINKELMAN, AZ 85192</td>
<td>MAMMOTH, AZ 85618</td>
<td>$5,760.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SANTA MARIA EXPLORATION CO</td>
<td>PHOENIX, AZ 85016</td>
<td>MAMMOTH, AZ 85618</td>
<td>$8,800.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SANTA MARIA EXPLORATION CO</td>
<td>PHOENIX, AZ 85016</td>
<td>MAMMOTH, AZ 85618</td>
<td>$4,392.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAGMA COPPER CO</td>
<td>SAN MANUEL, AZ 85631</td>
<td>MAMMOTH, AZ 85618</td>
<td>$4,032.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SANTA MARIA EXPLORATION CO</td>
<td>PHOENIX, AZ 85016</td>
<td>MAMMOTH, AZ 85618</td>
<td>$1,691.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TABLE MOUNTAIN RANCH LLLP</td>
<td>TUCSON, AZ 85719</td>
<td>MAMMOTH, AZ 85618</td>
<td>$403.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SWIFT CURRENT LAND &amp; CATTLE LLC</td>
<td>MAMMOTH, AZ 85618</td>
<td>MAMMOTH, AZ 85618</td>
<td>$9,851.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SWIFT CURRENT LAND &amp; CATTLE LLC</td>
<td>MAMMOTH, AZ 85618</td>
<td>MAMMOTH, AZ 85618</td>
<td>$6,247.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAN PEDRO VALLEY LIONS CLUB</td>
<td>MAMMOTH, AZ 85618</td>
<td>MAMMOTH, AZ 85618</td>
<td>$646.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNITED METRO MATERIALS INC</td>
<td>WEST PALM BEACH, FL 33406</td>
<td>MAMMOTH, AZ 85618</td>
<td>$4,224.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOWN OF MAMMOTH</td>
<td>MAMMOTH, AZ 85618</td>
<td>MAMMOTH, AZ 85618</td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOWN OF MAMMOTH</td>
<td>MAMMOTH, AZ 85618</td>
<td>MAMMOTH, AZ 85618</td>
<td>$2,649.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOWN OF MAMMOTH</td>
<td>MAMMOTH, AZ 85618</td>
<td>MAMMOTH, AZ 85618</td>
<td>$6,336.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOWN OF MAMMOTH</td>
<td>MAMMOTH, AZ 85618</td>
<td>MAMMOTH, AZ 85618</td>
<td>$16,186.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: The table represents various transactions with different names and addresses, along with the amounts involved in each transaction.
| 306240120 | CRUM DELORES DIANE & GREGORY M | PO BOX 824 | MAMMOTH | AZ | 85618-0824 | 20165 | S DRILLSTONE AVE | MAMMOTH | AZ | 85618-0147 | 94233 | MAMMOTH | AZ | 85618-5265 | 6847 | E KINGSWOOD ST | MAMMOTH | AZ | 85618-3990 | 3990 | $638.00 |
| 30624012A | APPLEGATE ROBERT L & JANET M | PO BOX 824 | MAMMOTH | AZ | 85618-0824 | 20165 | S DRILLSTONE AVE | MAMMOTH | AZ | 85618-5265 | 6847 | E KINGSWOOD ST | MAMMOTH | AZ | 85618-3990 | 3990 | $638.00 |
| 306240130 | CLARK HARRY R & ALICE A | PO BOX 824 | MAMMOTH | AZ | 85618-0824 | 20165 | S DRILLSTONE AVE | MAMMOTH | AZ | 85618-5265 | 6847 | E KINGSWOOD ST | MAMMOTH | AZ | 85618-3990 | 3990 | $638.00 |
| 30624013A | RAMIREZ ENRIQUE O | PO BOX 824 | MAMMOTH | AZ | 85618-0824 | 20165 | S DRILLSTONE AVE | MAMMOTH | AZ | 85618-5265 | 6847 | E KINGSWOOD ST | MAMMOTH | AZ | 85618-3990 | 3990 | $638.00 |
| 30624013B | CHAVEZ MANUEL M JR | PO BOX 824 | MAMMOTH | AZ | 85618-0824 | 20165 | S DRILLSTONE AVE | MAMMOTH | AZ | 85618-5265 | 6847 | E KINGSWOOD ST | MAMMOTH | AZ | 85618-3990 | 3990 | $638.00 |
| 306240140 | PIZANO ANNA MARIA | PO BOX 824 | MAMMOTH | AZ | 85618-0824 | 20165 | S DRILLSTONE AVE | MAMMOTH | AZ | 85618-5265 | 6847 | E KINGSWOOD ST | MAMMOTH | AZ | 85618-3990 | 3990 | $638.00 |
| 306240150 | CRUM DELORES D | PO BOX 824 | MAMMOTH | AZ | 85618-0824 | 20165 | S DRILLSTONE AVE | MAMMOTH | AZ | 85618-5265 | 6847 | E KINGSWOOD ST | MAMMOTH | AZ | 85618-3990 | 3990 | $638.00 |
| 306240160 | TROUTT GILBERT | PO BOX 824 | MAMMOTH | AZ | 85618-0824 | 20165 | S DRILLSTONE AVE | MAMMOTH | AZ | 85618-5265 | 6847 | E KINGSWOOD ST | MAMMOTH | AZ | 85618-3990 | 3990 | $638.00 |
| 306240170 | DOWELL ROWLAND J MD & MARCIA A | PO BOX 824 | MAMMOTH | AZ | 85618-0824 | 20165 | S DRILLSTONE AVE | MAMMOTH | AZ | 85618-5265 | 6847 | E KINGSWOOD ST | MAMMOTH | AZ | 85618-3990 | 3990 | $638.00 |
| 306240180 | HARRIS ROBERT | PO BOX 824 | MAMMOTH | AZ | 85618-0824 | 20165 | S DRILLSTONE AVE | MAMMOTH | AZ | 85618-5265 | 6847 | E KINGSWOOD ST | MAMMOTH | AZ | 85618-3990 | 3990 | $638.00 |

Additional entries...
<table>
<thead>
<tr>
<th>Invoice Number</th>
<th>Description</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Amount</th>
<th>Tax 1</th>
<th>Tax 2</th>
<th>Tax 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>80710003A</td>
<td>Magma Copper Co</td>
<td>PO Box M</td>
<td>San Manuel</td>
<td>AZ</td>
<td>85631</td>
<td>$21,475.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80710003B</td>
<td>USA</td>
<td></td>
<td>San Manuel</td>
<td>AZ</td>
<td>85631</td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total: $1,860,154.00
**Assessed Value:** $1,860,540.00

**REVENUES**
- Fire District Budget $55,804.62
- Fire District Assistance Tax (FDAT) - Estimated $5,000.00
- Fire Recovery USA Income – Estimate based on collection history $9,000.00

**TOTAL REVENUES** $69,804.62

**EXPENDITURES**
- Shift FF-II/EMT or FF-II/Paramedic Student/Intern Stipend $27,300.00
- Paid-On-Call (POC) Stipends @ $25/call (85) X 4 $8,500.00
- Building & Vehicle Insurance $4,000.00
- Workers Compensation $2,000.00
- Training $500.00
- Vehicle Payments $7,000.00
- Operation and Maintenance $5,384.62
- Utilities $1,200.00
- Fuel $4,000.00
- Repairs $2,000.00
- General Supplies $1,500.00
- Medical Supplies $2,000.00
- Miscellaneous $500.00
- Building Maintenance $800.00
- Communication Equipment $1,000.00
- Bookkeeping/Audit $1,000.00
- Legal Service $500.00

**TOTAL EXPENDITURES** $69,184.62

**OVER/(SHORT) TO BUDGET** $620.00

**RESTRICTED USE FUNDS – ANTICIPATED**
- Assistance to Firefighter’s Grant – Vehicle Acquisition $382,937.00
- Assistance to Firefighters Grants – Operations and Safety $88,788.00

**TOTAL** $471,725.00
2013 GAP ANALYSIS

TABLE OF CONTENTS

Chapter 4. System Regulation and Policy ................................................................. 1
  Criterion 4.1: General. .............................................................................................. 1
Chapter 5. EMS System Analysis and Planning ...................................................... 11
  Criterion 5.1 Introduction. ....................................................................................... 11
  Criterion 5.2.1: Finances. ....................................................................................... 13
  Criterion 5.3: Community Needs Analysis. .............................................................. 26
    Criterion 5.3.1: Retrospective Evaluation. .............................................................. 26
  Criterion 5.4: System Goals and Objectives Analysis ............................................ 28
  Criterion 5.5: System Design Analysis. ................................................................. 32
    Criterion 5.5.2: Existing Industry Standards and Regulations. ......................... 32
    Criterion 5.5.2.3 Existing EMS Guidelines ......................................................... 34
  Criterion 5.5.3: Performance Measures as System Design Features. .................... 37
  Criterion 5.7 EMS System Planning. ..................................................................... 50
  Criterion 5.8: Continual Risk Assessment and Planning. ....................................... 58
  Criterion 5.9: System Assessment Cycle. ............................................................... 60
  Criterion 5.10: Current Conditions. ...................................................................... 61
Chapter 6. Finance .................................................................................................... 69
  Criterion 6.1: Determining Cost of System. ......................................................... 69
  Criterion 6.2: Method for Anticipating System Funding Sources. ....................... 72
  Criterion 6.3: Use of Revenue and Cost Analysis .................................................. 73
  Criterion 6.4: Financial Plans. .............................................................................. 74
  Criterion 6.5: Business Analysis. ......................................................................... 76
  Criterion 6.6: Additional Financial Issues. ............................................................ 76
Chapter 7. Medical Oversight. .................................................................................. 80
  Criterion 7.1: General. ......................................................................................... 80
  Criterion 7.2: Single Medical Authority .............................................................. 80
  Criterion 7.3: System Support of Medical Authority .......................................... 81
  Criterion 7.4: Medical Authority Role. ................................................................. 81
  Criterion 7.5: Medical Director Responsibilities. ................................................ 82
  Criterion 7.6: Direct and Indirect Medical Oversight ........................................... 83
  Criterion 7.7: Medical Director Qualifications. .................................................... 85
Chapter 8. Quality Management, Clinical Quality, and Data Reliability .............. 87
  Criterion 8.1: Quality Management Program. ..................................................... 87
  Criterion 8.2: Performance Objectives. ................................................................. 88
    Criterion 8.2.3: Data Element Definitions. .......................................................... 93
  Criterion 8.3: Public Health Outcome Parameters. ............................................. 95
  Criterion 8.4: Physician Participation. ................................................................. 96
  Criterion 8.5: Patient Confidentiality ................................................................... 96
  Criterion 8.6: Injury/Illness Reduction and Prevention. ....................................... 97
  Criterion 8.7: Complaints. ................................................................................. 97
  Criterion 8.8: Participation in Studies and Research. .......................................... 97
  Criterion 8.9: System Review ............................................................................. 98
  Criterion 8.10: Documentation. ......................................................................... 98
Chapter 9. Public Information, Education, Relations (PIER) ...................................... 100

Criterion 9.1: Public Education. ................................................................. 100
Criterion 9.2: Public Education System Goals. ....................................... 103
Criterion 9.3: Qualifications of Personnel for PIER Activities. ............ 103
Criterion 9.5: PIER Activities Related to Mass Gatherings. ................. 104
Criterion 9.6: PIER Activities. ................................................................. 106
Criterion 9.7: EMS Agenda for the Future. ............................................. 107
Criterion 9.8: Disaster Education. .......................................................... 107
Criterion 9.9: Collaborative Efforts. ......................................................... 108
Criterion 9.10: Identification of Available Public Media Resources. ... 108
Criterion 9.11: Identification of Funding Resources. ............................. 109

Chapter 10. Communications ................................................................. 110

Criterion 10.1: Introduction. ............................................................ 110
Criterion 10.2: Access of Emergency Services. ..................................... 110
Criterion 10.3: Lead Agency ................................................................. 111
Criterion 10.4: Centralized Communication Plan. .................................. 112
Criterion 10.5: Computer-Aided Dispatch ............................................. 114
Criterion 10.12: Direct Medical Control ................................................ 114
Criterion 10.13: Non-emergency Services ............................................. 115

Chapter 11. Equipment and Facilities ................................................. 116

Criterion 11.1: Standard for First Response and Ambulance Transportation 116
Criterion 11.4: Inspecting Emergency Equipment. ............................... 118
Criterion 11.5: Personnel Education and Training. .............................. 119
Criterion 11.6: Maintenance Plans. ....................................................... 120
Criterion 11.7: Maintenance Personnel for Emergency Equipment. .... 120
Criterion 11.8: Response Facilities. ....................................................... 121

Chapter 12. Human Resources .............................................................. 123

Criterion 12.1: Introduction. ............................................................ 123
Criterion 12.2: Recruitment. ................................................................. 123
Criterion 12.3: Education/Training/Certification. ................................. 124
Criterion 12.5: Personnel ................................................................. 128
Criterion 12.5.2: Employee/Member. .................................................... 128
Criterion 12.6: Rules and Regulations. ................................................ 130
Criterion 12.7: Health and Safety ......................................................... 132

Chapter 13. Operations ................................................................. 134

Criterion 13.2: System Preparation. ..................................................... 134
Criterion 13.3: Communications Coordination. ................................... 135
Criterion 13.4: Response Coordination. .............................................. 135
Criterion 13.5: Incident Management. ................................................ 136
Criterion 13.6: Treatment Guidelines. ................................................ 138
Criterion 13.7: Patient Destination (Transport). ................................... 138
Criterion 13.8: Functional Capabilities of Health Care Facilities. ......... 139
Criterion 13.9: Coordinated Medical Oversight. .................................. 140
Criterion 13.10: Quality Management/Documentation. ....................... 141
Criterion 13.11: Logistics. ................................................................. 141
Criterion 13.12: Staff Management. ................................................................. 142
Criterion 13.13: Public Information, Education, and Relations. .................... 142
Criterion 13.14: Regulatory Compliance. .......................................................... 143
Criterion 13.15: Automatic and Mutual Aid ...................................................... 143
Criterion 13.16: Alternative Patient Transport. ................................................. 144
Criterion 13.17: Training. .................................................................................. 144
Criterion 13.18: Emergency Response Planning. .............................................. 146
Criterion 13.19: Joint Coordination and Planning. ......................................... 147
Criterion 13.20: Research and Development. .................................................. 148
Introduction

This Gap Analysis document was created by Pinal Rural Fire Rescue (PRFR) after reviewing, assessing, measuring, and documenting a model program derived from the National Consensus Standard from the National Fire Protection Association (NFPA) 450 Emergency Medical Services and Systems. The NFPA 450 is recognized as nationally accepted best practices among fire service professionals. The Gap Analysis has extrapolated the relevant core Criterion and Performance Indicators to provide a gap analysis between the current Certification of Necessity held by Rural Metro dba Tri City Meds, the current Certification of Necessity held by Kearny Ambulance Service, and the formally adopted “Needs Assessment” presented by Pinal Rural Fire Rescue, Inc. The differences in services to the Mammoth and Pinal County communities are presented here.
System regulation and policy is fundamental to providing emergency medical service (EMS), and is the basis for effective system design. Consistent with this recognition is the core principle that a single entity has system oversight and responsibility for the effective coordination of system elements. This entity ensures that the emergency medical system components are clearly articulated and defined. Furthermore, appropriate mechanisms are instituted to ensure participation of system stakeholders in developing policies and regulations. This chapter of the guide outlines the core elements of an effective process for developing and implementing emergency medical system regulations and policies.

### Description

Pinal Rural Fire Rescue’s (PRFR) EMS system was established as a BLS/ALS fire-based first response system from its inception in 2011. The EMS system in this region has been the result of the acquisition of a local ambulance service years ago by the Rural/Metro (Pinal) dba Tri City Meds, The Town of Kearny ambulance service, and the involvement of PRFR in EMS. Rural Metro Corp purchased the ambulance business and was given a Certificate of Necessity (CON) by the Arizona Department of Health Services (ADHS). The Town of Kearny Ambulance Service is a municipal service that also operates outside its municipal boundaries when given a Certificate of Necessity (CON) by the Arizona Department of Health Services (ADHS). There have been no substantial changes to the initial CONs, and only the changes in the State’s minimum standards have been applied.

PRFR, the private provider, and municipal provider, have been involved in the system without a formal agreement or an effective coordination system since the formation of PRFR. Current standards are default standards that set the State of Arizona’s minimum requirements for the CON for Rural Metro dba Tri City Meds and for the CON for The Town of Kearny Ambulance Service. PRFR now protects 100 square miles of previously unprotected by any formal fire district 911 service areas, and provides service to more than...
3,500 residents without a change to its EMS systems standards.

PRFR currently has not been able to set compliant standards for the system. The business of transport within this area was awarded to, and treated as, a monopoly by both CON providers. If PRFR wished a higher level of service it was left to provide it with PRFR resources. There have been attempts to create a cooperative system, however each time these attempts have ended in the same standard for the service area protected by PRFR.

The EMS system is fragmented in its management and planning. PRFR’s responsibilities for response to calls for EMS through its 9-1-1 system service area are PRFR’s to administer; the transport of patients is the CON provider’s. There currently is no effective entity or system to assure compatibility or to monitor system-wide quality. Each entity under the current arrangement is free to implement policies and training programs. Since the Pinal County Sheriff’s Office only dispatches the current CON provider for EMS responses a delay, sometimes significant, is created to PRFR’s part which is dictated by the current CON’s dispatch prerogatives. Since PRFR is dispatched under contract by Rural Metro, PRFR is secondary in the call response system. The second CON holder, The Town of Kearny Ambulance Service does not dispatch PRFR to assist with any EMS first response requests in our northern region whatsoever causing an excessive delay for EMS care to be received by the residents of our northern 911 service area. Also, The Town of Kearny Ambulance Service is only ALS part-time and does not dispatch PRFR as an ALS response to attend to patients in our 911 service area, when they are only BLS, either.

There is also a significant delay in ALS care to the residents of Mammoth, Arizona as well, since the first response fire provider in Mammoth has no EMS system with certified personnel. We are not requested as a first response ALS service because of jurisdictional issues even though our Station 625 is located within the town limits of Mammoth.

Quality Assurance is significantly hampered by corporate policies, municipal policies, and fire district policies, that keep needed information private. Issues, when they arise, are handled by each entity individually. Major problems result in a complaint that is processed by the State using only State minimum standards for their review. Response data is not shared in a timely basis and only PRFR is subject to an impartial outside review of system quality.

**Appraisal**

The current system lacks a single authority with oversight responsibilities as this Criterion requires. Information sharing and universal performance indicators are not in place. The imposition of standards that are for both the suburban and rural areas of the PRFR service area, and the Town of Mammoth, is incompatible with any standard that can be set with its diverse demographics.

The system, upon awarding of the CON for ambulance transport to PRFR, will provide a single entity with system oversight and responsibility to ensure clearly articulated and defined suburban/rural standards for the EMS system components. This Criterion is fully met within the adopted “Needs Assessment” for EMS services in the PRFR 911 service area. The adopted “Needs Assessment” sets suburban and rural standards that are
compliant with recognized national standards. The adopted “Needs Assessment” requires an EMS system planned for the demographics and environment unique to PRFR’s current situation.

**Performance Indicator 4.2: Oversight.**

Within the boundaries of the EMS system, the authority having jurisdiction (AHJ) should provide a process for overseeing all system elements.

**Description**

Presently there are four systems in place with independent responsibilities for overseeing elements of the emergency medical system. The Criterions for the private provider and municipal provider are for their independent areas and are not sufficient for adequate protection for the residents of PRFR’s 911 service area, or the Town of Mammoth. The entities oversee their own resources and organizations. In regards to the private provider there is no coordination and no consultation. In the case of the municipal provider in Kearny there is no coordination or consultation. In the case of the fire districts there is no coordination or cooperation, despite that most Pinal County fire agency entities are part of the FCAPC All-Risk Mutual Aid Agreement. This agreement is used arbitrarily, with no regularity.

**Appraisal**

The current system does not provide for a single entity for oversight of all system elements.

The system being proposed by PRFR fully meets the spirit and intent for a single AHJ process for overseeing all system elements. This single oversight locally also provides a significant reduction in response times.

**Performance Indicator 4.2.1: EMS Oversight.**

EMS system oversight should be the responsibility of a single entity.

**Description**

The current system lacks a single authority that is responsible for the entire system. The four (4) entities provide services without adequate coordination and without sufficient oversight by a single responsible party. Medical oversight is complicated by each entity’s ability to name its own medical director. System resources are added and deleted without planning or consultation. Dispatch protocols are not consistent.

**Appraisal**

The current system sets up four silos for oversight and no one is responsible for the entire system as required by this Performance Indicator.
The system being proposed by PRFR provides for a single entity responsible for system oversight.

**Performance Indicator 4.2.2: Designation of Lead Agencies.**

The AHJ should designate a lead agency to implement and enforce system policies.

**Description**

The current system defaults to the State for enforcement of policies. These policies are general minimum standards promulgated for a rural service. The threshold for State intervention is too high. They have neither the resources nor the authority to effectively oversee PRFR’s EMS system as the local lead agency.

**Appraisal**

The current system sets up four agencies in the PRFR 911 service area that enforce and implement their own policies without the coordination required by this Performance Indicator.

The system being proposed designates a single lead agency for PRFR’s EMS system.

**Performance Indicator 4.3: Authorization.**

Provider agencies and personnel should be authorized to provide services. The AHJ should ensure that processes or mechanisms are in place to authorize personnel and agency(ies) to provide services consistent with determined levels of need (see Chapter 5).

**Description**

Services are authorized in the entities’ CONs. They are rural CONs that set minimal standards for each CON area as an entity. Only response times are set in the CON, all other standards are the State’s minimum level required for ambulance service. PRFR currently has not been able to set suburban/rural, compliant standards for the system.

**Appraisal**

The current system lacks the ability for PRFR to set the levels of need required by this Performance Indicator. Enforcement is impossible without having the standards in place.

The system being proposed by PRFR sets standards appropriate and compliant with national standards for a suburban/rural community and authorizes a single entity to provide services consistent with those standards.

**Performance Indicator 4.4: Evaluation.**
The AHJ should ensure that mechanisms are in place to continually evaluate and re-evaluate the components of the EMS system. The lead agency should develop a process to identify components of the EMS system, establish requirements for those components, and develop an evaluation process to ensure that components meet established requirements.

**Description**

There is no formal, or informal, process in place to evaluate the components of the EMS system. Complaints are handled separately by each entity and the results of investigations are not shared. Discussions are held ad hoc and opinions about the system’s performance are not shared. Data from the private entity and municipal entity is not shared. Only the entities required State filings are available to the public and to PRFR. This is not sufficient for adequate oversight.

**Appraisal**

The current system does not require any entity to thoroughly evaluate the system or its components. Requirements, if set, are not enforceable as required by this Performance Indicator.

The system being proposed by PRFR requires continuous evaluation and reevaluation of the system, the most rigorous of these being the requirement for accreditation of the provider. The system proposed would task the provider with compliance to the adopted “Needs Assessment”.

**Performance Indicator 4.5: Roles and Responsibilities.**

The lead agency should establish and articulate roles and responsibilities for EMS system participation. Establishing roles and responsibilities for EMS participants should be accomplished through a comprehensive system assessment as described in Chapter 5.

**Description**

There are four agencies providing EMS within the PRFR 911 service area, over time each has assumed what they consider to be their roles and responsibilities. This includes the Town of Mammoth, though not in the PRFR 911 service area is an island unto itself in the middle of the PRFR 911 service area (map attached.) PRFR provides reasonable response times with their first response posture. The current private and municipal providers provide transport to the medical facility with assistance from PRFR. PRFR offers additional ALS staffing for the ambulance by riding along when additional staff is needed, though this has never actually been utilized by the private provider or municipal CON when functioning in a BLS transport role, or an ALS crew needing additional ALS manpower to transport with the provider.

There is currently no lead agency as envisioned in the Performance Indicator. Currently each entity does what they have assumed with the unplanned evolution of PRFR’s service area system. The private provider, and municipal provider, can and has changed service levels
and assumed and abandoned certain roles and responsibilities without consultation or direction.

**Appraisal**

The current system does not allow for an enforceable comprehensive assessment as required by this Performance Indicator.

The adopted “Needs Assessment” provides for the establishment of clear roles and responsibilities established through a comprehensive system analysis based on national standards.

**Performance Indicator 4.6: Service Levels.**

The lead agency should identify service levels and develop guidelines or performance standards for each service level in the community. Service levels, guidelines, and performance standards should be determined by considering factors consistent with local resources and needs, such as community expectations, measurable patient outcomes, resource availability, and financial capability.

**Description**

The only service levels and performance measures in place for PRFR’s 911 service area are the minimal response time criteria set forth in the CONs, as rural standards, and the minimum State standards for ambulance services. There are currently no standards for an integrated service including first response, treatment, and transport as one system.

The system’s current standards are less than the minimum that should be contemplated for a suburban or rural environment. They have been set and not updated with regard to community growth or the increased public expectations over the past many years. The standards are out of date and not defensible if compared to the current national standards.

**Appraisal**

The current system sets service levels that are not compliant with this Performance Indicator for a suburban/rural area. The current non-compliant standards for PRFR’s 911 service area are not adequate.

The adopted “Needs Assessment” sets comprehensive standards and performance measures that meet national standards for an integrated EMS system.

**Performance Indicator 4.7: Management Structure.**

The lead agency should have a clear management structure and lines of accountability. The management structure of the lead agency should be defined according to depth and
breadth appropriate to the system. Each position within the lead agency should be defined according to its role(s), responsibility(ies), and reporting relationships. EMS system participants should know and understand the management structure and function of the lead agency.

Description

Responsibilities are assigned without consultation and reporting requirements are nonexistent between agencies. The roles and responsibilities are kept strictly within the organizational silos that exist within each organization. Positions are created and destroyed at the sole discretion of the individual agency.

Appraisal

The current system does not meet this Performance Indicator. The management structure does not take into account the need for integration of resources and management within the PRFR 911 service area. Reporting relationships are nonexistent between agencies and information needed for system management is not shared.

The adopted “Needs Assessment” provides for a management structure that complies with this Performance Indicator and national standards.

Performance Indicator 4.8: Planning.

The lead agency should provide planning for EMS system design. The lead agency should ensure that the EMS system design is based on a systematic planning process. While planning processes may vary significantly between EMS systems, the lead agency should ensure that the process occurs in a manner consistent with identified needs.

Description

The current system is a long-legacy system. No formal or informal planning was undertaken in the system’s design or management. PRFR has undertaken strategic planning and will continue to do so, however, there has been no participation by the private provider, the municipal provider, and State-mandated service levels have not changed in many years.

Appraisal

The current system has not planned for the PRFR 911 service area in an effective way. The conditions unique to the PRFR 911 service area have not been taken into account for the system design planning required by this Performance Indicator.

The adopted “Needs Assessment” is the first-ever comprehensive planning process, undertaken by PRFR, to address the needs of the residents and visitors to the PRFR 911 service area. The “Needs Assessment” meets this Performance Indicator.
Performance Indicator 4.9: Authority to Implement Plans.

The lead agency should be empowered to implement plans. Within the system, the AHJ should formally vest the lead agency with responsibility and authority to implement plans.

Description

Currently each agency implements its own unilateral plans. The private provider often is affected by plans that are part of its corporate planning, the municipal provider implements its own unilateral plans that are part of its town management decisions, and the local agencies, i.e. PRFR, are not consulted. Locally, only PRFR is the authority to implement plans and only for its portion of the EMS system. Local plans can be incompatible with corporate plans, or municipal plans. The current system does not vest any entity locally to implement plans.

Appraisal

The current system lacks a lead agency for the PRFR 911 service area, and inclusive areas, as required by this Performance Indicator. The adopted “Needs Assessment” provides for the ability to implement plans for PRFR’s 911 service area.

Performance Indicator 4.10: Resources.

The lead agency should have the resources necessary to carry out its function. The AHJ should ensure that adequate fiscal and nonfiscal resources are available and accessible, thereby allowing the lead agency to function effectively.

Description

Currently only the resources necessary to meet the minimal standards set in the CONs, and the State’s minimum EMS standards, are assured. Resources are added and deleted from this system on a daily and permanent basis unilaterally without consultation. Resources are deployed on a unilateral basis, also without consultation.

Appraisal

The current system does not allow PRFR to set or require adequate resources as required by this Performance Indicator.

The adopted “Needs Assessment” provides for adequate resources that have been modeled to provide the desired results and meet national standards.

Performance Indicator 4.11: Participation in Policy Development.

Representatives of user groups and system stakeholders should be involved in designing expectations and developing system policy. The lead agency should identify appropriate participants for system design and policy development. For example,
stakeholders may include consumers or users of EMS services, health care providers, hospitals, public health agencies, nursing homes, special needs populations, educators, governmental officials, and payers.

**Description**

Under the current system there has not been a meeting of the stakeholders although this is not prohibited or discouraged by the current standards and policies.

**Appraisal**

The current private provider, the municipal provider, or the bordering fire districts have not yet asked for participation in policy development from stakeholders in the PRFR 911 service area, as required by this Performance Indicator.

The adopted “Needs Assessment” provides for stakeholder input through the governmental process of PRFR, and through the requirement for accreditation.

**Performance Indicator 4.12: Authority for Policy, Procedure, and Operation.**

The lead agency should have the authority to convene EMS expertise to assist in designing and implementing policies, procedures, and operations. The lead agency should be vested with the authority to establish advisory bodies or committees for specific EMS system design elements.

**Description**

The current system cannot mandate examination by a third party (other than the State) that can examine all parts of the EMS system, and the State is required to only use the CON standards and the minimum State standards for EMS when examining the EMS in the PRFR 911 service area. No other advisory bodies or committees have authority over EMS system design elements.

**Appraisal**

The current system allows each entity to convene EMS expertise as each sees fit. A comprehensive evaluation of the entire system as required by this Performance Indicator has not been done.

The adopted “Needs Assessment” provides a mechanism through the requirement of accreditation for the involvement of EMS expertise in the PRFR 911 service area system.

The proposed CONs by Rural Metro dba Tri City Meds or the Town of Kearny do not adequately address the method or authority of outside EMS expertise.

**Performance Indicator 4.13: Patient Information Protection.**
The lead agency should ensure that appropriate policies and procedures are in place to protect patient and quality assurance records. The lead agency and the AHJ should work closely with state legislative bodies to establish boundaries for disclosure.

**Description**

All agencies currently have systems and mandates for the protection of patient information. PRFR has policies that mandate patient confidentiality and the current private provider and municipal provider is federally mandated to protect patient information.

**Appraisal**

The current system meets this Performance indicator. The adopted “Needs Assessment” meets the Performance Indicator for patient confidentiality.
Chapter 5. EMS System Analysis and Planning

Criterion 5.1 Introduction.

Performance Indicator 5.1.1: Virtually all communities have some form of emergency medical services (EMS) system. For any one community, the components of the system and the level of service should be tailored to the needs and wants of that community. While an EMS system is unique to the jurisdiction, the industry recognizes a standard approach to assessing local needs and meeting those needs with specific service elements.

This chapter of the guide outlines a systematic approach for evaluating and analyzing a jurisdiction's existing EMS system or for determining the system design for a jurisdiction without a dedicated EMS system in place.

Description
The EMS system in the PRFR 911 service area has been, and is, delivered by four separate entities – PRFR, Rural Metro dba Tri City Meds., The Town of Kearny Ambulance Service and Mammoth Fire District. PRFR provides ALS care and is typically the first response
agency for only 2/3 of its 911 service area since the Town of Kearny does not dispatch PRFR to the northern PRFR service area where Kearny Ambulance operates within their CON. Rural Metro dba Tri City Meds and the Town of Kearny provides the transportation component of the system. Mammoth Fire District provides only non-certified first response and refuses to participate with PRFR to assist them with patients needing ALS mutual aid, even when there is a significant response delay by the private provider.

PRFR makes available additional staffing during transport when patient care needs dictate though this has never been utilized by either CON holder, whether ALS or BLS. PRFR’s EMS system meets the minimum standard for response times for a rural community setting. This minimum standard is antiquated and not tailored to the suburban/rural needs and desires of the PRFR 911 service area or its inclusive areas.

Appraisal

PRFR has performed a formalized needs assessment specific to the clients encountered within the geographical boundaries. This assessment takes into account the nature of service level being one of ALS as part of the initial response elements. The model for this service is formally adopted via PRFR’s Standard Operating Guidelines. The current process in place by PRFR fully meets this Performance Indicator by the development of an EMS system that is well planned and attainable. In addition, the system which is proposed allows for surge needs to be managed to address those EMS events that are to be considered high risk yet low frequency.

Performance Indicator 5.1.2:

As specified in “Emergency Medical Services: Agenda for the Future,” “Before creating an EMS system or implementing any EMS system design changes, a community should conduct a comprehensive community analysis that considers available resources, customers, geography, demographics, political conditions, and other unique and special needs of the system. This analysis should focus on these areas, identifying their potential impact on the effectiveness of EMS system components including human resources, medical direction, legislation, and regulation, education systems, public education, training, communications, transportation, prevention, public access, communications systems, clinical care, information systems (data collection), and evaluation.” (Delbridge, T.R., et al.)

Description

PRFR has completed a comprehensive community analysis that takes into consideration available resources, customers, geography, demographics, risk assessment of facilities, and other unique or special needs for the system. This analysis has focused on the effectiveness of the different components to include human resources, medical direction, legislation and regulation, education systems, public education, training, and other elements as necessary.

Appraisal

The system that is proposed by PRFR has completed a comprehensive community
analysis that fully meets the intent of this Performance Indicator.

**Performance Indicator 5.2: Analysis of System Resources.**

The EMS system should analyze the resources available to serve the system, including financial resources, equipment and facilities, providers, and participants in the system.

**Description**

The EMS system in the PRFR 911 service area, under the current CONs, does not require a single entity for oversight analysis of system components. Presently there are four systems in place, three with state certified personnel, with independent responsibilities for overseeing elements of the emergency medical system. The entities oversee their own resources and organizations and there is no coordination or consultation.

**Appraisal**

PRFR has completed a comprehensive analysis that takes into consideration available resources, customers, geography, demographics, risk assessment of facilities, and other unique or special needs for the system. The EMS system proposed by PRFR fully meets the resource analysis and is compliant with the national standard for service delivery in a suburban/rural community setting.

**Criterion 5.2.1: Finances.**

**Performance Indicator 5.2.1.1: Comprehensive Financial Analysis.**

The financial status of the community and its capacity to support the EMS system should be evaluated. The analysis includes the financial status of all the entities within the EMS system based on generally accepted accounting principles. (See Chapter 6)

**Description**

The community referred to in this Performance Indicator is the PRFR 911 service area as well as inclusive islands within the PRFR 911 service boundaries. The financial status of PRFR is evaluated as a sole entity. PRFR has no analysis of the financial status of Rural Metro dba Tri City Meds or The Town of Kearny Ambulance Service. The three entities have separate reporting requirements. Acceptance by the State, of the entity’s Ambulance Revenue Cost Report (ARCR), may serve as prima facie compliance with this Performance Indicator.

**Appraisal**

PRFR completes annual financial reporting as stated above. In addition, the PRFR Board of Directors has officially approved PRFR’s “Needs Assessment” to commit resources and financial support of the EMS system. The proposed EMS system by PRFR fully meets
this Performance Indicator and allows the financial status of the EMS system to be open for public review.

**Performance Indicator 5.2.1.2: Solvency.**

The provider(s) of each EMS system component should be financially solvent by maintaining the financial resources to allow the uninterrupted delivery of essential services.

**Description**

The EMS system in the PRFR 911 service area, under the current CONs, does not require a single entity for oversight of uninterrupted service delivery of essential services or of system components. Presently there are four (4) systems in place with independent responsibilities for overseeing elements of the EMS system. The entities oversee their own resources and organizations and there is no coordination and no consultation. Acceptance by the State of the entity’s ARCR may serve as prima facie compliance with this Performance Indicator. PRFR’s accounting system is formulated by an Arizona licensed Certified Public Accountant that is a Corporate Controller specialist by trade.

**Appraisal**

The system proposed by PRFR fulfills this Performance Indicator in its entirety and is inclusive of the submission of the ARCR to the State with its CON Application along with professional formulation by a Certified Public Accountant specializing in Corporate Control in regards to its financial reporting.

**Performance Indicator 5.2.1.3: Funding Stability.**

Funding for each component may be through a variety of sources, such as fee for services, subscription programs, grants, and/or private donations. Each component should be self-supporting, with adequate reserves to continue to function if the primary funding mechanism is temporarily interrupted or if operating costs exceed available funding.

**Description**

The EMS system in the PRFR 911 service area, under the current CONs, does not require a single entity for oversight of the financial stability of the EMS components and providers. Presently there are three systems in place with independent responsibilities for overseeing elements of the EMS system. The entities oversee their own resources and organizations and there is no coordination and no consultation. Acceptance by the State of the entity’s ARCR may serve as prima facie compliance with this Performance Indicator.

PRFR is supported by subscriptions, fees for service, donations and grants. The financial status of PRFR fully meets the intent of this Performance Indicator.
Appraisal

The system proposed by PRFR fulfills this Performance Indicator.

Rural Metro dba Tri City Meds and The Town of Kearny Ambulance Service does not address funding stability.

Performance Indicator 5.2.1.4: Budget.

The system should evaluate both an annual operating budget and a capital budget consistent with generally accepted accounting principles.

Description

The EMS system in the PRFR 911 service area, under the current CONs, does not require a single entity for oversight of an operating and capital budget consistent with the accepted accounting principles. Presently there are four systems in place with independent responsibilities for overseeing elements of the EMS system. The entities oversee their own resources and organizations and there is no coordination and no consultation. Acceptance by the State of the entity’s ARCR may serve as prima facie compliance with this Performance Indicator.

The financial status of PRFR is documented in the adopted Annual Budget, and the Comprehensive Annual Finance Report which is audited by a Certified Public Accountant Corporate Controller.

Appraisal

PRFR has an operating budget and capital budget. The system proposed by PRFR fulfills this Performance Indicator in its entirety.

Rural Metro dba Tri City Meds has recently undergone financial situations that have required filing for Chapter 11 Bankruptcy protection, and The Town of Kearny Ambulance Service does not address their local operating and/or capital budget status.

Performance Indicator 5.2.2: Providers.

The system should identify the roles, responsibilities, staffing requirements, and training levels of each provider required for the EMS system to function.

Description

The current EMS system has four providers of medical care. PRFR provides the primary fire-based first response ALS care functions in the PRFR 911 service area while Rural Metro
dba Tri City Meds and the Town of Kearny does BLS and ALS ambulance transportation services. No coordinated staffing requirements are conducted and service levels of ambulance crews are determined by Rural Metro and the Town of Kearny ambulance service. All EMTs and Paramedics must be certified by the State and maintain good standing with the Base Hospital.

**Appraisal**

The EMS Division of Pinal Rural Fire Rescue is the responsibility of an EMS Captain who reports to the Fire Chief. PRFR has a designated Training Officer who is responsible for ensuring all personnel receive their required training in accordance with the State. With an approved CON, PRFR has outlined two Supervisory Captain positions to support the function of the system and provide front-line supervision. PRFR maintains mandatory minimum staffing levels, which includes at least one Paramedic on its first-due transport-capable rescues. PRFR’s “Needs Assessment” outlines the additional staffing of units with an approved CON. All fire apparatus and transport capable units will provide ALS and/or BLS capability.

Staffing requirements from Rural Metro dba Tri City Meds and the Town of Kearny ambulance service are unknown. As outlined in the Rural Metro dba Tri City Meds and Town of Kearny ambulance proposals, there will be a mix of BLS and ALS ambulance response within the PRFR 911 service area. There is no current reporting from Rural Metro and the Town of Kearny ambulance service as to which units are BLS or ALS, and no reporting on their daily minimum staffing changes.

**Performance Indicator 5.2.2.1: Provider Resources.**

EMS systems are composed of the personnel, vehicles, equipment, and facilities used to deliver emergency and non-emergency care to individuals outside a hospital. Key services of EMS systems include public access through a coordinated communications system, public safety and EMS response, and patient transportation. Resources of other non-conventional agencies such as non-emergency ambulance and municipal mass transportation services should be considered.

**Description**

Pinal County Sheriff’s Office’s Emergency Communications Center is the primary public answering point for 9-1-1 calls originating in the PRFR 911 service area. The Communications Center handles fire, police, and EMS 911 calls. However, they do not dispatch Fire or EMS and only route these response calls to secondary PSAPs.

Currently we have three other public safety answering points (PSAPs), which are received at the 1) Rural Metro/Southwest Ambulance Communications Center in Tucson, 2) Town of Kearny Police Department, and 3) the Mammoth Police Department, depending upon your location or wireless carrier. The transfer of calls is done in a coordinated manner between the PSAPs with the push of one button. Southwest Ambulance is a secondary answering point within the Pinal County emergency 9-1-1 system. It is not declared whether Southwest Ambulance provides EMD capabilities, which prioritize
calls for service for PRFR in their CON area. It is not declared whether the Town of Kearny Ambulance provides EMD capabilities, which prioritize calls for service for PRFR in their CON area since they do not request PRFR within its own 911 service area. Mammoth Police Department does not have EMDs and do not call for ALS first response from PRFR.

**Appraisal**

Rural Metro dba Tri City Meds provides emergency and non-emergency ambulance transport services that meet the minimum CON State standard for a rural CON. The construction standards of the facilities utilized by Rural Metro dba Tri City Meds personnel is a ranch-style home with no garage facilities. The Town of Kearny provides emergency and non-emergency ambulance transport services that meet the minimum CON State standard for a rural CON. The construction standards of the facilities are unknown. Currently PRFR operates fire-based first response from a fire station located in the town limits of Mammoth, Arizona. It is climate-controlled with bays and crew quarters. After awarding of the CON PRFR will be constructing a second fire station in its northern 911 service area to reduce response times.

**Performance Indicator 5.2.2.2: Role Description.**

Each type of service within the system should be clearly defined and fully described in the system design (e.g., the response system may be different from the transportation system).

**Description**

The EMS system in PRFR’s 911 service area, under the current CONs, does not require a clearly defined system. Presently there are four EMS systems in place with independent responsibilities for overseeing elements of the EMS system. The entities oversee their own resources and organizations and there is no coordination and no consultation. PRFR provides the primary ALS care component and coordinates the transportation of patients with Rural Metro dba Tri City Meds and/or the Town of Kearny Ambulance Service.

PRFR provides patient transportation in situations where the ambulance is delayed or unavailable to respond as permitted by ARS 36-2208 (B). The PRFR Medic vehicles are ALS equipped units and are also patient transport capable. The transportation system is a separate component as authorized by the ADHS and is provided by Rural Metro dba Tri City Meds for emergency and non-emergency ambulance services under CON #87, and the Town of Kearny Ambulance Service transportation system is a separate component as authorized by the ADHS for emergency and non-emergency ambulance services under CON #23.

**Appraisal**

The proposed ambulance “Needs Assessment” by PRFR outlines the response and transportation systems as one coordinated effort maximizing resource efficiency and costs. This process fully meets this Performance Indicator.
Rural Metro dba Tri City Meds transportation system, and the Town of Kearny transportation system, is not clearly defined. In addition, there is no proposed Rural Metro dba Tri City Meds emergency ambulance transportation agreement, or Town of Kearny Ambulance Service ambulance transportation agreement, with PRFR. This proposal would also allow PRFR-dedicated ambulances to commit resources out of the PRFR 911 service area for emergency traffic and coverage. Rural Metro dba Tri City Meds’ proviso and the Town of Kearny’s proviso to fulfill its CON obligations will reduce and/or delay the emergency transportation services in the PRFR 911 service area, and is not a dedicated system.

Performance Indicator 5.2.2.3: Role Definition.

Based on the needs and wants of the community, several different types and levels of providers may be required. Roles and responsibilities for each type and level of provider should be identified in order to ensure that the desired level of care is delivered continually and effectively. Examples of provider types are described in 5.2.2.3.1 through 5.2.2.3.5.

Description

Emergency service providers in the PRFR 911 service area are certified to recognize State standards. Their roles and responsibilities are defined in the recognized curriculum and personnel are certified to an accepted scope of practice.

Appraisal

The EMS Division of PRFR is the responsibility of an EMS Captain who reports to the Fire Chief, and is also a designated EMS Training Officer who is responsible for ensuring all personnel receive their required training in accordance with the State. With an approved CON, PRFR has outlined two (2) EMS Supervisory positions to support the function of the system and provide front-line supervision. PRFR maintains mandatory minimum staffing levels which includes at least one Paramedic on every first-due rescue apparatus. PRFR’s “Needs Assessment” outlines the additional staffing of units with an approved CON. All fire apparatus and transport capable units will provide BLS/ALS capability. Overall, the EMS system will provide primarily ALS transport unless multiple calls, a highly unlikely event, would require a BLS unit as a third out unit.

Participants from Rural Metro dba Tri City Meds and the Town of Kearny Ambulance Service are not clearly defined.

Performance Indicator 5.2.2.3.1: Enhanced 9-1-1 Operators.

Basic 9-1-1 operators in an enhanced 9-1-1 system are limited to verification of the incident address and notification of closest EMS system provider. Trained emergency medical dispatchers (EMDs) provide verification of the incident address, notification of the closest, most appropriate provider, and provision of pre-arrival patient care instructions.
**Description**

Enhanced 9-1-1 system operators in the Pinal County Emergency Communication System are located at three PSAPs: Pinal County Sheriff’s Office, Southwest Ambulance Emergency Communications Center, the Town of Kearny Police Department, and the Mammoth Police Department. Rural Metro is a secondary answering point. The communications centers all have enhanced 9-1-1 operators. There is no proviso for the number of EMDs at any of these PSAPs.

**Appraisal**

Rural Metro is a secondary PSAP within the Pinal County emergency communications system, and is an enhanced 9-1-1 system. The current Rural Metro dispatch capabilities are unknown.

Town of Kearny is a secondary PSAP within the Pinal County emergency communications system, and is an enhanced 9-1-1 secondary answering point. The current Town of Kearny dispatch capabilities are unknown.

Mammoth Police Department is a secondary PSAP within the Pinal County emergency communications system, but is not an enhanced 9-1-1 secondary answering point. The current Town of Mammoth dispatch capabilities are unknown.

**Performance Indicator 5.2.2.3.2: Medical First Responders.**

The roles of medical first responders are defined by the NHTSA EMS division.

**Description**

The EMS system in the PRFR 911 service area does utilize Medical First Responders for first response EMS.

**Appraisal**

PRFR would only utilize EMRs as *ambulance* drivers on an *ambulance* in rural areas as permitted under Arizona Revised Statutes.

**Performance Indictor 5.2.2.3.3: Basic Life Support.**

The roles of basic life support responders are defined by the NHTSA EMS division.

**Description**

BLS responders provide BLS care within the scope of practice set by the ADHS and the
National Highway Traffic Safety Administration (NHTSA) EMS Division. In addition, BLS personnel function under the Base Hospital protocols.

**Appraisal**

PRFR has EMT personnel that are cross-trained as firefighters. EMT personnel perform BLS functions within their trained scope of practice in the presence of Paramedics on the first-due Medical Units. Our EMT personnel fully meet this Performance Indicator.

Rural Metro’s use of EMTs is similar to PRFR and meets this Performance Indicator.

Town of Kearny Ambulance Service’s use of EMTs is similar to PRFR and meets this Performance Indicator – with one critical exception; the Town of Kearny Ambulance Service utilizes BLS ambulances to provide ambulance transportation services within the PRFR 911 service area without requesting PRFR to provide ALS within its own 911 service area.

**Performance Indicator 5.2.2.3.4: Advanced Life Support.**

The roles of advanced life support responders are defined by the NHTSA EMS Division.

**Description**

ALS services in the PRFR EMS system are provided by Certified Paramedics. Paramedics provide Advanced Cardiac Life Support (ACLS) care in the pre-hospital settings and continue that level of care to the hospital. All Paramedics must maintain approval and function within the policies and protocols of the Base Hospital.

**Appraisal**

PRFR has Paramedics who are cross-trained as firefighters. Paramedics must meet the ADHS certification process and perform ALS functions within their trained scope of practice. PRFR Paramedics can provide primary ALS patient care and ride in on Rural Metro dba Tri City Meds ambulances when patient care dictates or when the Rural Metro dba Tri City Meds ambulance is a BLS crew. Our Paramedics fully meet this Performance Indicator.

Rural Metro dba Tri City Meds Paramedics must meet the State certification process and function within their scope of practice. Rural Metro Paramedics may or may not be cross-trained as firefighters. Rural Metro Paramedics meet this Performance Indicator.

Town of Kearny Ambulance Service Paramedics must meet the State certification process and function within their scope of practice. Town of Kearny Ambulance Service Paramedics may or may not be cross-trained as firefighters. Town of Kearny Ambulance Service Paramedics meets this Performance Indicator.

**Performance Indicator 5.2.2.3.5: Patient Transportation Provider(s)**
Patient transportation providers may offer emergency, non-emergency, or prescheduled medical transportation. The role of each provider type should be clearly defined by the AHJ over the EMS system.

**Description**

Rural Metro dba Tri City Meds (Certificate #87) and the Town of Kearny ambulance service (Certificate #23) are the sole entity holding CONs for providing “unlimited ambulance service” for emergency and non-emergency patient transportation services within the PRFR 911 service area. The CONs outlines the “service area” and “response times” for Rural Metro dba Tri City Meds and the Town of Kearny ambulance service. Non-ambulance transportation providers are a separate component and not addressed in the PRFR EMS system.

**Appraisal**

The system, upon awarding of the CON for ambulance transport to PRFR, will provide a single entity with system oversight and responsibility to ensure clearly articulated and defined EMS system components. This Performance Indicator is fully met within the adopted “Needs Assessment” for EMS services to the PRFR 911 service area. The adopted “Needs Assessment” sets suburban/rural standards that are compliant with recognized national standards. The adopted “Needs Assessment” requires an EMS system planned for the demographics and environment unique to PRFR’s current situation.

Rural Metro dba Tri City Meds and Town of Kearny Ambulance Service utilizes a one-size fits all approach, maintaining status quo rural standards of response set by the current CON. This approach fails to meet this critical component of the EMS system, and does not meet the needs of a suburban/rural area.

**Performance Indicator 5.2.3: Participants.**

The system identifies the roles and responsibilities of each organization type needed for the EMS system to function.

**Description**

Presently, there are four systems in place with independent responsibilities for overseeing elements of the EMS system. The entities oversee their own resources and organizations and there is no coordination and minimal consultation.

**Appraisal**

The EMS Division of PRFR is the responsibility of an EMS Captain who reports to the Fire Chief. This EMS Captain is responsible for ensuring all personnel receive their required training in accordance with the State. With an approved CON, PRFR has outlined an EMS Supervisory Captain position to support the function of the system and provide front-line
supervision. PRFR maintains mandatory minimum staffing levels which includes at least one Paramedic on every first-due rescue. PRFR’s “Needs Assessment” outlines the additional staffing of units with an approved CON. All fire apparatus and transport capable units will provide BLS/ALS capability.

Participants from Rural Metro dba Tri City Meds and Town of Kearny Ambulance Service are not clearly defined.

**Performance Indicator 5.2.3.1: Structure.**

The provider types listed in 5.2.2.3 may be supplied by a single organization or through the combined efforts of multiple organizations, including but not limited to those described in 5.2.3.1.1 through 5.2.3.1.6.

**Description**

Presently there are four systems in place with independent responsibilities for overseeing elements of the emergency medical system. The entities oversee their own resources and organizations, and there is no coordination and no consultation. PRFR is a fire department-based component, Rural Metro dba Tri City Meds is a private for-profit organization, and Town of Kearny Ambulance Service is a municipal police-based ambulance service. The Mammoth Fire District is a fire agency with no state certified EMCTs providing only first responder capabilities.

**Appraisal**

The system, upon awarding of the CON for ambulance transport to PRFR, will provide a single entity that is fire department-based with system oversight and responsibility to ensure clearly articulated and defined EMS system components. This Performance Indicator is fully met within the adopted “Needs Assessment” for EMS services to the City. The adopted “Needs Assessment” sets suburban/rural standards that are compliant with recognized national standards. The adopted “Needs Assessment” requires an EMS system planned for the demographics and environment unique to the City’s current situation.

**Performance Indicator 5.2.3.1.1: Fire Department-Based.**

The response and patient transportation system uses cross-trained/dual-role fire fighters.

**Description**

The current EMS system uses a mix of cross-trained/dual-role firefighters and single-role EMS personnel. There is no minimum standard of response and patient transportation system personnel in the current CON system.

**Appraisal**
PRFR utilizes cross-trained/dual-role firefighters in the response force and fully meets this Performance Indicator.

Rural Metro dba Tri City Meds may or may not utilize a mix of cross-trained/dual-role firefighters and single-role EMS personnel.

Town of Kearny may or may not utilize a mix of cross-trained/dual-role firefighters and single-role EMS personnel.

**Performance Indicator 5.2.3.1.2: Fire Department–Based Oversight.**

The response and patient transportation system uses EMS personnel who are not cross-trained as fire suppression personnel.

**Description**

Presently there are four systems in place with independent responsibilities for overseeing elements of the emergency medical system. The entities oversee their own resources and organizations and there is no coordination and no consultation.

**Appraisal**

The system being proposed by PRFR fully meets the spirit and intent for a single AHJ process for overseeing all system elements.

Rural Metro dba Tri City Meds does not fulfill the spirit and intent to have a single AHJ providing system oversight.

Town of Kearny does not fulfill the spirit and intent to have a single AHJ providing system oversight.

**Performance Indicator 5.2.3.1.3: Public Single-Role EMS System.**

The response and patient transportation system utilizes single-role employees.

**Description**

The current system lacks a single authority that is responsible for the entire system. The three entities provide services without adequate coordination and without sufficient oversight by a responsible party. System resources are added and deleted without planning or consultation.

**Appraisal**

The system being proposed by PRFR provides for a single entity responsible for system oversight.
Rural Metro dba Tri City Meds does not fulfill the spirit and intent to have a single AHJ providing system oversight.

Town of Kearny does not fulfill the spirit and intent to have a single AHJ providing system oversight.

Mammoth Fire District does not fulfill the spirit and intent to have a single AHJ providing system oversight and has no transport capabilities.

**Performance Indicator 5.2.3.1.4: Private Ambulance Provider System.**

The patient transport system should use regional staff familiar with a service area.

**Description**

The current EMS transportation system provided by Rural Metro dba Tri City Meds, a private for-profit corporation, and Town of Kearny, a police-based municipal service, in the PRFR 911 service area, utilizes antiquated standards that are default standards that set the State’s minimum requirements and the CON, a standard for a rural community. PRFR provides the response component of this Performance Indicator with local staff.

PRFR utilizes staff dedicated to the region and are intimately familiar with the PRFR 911 service area.

The current patient transportation system frequently uses staff or patient transport units from outside the region unfamiliar with the PRFR 911 service area.

**Appraisal**

PRFR seeks to place single entity oversight in the fire service setting where standards for service delivery exceed the minimum standards of the State.

Rural Metro dba Tri City Meds seeks to continue a status quo EMS system with minimum CON rural community standards. Rural Metro’s proposal seeks to eliminate any other private ambulance provider competition.

Town of Kearny seeks to continue a status quo EMS system with minimum CON rural community standards. Town of Kearny’s proposal seeks to eliminate any other private ambulance provider competition

**Performance Indicator 5.2.3.1.5: Combined System.**

Some other combination of public and private resources is used to provide out-of-hospital care.
Description

The current EMS response and transportation system provided by PRFR, Rural Metro, and Town of Kearny is a composite system with no single entity oversight and no consultation.

Appraisal

The model for this service is formally adopted via the PRFR’s SOG document which has been deemed credible as part of a comprehensive plan to regulate and coordinate roles and responsibilities in a suburban/rural setting on a national standard.

Rural Metro dba Tri City Meds seeks to continue a status quo EMS system with minimum CON rural community standards.

Town of Kearny seeks to continue a status quo EMS system with minimum CON rural community standards.

Performance Indicator 5.2.3.1.6: Additional Provider Types.

Additional provider types such as police-based, hospital-based, wilderness, public corporation, military, nonprofit, and others may provide services independently or in combination with other provider types.

Description

The geographical boundary of the PRFR 911 service area includes only a rural response system with little or no cooperation by bordering fire and CON agencies. The first-response fire agencies are part of the Pinal County All-Risk Mutual Aid Compact but it is utilized sporadically, or arbitrarily, with no coordination or reliability.

Appraisal

PRFR must be fully self-supporting in its emergency response coverage area due to a total lack of coordination and cooperation between agencies.

The responding Town of Kearny Ambulance Service to PRFR’s northern 911 service area is frequently BLS only, and will not contact PRFR to respond as a first-response ALS intervention, and will not allow PRFR Paramedics to ride along with patients to provide a continuity of ALS care.

Two of the immediate bordering fire agencies; including Mammoth Fire District which provides first response to the Town of Mammoth, and Dudleyville Fire District, have only certified EMCTs each. Rural Metro’s official PRFR stance is in contract dispatch agreement only and not addressed in their proposal.

Rural Metro dba Tri City Meds staffs only one ambulance with an ALS crew in San Manuel so excessive delays for backup ambulances are frequent from overextension for backup ambulances to respond from Tucson. This response time issue meets the current rural
requirement for a rural provider in regards to times but does not address backup availability.

Rural Metro does not fulfill the spirit and intent to have a single AHJ providing system oversight.

Town of Kearny does not fulfill the spirit and intent to have a single AHJ providing system oversight.

**Performance Indicator 5.2.3.2: Participant Roles.**

The roles and responsibilities for each participant should be organized in a manner that ensures that every component of the system contributes to the effectiveness of the system as a whole, without conflicts in roles and responsibilities.

**Description**

Presently there are four independent silo systems in place with independent responsibilities for overseeing participants and elements of the EMS system. The entities oversee their own resources and organizations and there is no coordination and no consultation.

**Appraisal**

The system being proposed by PRFR fully meets the spirit and intent for a single AHJ process for overseeing all system participants and elements. Starting with the Emergency 9-1-1 responses and moving to the personnel responding to calls for service, PRFR proposes a coordinated EMS system of efficiency and effectiveness without conflicts. Each participant has a defined job description available for public review.

The CON contract proposals by Rural Metro dba Tri City Meds and the Town of Kearny do not fulfill the spirit and intent to have a single AHJ providing system participants and elements oversight.

**Criterion 5.3: Community Needs Analysis.**

While an EMS system is unique to the jurisdiction, a standardized approach should be established for assessing local needs and meeting those needs with specific service elements. The system plan identifies the medical needs of the community for patient care and transport.

**Description**

The only service levels and performance measures in place for the PRFR 911 service area are the minimal response time criteria set forth in the CONs; these are rural standards, and the minimum State standards for ambulance services. There are currently no standards for an integrated service including first response, dispatch and transport. The system’s current standards are less than the minimum that should be contemplated for a suburban or rural
environment. They have been set and not updated with regard to community growth or the increased public expectations, at a minimum, over the past 10+ years. The standards are out of date and not defensible if compared to the current national standards.

Appraisal

The system being proposed by PRFR requires continuous evaluation and reevaluation of the system, the most rigorous of these being the requirement for accreditation of the provider. The system proposed would task the provider with compliance to PRFR’s adopted “Needs Assessment.” This “Needs Assessment” sets comprehensive standards and performance measures that meet national standards for an integrated EMS system.

Rural Metro dba Tri City Meds and the Town of Kearny’s proposed CONs do not set standards that are defensible when compared to the national standards or the community’s wishes as set out in the adopted “Needs Assessment.” The contract proposal does not provide accreditation nor are other adequate evaluation mechanisms provided for. The current CONs does not provide for mechanisms that ensure established requirements are met.

Criterion 5.3.1: Retrospective Evaluation.

Performance Indicator 5.3.1.1: Existing Systems.

For existing EMS systems, community needs and system components should be established based on response data, patient care records, and other information, including the following:

- Demographic data
- Historical patient data and call history
- Unique geographical or environmental conditions
- Local hazards
- Call/incident severity
- Other local data resources as appropriate

Description

The only service levels and performance measures in place for the PRFR 911 service area are the minimal response time criteria set forth in the CONs, these are rural standards, and the minimum State standards for ambulance services. The system’s current standards are less than the minimum that should be contemplated for a suburban/rural environment. They have been set and not updated with regard to community growth or the increased public expectations over the past 10+ years. The Performance Indicators are out of date and not defensible if compared to the current national standards.

Appraisal

The system being proposed by PRFR requires continuous evaluation and reevaluation of the system, the most rigorous of these being the requirement for accreditation of the
provider. The system proposed would task the provider with compliance to the adopted “Needs Assessment.” PRFR has performed a formalized “Needs Assessment” specific to the clients encountered within the geographical boundaries. This assessment takes into account the nature of service level being one of ALS as part of the initial response elements. The model for this service is formally adopted via PRFR’s SOG document which has been deemed credible as part of a national standard for fire service agencies.

PRFR’s adopted “Needs Assessment” sets comprehensive standards and performance measures that meet national standards for an integrated EMS system.

Rural Metro dba Tri City Meds system-in-place does not set standards that are defensible when compared to the national standards or the community’s wishes as set out in the adopted “Needs Assessment.” The system-in-place does not provide accreditation nor are other adequate evaluation mechanisms provided for. The system-in-place does not provide for mechanisms that ensure established requirements are met.

The Town of Kearny’s system-in-place does not set standards that are defensible when compared to the national standards or the community’s wishes as set out in the adopted “Needs Assessment.” The system-in-place does not provide accreditation nor are other adequate evaluation mechanisms provided for. The system-in-place does not provide for mechanisms that ensure established requirements are met.

**Performance Indicator 5.3.1.2: No Existing Systems.**

For areas without an existing EMS system, system design should be based on established industry standards.

**Description**

PRFR has an established EMS system that meets or exceeds national standards.

**Appraisal**

PRFR, Rural Metro dba Tri City Meds, and Town of Kearny, provide first response EMS and ambulance transportation, respectively, within PRFR’s geographical boundary.

Rural Metro dba Tri City Meds system-in-place does not set standards that are defensible when compared to the national standards.

The Town of Kearny’s system-in-place does not set standards that are defensible when compared to the national standards.

**Performance Indicator 5.3.2: Prevention Targets.**

The system plan should identify vulnerable population groups that would benefit from prevention programs. The community should include primary illness, and injury-prevention programs for age-related hazards, special needs, or special hazard groups, based on an
analysis of the community's population.

**Description**

The current EMS system has no requirement for prevention targets and public education. All prevention and public education programs provided by PRFR, Rural Metro dba Tri City Meds, and Town of Kearny are done independent of each other. There is no coordination of public messages between the entities.

**Appraisal**

PRFR, as part of its national standards process, has completed a comprehensive community analysis that takes into consideration available resources, customers, geography, demographics, risk assessment of facilities and other unique or special needs for the system. In addition, our electronic patient care reports (ePCRs) are filed with the AZ-PIERS system, a National EMS Information System (NEMSIS) gold complaint software program. With this software, we can search for recent trends and define prevention target audiences for future public education topics.

PRFR provides regular prevention targeted education events. We provide Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) training free of charge. PRFR provides a quarterly media communication called “From the Tailboard” which specifically addresses the prevention targets identified from recent events. PRFR also provides on-going elderly fall injury prevention program and stroke awareness education program. PRFR also operates a “Borrow and AED” program to provide early access defibrillation for Sudden Cardiac Arrest at sporting events and public gatherings.

The basis of any prevention targets and public education of Rural Metro dba Tri City Meds and Town of Kearny are unknown.

**Criterion 5.4: System Goals and Objectives Analysis.**

System goals and objectives determine service levels as a function of community needs identified through EMS system evaluation and analysis and community needs assessments.

**Description**

The only service levels and performance measures in place for the PRFR 911 service area are the minimal response time criteria set forth in the CONs, these are rural standards, and the minimum State standards for ambulance services. The system’s current standards are less than the minimum that should be contemplated for a suburban or rural environment. They have been set and not updated with regard to community growth or the increased public expectations over the past 10+ years. The Performance Indicators are out of date and not defensible if compared to the current national standards.

**Appraisal**
The system being proposed by PRFR requires continuous evaluation and reevaluation of the system, the most rigorous of these being the requirement for accreditation of the provider. If awarded the CON, that process can begin initiation. The system proposed would task the provider with compliance to the adopted “Needs Assessment.” PRFR has performed a formalized “Needs Assessment” specific to the clients encountered within the geographical boundaries. This Assessment takes into account the nature of service level being one of ALS as part of the initial response elements. The model for this service is formally adopted via PRFR’s SOG document which has been deemed credible as part of a national fire service standard.

The adopted “Needs Assessment” of PRFR sets comprehensive goals, objectives, standards and performance measures that meet national standards for an integrated EMS system.

Rural Metro dba Tri City Meds system-in-place does not set standards that are defensible when compared to the national standards or the community’s needs as set out in the adopted “Needs Assessment.” The system-in-place does not provide accreditation nor are other adequate evaluation mechanisms provided for. The system-in-place does not provide for mechanisms that ensure established requirements are met.

Town of Kearny’s system-in-place does not set standards that are defensible when compared to the national standards or the community’s wishes as set out in the adopted “Needs Assessment.” The system-in-place does not provide accreditation nor are other adequate evaluation mechanisms provided for. The system-in-place does not provide for mechanisms that ensure established requirements are met.

**Performance Indicator 5.4.1: System Design.**

System design should be dynamic and based on continual evaluation of the EMS system according to defined indicators and performance measures.

**Description**

No formal or informal planning was undertaken in the current EMS system’s design or management. The only service levels and performance measures in place for the PRFR 911 service area are the minimal response time criteria set forth in CONs, these are rural standards, and the minimum State standards for ambulance services.

The system’s current standards are less than the minimum that should be contemplated for a suburban/rural environment. They have been set and not updated with regard to community growth or the increased public expectations over the past 10+ years. The standards are out of date and not defensible if compared to the current national standards.

**Appraisal**

The system being proposed by PRFR requires continuous evaluation and reevaluation of the system as part of a national standard, the most rigorous of these being the requirement for accreditation of the provider. The system proposed would task the provider with
compliance to the adopted “Needs Assessment.” PRFR has performed a formalized “Needs Assessment” specific to the clients encountered within the geographical boundaries. This assessment takes into account the nature of service level being one of ALS as part of the initial response elements. The model for this service is formally adopted via PRFR’s “Needs Assessment” document which has been deemed credible as part of a national standard for the fire service.

The system-in-place as presented by Rural Metro dba Tri City Meds and the Town of Kearny works to continue business as normal and fails in many areas in the fulfillment of the adopted “Needs Assessment.” Rural Metro dba Tri City Meds, nor the Town of Kearny’s system-in-place meets this Performance Indicator of being a dynamic EMS system design.

Performance Indicator 5.4.2: Cost/Benefit.

System design should consider both the costs and benefits of service delivery options.

Description

The EMS system in the PRFR 911 service area, under the current CONs, do not require a system design oversight with consideration to costs and benefits of service delivery. The EMS system is a 20+ year old product of minimum State standards that prevents system design analysis. Presently there are two systems in place with independent responsibilities for overseeing elements of the emergency medical system. The entities oversee their own resources and organizations and there is no coordination and no consultation.

Appraisal

The adopted ambulance “Needs Assessment” by PRFR provides a system design analysis and specifies the costs and benefits of the proposed service delivery system and fully meets the intent of this Performance Indicator.

The proposed ambulance transport agreement from Rural Metro dba Tri City Meds and the Town of Kearny ambulance service seeks to continue operations status quo without a costs and benefit assessment. Their ambulance proposal states their “cost of service” be in accordance with ADHS rates. The proposal does not address any community benefit, and does not meet the intent of this Performance Indicator.

Performance Indicator 5.4.3: Prevention Efforts.

Illness and injury prevention and education efforts should be linked to community needs and resource availability.

Description

Prevention efforts in the current EMS system are provided with no coordination between
agencies. Currently only PRFR has illness or injury prevention messages with local media for an effective prevention effort linked to the community needs.

Appraisal

PRFR has conducted a comprehensive community risk assessment as a part of its “Needs Assessment”. As a part of our community public education program, we have identified illness and injury prevention and education programs and tailored our resource efforts to the community needs. Some of our prevention efforts are: CPR/AED training programs which are free to the public, First Aid training, Stroke Awareness, Fall Injury Prevention, “Borrow an AED” Program for targeting public gatherings and youth sports with Public Access Defibrillation (PAD), fire safety education, and emergency preparedness.

It is unclear if any comprehensive community risk assessment has been conducted by Rural Metro or Town of Kearny in order to define illness and injury prevention efforts. The proposal by Rural Metro dba Tri City Meds and Town of Kearny does not meet or address this Performance Indicator.

Performance Indicator 5.4.4: Service Levels.

Service levels should be linked to community needs and expectations.

Description

The only service levels and performance measures in place for the PRFR 911 service area are the minimal response time criteria set forth in the CONs, these are rural standards, and the minimum State standards for ambulance services. There are currently no standards for an integrated service including first response, dispatch and transport that are linked to the community needs and expectations.

The system’s current standards are less than the minimum that should be contemplated for a suburban/rural environment. They have been set and not updated with regard to community growth or the increased public expectations over the past 20 years. The standards are of date and not defensible if compared to the current national standards.

Appraisal

The adopted “Needs Assessment” sets comprehensive standards and performance measures that meet national standards for an integrated EMS system and are specific to the community needs and expectations in the PRFR 911 service area.

The proposed contract from Rural Metro dba Tri City Meds and the Town of Kearny does not set standards that are defensible when compared to the national standards or the community’s wishes as set out in the adopted “Needs Assessment.”

Criterion 5.5: System Design Analysis.
**Performance Indicator 5.5.1: Data Collection and Evaluation.**

The EMS system should be examined in detail over time using indicators set forth in existing industry standards, guidelines, or specific performance measures.

**Description**

The current EMS system has not been examined in detail over time and is confined to default standards that are set to the State’s minimum requirements and the CONs for the PRFR 911 service area, a standard for a rural community. The PRFR 911 service area has now grown to more than 5,500 residents without a change to its EMS systems standards. The PRFR 911 service area currently has not been able to set suburban/rural, compliant standards for the system.

**Appraisal**

PRFR has performed a formalized “Needs Assessment” specific to the clients encountered within the geographical boundaries. The model for this service is formally adopted via PRFR’s Needs Assessment document which has been deemed credible as based on NFPA 450. The data collection and evaluation of the PRFR 911 service area in the Needs Assessment process fully meets this Performance Indicator.

Rural Metro dba Tri City Meds, nor the Town of Kearny has provided data collection and/or a system evaluation. Rural Metro dba Tri City Meds and the Town of Kearny ambulance proposals have failed to meet industry standards for data collection or specific performance measures.

**Criterion 5.5.2: Existing Industry Standards and Regulations.**

**Performance Indicator 5.5.2.1: Existing Regulatory Standards.**

Community EMS agencies should comply with local and state ordinances and rules and regulations. State and local regulations typically regulate local authority, ambulance services and equipment, EMTs, scopes of practice, training, and certification or licensing requirements.

**Description**

The PRFR 911 service area’s EMS system is a legacy from many years ago. The system has been the result of the acquisition of a local ambulance service years ago by the Rural Metro Corporation, the long-term operation of the Town of Kearny ambulance service. Both entities have been involved in the system without a formal agreement or an effective coordination system in the PRFR 911 service area has remained stagnant for many years as status quo with only annual reporting as required by law.
The standards are default standards that set the State’s minimum requirements and the CONs for Rural Metro dba Tri City Meds and the Town of Kearny, a standard for a rural community. The PRFR 911 service area has now grown to more than 5,500 residents without a change to its EMS systems standards. The PRFR 911 service area currently has not been able to set suburban/rural compliant standards for the system due to this status quo and antiquated EMS system standard.

Appraisal

PRFR complies with local and State ordinances, rules and regulations. All applicable personnel are certified by the ADHS and comply with all requirements of certification.

The CON proposals from Rural Metro dba Tri City Meds and the Town of Kearny ambulance service meets the State rules and regulations in regards to the requirements of certification.

Performance Indicator 5.5.2.2: NFPA 1720.

NFPA 1720, Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Volunteer Fire Departments, is an industry standard on which fire department–based EMS system design analysis may be based. This voluntary standard contains minimum requirements relating to the organization and deployment of emergency medical operations to the public by “substantially all volunteer fire departments.”

Description

The only service levels and current performance measures in place for the PRFR 911 service area are the minimal response time criteria set forth in the CONs. These are rural standards, and the minimum State standards for ambulance services.

Appraisal

The first response transport-capable medical units for the PRFR 911 service area are full ALS capable units, and fully meet this Performance Indicator, including 2010 edition, NFPA 1720 3.3.3.27.

Rural Metro dba Tri City Meds meets part of this Performance Indicator but may still default back to BLS per their CON so does not meet the spirit and letter of the Performance Indicator. The Town of Kearny proposes the use of BLS and ALS transport units in the PRFR 911 service area, and does not meet this Performance Indicator.

Criterion 5.5.2.3 Existing EMS Guidelines.

Performance Indicator 5.5.2.3.1: First Response Unit Guidelines.
The National Institutes of Health has recommended guidelines for first response units. (See NIH 93-3304, Staffing and Equipping EMS Systems: Rapid Identification and Treatment of Acute Myocardial Infarction.) These guidelines or others may be applied to local EMS systems.

**Description**

The only service levels and performance measures in place for the PRFR 911 service area are the minimal response time criteria set forth in the CONs. These are rural standards, and the minimum State standards for ambulance services. The NIH 93-3304 report states all first response units should have defibrillation equipment with personnel trained on its use. (NIH 93-3304, 1993, p. 10) Contrary to this recommendation the Arizona Administrative Code R9-25-1003, minimum equipment for a BLS ambulance, does not include defibrillation equipment.

**Appraisal**

All first-out medical transport response units for PRFR are full ALS capable units, and fully meet this Performance Indicator. A third-out medical rescue response unit for extremely infrequent multiple callouts and/or Mass Casualty Incidents can be ALS or BLS.

Rural Metro dba Tri City Meds and the Town of Kearny propose the use of BLS and ALS transport units in the PRFR 911 service area. The minimum equipment on a BLS ambulance for Rural Metro dba Tri City Meds and the Town of Kearny is not known beyond the minimum State requirement which does not meet this Performance Indicator.

**Performance Indicator 5.5.2.3.2: Early Defibrillation Guidelines.**

The American Heart Association has recommended guidelines for early defibrillation. (See Circulation 2010, American Heart Association.) These guidelines or others may be applied to local EMS systems. For people in cardiac arrest, rapid defibrillation in less than 5 minutes is a high-priority goal.

**Description**

The AHA’s Chain of Survival and Early Defibrillation is provided for in its entirety for the PRFR 911 service area. The PRFR 911 service area has contract early access to the EMS system through an enhanced 9-1-1 system. PRFR has defined response time goals for early ALS delivery. In addition, PRFR has worked to promote continuous-chest-compression CPR (CCC- CPR) training and AED accessibility and training in the PRFR 911 service area.

**Appraisal**

PRFR fully meets the AHA Early Defibrillation guideline in its current operation and will continue to fully meet this guideline with the ambulance transport proposal.
Whether Rural Metro dba Tri City Meds and the Town of Kearny will fail to meet the AHA Early Defibrillation guideline in its current operation, or does fail to meet this critical guideline with their ambulance transport proposal is unknown based on state standards for ground ambulances.

**Performance Indicator 5.5.2.3.3: Advanced Life Support (ALS) Unit Deployment Guidelines.**

The National Institutes of Health has recommended guidelines for ALS response units. *(See NIH No. 93-3304, Staffing and Equipping EMS Systems: Rapid Identification and Treatment of Acute Myocardial Infarction.)* These guidelines or others may be applied to local EMS systems.

**Description**

The only service levels and performance measures in place for the PRFR 911 service area are the minimal response time criteria set forth in the CONs. These are rural standards, and the minimum State standards for ambulance services. ALS unit deployment is not a minimum requirement in the PRFR 911 service area CONs. The NIH 93-3304 report states that the use of BLS units “creates a potential ‘failure point’ in the system.” (p. 11).

**Appraisal**

First response transport-capable medical units for PRFR are full ALS capable units and fully meet this Performance Indicator.

Rural Metro dba Tri City Meds and the Town of Kearny propose the use of BLS and ALS transport units in the PRFR 911 service area and do not meet this Performance Indicator.

**Performance Indicator 5.5.2.3.4: Personnel Deployment Guidelines.**

The American Heart Association has recommendations for personnel deployment. These guidelines or others may be applied to local EMS systems. “In systems that have attained survival rates higher than 20 percent for patients with ventricular fibrillation, the response teams have a minimum of two ACLS providers plus a minimum of two BLS personnel at a scene. Most experts agree that four responders (at least two trained in ACLS and two trained in BLS) are the minimum required to provide ACLS to cardiac arrest victims.” *(See American Heart Association's “Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care,” JAMA 1992)*

**Description**

The current EMS system has dual providers of medical care. PRFR provides the primary ALS care functions while Rural Metro dba Tri City Meds and the Town of Kearny provide
BLS and ALS ambulance transportation services. No coordinated staffing requirements are conducted and service levels of ambulance crews are determined by Rural Metro dba Tri City Meds and the Town of Kearny.

Appraisal

PRFR’s ambulance transport proposal fully meets this Performance Indicator. All responding medical transport-capable units within the PRFR 911 service area are ALS capable units with a minimum of one EMT-Paramedic. A cardiac patient will be a priority dispatch receiving a minimum of two apparatus.

The proposal by Rural Metro and the Town of Kearny specifies ambulances may be BLS or ALS. This proposal fails to meet this Performance Indicator.

Performance Indicator 5.5.2.4: Chain of Survival.

The American Heart Association uses the term chain of survival to describe the following four EMS system components critical to the survival of cardiac arrest victims:

- Early access to the EMS system, facilitated by the availability of a 9-1-1 system that allows callers to obtain police, fire, or EMS assistance by calling a single telephone number
- Early CPR by either bystanders or first-responder rescuers
- Early defibrillation by first responders, emergency medical care technicians (EMCTs), advanced emergency medical technicians (AEMTs), paramedics, or other on-scene trained personnel. In addition, public access defibrillation, using automatic or semiautomatic external defibrillators accessible to the lay public, can improve survival in cardiac arrest.
- Early advanced life support

Description

The AHA’s chain of survival is provided for in its entirety for the PRFR 911 service area. PRFR has early access to the EMS system with a contract enhanced 9-1-1 system by the contract communications system. PRFR has defined response time goals for early ALS delivery. In addition, PRFR has worked to promote CCC-CPR training and AED accessibility and training in the PRFR 911 service area.

Appraisal

PRFR fully meets the AHA chain of survival guideline in its current operation and will continue to fully meet this guideline with the ambulance transport proposal.

Rural Metro dba Tri City Meds and the Town of Kearny fail to meet the AHA chain of survival guideline in its current operation and will fail to meet this critical guideline with their ambulance transport proposal.
Criterion 5.5.3: Performance Measures as System Design Features.

Performance Indicator 5.5.3.1:

EMS system performance measures are designed to function as a framework for a new system design or as a tool through which a community may monitor the performance of the existing EMS system. Several indicators serve as system design data collection points. Through the continuous measurement of a system's structure, processes, and outcomes using designated indicators and performance measures, EMS system planners may identify areas of the system design that require modification or enhancement.

Description

There is no formal or informal process in place to evaluate the components of the current EMS system. Measurement of the existing EMS system does not meet the industry standard for service delivery. Discussions between agencies are not held and opinions about the system’s performance are not shared. Data from the private entity or municipal entity is not shared. Only the private and municipal entities required State filings are available to the public.

Appraisal

The system being proposed by PRFR requires continuous evaluation and reevaluation of the system, the most rigorous of these being the requirement for accreditation of the provider. The system proposed would task the provider with compliance to the adopted “Needs Assessment.”

The contract proposals by Rural Metro dba Tri City Meds and the Town of Kearny do not provide accreditation nor are other adequate evaluation mechanisms provided for. The contract does not provide for mechanisms that ensure established requirements are met.

Performance Indicator 5.5.3.2:

If subsequent data shows that the original goals and objectives of the EMS system are not being met, modification of the EMS system design should be made. Data collection and evaluation is required to assess the EMS system modification and ensure that the system continues to be effective.

Description

PRFR’s 911 service area EMS system is a legacy from many years ago. The system has been the result of the acquisition of a local ambulance service many years ago by the Rural Metro Corporation, the longtime continuous municipal provider in Kearny, and the involvement of PRFR in EMS. All entities have been involved in the system without a formal agreement or an effective coordination system. The standards are default standards that set the State’s minimum requirements and the CONs for the PRFR 911 service area, a standard for a rural community.
The PRFR 911 service area has now grown to more than 5,500 residents without a change to its EMS systems standards. PRFR currently has not been able to set suburban/rural compliant standards for the system.

Appraisal

The system, upon awarding of the CON for ambulance transport to PRFR, will provide a single entity with system oversight and responsibility to ensure clearly articulated and defined EMS system components. This Performance Indicator is fully met within the adopted “Needs Assessment” for EMS services to the PRFR 911 service area. The adopted “Needs Assessment” sets suburban/rural standards that are compliant with recognized national standards. This “Needs Assessment” states that, “the EMS transport provider is subjected to a third party review of their operating practices.” (p. 4).

This accreditation process shall be achieved from the Commission on Accreditation of Ambulance Services (CAAS) and/or the Center for Public Safety Excellence (CPSE). This accreditation process is a constant system assessment tool for consistent and realistic improvements that can be planned for and implemented. The accreditation process can begin upon awarding of the CON.

The proposed CONs as presented by Rural Metro dba Tri City Meds and the Town of Kearny ambulance service works to continue business as normal without assessing ways to improve the EMS system. The proposal fails in many areas in the fulfillment of the adopted “Needs Assessment.”

Performance Indicator 5.5.3.2.1: Performance Measures.

One example of performance measures has been developed by the International Association of Fire Fighters (IAFF). The set of measurable EMS system indicators includes the following:

Call processing measure: Total time from call intake by unit dispatching agency to response unit notification. This includes answering the phone, asking call intake questions (e.g., “What is your emergency?”), verifying addresses, asking primary EMD questions, and communicating the address and the nature of the call to the responding unit (dispatch).

Turnout time measure: Total time from response unit notification to wheels rolling toward the incident location.

Travel time measure: Time elapsed from vehicle wheels turning to arrival of apparatus/vehicle at response address/incident location. This is one time component of overall response time.

Staffing measure: The staffing pattern for ALS level responses.

Deployment measure: Percentage of calls in which units are available to respond immediately. Lack of available units may be due to excessive call volume or other
resource-depleting situations and may cause a deviation from standard deployment procedures.

**Road structure coverage capability measure:** A measure intended to determine whether the department has optimized the location of fixed assets from which mobile assets are deployed. Measurement is done typically via a recognized computer software model, geographic information system (GIS) analysis/ARCGIS Explorer. ARCGIS Explorer is industry standard software from the Environmental Systems Research Institute (ESRI). This measurement model considers road type, impedance, and travel speed in its measure. Measurement may also be conducted via the hand-tracking of addresses on a standard road map. Departments may utilize addresses from historical responses to estimate road coverage capability.

**Patient care protocol compliance measure:** Compliance with established patient care protocol. The data are collected through comparison of patient care documentation with established written (recognized) patient care protocol. This indicator is measured by the medical director, quality assurance, or similarly designated/assigned officer.

**Patient outcome measure:** A measure of the patient's status following EMS encounter relative to patient status upon initial contact by EMS personnel. This measure instrument may be located on patient care report or documentation form. The information reported by attending EMS professional considers patient feedback and signs and symptoms. Note: This measure excludes obvious death upon EMS scene arrival when no treatment is given.

**Defibrillation availability measure:** Percentage of first shocks delivered within 5 minutes of collapse. “Defibrillator” includes automated external defibrillators (AEDs) as well as manual defibrillators.

**Extrication capability measure:** Percentage of calls requiring an extrication tool having one delivered to the scene within 8 minutes of call dispatch.

**Employee illness and injury measure:** Percentage of employees acquiring an illness or injury as a result of participating in an EMS call.

**Employee turnover measure:** Percentage turnover of EMS-trained employees per year.

**Quality program measure:** Determination of whether an overall quality program, as described in (I) through (12), exists within the EMS system.

**System user opinion measure:** Mail/phone survey to assess the satisfaction of system users with the system's performance.

**Multicasualty event response plan measure:** An established plan to mitigate a multiple casualty disaster while maintaining sufficient resources to respond to the normal volume of emergency calls within the jurisdiction.

**Description**
Presently there are four systems in place with independent responsibilities for overseeing elements of the EMS system. The entities oversee their own resources and organizations and there is no coordination and minimal consultation.

**Appraisal**

PRFR’s Needs Assessment, which has been deemed credible as part of a national standard, has detailed a comprehensive assessment of fire station locations and emergency response coverage capabilities. Multi-casualty events are planned for and handled under a Department Guideline and with the use of the Emergency Operations Plan.

Patient care evaluation, employment status, and multi-casualty planning of Rural Metro dba Tri City Meds and the Town of Kearny ambulance service are unknown.

**Performance Indicator 5.5.3.2.2: NHTSA.**

The NHTSA is currently working on a consensus process to develop performance measures for EMS.

**Description**

There is no formal or informal process in place to evaluate the components of the EMS system. Measurement of the existing EMS system does not meet the industry standard for service delivery. Discussions between agencies are not held and opinions about the system’s performance are not shared. Data from the private entity is not shared. Only the private and municipal entities required State filings are available to the public.

**Appraisal**

The system being proposed by PRFR requires continuous evaluation and reevaluation of the system, the most rigorous of these being the requirement for accreditation of the provider. The proposed system would task the provider with compliance to the adopted “Needs Assessment.”

The CON proposals by Rural Metro dba Tri City Meds and the Town of Kearny do not require accreditation nor are other adequate evaluation mechanisms provided for by either party. The CONs does not provide for mechanisms that ensure established requirements are met.

**Performance Indicator 5.5.3.2.3: Other Measurement Methods.**

Accrediting bodies such as the Commission on Public Safety Excellence, the Commission on Accreditation of Ambulance Services, and others have published measurements and criteria for EMS systems.

**Description**
The current EMS transport systems provided by Rural Metro dba Tri City Meds and the Town of Kearny are not an accredited system and not subject to a third party review process. The standards of the CONs are default standards that set the State’s minimum requirements and the CONs for the PRFR 911 service area, a standard for a rural community.

Appraisal

The system, upon awarding of the CON for ambulance transport to PRFR, will fully meet this Performance Indicator with the adopted “Needs Assessment” for EMS services to the PRFR 911 service area. The adopted “Needs Assessment” sets suburban/rural standards that are compliant with recognized national standards. The adopted “Needs Assessment” states, “the EMS transport provider be subjected to a third party review of their operating practices.” (p. 5). This accreditation process shall be achieved from the CAAS and/or the CPSE. This accreditation process is a constant system assessment tool for consistent and realistic improvements that can be planned for and implemented.

The proposed CONs as presented by Rural Metro dba Tri City Meds and/or the Town of Kearny works to continue business as normal without accreditation or third party review of the EMS system. The Rural Metro and Town of Kearny proposal fails to commit to published measurements and a third party review required in an accreditation process.

Criterion 5.6: Essential System Analysis Components.

Since PRFR currently utilizes a contract dispatch service Criterion 5.6.1 through 5.6.7 do not apply at this time.

Performance Indicator 5.6.8: Turnout (Activation) Interval.

Turnout interval performance objectives should comply with existing standards. System analysis should consider the provider turnout interval, or the interval from response unit notification to movement of that unit to the location of the incident. For example, NFPA 1720, Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Volunteer Fire Departments, establishes total response time interval objectives of no more than nine minutes (9 minutes for suburban areas and no more than thirteen (13) minutes for rural areas).

Description

The EMS system in the PRFR 911 service area, under the current CONs, does not require a single entity for oversight analysis of system components. Presently there are four systems in place with independent responsibilities for overseeing elements of the EMS system. The entities oversee their own resources and organizations and there is no coordination and no consultation.

Appraisal

The PRFR’s “Needs Assessment” document, which has been deemed credible as part of a national standard, has the total response time interval stated in detail. Rural Metro dba Tri
City Meds and Town of Kearny total response times are not shared.

**Performance Indicator 5.6.9: Geography.**

System analysis should consider geography and the implications of local geography on service delivery.

**Description**

PRFR, as part of its national standard assessment process, has completed a comprehensive community analysis that takes into consideration geography and the implications or special needs for the system. The geographical component is GIS-based and includes a service delivery analysis.

**Appraisal**

The system that has been proposed by PRFR has completed a comprehensive community analysis that fully meets the intent of this Performance Indicator. It cannot be determined if any comprehensive community analysis has been completed as part of the proposed contract by Rural Metro dba Tri City Meds or the Town of Kearny.

**Performance Indicator 5.6.9.1: Geographic Response Tools.**

A geographic information system (GIS) may be used as a tool to model existing service delivery for each EMS system component, such as first response, BLS or ALS care, or patient transportation services. Response capabilities for each mobile system component based on desired travel intervals can be modeled using a GIS system, identifying underserved areas of a jurisdiction, for either current or planned system designs.

**Description**

PRFR, as part of its national standard assessment process, has completed a comprehensive community analysis that takes into consideration geography and the implications or special needs for the system. The geographical component is GIS-based. In addition to the “Needs Assessment”, PRFR completed a fire and facilities plan in 2012 which details the response district map using GIS.

**Appraisal**

The system that has been proposed by PRFR has completed a comprehensive community analysis that fully meets the intent of this Performance Indicator. It cannot be determined if any GIS analysis has been completed as part of the CON by Rural Metro dba Tri City Meds or the Town of Kearny.

**Performance Indicator 5.6.9.2: Travel Interval.**
Travel interval objectives examined by a GIS analysis should parallel standards as established by the lead agency.

Description

PRFR, as part of its national standard assessment process, has completed a comprehensive community analysis that takes into consideration geography and the implications or special needs for the system. The geographical component is GIS-based. In addition to the “Needs Assessment” PRFR completed a fire and facilities plan in 2012 which details a response district map using GIS. This plan details plans for a second station strategically placed in 2013 upon awarding the CON to PRFR.

Appraisal

The system that has been proposed by PRFR has completed a comprehensive community analysis through a “Needs Assessment” that fully meets the intent of this Performance Indicator.

It cannot be determined if any GIS analysis has been completed as part of the CON by Rural Metro dba Tri City Meds or the Town of Kearny.

Performance Indicator 5.6.9.3: First Response.

The community should establish response intervals for first responders that are appropriate for that community. The standards should be suitable for the local demographics, resources, medical needs, and geography. The intervals should be systematically monitored for compliance with the local standard.

Description

There is no formal or informal process in place to evaluate the components of the EMS system. Complaints are handled separately by the entities and the results of investigations are not shared. Discussions are not held and opinions about the system’s performance are not shared. Data from the private entity and municipal entity is not shared. Only the private and municipal entities required State filings are available to the public.

Appraisal

The system being proposed by PRFR requires continuous evaluation and reevaluation of the system, the most rigorous of these being the requirement for accreditation of the provider. The system proposed would task the provider with compliance to the adopted “Needs Assessment.”

The contract proposal by Rural Metro dba Tri City Meds or the Town of Kearny does not provide accreditation standards nor are other adequate evaluation mechanisms provided for. The CONs do not provide for mechanisms that ensure established requirements are met.
Performance Indicator 5.6.9.4: Advanced Life Support.

The community should establish response intervals for ALS, where available, that are appropriate for the community. The standards should be suitable for the local demographics, resources, medical needs, and geography. The intervals should be systematically monitored for compliance with the local standard.

Description

The current EMS system has four providers for medical care. PRFR provides the primary ALS care functions in the PRFR 911 service area. Rural Metro dba Tri City Meds and the Town of Kearny provide BLS and ALS ambulance transportation services. No coordinated staffing requirements are conducted and service levels of ambulance crews are determined by Rural Metro dba Tri City Meds and the Town of Kearny. The Town of Mammoth utilizes only non-certified first responders.

Appraisal

PRFR’s ambulance transport proposal fully meets this Performance Indicator. All units responding within the PRFR 911 service area are ALS capable units with a minimum of one EMT- Paramedic.

The proposal by Rural Metro dba Tri City Meds and the Town of Kearny specify ambulances may be BLS or ALS. This proposal fails to meet this Performance Indicator.

Performance Indicator 5.6.10: Geographic Barriers.

A GIS model may also identify potential barriers to delivery of care (for example, interruption of the road network by construction, flooding, or railroad crossings).

Description

PRFR, as part of its national standard assessment process, has completed a comprehensive community analysis that takes into consideration geography and the implications or special needs for the system. The geographical component is GIS-based and includes a service delivery analysis.

Appraisal

The system proposed by PRFR has completed a comprehensive community analysis that fully meets the intent of this Performance Indicator.

It cannot be determined if any GIS analysis has been completed as part of the proposed contract by Rural Metro dba Tri City Meds or the Town of Kearny.
Performance Indicator 5.6.11: Distribution of Demand.

A GIS may also identify the distribution of calls in a community and areas undergoing development that would require the expansion of services in the future.

Description

PRFR, as part of its national standard assessment process, has completed a comprehensive community analysis that takes into consideration geography and the implications or special needs for the system. The geographical component is GIS- based. In addition to the “Needs Assessment”, PRFR completed a fire facilities plan in 2012 of where to position new fire stations and training facilities in order to reduce travel distances.

Appraisal

The system that has been proposed by PRFR has completed a comprehensive community analysis that fully meets the intent of this Performance Indicator.

It cannot be determined if any GIS analysis has been completed as part of the CON by Rural Metro dba Tri City Meds or the Town of Kearny.

Performance Indicator 5.6.12: Demographics.

The system analysis should consider local demographics and the implications of those demographics on service requirements for a range of constituency groups.

Description

PRFR, as part of its national standard assessment process, has completed a comprehensive community analysis that takes into consideration demographics and the implications or special needs for the system.

Appraisal

PRFR, as part of its national accreditation process, has completed a comprehensive community analysis that takes into consideration available resources, customers, geography, demographics, risk assessment of facilities and other unique or special needs for the system. In addition, our electronic patient care reports (ePCR’s) are filed with AZ-PIERS, a National EMS Information System (NEMSIS) gold complaint software agency. With this software, we can search for recent trends and define age-related injuries and illnesses.

The basis of any prevention targets and public education of Rural Metro dba Tri City Meds or the Town of Kearny is unknown. It cannot be determined if any demographic analysis has been completed as part of the CON by Rural Metro dba Tri City Meds or the Town of


Kearny.

Performance Indicator 5.6.12.1: Age.

Age-related injuries and illnesses (for example, pediatric, adolescent, geriatric) should be considered.

Description

There is no formal or informal process in place to evaluate the community profile components of the EMS system. Data from the private entity and municipal entity is not shared. Only the private and municipal entities required State filings are available to the public.

Appraisal

PRFR, as part of its national standard assessment process, has completed a comprehensive community analysis that takes into consideration available resources, customers, geography, demographics, risk assessment of facilities and other unique or special needs for the system. In addition, our electronic patient care reports (ePCR’s) are filed with AZ-PIERS, a National EMS Information System (NEMSIS) gold complaint software agency. With this software, we can search for recent trends and define age-related injuries and illnesses.

The basis of any community profile analysis of Rural Metro dba Tri City Meds or the Town of Kearny is unknown.

Performance Indicator 5.6.12.2: Socioeconomics.

A community's socioeconomic structure and its associated injuries and illnesses (e.g., violent crime, lack of prenatal care, neglect) should be considered.

Description

There is no formal or informal process in place to evaluate the community profile components of the EMS system. Data from the private entity or municipal entity is not shared. Only the private and municipal entities required State filings are available to the public.

Appraisal

PRFR, as part of its national accreditation process, has completed a comprehensive community analysis that takes into consideration available resources, customers, geography, demographics, risk assessment of facilities and other unique or special needs for the system. In addition, our electronic patient care reports (ePCR’s) are filed with AZ-PIERS, a National EMS Information System (NEMSIS) gold complaint software agency. With this software, we can search for recent trends and define socioeconomic related factors.
The basis of any community profile analysis of Rural Metro dba Tri City Meds or the Town of Kearny is unknown.

**Performance Indicator 5.6.12.3: Gender.**

Gender-related injuries and illnesses (e.g., disease rates and treatment plans) should be considered.

**Description**

There is no formal or informal process in place to evaluate the community profile components of the EMS system. Data from the private or municipal entities is not shared. Only the private and municipal entities required State filings are available to the public.

**Appraisal**

PRFR, as part of its national standard assessment process, has completed a comprehensive community analysis that takes into consideration available resources, customers, geography, demographics, risk assessment of facilities and other unique or special needs for the system. In addition, our electronic patient care reports (ePCR’s) are filed with AZ-PIERS, a National EMS Information System (NEMSIS) gold complaint software agency. With this software, we can search for recent trends and define gender-related factors.

The basis of any community profile analysis of Rural Metro dba Tri City Meds and the Town of Kearny is unknown.

**Performance Indicator 5.6.12.4: Culture and Ethnicity.**

Language, cultural diversity, and ethno-specific disease processes should be considered.

**Description**

There is no formal or informal process in place to evaluate the community profile components of the EMS system. Data from the private and municipal entities is not shared. Only the private and municipal entities required State filings are available to the public.

**Appraisal**

PRFR, as part of its national standard assessment process, has completed a comprehensive community analysis that takes into consideration available resources, customers, geography, demographics, risk assessment of facilities and other unique or special needs for the system. In addition, our electronic patient care reports (ePCR’s) are filed with AZ-PIERS, a National EMS Information System (NEMSIS) gold complaint software agency. With this software, we can search for recent trends and define culture and ethnic factors.
The basis of any community profile analysis of Rural Metro dba Tri City Meds or the Town of Kearny is unknown.

**Performance Indicator 5.6.12.5: Local Industry.**

Industrial area injuries and illnesses (e.g., exposure to hazardous materials, injuries from machinery) should be considered.

**Description**

There is no formal or informal process in place to evaluate the local industry components of the EMS system. Data from the private or municipal entities is not shared. Only the private and municipal entities required State filings are available to the public.

**Appraisal**

PRFR, as part of its national standard assessment process, has completed a comprehensive community analysis that takes into consideration available resources, customers, geography, demographics, risk assessment of facilities and other unique or special needs for the system. In addition, our electronic patient care reports (ePCR’s) are filed with AZ-PIERS, a National EMS Information System (NEMSIS) gold complaint software agency. With this software, we can search for recent trends and define culture and ethnic factors.

PRFR, as an all-risk agency, has also done a comprehensive community analysis in regards to the explicit risk assessments of the PRFR 911 service area. There are many specific Hazardous Materials, infrastructure (intermodal highway and rail, gas pipelines) and explosive risks in the PRFR 911 service area and PRFR Has preplanned these hazards have had response considerations preplanned in an effort to curtail collateral risks to first responders and citizens.

The basis of any local industry trend analysis of Rural Metro dba Tri City Meds and the Town of Kearny is unknown.

**Performance Indicator 5.6.13: Regulatory Environment.**

The EMS system should monitor the political and regulatory environments to analyze impacts on operations, funding, and personnel.

**Description**

The PRFR 911 service area’s EMS system is a legacy from many years ago. The system has been the result of the acquisition of a local ambulance service many years ago by the Rural Metro Corporation, the long-term operation of the Town of Kearny ambulance service, and the involvement of the PRFR in EMS. All entities have been involved in the system without a formal agreement or an effective coordination system. The standards are default standards that set the State’s minimum requirements and the CONs for the PRFR 911
service area as a standard for a rural community. The PRFR 911 service area has now grown to more than 5,500 residents without a change to its EMS systems standards. PRFR currently has not been able to set suburban/rural, compliant standards for the system.

Appraisal

The system, upon awarding of the CON for ambulance transport to PRFR, will provide a single entity with system oversight and responsibility to ensure clearly articulated and defined EMS system components. This Performance Indicator is fully met within the adopted “Needs Assessment” for EMS services to the PRFR 911 service area. The adopted “Needs Assessment” sets suburban/rural standards that are compliant with recognized national standards. The adopted “Needs Assessment” requires an EMS system planned for the demographics and environment unique to PRFR’s current situation.

The CONs presented by Rural Metro dba Tri City Meds and the Town of Kearny work to continue business as normal without a single entity having system oversight and responsibility and fails in many areas in the fulfillment of the adopted “Needs Assessment.”


The system analysis should consider other features unique to the system, such as special hazards, needs, and conditions that will affect service delivery.

Description

There is no formal or informal process in place to evaluate the components of the EMS system. Discussions are held ad hoc and opinions about the system’s performance are not shared. Data from the private and municipal entities is not shared. Only the private and municipal entities required State filings are available to the public.

Appraisal

The system being proposed by PRFR requires continuous evaluation and reevaluation of the system, the most rigorous of these being the requirement for accreditation of the provider. The system proposed would task the provider with compliance to the adopted “Needs Assessment.”

The CON proposal by Rural Metro dba Tri City Meds or the Town of Kearny does not provide accreditation nor are other adequate evaluation mechanisms provided for. The CON does not provide for mechanisms that determine if additional resource needs are met.

Performance Indicator 5.6.15: Disasters.

The potential for disasters as a function of unique jurisdictional features, characteristics, and risks should be considered.
Description

Overall responsibility of EMS in the PRFR 911 service area is with the AHJ. PRFR has a current Emergency Operations Plan (EOP) with designated responsibilities and resources. PRFR is designated to coordinate with Pinal County during a catastrophic event through an Emergency Operations Center.

Appraisal

PRFR’s EOP clearly details the disaster preparedness for the community and fully meets this Performance Indicator.

The disaster preparedness planning by Rural Metro dba Tri City Meds or the Town of Kearny is not known.

Performance Indicator 5.6.16: Medical Center Resources.

The system analysis should consider resources available through local hospitals (e.g., frequency of hospital “diversion” status, resource hospital training, resupply of disposables and medications, ALS quality assurance).

Description

Oro Valley Hospital (OVH) is the closest licensed hospital facility to the PRFR 911 service area. PRFR currently uses John C Lincoln Deer Valley Hospital (JCLDVH) for a Base Hospital but is in transition to a SAEMS Base Hospital facility. Rural Metro dba Tri City Meds, and the Town of Kearny use various SAEMS Base Hospital facilities as their Base Hospital. OVH does utilize “diversion” status. Re-supply of medications is coordinated through the OVH Pharmacy. All other supplies are obtained via purchasing through vendors. ALS quality assurance from JCLDVH, as a Base Hospital, is by the EMS Pre-hospital Coordinator.

Appraisal

PRFR will utilize a SAEMS Base Hospital upon transition.

Rural Metro dba Tri City Meds and the Town of Kearny utilize various SAEMS Base Hospital facilities as the Base Hospital. There ALS Quality Assurance programs are unknown.

Criterion 5.7 EMS System Planning.

Based on the comprehensive system analysis and the identified system priorities, the system should develop a plan for ongoing system design and improvements. Plan
development should include the components specified in 5.7.1 through 5.7.7.5.

**Description**

The current system is a legacy system. No formal or informal planning was undertaken in the systems design or management. PRFR has undertaken strategic planning and will continue to do so however there has been no participation by the private provider or municipal provider, and state mandated service levels have not changed in many years.

**Appraisal**

The adopted “Needs Assessment” is the first comprehensive planning process undertaken for the PRFR 911 service area. The “Needs Assessment” meets this Criterion.

The current CONs have no requirement for comprehensive planning and do not adequately plan for the combined identified needs of the PRFR 911 service area.

**Performance Indicator 5.7.1: Roles.**

Identification should be made of the roles and responsibilities of each position type needed for the EMS system to function, based on the needs and wants of the community.

**Description**

EMS providers in the PRFR 911 service area are certified to recognize State standards. Their roles and responsibilities are defined in the recognized curriculum and personnel are certified to an accepted scope of practice. Furthermore, each position within PRFR has an official job description.

**Appraisal**

The EMS Division of PRFR is the responsibility of an EMS Captain who reports to the Fire Chief. With an approved CON, PRFR has outlined EMS Supervisory Captain positions to support the function of the system and provide front-line supervision. PRFR maintains mandatory minimum staffing levels which includes at least one EMT-Paramedic on every medical transport unit. The “Needs Assessment” outlines the additional staffing of units with an approved CON. All fire apparatus will provide BLS capability and transport capable units will provide ALS capability.

Participants from Rural Metro dba Tri City Meds, the Town of Kearny, and their roles, are not clearly defined in the CON proposals.

**Performance Indicator 5.7.2: Financing.**

Annual operating budgets and capital budgets consistent with generally accepted accounting principles should be established.
Description

The EMS system in the PRFR 911 service area, under the current CONs, does not require a single entity for oversight of an operating and capital budget consistent with the accepted accounting principles. Presently there are four systems in place with independent responsibilities for overseeing elements of the EMS system. The entities oversee their own resources and organizations and there is no coordination and no consultation. Acceptance by the State of an entity’s ARCR may serve as prima facie compliance with this Performance Indicator.

The financial status of PRFR is documented in the ARCR. In addition, the financial accounting is performed by a Certified Public Accountant that is also a Corporate Controller.

Appraisal

PRFR has an operating budget and capital budget. The system proposed by PRFR fulfills this Performance Indicator in its entirety.

The proposed CON from Rural Metro dba Tri City Meds or the Town of Kearny does not address its local operating and/or capital budget status.

Performance Indicator 5.7.3: Resource Allotment.

Resources should be allocated appropriately between agencies in the system.

Description

Currently only the resources necessary to meet the minimal standards set in the PRFR 911 service area’s Rural CONs and the state’s minimum EMS standards are assured. Resources are added and deleted from this system on a daily and on a permanent basis unilaterally and without consultation. Resources are deployed on a unilateral basis resulting in uncertain staffing and extensive delays also without consultation.

Appraisal

The adopted “Needs Assessment” provides for adequate resources that have been modeled to provide the desired results and meet national standards.

The proposed CONs in place do not provide for a model of needed resources to meet the locally mandated performance measures which results in unknown staffing levels and extended response times.

Performance Indicator 5.7.4: Master Planning/Forecasting.

A master plan should be available that ensures that the necessary resources are available to the system and will meet the needs of future system requirements.
Description

The current system is a legacy system. No formal or informal planning was undertaken in the systems design or management. PRFR has undertaken strategic planning and will continue to do so, however, there has been no participation by the private or municipal provider and State-mandated service levels have not changed in over 20 years.

Appraisal

The adopted “Needs Assessment” is the first comprehensive planning process undertaken for the PRFR 911 service area. The “Needs Assessment” meets this Performance Indicator.

The proposed CONs have no requirement for comprehensive planning and do not adequately plan for the identified needs of the PRFR 911 service area.

Performance Indicator 5.7.5: Disaster/Catastrophe Planning.

The system should ensure that a plan is available to manage overwhelming or catastrophic events, including coordinating activities between and among providers.

Description

Overall responsibility of Emergency Management in Pinal County is with Pinal County. PRFR has a current Emergency Operations Plan (EOP) with designated responsibilities and resources. PRFR coordinates with Pinal County during a catastrophic event through an Emergency Operations Center.

Appraisal

PRFR has conducted extensive analysis and planning for catastrophic events. Our Emergency Operations Plan outlines the participants, their roles and responsibilities, and procedures for handling a catastrophic event. In addition, PRFR has mutual aid agreements with the Fire Chiefs Association of Pinal County (FCAPC) Fire Departments which is an all-risk compact, as well as the State of Arizona under a statewide Mutual Aid Compact.

Rural Metro dba Tri City Meds and the Town of Kearny have declined a mutual aid agreement with PRFR. Rural Metro dba Tri City Meds and the Town of Kearny’s mutual aid agreements with other departments are unknown.

Performance Indicator 5.7.6: Public Education and Injury/Illness Prevention.

The system plan should include components required to prevent the need for emergency responses.
Description

Presently there are four systems in place with independent responsibilities for overseeing elements of the EMS system. The entities oversee their own resources and organizations and there is no coordination and no consultation.

Appraisal

PRFR has a well established public education as well as an injury and illness prevention program that fully meets this Performance Indicator. Some topics include: CCC-CPR/AED training, general fire safety, school presentations, a chartered Explorer Post, a “Borrow an AED” program for public gatherings and school sporting events, and use of the FCAPC fire safety trailer.

The public education and injury/illness programs of Rural Metro dba Tri City Meds and the Town of Kearny are unclear.

Performance Indicator 5.7.6.1: Traditional Programs.

Traditional illness and injury prevention programs such as CPR and “Stop, Drop, and Roll” should be available and regularly provided to citizens in the system.

Description

Presently there are four systems in place with independent responsibilities for overseeing elements of the EMS system. The entities oversee their own resources and organizations and there is no coordination and no consultation.

Appraisal

PRFR has a well established public education as well as an injury and illness prevention program that fully meets this Performance Indicator. Some topics include: CCC-CPR/AED training, general fire safety, school presentations, a chartered Explorer Post, a “Borrow an AED” program for public gatherings and school sporting events, and use of the FCAPC fire safety trailer.

The public education and injury/illness programs of Rural Metro dba Tri City Meds and the Town of Kearny are unclear.

Performance Indicator 5.7.6.2: Other Programs.

The prevention and public education plan should include analysis of the environment and an analysis of the need for special prevention programs such as water/cold safety, immunization, and basic emergency care.
Description

Presently there are four systems in place with independent responsibilities for overseeing elements of the EMS system. The entities oversee their own resources and organizations and there is no coordination and no consultation.

Appraisal

PRFR has a well established public education as well as an injury and illness prevention program that fully meets this Performance Indicator. We tailor our safety messages to current trends and/or events.

The public education and injury/illness programs of Rural Metro dba Tri City Meds and the Town of Kearny are unclear.

Performance Indicator 5.7.6.3: Disaster Preparedness.

The system should coordinate with emergency management programs to ensure that citizens are prepared.

Description

Overall responsibility of Emergency Management in Pinal County is with Pinal County. PRFR has a current Emergency Operations Plan (EOP) with designated responsibilities and resources. PRFR coordinates with Pinal County during a catastrophic event through an Emergency Operations Centers.

Appraisal

PRFR EOP details the disaster preparedness for the PRFR 911 service area and fully meets this Performance Indicator.

The disaster preparedness planning by Rural Metro dba Tri City Meds and the Town of Kearny is not known.

Performance Indicator 5.7.7: Provider Support.

The system plan should address and consider methods to support individual providers in the system.

Description

Presently there are four systems in place with independent responsibilities for overseeing elements of the EMS system. The entities oversee their own resources and organizations
and there is no coordination and no consultation.

Appraisal

PRFR supports its personnel through several programs. Training and education are paramount to the success of the employee and organization. Health and wellness is essential for employee longevity. PRFR’s Employee Assistance Program (EAP) is a critical component of employee mental health. All these programs are identified in PRFR SOGs.

Rural Metro dba Tri City Meds and the Town of Kearny provider support is unknown.

Performance Indicator 5.7.7.1: Provider Training.

Provider training and support programs should ensure that providers receive training sufficient to meet local needs and support to ensure their continued participation.

Description

Presently there are four systems in place with independent responsibilities for overseeing elements of the EMS system. The entities oversee their own resources and organizations and there is no coordination and no consultation.

Appraisal

As an approved training center with the Emergency Care Safety Institute, PRFR conducts regular training and re-training of personnel in compliance with this Performance Indicator.

The training by Rural Metro dba Tri City Meds and the Town of Kearny is unknown.

Performance Indicator 5.7.7.2: Provider Safety.

The following provider safety programs should be in place to reduce the amount and severity of injuries incurred by providers:

- Equipment
- Training
- Accountability systems

Description

Presently there are four systems in place with independent responsibilities for overseeing elements of the EMS system. The entities oversee their own resources and organizations and there is no coordination and no consultation.

Appraisal

PRFR conducts regular training and re-training of personnel in compliance with this
Performance Indicator.

The training and risk assessment by Rural Metro dba Tri City Meds and the Town of Kearny are unknown.

**Performance Indicator 5.7.7.3: CISM.**

Critical incident stress management (CISM) programs designed to reduce acute and chronic effects of stress related to job functions should be established.

**Description**

Presently there are four systems in place with independent responsibilities for overseeing elements of the EMS system, including CISM. The entities oversee their own resources and organizations and there is no coordination and no consultation.

**Appraisal**

PCSO has a certified CISM Team and PRFR performs after incident reviews of every significant response. This system meets the Performance Indicator.

It is not known if Rural Metro dba Tri City Meds or the Town of Kearny has trained CISM members, a CISM Medical Director, or a CISM program.

**Performance Indicator 5.7.7.4: Wellness.**

Health and wellness programs should be in place to monitor and support the overall wellness of providers.

**Description**

Presently there are four systems in place with independent responsibilities for overseeing elements of the EMS system, including health and wellness. The entities oversee their own resources and organizations and there is no coordination and no consultation.

**Appraisal**

PRFR uses the NFPA’s 1500, 1582, and 1583 as guidelines for the health and wellness of its members. PRFR fully meets this Performance Indicator.

The health and wellness program of Rural Metro dba Tri City Meds or the Town of Kearny is not known.

**Performance Indicator 5.7.7.5: Emergency Management.**

Disaster preparedness programs should be in place to meet the unique needs of providers during catastrophic events.
**Description**

Overall responsibility of Emergency Management in Pinal County is with Pinal County. PRFR has a current Emergency Operations Plan (EOP) with designated responsibilities and resources. PRFR coordinates with Pinal County during a catastrophic event through an Emergency Operations Centers.

**Appraisal**

PRFR performs disaster preparedness assessments to meet the needs of personnel during catastrophic events. The EOP outlines operational tasks and where responsibilities lay. This system meets the Performance Indicator.

The disaster preparedness of Rural Metro dba Tri City Meds or the Town of Kearny is not known.

**Criterion 5.8: Continual Risk Assessment and Planning.**

The system should have in place a comprehensive process, articulated in a risk assessment plan and overall system design that provides continual analysis and mitigation of risk. The primary risk management processes include risk assessment (internal and external), risk elimination, risk avoidance and prevention, risk control, and loss control.

**Description**

Presently there are four systems in place with independent responsibilities for overseeing elements of the EMS system. The entities oversee their own resources and organizations and there is no coordination and no consultation.

**Appraisal**

PRFR conducts internal risk assessment and planning in compliance with this Criterion.

The risk assessment and planning of Rural Metro dba Tri City Meds and the Town of Kearny are unknown.

**Performance Indicator 5.8.1: Internal System Liabilities Risks.**

Internal system liabilities place individual agencies or the EMS system at risk. Examples of such risks include workplace violence, financial improprieties, discrimination, and harassment.

**Description**
Presently there are four systems in place with independent responsibilities for overseeing elements of the EMS system. Regular analysis of system data is not required. The entities oversee their own resources and organizations and there is no coordination and no consultation.

**Appraisal**

PRFR provides regular employee training and re-training in regards to the workplace environment. This system meets the Performance Indicator.

The training of employee of Rural Metro dba Tri City Meds and the Town of Kearny on the workplace environment is not known.

**Performance Indicator 5.8.2: External-Community Risks.**

External system liabilities place community members at risk. Examples include risks to the community from provider negligence, inappropriate vehicle operation, lack of compliance with training standards, improper maintenance, and inadequate quality assurance processes.

**Description**

Presently there are four systems in place with independent responsibilities for overseeing elements of the EMS system. Regular analysis of system data is not required. The entities oversee their own resources and organizations and there is no coordination and no consultation.

**Appraisal**

PRFR conducts regular training and re-training of personnel in compliance with this Performance Indicator.

The training and risk assessment by Rural Metro dba Tri City Meds and the Town of Kearny are unknown.

**Performance Indicator 5.8.3: Risk Control.**

Measures should be taken to guard against and protect personnel from potential exposures to risks.

**Description**

Presently there are four systems in place with independent responsibilities for overseeing elements of the EMS system. The entities oversee their own resources and organizations and there is no coordination and no consultation.
Appraisal

PRFR issues personal protective equipment (PPE) and provides risk control training to all personnel as defined in PRFR’s SOGs. PRFR is in compliance with this Performance Indicator.

The risk control measures by Rural Metro dba Tri City Meds and the Town of Kearny are not known.

Performance Indicator 5.8.4: Loss Control.

Measures should be taken to limit losses through processes such as early-return-to-work programs.

Description

Presently there are four systems in place with independent responsibilities for overseeing elements of the EMS system. The entities oversee their own resources and organizations and there is no coordination and no consultation.

Appraisal

PRFR complies with Workman’s Compensation policies regarding personnel injuries and is in compliance with this Performance Indicator.

The Workman’s Compensation and personnel injury compliance by Rural Metro dba Tri City Meds and the Town of Kearny are unknown.

Criterion 5.9: System Assessment Cycle.

The system should have a process in place to continually review and analyze the EMS system using an assessment cycle that includes the following components:

- Data collection
- Evaluation
- Analysis
- Proposing
- Planning
- Implementation

Description

Presently there are four systems in place with independent responsibilities for overseeing elements of the EMS system. Regular analysis of system data is not required. The entities oversee their own resources and organizations and there is no coordination and no consultation.
Appraisal

The system being proposed by PRFR requires continuous evaluation and reevaluation of the system, the most rigorous of these being the requirement for accreditation of the provider. PRFR is in compliance with this Performance Indicator.

The CON proposals by Rural Metro dba Tri City Meds and the Town of Kearny does not provide accreditation nor are other adequate evaluation mechanisms provided for. The CONs do not provide for mechanisms that ensure established requirements are met.

**Criterion 5.10: Current Conditions.**

System data should be used to identify current conditions and trends.

**Description**

Presently there are four systems in place with independent responsibilities for overseeing elements of the EMS system. Regular analysis of system data is not required. The entities oversee their own resources and organizations and there is no coordination and no consultation.

**Appraisal**

The system being proposed by PRFR requires continuous evaluation and reevaluation of the system, the most rigorous of these being the requirement for accreditation of the provider. This PRFR is in compliance with this Performance Indicator.

The CON proposals by Rural Metro dba Tri City Meds or the Town of Kearny does not provide accreditation nor are other adequate evaluation mechanisms provided for. The CONs do not provide for mechanisms that ensure established requirements are met.

**Performance Indicator 5.10.1: Changing Needs.**

The data should consider the nature of a changing geography over time, population distribution, and the alteration of the transportation network.

**Description**

Presently there are four systems in place with independent responsibilities for overseeing elements of the EMS system. Regular analysis of system data is not required. The entities oversee their own resources and organizations and there is no coordination and no consultation.

**Appraisal**

The system being proposed by PRFR requires continuous evaluation and reevaluation of the system, the most rigorous of these being the requirement for accreditation of the provider. This PRFR is in compliance with this Performance Indicator.

The CON proposals by Rural Metro dba Tri City Meds or the Town of Kearny does not provide accreditation nor are other adequate evaluation mechanisms provided for. The CONs do not provide for mechanisms that ensure established requirements are met.
provider. This PRFR is in compliance with this Performance Indicator.

The CON proposals by Rural Metro dba Tri City Meds and the Town of Kearny do not provide accreditation nor are other adequate evaluation mechanisms provided for. The contract does not provide for mechanisms that ensure established requirements are met.

**Performance Indicator 5.10.1.1: Changes in Transportation.**

Transportation network changes should be monitored and considered.

**Description**

Presently there are four systems in place with independent responsibilities for overseeing elements of the EMS system. Regular analysis of system data is not required. The entities oversee their own resources and organizations and there is no coordination and no consultation.

**Appraisal**

The system being proposed by PRFR requires continuous evaluation and reevaluation of the system, the most rigorous of these being the requirement for accreditation of the provider. PRFR is in compliance with this Performance Indicator.

The CON proposals by Rural Metro dba Tri City Meds or the Town of Kearny do not provide accreditation nor are other adequate evaluation mechanisms provided for. The CON proposals do not provide for mechanisms that ensure established requirements are met.

**Performance Indicator 5.10.1.2: Changing Political Boundaries.**

The plan should include new contract annexations and the effect of such annexations on service provision or system financing.

**Description**

Presently there are four systems in place with independent responsibilities for overseeing elements of the EMS system. Regular analysis of system data is not required. The entities oversee their own resources and organizations and there is no coordination and no consultation.

**Appraisal**

PRFR has completed a secondary facilities assessment that looks at the potential for future growth of our response boundary and the economic impact of expanding service delivery to these newly added areas. In addition, the secondary facilities assessment document defines the PRFR 911 service area in terms of Fire/Response Management Zones. This detailed
community profile will provide valuable information to smartly expand our service delivery.

The system being proposed by PRFR requires continuous evaluation and reevaluation of the system, the most rigorous of these being the requirement for accreditation of the provider. The system proposed would task the provider with compliance to the adopted “Needs Assessment.” PRFR is in compliance with this Performance Indicator.

The CON proposals by Metro dba Tri City Meds and the Town of Kearny do not provide accreditation nor are other adequate evaluation mechanisms provided for. The CON proposals by Metro dba Tri City Meds and the Town of Kearny do not provide for mechanisms that ensure established requirements are met.

Performance Indicator 5.10.1.3: Regional Changes.

Regional changes (e.g., changing regional disaster risk areas, financial trends affecting entire regions) should be monitored, evaluated, and planned for.

Description

Presently there are four systems in place with independent responsibilities for overseeing elements of the EMS system in the PRFR 911 service area. Regular analysis of regional changes is not done. The entities oversee their own resources and organizations and there is no coordination and no consultation.

Appraisal

The system being proposed by PRFR requires continuous evaluation and reevaluation of the system, the most rigorous of these being the requirement for accreditation of the provider. PRFR is in compliance with this Performance Indicator.

The CON proposals by Metro dba Tri City Meds and the Town of Kearny do not provide accreditation nor are other adequate evaluation mechanisms provided for. The contract does not provide for mechanisms that ensure established requirements are met.

Performance Indicator 5.10.2: Changing Demographics.

The regular review should, at a minimum, re-evaluate the changing demographic trends in the system.

Description

Presently there are three systems in place with independent responsibilities for overseeing elements of the EMS system in the PRFR 911 service area. Regular analysis of changing demographics is not required. The entities oversee their own resources and organizations and there is no coordination and no consultation.

Appraisal
The system being proposed by PRFR requires continuous evaluation and reevaluation of the system, the most rigorous of these being the requirement for accreditation of the provider. PRFR is in compliance with this Performance Indicator.

The CON proposals by Metro dba Tri City Meds or the Town of Kearny do not provide accreditation nor are other adequate evaluation mechanisms provided for. The contract does not provide for mechanisms that ensure established requirements are met.

Performance Indicator 5.10.2.1: Short-Term Changes.

Individual events, such as public events and sporting events, may cause short-term demographic shifts.

Description

Presently there are three systems in place with independent responsibilities for overseeing elements of the EMS system. Regular analysis of short-term changes is not required. The entities oversee their own resources and organizations and there is no coordination and no consultation.

Appraisal

The system being proposed by PRFR requires continuous evaluation and reevaluation of the system, the most rigorous of these being the requirement for accreditation of the provider. PRFR is in compliance with this Performance Indicator.

The CON proposals by Metro dba Tri City Meds or the Town of Kearny do not provide accreditation nor are other adequate evaluation mechanisms provided for. The CON proposals by Rural Metro or the Town of Kearny do not provide for mechanisms that ensure established requirements are met.

Performance Indicator 5.10.2.2: Long-Term Changes.

Long-term changes (such as an aging population) should be considered when re-evaluating the plan.

Description

Presently there are three systems in place with independent responsibilities for overseeing elements of the EMS system. Regular analysis of long-term changes is not required. The entities oversee their own resources and organizations and there is no coordination and no consultation.

Appraisal
The system being proposed by PRFR requires continuous evaluation and reevaluation of the system, the most rigorous of these being the requirement for accreditation of the provider. PRFR is in compliance with this Performance Indicator.

The CON proposals by Metro dba Tri City Meds or the Town of Kearny does not provide accreditation nor are other adequate evaluation mechanisms provided for. The CON proposals by Metro dba Tri City Meds or the Town of Kearny does not provide for mechanisms that ensure established requirements are met.

Performance Indicator 5.10.3: Changing Public Health Conditions

The system should conduct external environmental scans to anticipate or identify new public health threats in order to prepare the EMS system to respond to such threats.

Description

Presently there are two systems in place with independent responsibilities for overseeing elements of the EMS system. Regular analysis of changing public health conditions is not required. The entities oversee their own resources and organizations and there is no coordination and minimal consultation.

Appraisal

The system being proposed by the City requires continuous evaluation and reevaluation of the system, the most rigorous of these being the requirement for accreditation of the provider. PRFR is in compliance with this Performance Indicator.

The contract proposal by Metro dba Tri City Meds does not provide accreditation nor are other adequate evaluation mechanisms provided for. The contract does not provide for mechanisms that ensure established requirements are met.

Performance Indicator 5.10.4: Unique Local Needs.

Unique features and hazards should be monitored when the EMS system plan is updated.

Description

Presently there are four systems in place with independent responsibilities for overseeing elements of the EMS system. Regular analysis of local needs is not done. The entities oversee their own resources and organizations and there is no coordination and no consultation.

Appraisal

The system being proposed by PRFR requires continuous evaluation and reevaluation of
the system, the most rigorous of these being the requirement for accreditation of the provider. The system proposed would task the provider with compliance to the adopted “Needs Assessment.” PRFR is in compliance with this Performance Indicator.

The CON proposals by Rural Metro dba Tri City Meds or the Town of Kearny do not provide accreditation nor are other adequate evaluation mechanisms provided for. The CON proposals by Rural Metro dba Tri City Meds or the Town of Kearny do not provide for mechanisms that ensure established requirements are met.

**Performance Indicator 5.11: Data Element/Collection/Analysis/Reporting.**

Regular analysis of system component data should be conducted to determine dynamic needs.

**Description**

Presently there are four systems in place with independent responsibilities for overseeing elements of the EMS system. Regular analysis of system data is not done. The entities oversee their own resources and organizations and there is no coordination and no consultation.

**Appraisal**

The system being proposed by PRFR requires continuous evaluation and reevaluation of the system, the most rigorous of these being the requirement for accreditation of the provider. The system proposed would task the provider with compliance to the adopted “Needs Assessment.” PRFR is in compliance with this Performance Indicator.

The CON proposals by Rural Metro dba Tri City Meds or the Town of Kearny do not provide accreditation nor are other adequate evaluation mechanisms provided for. The CON proposals by Rural Metro dba Tri City Meds or the Town of Kearny do not provide for mechanisms that ensure established requirements are met.

**Performance Indicator 5.11.1: Regular Re-evaluation of Data.**

EMS system performance measure data should be reviewed at least annually to evaluate the specific components within the system. Each component should be evaluated more often based on the original intent of the system and established protocols.

**Description**

There is no formal or informal process in place to evaluate the components of the EMS system. Discussions are not held and opinions about the system’s performance are not shared. Data from the private and municipal entities is not shared. Only the private and municipal entities required State filings are available to the public.
Appraisal

The system being proposed by PRFR requires continuous evaluation and reevaluation of the system, the most rigorous of these being the requirement for accreditation of the provider. The system proposed would task the provider with compliance to the adopted “Needs Assessment.”

The CON proposals by Rural Metro or the Town of Kearny do not provide accreditation nor are other adequate evaluation mechanisms provided for. The CON proposals by Rural Metro or the Town of Kearny do not provide for mechanisms that ensure established requirements are met.

Performance Indicator 5.11.2: Data Sharing.

System data should be shared, as legally appropriate, among agencies and medical facilities in the system.

Description

There is no formal or informal process in place to evaluate the components of the EMS system in the PRFR 911 service area. Discussions are not held and opinions about the system’s performance are not shared. Data from the private or municipal entities is not shared. Only the private and municipal entities required State filings are available to the public.

Appraisal

The system being proposed by PRFR requires continuous evaluation and reevaluation of the system, the most rigorous of these being the requirement for accreditation of the provider. The system proposed would task the provider with compliance to the adopted “Needs Assessment.”

The CON proposals by Rural Metro or the Town of Kearny do not provide accreditation nor are other adequate evaluation mechanisms provided for. The CON proposals by Rural Metro or the Town of Kearny do not provide for mechanisms that ensure established requirements are met.

Performance Indicator 5.12: Feedback Loop.

A feedback mechanism should be in place to ensure that proposed and implemented changes in the system result in the desired improvements and meet the goals and objectives identified by EMS system planners.

Description

There is no formal or informal process in place to evaluate the components of the EMS system in the PRFR 911 service area. Discussions are not held and opinions about the system’s performance are not shared. Data from the private or municipal entities is not
shared. Only the private or municipal entities required State filings are available to the public.

**Appraisal**

The system being proposed by PRFR requires continuous evaluation and reevaluation of the system, the most rigorous of these being the requirement for accreditation of the provider. PRFR is in compliance with this Performance Indicator.

The CON proposals by Rural Metro dba Tri City Meds or the Town of Kearny do not provide accreditation nor are other adequate evaluation mechanisms provided for. The CON proposals by Rural Metro dba Tri City Meds or the Town of Kearny do not provide for mechanisms that ensure established requirements are met.
Chapter 6. Finance

Criterion 6.1: Determining Cost of System.

The system plan should include a method for determining costs. Methodologies have been specified to identify all costs associated with EMS elements or components. Different methods exist for determining costs for public and private organizations; costing of services may have different applications. Therefore, a number of national organizations have developed cost allocation methods, each with its own applications, benefits, and shortcomings.

Description

The system costs and methodologies are for the most part governed by ADHS. There is an existing requirement to periodically submit an Ambulance Revenue and Cost Report (ARCR) to this governing body. Acceptance by the State of an entity’s ARCR may serve as prima facie compliance with this Criterion.

Costs are not currently accounted for within the entire system using the ARCR required by the State. Unintended subsidies are not identified.

Appraisal

The system proposed by PRFR fulfills this Criterion in its entirety and is inclusive of the submission of the ARCR to the State with its CON.

Rural Metro dba Tri City Meds CON reporting requirements may fulfill the submission requirements for the ARCR; however, it is unknown what auditing practices have been completed in regards to the financial reporting. Similarly, the financial reporting methodology may be flawed as it indicates the services provided within the PRFR 911 service area may also subsidizes their overall CONs system in Pinal and Pima Counties.

The Town of Kearny’s CON reporting requirements may fulfill the submission requirements for the ARCR; however, it is unknown what auditing practices have been completed in regards to the financial reporting. Similarly, the financial reporting methodology may be flawed as it indicates the services provided within the PRFR 911
service area may also subsidize their overall CON.

**Performance Indicator 6.1.1: Specification and Categorization of Direct Costs.**

The EMS system should be able to define the direct costs of each system element.

**Description**

Acceptance by the State of an entity’s ARCR may serve as prima facie compliance with this Performance Indicator.

**Appraisal**

The annual system element accounting system proposed by PRFR fulfills this Performance Indicator in its entirety and is also inclusive with the submission of the ARCR to the State with its CON Application.

The CON proposals by Rural Metro dba Tri City Meds or the Town of Kearny do not provide accreditation nor are other adequate evaluation mechanisms provided for. The CON proposals by Rural Metro or the Town of Kearny do not provide for mechanisms that ensure established requirements are met although they have satisfactorily submitted and have an approved ARCR.

**Performance Indicator 6.1.1.1: Direct Operating Costs.**

Direct operating costs should be established for each phase of operations. The direct costs are those that can be assigned directly to a particular component of the operation, and should include start-up and ongoing costs. The EMS system should be able to understand and recognize the nature of the costs required to start up a new phase of operations and perpetuate those operations.

**Description**

Acceptance by the State of an entity’s ARCR may serve as prima facie compliance with this Performance Indicator.

**Appraisal**

The annual element evaluation system proposed by PRFR fulfills this Performance Indicator in its entirety and is inclusive of the submission of the ARCR to the State with its CON Application.

The CON proposals by Rural Metro dba Tri City Meds or the Town of Kearny do not provide accreditation nor are other adequate evaluation mechanisms provided for. The CON proposals by Rural Metro dba Tri City Meds or the Town of Kearny do not provide for mechanisms that ensure established requirements are met and fails to account for this Performance Indicator although they have satisfactorily submitted and have an approved ARCR.
ARCR.

Performance Indicator 6.1.1.2: Start-up Costs.

The system should identify the start-up costs of the operation. At a minimum, the system should be able to identify and calculate the start-up costs for the following:
- Emergency medical and other equipment
- Vehicles
- Supplies and materials
- Facilities
- Primary personnel
- Direct labor
- Support personnel
- Training, including certification and licensing fees

Description

Acceptance by the State of an entity’s ARCR may serve as prima facie compliance with this Performance Indicator.

Appraisal

The system proposed by PRFR fulfills this Performance Indicator in its entirety and is inclusive of both the submission of the ARCR to the State with its CON Application along with sound system planning by purchasing all necessary transport vehicles, EMS equipment, and supplies for infrastructure in advance of the CON application process.

The CON proposals by Rural Metro dba Tri City Meds or the Town of Kearny do not provide accreditation nor are other adequate evaluation mechanisms provided for. The CON proposals by Rural Metro or the Town of Kearny do not provide for mechanisms that ensure established requirements are met although they have satisfactorily submitted and have an approved ARCR.

Performance Indicator 6.1.1.3: Continuing Costs

The system should identify the ongoing or continuous costs of delivering EMS services. At a minimum, the system should be able to identify and calculate and, if appropriate, allocate the ongoing replacement and maintenance costs for the following:
- Emergency medical and other equipment
- Vehicles
- Fuel
- Supplies and materials
- Facilities
- Ongoing personnel
- Primary personnel costs, including salaries and all associated pay-related costs
- Personnel benefits
- Support personnel
- Ongoing communications system
- Ongoing training, including certification and licensing fees

Description

Acceptance by the State of an entity’s ARCR may serve as prima facie compliance with this Performance Indicator.

Appraisal

The evaluation system proposed by PRFR fulfills this Performance Indicator in its entirety inclusive with the submission of the ARCR to the State with its CON Application.

The CON proposals by Rural Metro dba Tri City Meds or the Town of Kearny do not provide accreditation nor are other adequate evaluation mechanisms provided for. The CON proposals by Rural Metro or the Town of Kearny do not provide for mechanisms that ensure established requirements are met although they have satisfactorily submitted and have an approved ARCR.

Performance Indicator 6.1.2: Specification and Categorization of Indirect Costs.

The EMS system should be able to identify the indirect cost of each system element. The indirect cost should be allocated based on the level of effort required to perform different types of work. Some examples of such costs include the following:
- Insurance noncovered expenses
- Legal services and consultation
- Medical oversight
- Contract services
- Regulatory compliance
- Billing services
- Information management

Description

Acceptance by the State of an entity’s ARCR may serve as prima facie compliance with this Performance Indicator.

Appraisal

The system proposed by PRFR fulfills this Performance Indicator in its entirety and is inclusive with the submission of the ARCR to the State with its CON Application.

The CON proposals by Rural Metro dba Tri City Meds or the Town of Kearny do not provide accreditation nor are other adequate evaluation mechanisms provided for. The CON proposals by Rural Metro or the Town of Kearny do not provide for mechanisms that
ensure established requirements are met although they have satisfactorily submitted and have an approved ARCR.

**Criterion 6.2: Method for Anticipating System Funding Sources.**

The EMS system should be able to identify and predict the revenue sources available to support a viable EMS system. Given the diversity of funding sources for EMS systems, the system should take into consideration the following potential funding sources:

Fee-for-service resources such as the following:
- Private pay
- Third-party pay
- Bad debt or contractual allowances based on uncollected revenues
- Government reimbursement, such as the following:
  - Medicare
  - Medicaid
- Military/government and dependent care
- Contractual agreements such as the following:
  - Capitated agreement
  - Contract service
  - Special event
- Public and private grants
- Public funding, such as the following:
  - Taxes
  - EMS operating levies
  - Bond levies
  - Statutory revenue
  - Corporate funding, if available
  - Civic group funding
  - Public and private donations
  - Subscription programs
  - Investment revenues
  - Other subsidies
  - Foundations

**Description**

Acceptance by the State of an entity’s ARCR may serve as prima facie compliance with this Criterion.

**Appraisal**

The system proposed by PRFR fulfills this Criterion in its entirety and is inclusive of the submission of the ARCR to the State with its CON Application. PRFR also has access to many additional funding sources not available to for-profit corporations and municipal entities.
The CON proposals by Rural Metro dba Tri City Meds or the Town of Kearny do not provide accreditation nor are other adequate evaluation mechanisms provided for. The CON proposals by Rural Metro dba Tri City Meds or the Town of Kearny do not provide for mechanisms that ensure established requirements are met.

**Criterion 6.3: Use of Revenue and Cost Analysis.**

System planning should use revenue and cost analyses to establish system priorities, goals, and objectives, and allow the system to predict future financial capabilities.

**Description**

Acceptance by the State of an entity’s ARCR may serve as prima facie compliance with this Criterion.

**Appraisal**

The system proposed by PRFR fulfills this Criterion in its entirety and is inclusive of the submission of the ARCR to the State with its CON Application.

**Criterion 6.4: Financial Plans.**

A financial plan should be developed that reflects sound analysis and planning of short- and long-term operating need. While financial planning at the system level may not be achievable for all types of systems, all EMS systems should be concerned about the financial ability of agencies to ensure ongoing operations.

**Description**

Acceptance by the State of an entity’s ARCR may serve as prima facie compliance with this Criterion.

**Appraisal**

The system proposed by PRFR fulfills this Criterion in its entirety and is inclusive of the submission of the ARCR to the State with its CON Application.

**Performance Indicator 6.4.1: Short-Term Financial Plan.**

A short-term financial plan should be created for providing ongoing services. Short-term financial planning should be represented through annual operating and capital budgets.

**Description**
Acceptance by the State of an entity’s ARCR may serve as prima facie compliance with this Performance Indicator.

**Appraisal**

The system proposed by PRFR fulfills this Performance Indicator in its entirety and is inclusive of the submission of the ARCR to the State with its CON Application.

**Performance Indicator 6.4.1.1: Operating Budget.**

An operating budget should be prepared, approved, and reviewed regularly.

**Description**

Acceptance by the State of an entity’s ARCR may serve as prima facie compliance with this Performance Indicator.

**Appraisal**

The system proposed by PRFR fulfills this Performance Indicator in its entirety and is inclusive of the submission of the ARCR to the State with its CON Application.

**Performance Indicator 6.4.1.2: Capital Budget.**

A capital budget should be prepared, approved, and reviewed regularly.

**Description**

Acceptance by the State of an entity’s ARCR may serve as prima facie compliance with this Performance Indicator.

**Appraisal**

The system proposed by PRFR fulfills this Performance Indicator in its entirety and is inclusive of the submission of the ARCR to the State with its CON Application.

**Performance Indicator 6.4.2: Long-Term Plan.**

A long-term financial plan should be developed to forecast long-term capital needs, potential changes in revenue streams, and potentials for new or alternate methods of providing services. The following are considerations for long-term financial planning for EMS systems:

- The potential for new services
- The potential for changes in reimbursement structures
- Development of a contingency plan for unknown or unanticipated expenditures
- Justification for resources and requirements
- A cash flow forecast
- A revenue projection

**Description**

Acceptance by the State of an entity’s ARCR may serve as prima facie compliance with this Performance Indicator.

**Appraisal**

The system proposed by PRFR fulfills this Performance Indicator in its entirety and is inclusive of the submission of the ARCR to the State with its CON Application.

**Criterion 6.5: Business Analysis.**

A business analysis should be conducted at regular intervals. A business analysis allows the EMS system to monitor its performance and compares its performance against contemporary benchmarks. The following are recognized elements that should be considered in a business analysis:

- Financial performance measures
- Market analysis, including prevailing rates
- Cost shifting, if present
- Maintenance of adequate reserves to ensure ongoing operations
- Matching resources to requirements to ensure that funding is adequate
- Development of a standardized cost analysis too.

**Description**

Acceptance by the State of an entity’s ARCR may serve as prima facie compliance with this Criterion.

**Appraisal**

The system proposed by PRFR fulfills this Criterion in its entirety and is inclusive of the submission of the ARCR to the State with its CON Application.

**Criterion 6.6: Additional Financial Issues.**

The system should consider additional issues. Given the diversity of local EMS systems, local agencies should be able to identify or recognize fiscal considerations that are beyond the scope of standard financial practices.

**Description**

Acceptance by the State of an entity’s ARCR may serve as prima facie compliance with this Criterion.
Appraisal

The system proposed by PRFR fulfills this Criterion in its entirety and is inclusive of the submission of the ARCR to the State with its CON Application.

Performance Indicator 6.6.1: Collections.

The collection methodology should be appropriate and reviewed regularly. The EMS system should recognize the uniqueness, importance, and value of the financial reimbursement and collection process. The EMS system should regularly evaluate billing methodologies.

Description

Acceptance by the State of an entity’s ARCR may serve as prima facie compliance with this Performance Indicator.

Appraisal

The system proposed by PRFR fulfills this Performance Indicator in its entirety and is inclusive of the submission of the ARCR to the State with its CON Application. PRFR utilizes a their-party billing service for revenues.

Performance Indicator 6.6.1.1: Regulatory Restrictions.

Regulatory restrictions should be considered with respect to the billing process. Collection methods should recognize and consider the following local, state, and federal requirements:

- Health Insurance Portability and Accountability Act (HIPAA)
- Medicare and Medicaid
- Employee Retirement Income Security Act
- State and federal insurance regulations

Description

Acceptance by the State of an entity’s ARCR may serve as prima facie compliance with this Performance Indicator.

Appraisal

The system proposed by PRFR fulfills this Performance Indicator in its entirety and is inclusive of the submission of the ARCR to the State with its CON Application.

Performance Indicator 6.6.1.2: Collection Process.

The collection process should be appropriate to the system. The EMS system should ensure
that methods are in place to evaluate collection processes and should ensure that those processes are consistent with community expectations. The following collection processes should be considered by the EMS system:

- In-house collections
- Regular evaluation of collection rates
- Contracted collection
- Payer requirements
- Appropriate documentation for the system, and provision of training to ensure appropriate documentation

**Description**

Acceptance by the State of an entity’s ARCR may serve as prima facie compliance with this Performance Indicator.

**Appraisal**

The system proposed by PRFR fulfills this Performance Indicator in its entirety and is inclusive of both the submission of the ARCR to the State with its CON Application. PRFR utilizes a third-party billing service for revenues.

**Performance Indicator 6.6.2: Financial Reporting.**

The system should be prepared to provide financial reporting information that articulates the financial health and performance of the system. At a minimum, the financial report should include the following:

- Gross billings
- Collection rate
- Billing mix (ALS, BLS, scheduled, unscheduled, miles per transport, and other billing codes according to local standards)
- Payer mix, including uninsured
- Accounts receivable turnover rate
- Bad debt expense
- Contractual allowances
- Write-offs
- Net revenues

**Description**

Acceptance by the State of an entity’s ARCR may serve as prima facie compliance with this Performance Indicator.

**Appraisal**

The system proposed by PRFR fulfills this Performance Indicator in its entirety and is
inclusive of the submission of the ARCR to the State with its CON Application.

**Performance Indicator 6.6.3: Partnerships should be considered.**

The system should take steps to forge partnerships when appropriate. In an effort to reduce overall system expenditures, the EMS system should consider taking advantage of fiscal and operating synergies where opportunities exist for collaborative relationships within the system.

**Description**

The current system does not lend itself to effective financial partnerships. Operating synergies have not been considered in relation to their ability to reduce overall expenditures. Financial resources are not allocated in relation to costs. Collaborative relationships are nonexistent.

**Appraisal**

The system proposed PRFR fulfills this Performance Indicator in its entirety.
Chapter 7. Medical Oversight

Criterion 7.1: General.

Effective medical direction ensures that physician(s) have appropriate clinical oversight of the EMS system. This includes, for example, oversight of on-line and off-line medical direction, protocol development, clinical quality assurance and improvement, understanding of emergency operations, and field observations.

Description

Medical direction of the EMS system is provided by a physician contracted by John C Lincoln Deer Valley Hospital (JCLDVH). This physician, the Medical Director, works in cooperation with the JCLDVH Pre-hospital EMS Coordinator and the JCLDVH Prehospital Committee to develop protocols and provide oversight for the EMS System. This medical director, along with the Pre-hospital EMS Coordinator gives limited guidance to coordinate the emergency operations and field operations.

PRFR is in the process of transferring to Oro Valley Hospital for Medical Direction to be consistent with the regional agencies for the betterment of continuum of care for patients in the PRFR 911 service area.

Appraisal

The proposed plan submitted by PRFR handles the medical direction in the same manner it does today. The improvement comes from the ability to provide the stated objectives to a single provider.

Medical direction is complicated by the different demographic and geographic characteristics of the different areas of the region. Protocols that are effective for urban areas often are not what are needed in the rural areas of the PRFR 911 service area.

Criterion 7.2: Single Medical Authority.
The system should have in place a single medical authority, or medical authority structure, responsible for patient care oversight and responsibility. Individual agencies in the system may have medical directors that provide agency-specific oversight.

**Description**

The EMS system in place currently has three agencies providing EMS to the PRFR 911 service area. These agencies receive medical authority from the Base Hospital, Oro Valley Hospital. At this time no agency has a Medical Director independent of the Base Hospital.

**Appraisal**

PRFR’s proposal would continue to receive medical oversight from the Oro Valley Hospital after transition from JCLDVH.

**Criterion 7.3: System Support of Medical Authority.**

The system should provide the resources necessary to ensure that the medical authority can fulfill his or her obligations. Some examples may include physical infrastructure, staff support, communications, and liability coverage.

**Description**

Currently, the resources necessary to ensure that the medical authority can fulfill his or her obligations is the responsibility of Oro Valley Hospital. The Base Hospital has been fulfilling this role since the beginning of ALS service in Oro Valley.

**Appraisal**

PRFR’s proposal would not change the way the medical authority is providing its resources after transition from JCLDVH.

**Criterion 7.4: Medical Authority Role.**

The medical authority should provide oversight for the EMS system; however, the medical authority, in some cases, may be the same person as the medical director. The role of the medical authority for the system should be clearly defined and should include the following responsibilities:

- Recommending certification, recertification, and decertification of nonphysician prehospital personnel to the appropriate certifying agency
- Establishing an EMS advisory committee to review system medical issues
- Providing direction and authorization for the development and revision of systemwide protocols, policies, and procedures for all patient care activities from dispatch through triage, treatment, and transport
• Establishing criteria for the provider training level of initial emergency response
• Establishing criteria for determining the most appropriate patient destination
• Ensuring the competency of personnel who provide direct medical oversight to prehospital personnel including, but not limited to, physicians, EMT’s, and nurses
• Establishing the procedures or protocols under which nontransport of patients is permitted
• Providing direction and authorization for educating and testing to the level of proficiency approved for different certification levels within the EMS system
• Providing direction for an effective system wide quality improvement program
• Providing direction and authorization for personnel eligibility to provide patient care
• Removing authorization for personnel eligibility to provide patient care for due cause, using an approved review and appeals mechanism
• Establishing functional criteria for equipment used in patient care

**Description**

The current EMS system uses a Pre-hospital EMS Coordinator and the EMS Medical Director as the authority over the EMS system. These responsibilities are listed as responsibilities of the Medical Director by Arizona Administrative Code, Article 9 Chapter 25.

**Appraisal**

These responsibilities would remain the same under the proposal submitted by PRFR.

**Criterion 7.5: Medical Director Responsibilities.**

The primary responsibility of the agency's medical director should be to ensure quality patient care, from EMS system access to transfer to definitive care. In addition, the physician(s) should perform the following:

• Serve as patient advocate
• Set and ensure compliance with patient care standards, including communication standards and medical protocols
• Provide direction and authorization for the development and revision of system wide protocols, policies, and procedures for all patient care activities from dispatch through triage, treatment, and transport
• Develop and implement the process for the provision of direct medical oversight
• Establish the appropriateness of initial qualifications of prehospital personnel involved in patient care and EMD
• Ensure that the qualifications of prehospital personnel involved in patient care and EMD are maintained
• Provide direction for effective quality improvement programs for continuous system and patient care improvement
• Promote EMS research
• Maintain liaison with the medical community, including but not limited to hospitals, emergency departments, physicians, prehospital providers, and nurses
• Interact with regional, state, and local EMS authorities to ensure that standards, needs, and requirements are met and resources are optimized
• Participate in planning activities such as mutual aid, disaster planning and management, and hazardous materials response
• Promote public education consistent with system goals
• Maintain knowledge levels appropriate for an EMS medical director through continued education
• Actively participate in on-scene activities with appropriate training

Description

These responsibilities are listed as responsibilities of the Medical Director by Arizona Administrative Code, Article 9 Chapter 25.

Appraisal

These responsibilities would remain the same under the proposal submitted by PRFR.

Criterion 7.6: Direct and Indirect Medical Oversight.

Medical directors may provide direct and indirect (on-line and off-line) medical oversight.

Description

The responsibilities of the Medical Director are set by the State of Arizona by Arizona Administrative Code, Article 9 Chapter 25. These cover on-line and off-line oversight.

Appraisal

These responsibilities would remain the same under the proposal submitted by PRFR.

Performance Indicator 7.6.1: Medical Oversight.

During direct medical oversight, the medical director (or designee) should provide voice or other real-time communication to the practitioner.

Description

The current EMS system provides a redundant communications system that allows direct communication with the on-line physician. This is a requirement set by the State of Arizona by Arizona Administrative Code, Article 9 Chapter 25.

Appraisal
This system would remain the same under the proposal submitted by PRFR.

**Performance Indicator 7.6.2: Indirect Medical Oversight.**

Indirect medical oversight includes prospective medical oversight and retrospective medical evaluation.

**Description**

The current EMS system provides indirect medical oversight as required by the State of Arizona, Arizona Administrative Code, Title 9, Chapter 25.

**Appraisal**

This would remain the same under the proposal submitted by PRFR.

**Performance Indicator 7.6.2.1: Methods.**

Prospective methods may include participating in the training, testing, and certification of providers, protocol development, operational policy and procedures development, and legislative activities.

**Description**

The current EMS system provides prospective methods as required by the State of Arizona, Arizona Administrative Code, Title 9, Chapter 25.

**Appraisal**

This would remain the same under the proposal submitted by PRFR.

**Performance Indicator 7.6.2.2: Retrospective Activities.**

Retrospective activities should include participation in medical audit and review of care.

**Description**

The current EMS system provides retrospective activities as required by the State of Arizona, Arizona Administrative Code, Title 9, Chapter 25.

**Appraisal**

This would remain the same under the proposal submitted by PRFR.

**Performance Indicator 7.6.2.3: Use of Committees.**
Various aspects of prospective and retrospective medical oversight can be handled by committees functioning under the medical director with representation from appropriate medical and EMS personnel.

Description

The current system has a Prehospital Care Committee that provides support to the Medical Director and Pre-hospital EMS Coordinator. The committee membership is made up of personnel from all agencies within the EMS System.

Appraisal

The proposed system would keep the Prehospital Care Committee intact.

**Performance Indicators 7.6.3: Use of Standards.**

Standards should be established for the certification, training, and monitoring of other system physicians.

Description

Currently, the EMS system requirements for physicians are set by the State of Arizona in the Arizona Administrative Code Article 9, Chapter 25.

Appraisal

The PRFR ambulance proposal would address this requirement in the same way.

**Criterion 7.7: Medical Director Qualifications.**

To optimize medical oversight of all prehospital EMS’s, physicians should have the following qualifications as described by the American College of Emergency Physicians (ACEP) and National Association of EMS Physicians (NAEMSP):

- License to practice medicine or osteopathy within the system's boundaries
- Familiarity with the design and operation of prehospital EMS systems
- Experience or training in prehospital emergency care
- Experience or training in medical oversight of prehospital emergency units
- Active participation in the emergency department management of the acutely ill or injured patient
- Experience or training in the instruction of prehospital personnel
- Experience or training in the EMS quality improvement process
- Knowledge of EMS laws and regulations
- Knowledge of EMS dispatch and communications
- Knowledge of local mass casualty and disaster plans
- Preferred board certified in emergency medicine: American Board of Emergency Medicine (ABEM); American Osteopathic Board of Emergency Medicine (AOBEM)
- Preferred completed fellowship training in EMS

**Description**

Currently the Medical Director that has oversight of the EMS system in the Pinal Rural 911 service area is an Emergency Room physician assigned to the role of Medical Director. This physician’s qualifications must meet the qualifications set by the State of Arizona by Arizona Administrative Code R9-25-204 & 205. These qualifications do not meet the qualifications asked for in Criterion 7.7.

**Appraisal**

The PRFR ambulance proposal does not address the qualifications of the Medical Director.
Chapter 8. Quality Management, Clinical Quality, and Data Reliability


A defined quality management program should be developed. The program should identify areas for improvement, evaluate system performance, prioritize development, establish system controls, monitor Performance Indicators, and re-evaluate system impact.

Description

PRFR currently has a quality management program that is administered through the EMS Division. This program involves management and front line employees, and data is shared with the Medical Director and Base Hospital. System quality is more difficult and has many obstacles. Performance indicators for the entire system are impossible to create or measure given the lack of a system-wide database. The rural nature of the CON makes it impossible to create PRFR 911 service area standards that are appropriate for suburban/rural communities.

Patient outcomes are not shared between the entities. OVH and PRFR do share information about a limited number of patients, but the loss of data from the transporting agency creates a situation that complicates good quality management.

System-wide quality management has not been accomplished. Accurate assessment of the real causes of quality problems in the system cannot be established without the willing participation of all providers in the system.

System resources and availability are not reported by the private provider or municipal provider nor are resources and availability assessed in any other method than reporting to the State for compliance with the rural standard that has been set. Staffing and deployment are changed without consultation or notification by the private or
municipal provider.

The current system tolerates three distinct sets of operating procedures. These are promulgated and enforced without notification or consultation. Training is never done jointly but always done separately. Only State mandated training and training required by medical direction is coordinated. Training focused on achieving performance measures or correcting system deficiencies is not consistent between the entities and sometimes at odds with the desired outcomes.

**Appraisal**

The current system does not comply with these criteria. The system components are not managed for quality in a systematic comprehensive way.

The proposal improves the quality management of PRFR’s EMS system.

**Criterion 8.2: Performance Objectives.**

A defined quality management program should establish performance objectives based on accepted industry standards and guidelines.

**Description**

PRFR’s quality management program has established performance objectives based on accepted industry standards and guidelines. Performance Indicators for the entire system are impossible to create or measure given the lack of a system-wide database. The rural nature of the CON makes it impossible to create PRFR 911 service area standards that are appropriate for suburban/rural communities.

**Appraisal**

The current system has no system-wide Performance Indicators beyond the rural standard set in the CONs. These are not compliant with this Criterion.

The system being proposed upon awarding the CON to PRFR would continue and build upon the performance objectives that are based upon industry standards and state and local protocols.

**Performance Indicator 8.2.1: Patient Care Objectives.**

Patient care objectives should be developed system-wide based on community needs and expectations, desired patient outcomes, and local resources. Appropriate medical destinations should be incorporated as part of the patient care objectives. Compliance with established protocols should be monitored. Customer satisfaction and feedback should be incorporated into the system.
Description

Patient care objectives in the current first response system are difficult to measure in a comprehensive way. PRFR does participate with the Sarver Heart Center of the University of Arizona for cardiac arrest outcomes.

Appraisal

The current system lacks sufficient administrative resources to have a comprehensive compliant set of monitored patient outcomes.

The proposed system improves supervisory and administrative resources and requires comprehensive monitoring of patient outcomes. The proposed system is compliant with this Performance Indicator.

Performance Indicator 8.2.2: Evaluation

System evaluation should be integrated into the quality management program.

Description

The quality management program used by PRFR performs system evaluation by using actual response data, monitoring trends and performance objectives to identify problems and highlight future training objectives. The division of responsibilities and system tasks makes it impossible to evaluate the entire system. Data sets are not complete or reliable for the entire system.

Appraisal

The current system has not integrated system evaluation into the quality management program. System-wide quality management is fragmented and non compliant.

The proposed system requires both ongoing in-house evaluation as well as third party evaluation as part of the required accreditation process.

Performance Indicator 8.2.2.1: Performance Measures.

Performance measures should be established and data collected. (See 5.5.3 through 5.5.3.2.3.)

Description

The current system has each entity collecting data separately with no coordination. Minimal data, that required by the State, is shared by the private and municipal provider but the data set is not comprehensive. The data set is not consistent. Different clocks are used and methods of collection are fragmented.
The performance measures that have been established are rural standards that are not sufficient for the demographics and character of the PRFR 911 service area.

**Appraisal**

The current system is not compliant with this Performance Indicator in either the data collected or the performance measures established.

The proposed system requires standard comprehensive data collection and sets compliant performance measures.

**Performance Indicator 8.2.2.2: Resources and Availability.**

The system should measure both resources and availability for the following:
- Defibrillator
- Extrication tool(s)
- Ancillary resources
- Medical facilities for availability and diversion policies
- Unit availability

**Description**

The current EMS system in the PRFR 911 service area ensures a defibrillator is available on every call; each PRFR asset is equipped with a defibrillator. PRFR provides extrication tools in each run area. Medical facility availability and diversion do not apply as there is only one hospital currently available.

The private provider has not committed units to PRFR.

**Appraisal**

The current system does not provide for a minimum number of committed transport units for the PRFR 911 service area. Other committed resources are provided by PRFR. The proposed system provides for committed transport units for the PRFR 911 service area and provides for additional transport units for peak periods.

**Performance Indicator 8.2.2.3: Staffing and Deployment.**

Staffing and deployment objectives should be monitored and appropriate for the system.

**Description**

The current system is not effectively monitored regarding staffing and deployment. Data is not sufficiently shared for a comprehensive compliant evaluation of alternative deployment strategies. Resources are redeployed by the private and municipal provider without consultation or approval.
Appraisal

The current system does not comply with this Performance Indicator. Resources are not appropriate for the system.

The proposed system has been modeled using response time criteria appropriate for a suburban/rural community and redundant deployment is provided for PRFR’s peak periods.

Performance Indicator 8.2.2.4: Operating Procedures.

Standard operating procedures and guidelines should be established, periodically reviewed, and updated.

Description

The current system allows each entity to establish their own sets of operating procedures and guidelines. They are established by the private and municipal providers without consultation. Procedures and guidelines specific to PRFR have not been adequately established.

Appraisal

The current system does not have adequate policies and procedures established specifically for the PRFR 911 service area and appropriate for the suburban/rural nature of the PRFR 911 service area for EMS transport.

The proposed system sets adequate compliant standards for the PRFR 911 service area.

Performance Indicator 8.2.2.5: Training.

Training should be evaluated for continuity and content based on industry guidelines and desired system performance.

Description

The current system allows for each entity to train to its own standards and procedures. There is no active coordination of training beyond the training required by the Medical Director.

Appraisal

The current system is not compliant in that the continuity of training is inadequately addressed.

The proposed system provides the resources and the requirement that training be coordinated and compliant.
Performance Indicator 8.2.2.6: Retention.

Staff turnover should be evaluated for causes and effects.

Description

The three entities have very different profiles for retention of employees. The private and municipal provider has an unknown turnover rate; data for the private and municipal provider has not been shared.

Appraisal

The system being proposed upon awarding the CON to PRFR would continue to evaluate staff turnover for causes and effects.

Performance Indicator 8.2.2.7: Equipment Maintenance.

Equipment maintenance should be monitored and appropriate for the system.

Description

PRFR monitors equipment, both road equipment and electronic patient care equipment, to ensure it is maintained. Road equipment is serviced by PRFR’s certified outside vendors. Electronic patient care equipment is serviced by the manufacturer. Each entity is obligated under State rules to provide for compliant equipment maintenance. PRFR is compliant with national standards for the emergency vehicle maintenance.

Appraisal

The current system meets minimum State standards. The proposed system requires a higher standard for vehicle maintenance.

Performance Indicator 8.2.2.8: System Design.

System design and changes should be evaluated using a cost/benefit analysis.

Description

The current system has not been evaluated in its entirety for its efficiency or from a cost benefit standpoint. When compared with what is being proposed, it appears that the system can be designed to be more cost effective.

Appraisal
The current system is not compliant.

The proposed system is more cost effective and further evaluations are required through PRFR’s budget process.

**Performance Indicator 8.2.2.9: Communications System.**

The communications system should be evaluated based on industry performance guidelines.

**Description**

The communications system has all the capabilities needed. It is a narrowband compliant system. The PRFR apparatus are outfitted with mobile data computers. The provider has taken advantage of only parts of the system and maintains their own non-interoperable system.

**Appraisal**

The current system is not adequate and non compliant as not all agencies cooperate with communication.

The proposed system would be completely interoperable within the PRFR 911 service area and compliant with this Performance Indicator.

**Performance Indicator 8.2.2.10: Relationships and Agreements.**

Interagency relationships and agreements should be reviewed periodically for effectiveness and system needs.

**Description**

Currently there is no formal relationship between the agencies. No review has taken place jointly.

**Appraisal**

The current system is not compliant with this Performance Indicator.

The proposed system would require formal interagency agreements and a PRFR-specific CON should require a formal relationship between the emergency and non-emergency providers.

**Criterion 8.2.3: Data Element Definitions.**
The system should use uniform data element definitions. The system should identify and capture appropriate data points. A uniform prehospital patient care record should be used throughout the EMS system. A method should be in place to capture and review data at the system, agency, and individual provider level.

**Description**

There is currently no uniform data set. Each agency has its own method of collecting and reporting system data. Each agency uses its own clocks and forms. Data is not merged or reviewed in a system wide manner.

**Appraisal**

The current system is not compliant with this Criterion. Data is not standard throughout the system and is not reviewed in a comprehensive system wide way.

The proposed system is compliant with this Criterion. It requires a PRFR uniform method of collecting data and reviews are mandated by the AHJ and third party review is part of the required accreditation.

**Performance Indicator 8.2.3.1: Uniform Data Set.**

The system should use a uniform data set. Examples of data sets are available through NHTSA, National Fire Incident Reporting System (NFIRS), and others.

**Description**

PRFR uses a uniform data set. Electronic EMS data is gathered and reported using the data set developed by the National Emergency Medical Service Information System and the National Fire Incident Reporting System. It is unknown if the private provider’s data is part of the National Emergency Medical Service Information System.

**Appraisal**

The system being proposed upon awarding the CON to PRFR it would continue to use uniform data sets.

**Performance Indicator 8.2.3.2: National Reporting.**

The data should be available for inclusion in a national EMS data clearinghouse.

**Description**
PRFR is currently using AZ-PIERS for electronic EMS reporting that is certified at the gold level by the National Emergency Medical Service Information System. This electronic data is available for inclusion in a national EMS data clearinghouse. It is unknown if the private provider’s data is part of the clearinghouse.

**Appraisal**

The system being proposed upon awarding the CON to PRFR would continue to have data available for inclusion in a national EMS data clearinghouse.

---

**Criterion 8.3: Public Health Outcome Parameters.**

Public health outcome parameters should be developed for each performance objective through the use of benchmarking if possible.

**Description**

Outcome measures are fragmented and the lack of a joint data base and standard data set make outcome measures difficult to compile.

**Appraisal**

A standard data set and coordinated administration will make the establishment and tracking of outcomes possible.

**Performance Indicator 8.3.1: Outcome measures.**

Standardized outcome measures should be specified based on contemporary professional standards.

**Description**

Outcome measures are fragmented and the lack of a joint data base and standard data set make outcome measures difficult to compile.

**Appraisal**

A standard data set and coordinated administration will make the establishment and tracking of outcomes possible.

**Performance Indicator 8.3.2: Modeling of Outcomes.**

U.S. Public Health Service outcome models, which include the measurement of the reduction of discomfort, disability, death, destitution, dissatisfaction, and disease, should
be referenced.

**Description**

Outcome measures are fragmented and the lack of a joint data base and standard data set make outcome measures difficult to compile.

**Appraisal**

A standard data set and coordinated administration will make the establishment and tracking of outcomes possible. Until outcomes are uniformly tracked, the use of outcome models is impossible to accomplish.

**Performance Indicator 8.3.3: Information Sharing.**

A system should be in place to share information between system participants, including patient care facilities, and to obtain information from outside databases, such as the following:

- Medical examiner reports
- Hospital records
- Trauma registry
- Cardiac registry
- Stroke registry
- Transport registry reports
- Discharge data
- Other appropriate databases

**Description**

Information sharing is not compliant with this Performance Indicator at this time. Reports and records are not shared by the private or municipal provider even in instances requiring thorough review. A formal method of sharing information for quality programs does not exist.

**Appraisal**

The current system is not compliant with this Performance Indicator.

The proposed system would improve the information sharing. However other parties would have to agree to share more information for compliance with this Performance Indicator.

**Criterion 8.4: Physician Participation.**

A quality management program should include physician participation.

**Description**
Physician participation in quality control is not systematic. Problems when they come to light are addressed on an ad hoc basis.

**Appraisal**

The current system does not provide the resources for compliant quality management.

The proposed system would make some resources available to address this.

**Criterion 8.5: Patient Confidentiality.**

All data management programs should maintain patient confidentiality, at a minimum in accordance with federal, state, and local regulations.

**Description**

All entities are federally-mandated to comply with patient confidentiality laws and regulations.

**Appraisal**

Both the current and the proposed system comply with the Criterion.

**Criterion 8.6: Injury/Illness Reduction and Prevention.**

The quality management program should incorporate standards directed at reducing injuries and illnesses in the community based on the system data.

**Description**

PRFR has a compliant injury prevention program in place.

**Appraisal**

The proposed system would not change PRFR’s injury prevention program.

**Criterion 8.7: Complaints.**

A consistent process should be in place to address complaints.

**Description**

The handling of complaints is fragmented. Users of the system are often confused and disappointed by the need to talk to two or three agencies about their complaint and the
inability of the agencies to work together to resolve their complaint.

**Appraisal**

The current system is not compliant with the Criterion.

The proposed system improves the ability of a user to receive satisfaction on a complaint.

**Criterion 8.8: Participation in Studies and Research.**

The system participants may develop relationships with academic institutions and/or researchers to take an active role in studies and research using system data as follows:

- Establish credible data collection process
- Identify research issues
- Provide linkage (to other studies)
- Identify research funding sources
- Publish study results in recognized peer-reviewed journals

**Description**

PRFR participates in studies and research. The Cardiac Survival Study with the Sarver Heart Center and the National EMS reporting system are examples. It is unknown if the local private and municipal provider participates.

**Appraisal**

The proposed system is compliant with this Criterion.

**Criterion 8.9: System Review.**

All quality management systems should be reviewed on a regular basis for effectiveness.

**Description**

The current system’s quality program has not been reviewed comprehensively for effectiveness.

**Appraisal**

The proposed system requires accreditation of the provider. This will result in third party review of the system’s quality programs periodically.

**Criterion 8.10: Documentation.**
The EMS system should be able to provide documentation of its quality management program, including quality assessment and improvement methods, provider training programs, prevention strategies, and system performance measures.

**Description**

PRFR has a compliant quality management program. It is unknown if the private or municipal providers have the documentation for compliance. Even so the lack of a comprehensive system-wide quality program and system-wide performance measures are a problem.

**Appraisal**

The current system is not compliant with this Criterion. The proposed system by PRFR is compliant. The quality program currently in place with PRFR is required to extend to the entire system.
Chapter 9. Public Information, Education, Relations (PIER)

Criterion 9.1: Public Education.

The local EMS system should take steps to establish a coordinated program of public information and relations.

Description

The actions of an informed citizenry can prevent injury, speed/enhance activation of EMS, and (through bystander intervention) begin application of BLS functions prior to arrival of professional ALS personnel. The recognized “links” in the “Chain of Survival” (rapid activation of EMS, rapid initiation of CPR, early defibrillation by AED if available, and rapid arrival of ALS personnel) depend upon an informed/educated citizenry, willing to assist in these efforts. Public education is the key to this aspect of the EMS system. PRFR’s public education/information program is integrated into our daily operations and is the way we do business. Every year, many citizens receive direct training, while proactive dissemination of public information provides constant reminders and promptings through mass media outlets and personal appearances.

Appraisal

PRFR currently provides an integrated Public Education/Information Program that fully meets the intent of this Criterion and is recognized as the most active in our area.

Performance Indicators 9.1.1: Education Coordination.

Education efforts should be coordinated to ensure public awareness of system access in the education efforts. The participants in the system should work collaboratively to ensure that the telephone number for appropriate system access is properly promoted.

Description

To promote the most citizen participation in public education programs, these opportunities must be well known and publicized. There must be easy access to these educational opportunities, and they must be available to the largest numbers of our citizens. PRFR makes access to public education, and interaction with citizens, a priority. Availability of public education is promoted usually on a continual basis through various means. Classes are managed to also meet the scheduling needs of those making requests. Public education is not just promoted, it is actively solicited.
Appraisal

PRFR currently meets the intent of this Performance Indicator through offering a wide variety of safety, injury prevention, first aid/CPR, and other classes tailored to the individual or organizational needs of our customers. A call to Fire Administration regarding public education will be handled directly, or routed to those responsible for scheduling. Customer service is a priority.

Performance Indicator 9.1.2: Delivery Systems.

Education efforts should ensure coordinated delivery systems for PIER activities. The education messages delivered by system providers should be coordinated to ensure consistency. Education messages should use appropriate methods of delivery (e.g., print media, electronic media, television, radio) that are consistent among providers).

Description

Public education/information is coordinated by PRFR’s administrative fire officer, but duties are shared by all, as well as are the responsibilities for success. Administration, Community Risk Reduction, and Fire Station personnel, all are involved in the public education and community outreach done by PRFR. Classroom instruction, special event displays, and information booths are used to interact directly with the public. PRFR’s website, mass media outlets, and internet social networking are all utilized to expand our ability to reach out, educate, and motivate our citizens.

Appraisal

Delivery systems already in place and utilized on a daily basis by PRFR fully meet the intent of this Performance Indicator. The system in place is recognized as a local leader in community outreach. There is no provision for this in the proposed EMS system presented by Rural Metro Corporation or the Town of Kearny Ambulance Service that specifically addresses the PRFR 911 service area.

Performance Indicator 9.1.3: Education Focus Areas

Education efforts should be coordinated to ensure public awareness of injury and illness prevention programs. Education efforts should attempt to reduce the incidence of injuries and illness. Providers should work together to design programs that focus on preventing injuries and illnesses by analyzing local or regional data, researching methods of intervening, and implementing the most appropriate methods.

Description

PRFR conducts systematic reviews of the number and nature of emergency responses, both in the PRFR 911 service area as well as in the Town of Mammoth. This data is evaluated for trends (both-short and long-term) and shared with the media and general public.
addition to simple statistical information, this information is used to guide safety messages. This information also can help target at-risk audiences, neighborhoods, and behaviors.

**Appraisal**

The process of researching emergency response information, and using it to increase effectiveness of public education and outreach, is currently in effect in PRFR and fully meets the intent of this Performance Indicator. PRFR was the first to share this information with the public and media.

Other public safety organizations have followed this example, but it is not currently a part of local Rural Metro Corporation outreach, Town of Kearny outreach, nor is it provided for in their EMS system proposal.

**Performance Indicator 9.1.4: Stakeholders.**

Messages should be delivered according to the diverse needs of constituent groups.

**Description**

To promote the most citizen participation there must be easy access to educational opportunities, and they must be available to the largest numbers of our citizens. PRFR makes access to public education and interaction with citizens a priority. Availability of public education is promoted on almost a daily basis through various means. Classes are managed to also meet the scheduling needs of those making requests. Public education is not just promoted, it is actively solicited. Public education materials for outreach efforts have been obtained in Spanish and bi-lingual personnel are available to provide associated training.

**Appraisal**

Current public education and outreach conducted by PRFR fully meets the intent of this Performance Indicator. Classes are scheduled and tailored to fit the needs of the individuals or organizations making requests.

This service is not provided for in the proposal submitted by Rural Metro Corporation or the Town of Kearny ambulance service.

**Performance Indicator 9.1.5: Response Principals.**

Community and bystander response principles should be included in education efforts. Education efforts should be designed to evaluate opportunities for bystander and community intervention.

**Description**

PRFR aggressively pursues opportunities to instruct the public on safety, prevention, and
basic response principles. We provide Continuous Chest Compression CPR instruction and we regularly conduct classes designed to instruct private and public sector employees on emergency preparedness. We also provide preparedness, CPR, and Basic First Aid classes to the public. These classes are presented with no registration or other fees associated with attendance.

**Appraisal**

Current public education and outreach conducted by PRFR fully meets the intent of this Performance Indicator. Classes are scheduled and tailored to fit the needs of the individuals or organizations making requests.

This service is not provided for in the proposal submitted by Rural Metro Corporation or the Town of Kearny.

**Criterion 9.2: Public Education System Goals.**

The participants in the system should evaluate the existing system and plan for improvements (see 5.7.6 through 5.7.6.3). Such efforts should address public access, recognition, and intervention to improve patient outcomes.

**Description**

PRFR conducts regular reviews of the number and nature of emergency responses. This data is evaluated for trends (both short-term and long-term) and shared with the media and general public. In addition to simple statistical information, this information is used to guide safety messages for the coming week. This information also can help target at-risk audiences, neighborhoods, and behaviors. Our public education program has maintained consistent growth and evolution through interaction with our customers and applying lessons learned. Our goal is to increase bystander involvement in providing BLS measures until arrival of EMS providers.

**Appraisal**

Current public education and interaction with customers by PRFR fully meets the intent of this Criterion. Responses from attendees help us tailor public education to the needs of our customers.

This service is not provided for in the proposal submitted by Rural Metro Corporation or the Town of Kearny ambulance service.

**Criterion 9.3: Qualifications of Personnel for PIER Activities.**

Specialized skills are required to provide effective public communications. The EMS system should have one or more such personnel.
Description

PRFR has designated personnel that have received basic and advanced public information and public education training. Additionally, other line personnel are qualified and regularly participate in providing education and information to the public. Classes are conducted for all ages and tailored to the needs and requests of community groups and organizations.

Appraisal

Currently PRFR personnel provide public education and information to our citizens, thus meeting the intent of this Criterion. Multiple personnel are trained and possess demonstrated communications skills to perform these duties, and even provide training to others in this area.

This service is not provided for in the proposal submitted by Rural Metro or the Town of Kearny.

Criterion 9.4: PIER Activities.

The participants in the system should work together to develop a working group of public education specialists. The PIER group should include EMS personnel, educators, and public information specialists, as well as local or national experts on specialized topics.

Description

PRFR has designated personnel that have received basic and advanced public information and public education training. Additionally, other line personnel are qualified and regularly participate in providing education and information to the public. Classes are conducted for all ages and tailored to the needs and requests of community groups and organizations. Depending on the nature of the public request, educational materials and presentations are delivered by designated public educators, field personnel, or a mixture of both.

Appraisal

Currently PRFR personnel provide public education and information to our citizens, thus meeting the intent of this Criterion. Multiple personnel are trained and possess demonstrated communications skills to perform these duties, and even provide training to others in this area. This service is not provided for in the proposal submitted by Rural Metro Corporation or the Town of Kearny.

Criterion 9.5: PIER Activities Related to Mass Gatherings.

Performance Indicator 9.5.1: Assessment.

Methods for accessing EMS may differ during mass gatherings, and participants at mass gatherings may travel from other areas.
Description

The YFD is an active partner with other community organizations during preparations for public gatherings and special events. Public gatherings usually trigger requests for EMS standby of PRFR personnel.

Appraisal

PRFR currently meets the intent of this Performance Indicator. PRFR personnel are involved in preparations for and are scheduled to perform EMS standby duties at most major mass gatherings. Great efforts are made to ensure that these requests are granted.

Although standby availability is mentioned in the proposal submitted by Rural Metro and the Town of Kearny, it is only on emergency scenes and where they agree it is necessary.

Performance Indicator 9.5.2: Mass Gathering Planning.

Planning for public gatherings should be conducted uniformly throughout the system. The participants in the system should collaborate to effect planning for mass gatherings that could be different from EMS system planning. Planning methods should include providing information to patrons about locating and accessing emergency medical assistance.

Description

PRFR is active partner during preparations for public gatherings and special events.

Appraisal

PRFR currently meets the intent of this Performance Indicator. PRFR personnel are involved in preparations for and are scheduled to perform EMS standby duties at most public gatherings.

Although standby availability is mentioned in the proposal submitted by Rural Metro and the Town of Kearny, it is only on emergency scenes and where they agree it is necessary.

Performance Indicator 9.5.2.1: Outreach.

Information should be provided during the event. Emergency medical resources should be easily identified and accessed by patrons, and known to all event workers.

Description

PRFR is an active partner with Town of Mammoth departments and community organizations during public gatherings and special events. Interoperable communications between public safety agencies are utilized when operating at events and representatives of PRFR are highly visible and any are capable of supplying or calling for EMS assistance.
PRFR currently meets the intent of this Performance Indicator. PRFR personnel are involved in preparations for and are scheduled to perform EMS standby duties at most major public gatherings.

**Performance Indicator 9.5.2.2: Post Event Evaluation.**

After the event, PIER personnel should participate in evaluating the event, focusing on improving communication for future gatherings. That evaluation should consider the ability of patrons to locate and access medical resources.

**Description**

PRFR conducts a post incident analysis on large or high profile events to review the incident or event and evaluate options for process improvement. PIER personnel are included in this process, especially when public outreach and notification are critical to the event.

**Appraisal**

PRFR currently meets the intent of this Performance Indicator.

**Criterion 9.6: PIER Activities.**

PIER activities should be directed at the general public, EMS personnel, and medical personnel. Public education personnel in the system should target activities to ensure the best outcomes. EMS and medical personnel should be included in the public education efforts so that messages are consistent.

**Description**

PRFR conducts regular reviews of the number and nature of emergency responses. This data is evaluated for trends (both short-term and long-term) and shared with the media and general public. In addition to simple statistical information, this information is used to help determine safety messages for the coming week. This information also can help target at-risk audiences, neighborhoods, and behaviors. Our public education program has maintained consistent growth and evolution through interaction with our customers and applying lessons learned. Our goal is to increase bystander involvement in providing BLS measures until arrival of EMS providers. Frequently Paramedics and EMTs are involved in public education activities and this is especially the case when CPR or other First Aid classes are presented.

**Appraisal**

Current PRFR’s PIER activities meet the intent of thisCriterion. Evaluation of run data is
used to determine safety messages, targeting at-risk behaviors, and individuals. EMS personnel are included in public education presentations along with those designated to perform these functions on a more daily basis.

This service is not provided for in the proposal submitted by Rural Metro or the Town of Kearny and they are not known to be active members of these groups.

**Criterion 9.7: EMS Agenda for the Future.**

Prevention activities should be targeted to parallel the EMS agenda for the future. Local EMS agencies should consider the agenda for the future as a fundamental building block of public information programs for EMS.

**Description**

PRFR considers injury prevention to be a priority. Public education efforts have not reduced, but in fact, classroom instruction to the public has increased.

**Appraisal**

Current PRFR’s PIER activities meet the intent of this Criterion. Funding for PIER personnel and activities are an identified part of the annual budget, with additional enhancement funding being sought and successfully obtained. EMS personnel are included in public education presentations along with those designated to perform these functions on a more daily basis.

This service is not provided for in the proposal submitted by Rural Metro or the Town of Kearny and they are not known to be active members of these groups.

**Criterion 9.8: Disaster Education.**

Disaster education should be provided according to system goals. The local EMS PIER personnel, in cooperation with emergency management agencies, should provide plans for preparing for, responding to, and recovering from catastrophic events.

**Description**

PRFR personnel are responsible for the emergency management functions of the PRFR 911 service area. As such, they have been responsible for emergency operations and mitigation planning to respond to, recover from, and mitigate losses from catastrophic events. Emergency management and preparedness is integrated into ongoing public information messages and public education presentations.

**Appraisal**

PRFR currently meets the intent of this Criterion. PRFR personnel work regionally with
emergency management.

**Criterion 9.9: Collaborative Efforts.**

The EMS system should develop plans for mutual aid, cooperation, collaboration, and coordination of PIER activities. Not only should the system create those collaborative efforts, but also individual organizations such as prehospital providers, fire agencies, hospitals, public safety agencies, emergency management organizations, local governments, law enforcement agencies, and other public and private entities.

**Description**

PRFR is an active participant in the regional FCAPC. This group brings together PIER personnel from nearly all public and private entities that have designated PIER personnel. This group meets bi-monthly to exchange information, ideas and coordination.

**Appraisal**

PRFR’s active participation in regional PIER organizations meets the intent of this Criterion.

This service is not provided for in the proposal submitted by Rural Metro dba Tri City Meds or the Town of Kearny and they are not known to be active members of this group.

**Criterion 9.10: Identification of Available Public Media Resources.**

PIER planning personnel should identify the media resources that are available to the system and the appropriate information that may be provided. Resources may include print and electronic media and printed and audio/visual publications.

**Description**

PRFR has identified, and keeps current, contact information on all appropriate media (local, state and national). All available resources are utilized, with great effort made to maintain quality relationships with these important partners. In addition to traditional resources such as print, television, and radio, internet opportunities via PRFR’s website, and social networking sites (such as Twitter) are part of our outreach strategy.

**Appraisal**

PRFR’s PIER personnel meet the intent of this Criterion. PRFR’s relationship with the media is recognized as the most effective in our area. This results in reliable and easy access to information for media representatives and equally easy and reliable access for department personnel to this valuable resource.

This service is not provided for in the proposal submitted by Metro dba Tri City Meds or
the Town of Kearny.

**Criterion 9.11: Identification of Funding Resources.**

The EMS system should identify funding sources and partners to ensure stable funding for PIER activities.

**Description**

PRFR’s PIER programs and services are annually funded through the PRFR’s budget, grants, and donations. PRFR maintains personnel with dedicated responsibilities in this area. In addition, alternative funding sources are always being sought to further enhance these programs and services. PRFR has obtained 12 CPR manikins and AED trainer manikin through NADA and donations of materials through the U.S. Fire Administration/FEMA for Fire Prevention and Safety has been successfully obtained.

**Appraisal**

Current funding by PRFR meets the intent of this Criterion. Funding for PIER activities are an identified part of the annual budget, with additional enhancement funding being sought and successfully obtained.

This service is not provided for in the proposal submitted by Metro dba Tri City Meds or the Town of Kearny.
Chapter 10. Communications

Criterion 10.1: Introduction.

Communications serve as the entry point for access to prehospital response. The communications systems also provide the infrastructure and operational support for responders to link resources for EMS activities. Policies and procedures should ensure that access and use of all components comprising communication system resources are in place and ensure efficient and effective delivery of service.

Description

PRFR utilizes Rural Metro as its dispatch service. PRFR has full interoperability with most agencies in the region with the exception of the Town of Kearny. Rural Metro has maintained their independent communications system and only uses the compliant interoperable statewide system sporadically.

Appraisal

*PRFR, through its contract dispatch service, does not meet Criterion. Due to this contract status the remainder of this Chapter do not apply at the current time.*

If PRFR is granted the CON all EMS calls for the PRFR 911 service area would be generated by the PCSO 9-1-1 center and forwarded to our dispatch contractor. Currently we are not auto-generated by the Town of Kearny ambulance service to render ALS first response to the northern 1/3 of our 911 service area. We are also not generated to provide ALS first response to the Town of Mammoth, though we have a station there, due to jurisdictional issues by a fire agency with no state certified EMCTs or medical direction to provide ALS care.

The current CON holders have a limited communication system.


A single number (enhanced 9-1-1 is optimal) should be used to access EMS. The 9-1-1 emergency number is the preferred access number because it is a nationally recognized emergency telephone number. The nature of 9-1-1 calls necessitates responding directly to the caller with minimal delay even when the caller cannot provide information to the public safety answering point (PSAP).

Description

PRFR is part of an enhanced 9-1-1 system. PCSO handles all 9-1-1 calls and relays to local PSAPs.
Appraisal

PRFR fully meets this Criterion.

The current providers have independent PSAPs for accesses to the 9-1-1 system. They rely on the PCSO to receive their 9-1-1 calls. The system is thereby disjointed. PCSO only dispatches/coordinates law enforcement so Fire and EMS are farmed out to other PSAPs. Rural Metro is our contract PSAP so we are contacted for ALS first response in our 911 service area. The Town of Kearny PSAP does not contact us to provide ALS first response into our 911 service area that they hold the CON for. Often the Town of Kearny ambulance service is only BLS but still does not dispatch us to provide ALS first response so does not meet this criterion.

The remainder of these Performance Indicators to Criterion 10.3 does not apply.

Criterion 10.3: Lead Agency.

A single lead agency should be responsible for coordinating EMS communications. The lead agency is the agency, usually a public agency that has the principal responsibility, assigned by the AHJ.

Description

The PCSO Public Safety Communications Center (PSCC) is the AHJ for 9-1-1 communications and redirects Fire and EMS calls to secondary PSAPs.

Appraisal

PRFR, through its contract dispatch service, does not meet Criterion.

The current provider is not an AHJ and PRFR has no control over coordinating EMS communication with the current provider.

Performance Indicator 10.3.1: Communication Center Coordination.

The communication centers should incorporate EMS system goals and objectives into center operations. The communication centers should have a defined administrative structure.

Description

The PCSO Public Safety Communication Center (PSCC) is the AHJ of 9-1-1 communications. This defined structure does not provide a chain of command needed to allow the communication center to work seamlessly with the field units.
Appraisal

PRFR is not required to meet this Performance Indicator.

The current providers have no legally binding requirement to meet the standards of the accreditation agency or the EMS goals of PRFR. The current system has three independent PSAPs with only landline communications. The AHJ has, limited to no authority over the current providers.

The current providers operate on different radio systems and there are limited interoperable capabilities to PRFR as an emergency response agency.

Performance Indicator 10.3.2: User Agencies.

A user agency is any agency other than the lead agency having a specific interest in EMS communication in the jurisdiction it serves. User agencies should be represented within the communication center governing structure.

Description

When a 9-1-1 call is made for EMS services, the PCSO PSCC dispatches the appropriate CON holder **only**. At that time the call is sent to Rural Metro (current CON holder) or the Town of Kearny (current CON holder) for an ambulance response. Rural Metro and the Town of Kearny are only secondary PSAPs.

Appraisal

The current system has limited capabilities with the user agencies.

The current providers are not represented in the governing structure of the PCSO PSCC. The PCSO’s PSCC is a modern CAD system, whereas the current provider holders do not utilize a computerized system and is not compatible with the PCSO’s PSCC.

Criterion 10.4: Centralized Communication Plan.

A system-wide communication plan should be in place that functionally consolidates dispatch centers.

Description

PRFR is not part of the Pinal Regional Communication System.

Appraisal

PRFR is not asked to be a participating member of any current communications system. PRFR has communication plans in place to meet the needs of the EMS system in the PRFR
The current providers are not members of a communications system for the PRFR 911 service area. All dispatching for EMS in the PRFR 911 service area is ad hoc and PRFR may, or may not, be called to provide services to residents and visitors in the PRFR 911 service area.

**Performance Indicator 10.4.1: Plan Outcomes.**

The EMS system should describe methods to optimize administrative costs, improve administrative services, lower economic costs of service, and improve service benefits from the communication infrastructure. The communication plan should articulate how these benefits will be achieved.

**Description**

As an agency that follows the guidance of national standards, PRFR is required to have a plan that addresses this Performance Indicator. This plan is regularly reviewed to ensure that we are indeed following and updating the plan.

**Appraisal**

PRFR meets this Performance Indicator.

The current providers are not accredited agencies and cannot verify their planning.

**Performance Indicator 10.4.2: Communication Relationships.**

The EMS communication plan should describe and define the communications relationships between system agencies. Such relationships may include managing emergency information, providing a unified communication control system, transferring or handling (without duplicating) event information, and ensuring compatibility of communication devices.

**Description**

PRFR, through its contract dispatch service, does not meet Criterion.

**Appraisal**

PRFR, through its contract dispatch service, does not meet Criterion.

The current providers are secondary PSAPs and all dispatch info is duplicated on every EMS dispatch so does not meet this Criterion. This duplication is inherently flawed and 1) causes frequent miscommunications, or 2) causes incomplete information to be relayed to PRFR or 3) PRFR is left out of the dispatch response entirely within the PRFR 911 service area for first response ALS intervention.
**Criterion 10.5: Computer-Aided Dispatch.**

The system should include CAD, which allows for reference location information such as location of previous incidents, duplicate incidents, or premise/hazard information. The CAD system should provide a method of selecting appropriate response units.

**Description**

PRFR utilizes Rural Metro for its dispatch service which does not possess these systems.

**Appraisal**

PRFR, through its contract dispatch service, does not meet Criterion.

The current providers are not using a CAD system.

*Due to the lack of capabilities of Rural Metro, the dispatch contractor, to meet these parameters, Criterion 10.5.1 through 10.9.1 are not addressed and do not meet any of the Criterion or Performance Indicators for the requirements listed.*

**Performance Indicator 10.9.2: Tactical Frequencies.**

Tactical operating frequencies should be available to reduce high-traffic radio communications and for use during multi-agency events.

**Description**

PRFR has an extremely robust system. The system consists of four (4) VHF frequencies are narrowband capable which meets and exceeds the needs of the users. Two frequencies are designed for dispatch and intraagency communications and two frequencies are for tactical operations on scenes. PRFR is in compliance with this Performance Indicator.

**Appraisal**

PRFR meets this Performance Indicator.

The current providers do not participate in the use of PRFR’s communications capabilities.

The Criterion through 10.11 does not apply to PRFR due to the use of a dispatch contractor. The dispatch contractor, Rural Metro, does not meet any of the Criterion or Performance Indicators for the requirements listed.

**Criterion 10.12: Direct Medical Control.**

The EMS system should ensure that direct medical control is available for all field responders.
Description

PRFR currently receives its medical control from John C Lincoln Deer Valley (JCLDV) but is in the process of transferring to Oro Valley Hospital (OVH) to better serve the residents of the PRFR 911 service area.

Appraisal

PRFR meets this Criterion.

The current providers receive their medical control from OVH.


Methods should be in place to provide alternative medical services for those requests that do not require EMS responses.

Description

PRFR only provides EMS services at this time, but is able to refer non-emergency services to the appropriate agencies.

Appraisal

PRFR does not provide non-emergency services at this time, but is capable of doing it if necessary or required to do so.

The current provider’s capabilities are unknown.
Chapter 11  Equipment and Facilities.

Criterion 11.1: Standard for First Response and Ambulance Transportation.

The system should have a standard for first response and ambulance transportation equipment. The EMS system should have a standard or method to determine the equipment and related specifications needed in the system for all patients. The method could permit individual agencies to make equipment determinations.

Description

The current system has set no universal standards other than those set by the State. Each individual agency is currently free to establish facilities and purchase equipment without coordination and without a requirement for interoperability.

Appraisal

PRFR rescue units meet and exceed the “Minimum Equipment and Supplies for Ground Ambulance Vehicles” as required by the ADHS Standard R9-25-1003 (Authorized by A.R.S. 36-2202(A) (5)). However the coordination and interoperability of equipment and facilities needs improvement.

Performance Indicator 11.1.1: Vehicles.

The EMS system should create specifications for first response and transport vehicles used within the system. A part of the vehicle standard may include allowing individual agencies to make purchasing decisions within the restrictions established by the EMS specification or by state or national standards.

Description

The current system has set no universal standards other than those set by the State. Each individual agency is currently free to establish facilities and purchase equipment without coordination and without a requirement for interoperability.

Appraisal

PRFR rescue units meet and exceed the “Minimum Equipment and Supplies for Ground Ambulance Vehicles” as required by the ADHS Standard R9-25-1003 (Authorized by A.R.S. 36-2202(A) (5)). However the coordination and interoperability of equipment and facilities needs improvement.
Performance Indicator 11.1.2: Biomedical Equipment.

The EMS system should create specifications for first response and transport biomedical equipment used within the system.

Description

The current system has set no universal standards other than those set by the State. Each individual agency is currently free to establish facilities and purchase equipment without coordination and without a requirement for interoperability.

Appraisal

PRFR rescue units meet and exceed the “Minimum Equipment and Supplies for Ground Ambulance Vehicles” as required by the ADHS Standard R9-25-1003 (Authorized by A.R.S. 36-2202(A) (5)). However the coordination and interoperability of equipment and facilities needs improvement.

Performance Indicator 11.1.3: Durable Equipment.

The EMS system should create specifications for first response and transport durable equipment used within the system.

Description

The current system has set no universal standards other than those set by the State. Each individual agency is currently free to establish facilities and purchase equipment without coordination and without a requirement for interoperability.

Appraisal

PRFR rescue units meet and exceed the “Minimum Equipment and Supplies for Ground Ambulance Vehicles” as required by the ADHS Standard R9-25-1003 (Authorized by A.R.S. 36-2202(A) (5)). However the coordination and interoperability of equipment and facilities needs improvement.

Performance Indicator 11.2: Replacement Plan.

A replacement plan should be developed at the time the equipment is purchased, based the life expectancy of each equipment type.

Description

PRFR has a seven year equipment replacement plan for electronic equipment (Cardiac Monitors). The battery replacement plan for the cardiac monitors units is two years.
Appraisal

PRFR will replace all Cardiac Monitors units when they reach their seven year lifespan, and batteries at their two year lifespan. All equipment found to be damaged has a work request filled out and replaced with a spare unit, until the damaged unit is repaired or replaced.


EMS system equipment should be licensed according to local or statewide emergency medical regulations.

Description

All system units are currently licensed according to State regulations. There are no local regulations for licensing vehicles.

Appraisal

All system units meet this Performance Indicator.

Criterion 11.4: Inspecting Emergency Equipment.

The EMS system should develop plans for inspecting equipment and inventory carried aboard emergency response vehicles. Regular inspections should be conducted every shift, every day, every week, and every month by on-duty personnel. EMS system regulators should conduct announced and unannounced inspections on a regular basis. Inspection lists should be developed based, at a minimum, on manufacturers' recommendations.

Description

PRFR has an equipment and inventory checklist that is required to be completed on a daily and weekly schedule. The daily checklist is to be completed by the on-coming crew for all medical equipment and a cursory inspection of the apparatus (oil, water, and fuel levels, all automotive gauges, visual inspection of the tires, road and emergency lights, siren and horns, fire extinguisher, etc.). The weekly inspection consists of a detailed cleaning of all equipment and apparatus, inventory and restock all emergency medical supply bags, patient compartment supplies and equipment.

Appraisal

PRFR personnel complete the daily and weekly inspections of all emergency medical supplies and apparatus inspections when they come on duty. The daily and weekly checklist sheets are completed as items are inspected, discrepancies are noted at the bottom of the check sheets – work requests are written as the discrepancy warrants. Cardiac monitor batteries are replaced with fully charged batteries daily.
**Criterion 11.5: Personnel Education and Training.**

All personnel should receive the training necessary to ensure that they can effectively operate emergency vehicles. In addition to driver training, the training courses should include basic inspection requirements for ambulances and other emergency vehicles.

**Description**

PRFR utilizes the Volunteer Fireman’s Insurance Service (VFIS) for its Emergency Vehicle Driver Training (EVDT) driver training program.

**Appraisal**

All PRFR Suppression Division personnel attend classroom and a driving proficiency course prior to operating emergency apparatus. The initial training consists of two days of training of the following: classroom, road course, backing, and perception and reaction. A refresher is given to PRFR personnel every year and consists of a lecture and a road course. PRFR has an in-house certified instructor to provide this instruction.

**Performance Indicator 11.5.1: Maintenance of Driving Licenses.**

Periodic records checks should ensure that licenses are in place and not suspended or revoked.

**Description**

Driver’s licenses are monitored through and by the PRFR.

Rural Metro dba Tri City Meds and the Town of Kearny policies are not known.

**Appraisal**

The City complies with this Performance Indicator. Rural Metro dba Tri City Meds and the Town of Kearny’s compliance is unknown.

**Performance Indicator 11.5.2: Operator Assessment.**

The system should have processes in place to identify at-risk vehicle operators and should develop measures to ensure safe vehicle operation.

**Description**

PRFR has a Risk Management Program that monitors all vehicle accidents and recommends discipline and training for at-risk drivers.

Rural Metro dba Tri City Meds and the Town of Kearny’s policies are unknown.
Appraisal

PRFR complies with this Performance Indicator. Rural Metro dba Tri City Meds and the Town of Kearny’s compliance is unknown.

Criterion 11.6: Maintenance Plans.

The maintenance program should have plans in place that provide a schedule for maintenance and carefully articulated maintenance plans for all major equipment used in the system, including vehicles, biomedical equipment, or other medical equipment. The plans should include a replacement schedule and plans to provide reserve equipment or equipment “on loan” during repair periods.

Description

Maintenance schedules are in place that meet or exceed the manufacturer’s minimum requirements for servicing and replacement.

Appraisal

PRFR has maintenance and replacement schedules in place for emergency apparatus and for bio-medical equipment. Cardiac monitors and battery chargers are sent to the manufacturer annually for inspection. Equipment that does not pass the inspection is repaired at that time. It must then be re-certified that the repairs are completed to the manufacturer’s original specifications. The replacement schedule for ambulance/rescue units is seven years. The replacement schedule for cardiac monitors is seven years and the batteries are replaced every two years for cardiac monitors. PRFR has one spare cardiac monitor to be used if one of the frontline units are found to be defective.


The maintenance program should provide vehicle, biomedical, and hardware maintenance using specially trained personnel. The EMS system should adopt policies to ensure that maintenance personnel are appropriately trained for that maintenance. (See NFPA 1071, Standard for Emergency Vehicle Technician Professional Qualifications.)

Description

All vehicle, biomedical, and hardware maintenance is inspected and maintained by highly trained and certified contract personnel.

Appraisal

PRFR Equipment Fleet Maintenance meets or exceeds the requirements of NFPA 1071. Biomedical equipment is inspected by trained and certified personnel by the manufacturer.
Criterion 11.8: Response Facilities.

Ambulance and other responders' facilities should be located based on analysis of demand and/or risk-hazard evaluation. Agencies should participate in joint efforts to cooperatively determine the best location for facilities.

Description

PRFR, as part of its national accreditation process, has completed a comprehensive community analysis that takes into consideration available resources, customers, geography, demographics, risk assessment of facilities and other unique or special needs for the current system.

Rural Metro dba Tri City Meds or the Town of Kearny has not jointly planned facilities with PRFR. They have not provided an analysis of needed facilities based on demand or risk/hazard nor have they reacted to PRFR’s planning efforts.

Appraisal

PRFR meets the above Criterion.

The current providers have not completed any meaningful planning for facilities within the PRFR 911 service area.

Performance Indicator 11.8.1: Facilities.

EMS facilities may be available (designed) for other medical or clinical services. If appropriate to the local jurisdiction, the EMS participants should consider enhancing facilities for use in advanced medical services.

Description

No consideration has yet been given to the use of other medical facilities in a comprehensive way.

Appraisal

Consideration of the use of other facilities should be undertaken by PRFR.

Performance Indicator 11.8.2: Designs.

Ambulance and other response facilities should be designed consistent with system demands and community needs.

Description

PRFR, as part of its national standards process, has completed a comprehensive community analysis that takes into consideration available resources, customers, geography,
demographics, risk assessment of facilities and other unique or special needs for the current system.

Rural Metro dba Tri City Meds or the Town of Kearny have not jointly planned facilities with PRFR. They have not provided an analysis of needed facilities based on demand or risk/hazard nor have they reacted to PRFR’s planning efforts.

**Appraisal**

PRFR meets the above Performance Indicator.

The current providers have not completed any meaningful planning for facilities within the PRFR 911 service area.

**Performance Indicator 11.8.3: Receiving Facilities.**

The EMS system should designate receiving facilities based on capability, capacity, and location.

**Description**

OVH is the only receiving facility for PRFR unless they are on diversion. If on diversion patients must be taken further into the Tucson metro area. OVH is the only hospital located near the PRFR 911 service area.

**Appraisal**

PRFR utilizes OVH for all emergency medical transports as it is the only hospital located near the PRFR 911 service area. If on diversion patients must be taken further into the Tucson metro area.
Chapter 12  Human Resources.

Criterion 12.1: Introduction.

Human resources are important to both individual agencies and to the broader EMS system. As such, while EMS system planners and regulators should ensure that minimum standards exist in the system for monitoring, managing, and ensuring appropriate staff performance, they also must ensure that individual agencies have appropriate personnel management structures in place.

Description

PRFR has an in-house Human Resources Department. This department deals with all applicants. PRFR actively and aggressively conducts thorough background investigations beyond what is mandated by state laws for first responders. Each agency plans and operates their personnel systems in separate silos. There is very little supervision for Rural Metro dba Tri City Meds or the Town of Kearny’s on scene performance.

Appraisal

The current system has fragmented supervision and management structures. Employee performance is inadequately assessed. PRFR complies with this Criterion. Compliance by Rural Metro dba Tri City Meds or the Town of Kearny is unknown.

Criterion 12.2: Recruitment.

The EMS system should recruit according to its needs, as determined by system analysis, design, and planning.

Description

There has been no systems analysis, design nor planning for the system as a whole. Each entity designs and plans for their own agency independently.

Appraisal

The system-wide analysis that has been done by PRFR should be implemented and updated on an ongoing basis.

Performance Indicator 12.2.1: Selection.

The system should have a process for candidate selection that includes procedures for hiring or membership.
Description

All agencies have a selection process. PRFR has a merit system for employment that is authorized via the PRFR Charter.

Appraisal

The current system meets this Performance Indicator.

**Performance Indicator 12.2.2: Wages/Benefits.**

The plan for any compensation should be clearly spelled out in system documents.

Description

All agencies have a compensation plan.

Appraisal

The system meets this Performance Indicator

**Criterion 12.3: Education/Training/Certification.**

The system should ensure that employees maintain required certification and/or licensure.

Description

All agencies ensure that their employees are certified as required.

Appraisal

The system meets this Criterion.

**Performance Indicator 12.3.1: Training Program.**

The system should have a comprehensive training plan.

Description

The training plans are fragmented. Each agency trains by using their methods and standards. Curricula are not synchronized. Timing for new procedures and methods are not synchronized.

Appraisal
PRFR needs its own comprehensive training plan. The suburban/rural nature of the PRFR 911 service area, and the fact that PRFR is also a fire-based agency, makes it difficult to create a standard that would fit with the current fragmented system.

**Performance Indicator 12.3.1.1: Training Plan.**

The training plan should provide uniform curricula based on established standards.

**Description**

The training plans are fragmented. Each agency trains by using their methods and standards. Curricula are not synchronized. Timing for new procedures and methods are not synchronized.

**Appraisal**

PRFR needs its own comprehensive training plan. The suburban/rural nature of the PRFR 911 service area, and the fact that PRFR is also a fire-based agency, makes it difficult to create a standard that would fit with the current fragmented system.

**Performance Indicator 12.3.1.2: Training Program and Instructors.**

The training program and instructors should be regularly monitored and evaluated.

**Description**

Training programs and instructors are monitored.

**Appraisal**

The current system meets this Performance Indicator.

**Performance Indicator 12.3.2: Certification.**

Certification standards should be appropriate and uniform throughout the system.

**Description**

Basic certifications are standardized. Everyone has required minimum certifications. Advanced certification is fragmented with each entity using their specific criteria and curriculum. Timing of advanced training is not synchronized.

**Appraisal**

PRFR needs a certification standard that is appropriate for the suburban/rural nature of the
PRFR 911 service area..

**Performance Indicator 12.3.2.1: Recertification Requirements.**

System requirements for recertification should be disseminated to employees.

**Description**

Recertification requirements are known to the employees of PRFR.

**Appraisal**

The current system meets this Performance Indicator.

**Performance Indicator 12.3.2.2: Tracking.**

The system should include the capability to track individual certification/licensure and the need for renewal thereof.

**Description**

Individual certifications are tracked by PRFR.

**Appraisal**

The system meets this Performance Indicator.

**Performance Indicator 12.3.2.3: Training Programs.**

The system should ensure that the training programs necessary for certification and recertification are available in or to the system.

**Description**

Recertification programs are generally available for the basic programs. Access to recertification programs is not adequate given the remoteness of Pinal County.

**Appraisal**

The available recertification opportunities should be improved particularly for advanced certifications.

**Performance Indicator 12.3.3: Educational Opportunities.**

Educational opportunities should be made available to employees in the system.
Description
PRFR, OVH and Northwest Medical Center provide all educational opportunities to meet all required recertification and continuing education requirements. Some advanced certifications are not offered locally.

Appraisal
Improvements should be made in the availability of advanced certifications locally.

Performance Indicator 12.3.4: Training/Education Records.
Personnel training and/or education records should be maintained by system administrators.

Description
Training records are maintained by the agencies.

Appraisal
The current system meets this Performance Indicator.

Performance Indicator 12.4: Retention.
The system or region should take steps to encourage continued participation of personnel. Programs should be appropriate to the local area but may include the following:
- Length of service award programs (LOSAPs)
- Incentive plans
- Recognition plans
- Educational/training opportunities
- Job advancement/advancement opportunity programs
- Provider support

Description
PRFR, through many different programs, recognizes its employees. Some examples of this recognition are: longevity, advancement opportunity, education programs, Firefighter of the Year, Paramedic of the Year and EMT of the Year.

Appraisal
PRFR meets this Performance Indicator.
Criterion 12.5: Personnel.

Performance Indicator 12.5.1: Processes.

The system should have one or more processes in place to ensure effective working relationships between working groups and agencies.

Description

PRFR has a Leadership Team made up, in part, from management and staff members. The agencies do not have semiformal or formal processes in place that work to improve these working relationships.

Appraisal

PRFR meets this Performance Indicator. System-wide improvement is needed.

Criterion 12.5.2: Employee/Member.

Performance Indicator 12.5.2.1: Evaluation Process

The lead agency should ensure that a regularly scheduled, objective personnel evaluation process is in place.

Description

PRFR’s Administration provides an annual objective evaluation process for all employees.

Appraisal

PRFR meets this Performance Indicator.

Performance Indicator 12.5.2.2: Job Specifications.

Job specifications should be clearly defined.

Description

PRFR’s Administration provides a well-defined job specification accessible to all personnel.

Appraisal

PRFR meets this Performance Indicator.

Performance Indicator 12.5.2.3: Levels of Training.
Levels of training should be appropriate to meet service needs.

**Description**

The required training for all participants within the region is minimal.

**Appraisal**

PRFR should be able to set levels of required training specific to PRFR and appropriate for the suburban/rural nature of PRFR’s 911 service area.

**Performance Indicator 12.5.2.4: Staffing and Quality Assurance.**

The agency should use the criteria covered by 12.5.2.4.1 and 12.5.2.4.2.

**Description**

See the description for Performance Indicator 12.5.2.4.1 and 12.5.2.4.2

**Appraisal**

See the appraisal for Performance Indicator 12.5.2.4.1 and 12.5.2.4.2

**Performance Indicator 12.5.2.4.1: Staffing and Scheduling.**

Agencies in the system should have appropriate staffing and scheduling methods to ensure adequate delivery of services based upon the community needs assessment.

**Description**

PRFR’s adopted “Needs Assessment” sets the community’s expectations and needs. It is not being met in the current system.

**Appraisal**

The system proposed by PRFR will provide an appropriate staffing based upon the adopted “Needs Assessment”.

**Performance Indicator 12.5.2.4.2: Quality Assurance and Improvement.**

Quality assurance and improvement programs should be in place for each agency participating in the system.
Description

Quality assurance is handled by each agency individually. This in itself creates difficulty for the current system. Without adequate information sharing and uniform standards effective quality assurance is impossible.

Appraisal

The quality assurance programs need to be implemented on a systems-wide basis. Information needs to be shared and standards need to be universal.

Performance Indicator 12.5.2.5: Employee Identification.

The system should ensure that employee/members have agency and provider level identification.

Description

PRFR follows ADHS rules and requires all practicing EMT Basic and EMT Paramedics to carry State-issued EMT cards while practicing in the field. The City also issues and recommends that all employee’s carry Department identification while practicing in the field.

Appraisal

PRFR meets this Performance Indicator.

Criterion 12.6: Rules and Regulations.

Rules and regulations should be structured to provide for uniform management of personnel in the system.

Description

The standards are not uniform. Each agency has its own rules and regulations as they are free to have whatever rules and regulations they see fit.

Appraisal

Rules and regulations need to be standardized. A system needs to be established that at least works to make rules and regulations compatible.

Performance Indicator 12.6.1: Rules and Regulations.

The system should have established rules and regulations for acceptable behavior, activities, and actions.
Description

PRFR has established Administrative Regulations and Standard Operating Guidelines providing such rules and regulations.

Appraisal

PRFR meets this Performance Indicator.


The system should have established minimum operational policies and guidelines.

Description

PRFR’s Standard Operating Guidelines set standards for operation of the Department.

Appraisal

PRFR meets this Performance Indicator.


The system should have a process in place to manage discipline, appeals, grievances, and other personnel actions.

Description

PRFR has an Administration Regulation that manages discipline, appeals, grievances, and other personnel actions.

Appraisal

PRFR meets this Performance Indicator.

Performance Indicator 12.6.4: Compliance and Occupational Safety.

The system should have a process in place to ensure compliance with occupational safety regulations.

Description

Each agency is now responsible for its own compliance with safety rules.
**Appraisal**

Safety and compliance with occupational safety rules should be more closely coordinated to ensure compliance by all and interoperability. The system should ensure that each agency has a comprehensive health and safety plan.

**Description**
Each agency is charged with having a plan.

**Appraisal**
PRFR meets this Criterion.

**Performance Indicator 12.7.1: Personal Protective Equipment.**
Personal protective equipment should be available to all personnel and should be used according to system standards

**Description**
PRFR provides and maintains a PPE program. This also includes a replacement and manufacturer recommendations program for all PPE.

**Appraisal**
PRFR meets and exceeds this Performance Indicator.

**Criterion 12.7: Health and Safety.**

**Performance Indicator 12.7.2: Health and Wellness.**
Health and wellness programs should be in place to prevent participant illness and injury.

**Description**
PRFR follows NFPA standards through a health and wellness program.

**Appraisal**
PRFR exceeds this Performance Indicator.

**Performance Indicator 12.7.3: Critical Incident Stress Management.**
A critical incident stress management (CISM) process should be in place.
Description

PCSO has a CISM program in place that is available to all county departments.

Appraisal

PRFR meets this Performance Indicator.
Chapter 13  Operations


The EMS system operations include the coordination of multiple system elements. That is why each component should be considered not only in the context of its operational application but also in relationship to other factors within the system.

Description

The current system is fragmented. The multiple entities are allowed to operate without adequate coordination and with multiple administrators, planners and managers for each entity. Each entity is allowed to assign resources, train responders and create unique policies without consultation or coordination. The lone exception is the required medical direction.

Coordination is hampered by corporate and municipal policies that keep needed information private. Issues when they arise are handled by each entity individually. Major problems result in a complaint that is processed by the State using only State minimum standards for their review. Response data is not shared on a timely basis by the entities, and only the City is subject to an impartial outside review of system quality.

Appraisal

The coordination that is required by this Criterion does not exist in the current system. The multiple system elements are not managed as a system. Instead they are allowed to operate independently even though all are needed to complete a successful response.

The system, upon awarding of a CON to PRFR, will provide a single entity with the responsibility and authority to manage the distinct elements as a system.

Criterion 13.2: System Preparation.

EMS operations should be implemented based on EMS system planning, analysis, and financial capability.

Description

The current system has not undergone a systems planning effort. Planning is currently accomplished individually by each entity.

Appraisal

This Criterion requires a systems planning effort, and without one it is not possible to use
PRFR’s adopted “Needs Assessment” requires compliance with this Criterion. The requirement for accreditation of the provider will assure that planning takes place and that the system will be managed according to the adopted plans. PRFR complies with this Criterion upon completion of accreditation.

The system proposed by PRFR was arrived at using a planning process and community analysis which engage a variety of internal and external stakeholders. The financial modeling incorporates the expertise of a GFOA certified Finance Department.

**Criterion 13.3: Communications Coordination.**

EMS communications should be coordinated based on EMS system design and available local resources.

**Description**

The EMS communications model of the PRCS is to be fully integrated with the ability to talk with all the different system elements. Rural Metro has chosen not to partner with the other organizations that have built the communications systems. They instead maintain their own communications system and have limited ability to communicate to other organizations on the County-wide system using portable radios.

Communications are interoperable within the EMS system only at a minimal level. Separate dispatch centers talk on non-interoperable radio systems. Unit availability status is not shared. Only PCSO has Mobile Data Computer communications capabilities.

**Appraisal**

The current system is not compliant with this Criterion. Communication needs to be improved between the units who operate within the PRFR 911 service area.

The City’s adopted “Needs Assessment” requires that the communications be upgraded to a fully integrated interoperable system. If awarded the CON, PRFR EMS communications model will fully comply with the needs assessment for interoperability.

**Criterion 13.4: Response Coordination.**

Plans for first or initial response, ambulance response and transport, and alternate methods of transport should be in place as determined by EMS system analysis and planning, including the availability of additional resources as required by system demands.

**Description**

The current system is not sufficiently coordinated. Unit availability is not known until after
the request for response is made. Fire units are dispatched and the private provider is notified. In busy times no notification is made of possible resource problems.

**Appraisal**

The current system does not comply with this Criterion. Better coordination and resource contingency planning is needed.

PRFR’s adopted “Needs Assessment” requires the coordination of all resources through PRFR’s Contract Dispatch Center and the on duty PRFR Chief or designee. Additional resources have been identified and mutual aid agreements have been put in place.

---

**Criterion 13.5: Incident Management.**

The function of incident management is the overall management and coordination of, and accountability for, all responding personnel and resources.

**Description**

Command is fragmented in the current system. Incident command is established on all scenes by PRFR. As a fire-based agency, the dispatching of additional PRFR resources and units, such as for a mass casualty incident, is seamless as the system has full knowledge of resources available within PRFR and in the region.

Rural Metro dba Tri City Meds units try to fit in to command, however, this is complicated by inconsistencies in training and culture, as well as, communication.

The Town of Kearny ambulance service does not dispatch PRFR to scenes within its own 911 service area, and if on a scene together, the Town of Kearny ambulance crews refuse to allow PRFR Paramedics to ride along, so Rural Metro dba Tri City must be called for transport requiring an excessive delay in patient transport. This has happened in the past.

**Appraisal**

The current system needs improvement. In order to comply, a standard approach to incident command needs to be established.

The awarding of a CON to PRFR will establish a clear incident command policy and consistent culture for all units operating at emergency scenes.

**Performance Indicator 13.5.1: Incident Management System.**

The incident management system should be consistent throughout all agencies that can be expected to interact.

**Description**

Command is fragmented in the current system. Incident command is established on all
scenes by PRFR and all PRFR personnel have completed NIMS/ICS certified training.

Rural Metro dba Tri City Meds units try to fit in to command, however, this is complicated by inconsistencies in training and culture, as well as, communication.

The Town of Kearny ambulance service does not dispatch PRFR to scenes within its own 911 service area, and if on a scene together, the Town of Kearny ambulance crews refuse to allow PRFR Paramedics to ride along. As a result, Rural Metro dba Tri City must be called for transport requiring an excessive delay in patient transport.

Appraisal

The current system needs improvement. In order to comply, a standard approach to incident command needs to be established.

The awarding of a CON to PRFR will establish a clear incident command policy and consistent culture for all units operating at emergency scenes. PRFR’s system is fully compliant with the best practices outlined within the National Incident Management System.

Performance Indicator 13.5.2: System Design.

The system should be based on a strategy of efficient and effective utilization of resources. It should address chain of command, including transfer of authority of any officer or position. It should provide for delineation of responsibilities and authority for all involved response personnel and agencies.

Description

The current system is fragmented; lines of authority are unclear in many respects and officers and managers are responsible to different entities. Incident command is established on all scenes by PRFR.

Rural Metro dba Tri City Meds units try to fit in to command, however, this is complicated by inconsistencies in training and culture, as well as, communication.

The Town of Kearny ambulance service does not dispatch PRFR to scenes within its own 911 service area, and if on a scene together, the Town of Kearny ambulance crews refuse to allow PRFR Paramedics to ride along, so Rural Metro dba Tri City must be called for transport requiring an excessive delay in patient transport. This has happened in the past.

Appraisal

The current system needs improvement. In order to comply, a standard approach to incident command needs to be established.

The awarding of a CON to PRFR will establish a clear incident command policy and consistent culture for all units operating at emergency scenes. PRFR’s system is fully compliant with the best practices outlined within the National Incident Management system.
**Criterion 13.6: Treatment Guidelines.**

Patient care should be consistent with AHJ guidelines, industry standards, medical oversight, established protocols, and desired patient outcomes.

**Description**

Treatment guidelines are published with input from a variety of AHJ’s by John C Lincoln Deer Valley, and are derived from industry standards with the best interest of the patient in mind. Medical oversight is independently arrived at by each of the individual AHJ’s that transport to the sole hospital.

The treatment guidelines are complicated by the general rural nature of Pinal County’s CONs. Some treatments are appropriate only for instances with long transport times and some only for the suburban situation that is now the PRFR 911 service area. There are significant differences in treatment guidelines and crews from different organizations are sometimes trained differently. This causes issues on the scene and during transport.

**Appraisal**

The current system needs improvement. PRFR should have the ability to establish, in cooperation with medical control, service area-specific treatment guidelines and train all PRFR responders to PRFR-specific standards. The awarding of a CON to PRFR will allow for appropriate standard guidelines for treatment and the standardization of care.

**Criterion 13.7: Patient Destination (Transport).**

Patient destination guidelines should be consistent with AHJ guidelines, medical oversight, established protocols, and desired patient outcomes.

**Description**

There is only one receiving destination for patients transported in the area; therefore, this Criterion has limited application, unless when OVH is on diversion. At that time, patients must be transported closer to the Tucson metro area.

**Appraisal**

There is only one receiving destination for patients transported in the area; therefore, this Criterion has limited application, unless when OVH is on diversion. At that time, patients must be transported closer to the Tucson metro area.

**Criterion 13.8: Functional Capabilities of Health Care Facilities.**

The EMS system, in concert with the local medical community, should create standards for functional capabilities of health care facilities and determine the types of patients who
should be delivered to those facilities.

**Description**

There is only one receiving destination for patients transported in the area; therefore, this Criterion has limited application, unless when OVH is on diversion. At that time, patients must be transported closer to the Tucson metro area.

**Appraisal**

There is only one receiving destination for patients transported in the area; therefore, this Criterion has limited application, unless when OVH is on diversion. At that time, patients must be transported closer to the Tucson metro area.

**Performance Indicator 13.8.1: Functional Planning.**

The functional information should be disseminated to emergency care personnel. The system should have a plan in place to provide functional information to emergency personnel, and the plan should be monitored to ensure that patients are transported to the appropriate facility.

**Description**

There is only one receiving destination for patients transported in the area; therefore, this Criterion has limited application, unless when OVH is on diversion. At that time, patients must be transported closer to the Tucson metro area.

**Appraisal**

There is only one receiving destination for patients transported in the area; therefore, this Criterion has limited application, unless when OVH is on diversion. At that time, patients must be transported closer to the Tucson metro area.

**Performance Indicator 13.8.2: Medical Center Capabilities.**

The system should define medical center capabilities for the following:
- Primary, secondary, and tertiary medical facilities
- Alternate health care facilities
- Hospice
- Specialized care facilities, such as trauma, burn, pediatric, cardiac, hyperbaric, psychiatric, obstetric, spinal cord, and sexual assault
- Other facilities appropriate to the local system

**Description**

Presently there is only one base hospital for which patients are delivered and the practices are governed through the Emergency Room staff, therefore this Performance Indicator has
limited application unless OVH is on diversion. At that time, patients must be transported closer to the Tucson metro area.

**Appraisal**

Presently there is only one base hospital for which patients are delivered and the practices are governed through the Emergency Room staff, therefore this Performance Indicator has limited application unless OVH is on diversion. At that time, patients must be transported closer to the Tucson metro area.

**Performance Indicator 13.8.3: Patient Triage and Destination Program.**

The pre-hospital triage program and destination policies should provide for transport to appropriate facilities and for backup plans for facilities that are on diversion.

**Description**

Presently there is only one base hospital for which patients are delivered and the practices are governed through the Emergency Room staff, therefore this Performance Indicator has limited application unless OVH is on diversion. At that time, patients must be transported closer to the Tucson metro area.

**Appraisal**

Presently there is only one base hospital for which patients are delivered and the practices are governed through the Emergency Room staff, therefore this Performance Indicator has limited application unless OVH is on diversion. At that time, patients must be transported closer to the Tucson metro area.

**Criterion 13.9: Coordinated Medical Oversight.**

A plan should be implemented that allows for direct and indirect medical oversight, coordinating acute medical care, patient care protocol development, and additional components of the quality management program.

**Description**

Currently medical oversight is complicated by the fragmentation of the required data. This data has to do with outcome and actions taken by the different entities. The process is also complicated by the diverse nature of the rural areas of the County and the suburban/rural nature of the PRFR 911 service area.

**Appraisal**

Under the current system, medical oversight needs to be improved. PRFR-specific set of protocols and quality management benchmarks need to be developed appropriate for the suburban/rural nature of the PRFR 911 service area. The data required for outcome based
oversight needs to be shared with policy makers that includes all actions by all providers.

The awarding of a CON to PRFR makes compliance with this Criterion possible and the PRFR’s adopted “Needs Assessment” ensures compliance by requiring accreditation of the provider.

**Criterion 13.10: Quality Management/Documentation.**

All EMS activities including patient care, transport, training, and research documentation should be included in the implementation of a quality management program.

**Description**

Under the current system, quality management/documentation is complicated by the fragmentation of the required data. This data has to do with outcome and actions taken by the different entities. The process is also complicated by the diverse nature of the rural areas of the county and the suburban/rural nature of the PRFR 911 service area. There are also distinct hazardous materials risks that need addressed in a quality management program.

**Appraisal**

Under the current system, quality management/documentation needs to be improved. A PRFR-specific set of protocols and quality management benchmarks need to be developed appropriate for the suburban/rural nature of the PRFR 911 service area. The data required for outcome based oversight needs to be shared with policy makers that includes all actions by all providers. There are also distinct hazardous materials risks that need addressed in a quality management program.

The awarding of a CON to PRFR makes compliance with this Criterion possible and PRFR’s adopted “Needs Assessment” ensures compliance by requiring accreditation of the provider.

**Criterion 13.11: Logistics.**

System wide supply and equipment programs such as the following should be implemented to standardize equipment selection and to facilitate interagency supply and equipment use and sharing:

- Restocking of materials, disposables, and consumables
- Decontamination of equipment and vehicles
- Equipment repair and replacement
- Data collection and management
- Support for extended duration incident operations

**Description**

Under the current system, the logistical programs are complicated by the lack of formal agreements and policies of the different entities. Financial resources are not appropriately
dedicated according to need. Fees for transport are used only by the private provider while PRFR must find general fund monies for all EMS supplies and equipment. Data is not shared between the organizations.

Appraisal

The awarding of a CON to PRFR will improve the logistics support for the EMS system. PRFR’s adopted “Needs Assessment” requires appropriate logistics support for all EMS system needs.

Criterion 13.12: Staff Management.

Staff recruitment, development, evaluation, education, training, and retention programs should be in place to ensure that sufficient numbers and types of qualified providers are available based on EMS system design.

Description

Under the current system, no system-wide planning has been done to either assess the current needs or to plan for expected growth. The organizations staff independently and without consultation.

Appraisal

The system proposed by PRFR meets this Criterion and addresses recruitment, development, evaluation, education, training, and retention.


A program should be in place to allow for an information interface with the community, including EMS access information, public education, system public relations, and incident information management.

Description

PRFR’s public education/information program is integrated into our daily operations and part of the way we do business. Every year, many citizens receive direct training, while proactive dissemination of public information provides constant reminders and promptings through mass media outlets and personal appearances.

Appraisal

PRFR currently provides an integrated public education/information program that fully meets the intent of this Criterion and is recognized as the most active in our area. This Criterion will continue to be met under the current system or the award of a CON to PRFR.
**Criterion 13.14: Regulatory Compliance.**

The system should ensure that system wide operations comply with local, state, and federal regulations and laws, including but not limited to, state-mandated reporting, federal health and safety regulations, certification requirements, financial reporting, communicable disease reporting, and communications component authorization.

**Description**

Currently each entity has individual mandates to comply with state and federal standards. PRFR’s adopted “Needs Assessment” establishes a local standard that is not currently being met.

**Appraisal**

The system being proposed, upon awarding of the CON for ambulance transport to PRFR, will provide a single entity with system oversight and responsibility to ensure compliance with federal and local standards. The awarding of a CON to PRFR will establish appropriate State standards for the suburban/rural nature of the PRFR 911 service area.

**Criterion 13.15: Automatic and Mutual Aid.**

Automatic and mutual aid agreements should provide for system and backup responses.

**Description**

Under the current system, automatic and mutual aid needs improvement. The nature of the State’s CON system restricts the ability for automatic aid agreements. Many of the County’s EMS resources are prohibited from automatic response to areas that are closer to their resources than that of the CON holders. No notification is required and response is discouraged by the CON holder. Unit availability is not shared. Mutual aid is informal between the CON holder and the municipalities and federal responders. Formal agreements are not in place.

**Appraisal**

PRFR currently has codified agreements with all the surrounding municipalities through the FCAPC though they are randomly utilized in our region of the County due to jurisdictional issues.

Rural Metro/Southwest Ambulance dba Tri City Meds is not a signer of the FCAPC Mutual Aid Agreement but they do not ever put it into practice.

The Town of Kearny Ambulance Service is not a signer of the FCAPC Mutual Aid Agreement and does not ever put it into practice.
**Criterion 13.16: Alternative Patient Transport.**

A plan for alternative patient transport should be in place.

**Description**

The CON holder has not shared its plan for alternate transport. When required, PRFR uses its resources to transport. Other methods of alternate transport are provided by the relationships created through PRFR’s emergency response plan and PRFR’s mutual aid agreements.

**Appraisal**

PRFR currently has mutual aid agreements in place through the FCAPC.

Rural Metro dba Tri City Meds indicates they are the sole provider of these services for part of the PRFR 911 service area and it does not address this Criterion.

The Town of Kearny ambulance service indicates they are the sole provider of these services for part of the PRFR 911 service area and it does not address this Criterion.

---

**Criterion 13.17: Training.**

EMS agencies within a region should jointly train and prepare for emergency responses.

**Description**

Under the current system, joint training is currently limited to “Tape and Chart” meetings held by the medical director. Operational training needs to be improved. Refresher training is never done jointly or on an ad hoc basis. Planning for ongoing training is done by each entity individually.

**Appraisal**

Existing joint training and exercises needs to be improved. An assessment of training needs should be accomplished at the system level.

PRFR’s adopted “Needs Assessment” requires an assessment program and follow-up training for all, including NIMS compliance and safety training. This is required through the requirement for accreditation of the provider. PRFR meets and exceeds this Criterion.

**Performance Indicator 13.17.1: Training Requirements.**

Each EMS agency and jurisdiction should establish training requirements and should develop and utilize a training program based on the needs assessment of the community.
Description

Under the current system, joint training is currently limited to “Tape and Chart” meetings held by the medical director. Operational training needs to be improved. Refresher training is sometimes done jointly or on an ad hoc basis. Planning for ongoing training needs is done by each entity individually.

Appraisal

Under the current system, existing joint training and exercises needs to be improved. An assessment of training needs should be accomplished at the system level.

PRFR’s adopted “Needs Assessment” requires an assessment program and follow-up training for all, including NIMS compliance and safety training. This is required through the requirement for accreditation of the provider. PRFR meets and exceeds this Criterion.


The plan should be a coordinated interagency effort. Appropriate agencies should have regular interaction.

Description

Joint training is currently limited to “Tape and Chart” meetings held by the medical director. Operational training needs to be improved. Refresher training is never done jointly or on an ad hoc basis. Planning for ongoing training needs is done by each entity individually.

Appraisal

Existing joint training and exercises needs to be improved. An assessment of training needs should be accomplished at the system level.

PRFR’s adopted “Needs Assessment” requires an assessment program and follow-up training for all, including NIMS compliance and safety training. This is required through the requirement for accreditation of the provider. PRFR meets and exceeds this Criterion.

Performance Indicator 13.17.3: Training for Disasters and Multi-casualty Incidents.

EMS personnel at all levels within their respective organizations should be trained to meet their responsibilities in the course of a multi-casualty incident.

Description

Through recurring training and exercises PRFR response personnel receive training for disasters and multi-casualty incidents. During the course of actual emergencies of these sorts, a post incident analysis is utilized to critique the response and subsequently training needs
are instituted.

**Appraisal**

The system proposed by PRFR is in compliance with this specific Performance Indicator and can be substantiated by documented training.

---

**Criterion 13.18: Emergency Response Planning.**

**Performance Indicator 13.18.1: Emergency Operations Plans.**

Participants in the local EMS system should be familiar with local emergency management agencies' local annexes and emergency operation plans as defined in the Federal Emergency Management Agency (FEMA) publication Civil Preparedness Guide (CPG).

**Description**

Both PRFR and Yuma County have emergency operations plans. Responders should be trained by their administration at the appropriate level for the functions they will be assigned.

**Appraisal**

The system proposed by PRFR will strengthen the training and familiarization with emergency plans.

**Performance Indicator 13.18.2: Plan for Capabilities.**

The system should ensure that each agency or jurisdiction has a plan to meet its own needs within its capabilities.

**Description**

It is unknown if Rural Metro dba Tri City Meds or the Town of Kearny ambulance service has a plan that ensures adequate response in the event of a disaster. The situation is complicated by their lack of commitment to joint training programs for preparedness. Difficulties are also anticipated because of the remote location of the PRFR 911 service area.

**Appraisal**

Plans for resource allocation are needed at a level of detail not currently available. The awarding of a CON to PRFR will strengthen emergency management planning.
Performance Indicator 13.18.3: Interoperability.

The system should encourage each EMS agency or jurisdiction to enter into mutual aid agreements with other local or regional jurisdictions.

Description

PRFR has mutual aid agreement through the FCAPC with other fire agencies. that can assist in providing EMS in a disaster. Rural Metro dba Tri City Meds or the Town of Kearny Ambulance service has not provided a mutual aid plan for the PRFR 911 service area in the event of a disaster. The CON process complicates planning for a major incident in that transport is a prohibited function for many other responders in the CON area, according to Rural Metro dba Tri City Meds and the Town of Kearny ambulance service.

Appraisal

The awarding of a CON to PRFR will improve the ability of PRFR to properly plan for and enter into agreements ensuring adequate response of transport capable units in the event of a disaster.

Criterion 13.19: Joint Coordination and Planning.

Participants in the local EMS system should be involved in planning, needs assessment, training, integration, coordination, mutual aid, provision of resources, and evaluation of the response of a local EMS organization to a multiple-patient incident.

Description

Under the current system, there is a lack of coordination and planning. There is currently no formal planning and coordination body for the PRFR 911 service area. The only standards in place are State minimum standards and a rural standard set in the County-wide CON.

Appraisal

Planning is required by PRFR’s adopted “Needs Assessment”. It is a requirement for the accreditation of the provider. A Standards of Response Coverage is included in the “Needs Assessment”.


The EMS system's plan should conform to appropriate regional and State plans.

Description

The State plan is inadequate for the current situation for the PRFR 911 service area. The CON is the only standard other than State minimum standards for ambulance service.
The current CON is outdated and is a standard that is only appropriate for a very rural community. It does not provide for the kind of planning and oversight required by this document.

**Appraisal**

PRFR’s adopted “Needs Assessment” improves the planning and sets appropriate standards for the PRFR 911 service area.

**Performance Indicator 13.19.2: Plan Evaluation.**

The plan should be a coordinated interagency effort. Responsible participants should have regular interaction in order to facilitate working relations during an incident.

**Description**

All system participants have regular interaction, however, without an adequate plan document and the ability to collect adequate data an evaluation is impossible to administer under the current system.

**Appraisal**

The current CON sets standards that are not adequate for the PRFR 911 service area. For any plan to be effective, an adequate standard would have to set.

The City’s adopted “Needs Assessment” sets such a standard for the PRFR 911 service area.

**Criterion 13.20: Research and Development.**

The system should participate in research-based evaluation of all system components and should use objective criteria to evaluate, develop, and purchase equipment.

**Description**

PRFR has plans in place to participate with the University of Arizona and the State of Arizona in research and evaluation.

It is unknown if Rural Metro dba Tri City Meds or the Town of Kearny has participated with others for this type of research and evaluation.

**Appraisal**

No joint research efforts have taken place between PRFR, Rural Metro dba Tri City Meds or the Town of Kearny ambulance service. Sufficient data is not shared to conduct objective inquiries into outcomes.
PRFR shall continue their participation with the University of Arizona and the State of Arizona, as well as other entities who request our assistance.
PINAL RURAL FIRE RESCUE & MEDICAL DISTRICT

Fire * Emergency Medical Services * Rescue Community Needs Assessment

Adopted by Board Resolution August 12, 2013
NEEDS ASSESSMENT

Pinal Rural Fire & Rescue (PRF&R) is the authority having jurisdiction over first response fire, pre-hospital emergency medical, and rescue incidents within its 911 service boundaries. As such, PRF&R hereby promulgates the following proposal to provide direction as to the specific needs associated with providing fire and pre-hospital emergency medical service response within the 911 service area as defined in the Pinal County Sheriff's Office E911 CAD system.

Since Emergency Medical Services (EMS) and Motor Vehicle Accident (MVA) Rescue account for over 75% of all PRF&R emergency responses an equally essential weight is being placed on the needs of fulfilling this emergency medical and/or rescue component of PRF&R’s mission.

A key point to consider is that PRF&R utilizes dual-trained/dual-certified Firefighter/EMTs and/or Firefighter/Paramedics in order to fulfill its mission. As a result, not only do the Medical Rescue Units have certified personnel but our fire apparatus are also staffed with certified personnel. PRF&R has a robust recruitment relationship with Pima College's Fire Science/Fire Academy program and actively recruits personnel from this program. Both current students, and graduates, fill the PRF&R roster.

All academy attendees are required to have their EMT or Paramedic certification prior to admission to the fire academy so PRF&R brings significant numbers of certified personnel to the region. These personnel stand 12- or 24-hour shifts at our station as Reserve Firefighters. PRF&R has the largest component of certified personnel in this portion of the Copper Corridor.

Official Definitions

Approved¹. Acceptable to the authority having jurisdiction.

Authority Having Jurisdiction (AHJ)¹. An organization, office, or individual responsible for enforcing the requirements of a code or standard, or for approving equipment, materials, and installation, or procedure.

Shall. Indicates a mandatory requirement.

Should¹. Indicates a recommendation or that which is advised but not required.

General Definitions

Address¹. A number or other code and the street name identifying a location.

Alarm¹. A signal or message from a person or device indicating the existence of an emergency or other situation that requires immediate action.

Ambulance¹. A vehicle designed, equipped, and operated for the treatment and transport of ill and injured persons.

Arrival¹. The point at which a vehicle is stopped on the scene of a response destination or address.

Arrived at Destination¹. The time that the responding unit arrived at the hospital or transfer point.
Available for Service¹. The time the unit was available for response.

Call¹. A request for assistance to which equipment and personnel are deployed.

Call for Help¹. The time that a third party or the patient first attempts to contact outside assistance.

Certificate of Necessity to Operate an Ambulance Service (CON). A license issued by the State of Arizona permitting an EMS agency the authorization to operate an ambulance service for hire.

Deployment¹. The procedures by which resources are distributed throughout the service area.

Dispatch¹. To send out emergency response resources promptly to an address or incident location for a specific purpose.

- Emergency Medical Dispatch¹. The receipt and management of requests for emergency medical assistance in the emergency medical services (EMS) system. A formally adopted process for the screening and categorizing of EMS calls for the correct response of ambulance and other first response apparatus.

Emergency¹. A condition or situation in which an individual perceives a need for immediate response.

Emergency Medical Services (EMS)¹. Providing patient services that might include the provision of assessment, treatment such as first aid, cardiopulmonary resuscitation (CPR), basic life support (BLS), advance life support (ALS), and other pre-hospital procedures, including ambulance transportation of patients, as permitted by law.

Emergency Medical Technician-EMT¹. A pre-hospital basic life support (BLS) provider with training based on the National Highway Traffic Safety Administration (NHTSA) National Standard Curriculum certified to operate in the State of Arizona.

Emergency Medical Technician-Paramedic¹. A pre-hospital provider trained according to the NHTSA to advanced level certified to operate in the State of Arizona.

FIRE/EMS crews. PRF&R certified personnel that are strategically placed in fire stations to enhance fire and emergency medical response capabilities.

Firefighter. A first responder that is state, IFSAC, or ProBoard certified as a Firefighter I (FF1) or Firefighter II (FFII)

First PSAP Call Time¹. The time the telephone begins to ring in the first public safety answering point (PSAP).

First Responder (EMS). Functional provision of all facets of pre-hospital EMS treatment with the exception of transport.

GIS. A system of computer software, hardware, data and personnel to describe information tied to a spatial location.
Interval.

- Fractile Response Interval¹. A method of describing response intervals that uses frequency distribution as its basis for reporting.
- Turnout Interval¹. The time beginning when units acknowledge notification of the emergency to the beginning point of the response time.

Medical Rescue/Fire Apparatus. Fire Engine, Ladder Truck/Quint, Medical Rescue Unit (non-CON transport-capable medical unit) designed to deliver Emergency Medical Services providers to the scene of a medical emergency or rescue scenes.

Multiple Casualty¹. Injury or death of more than one individual in an incident.

Mutual Aid¹. Reciprocal assistance to emergency services under a prearranged plan outside of the normal response area.

Outcome¹. The result, effects, or consequences of an emergency system encounter on the health status of a patient.

Patient Contact¹. The time that responding personnel first arrive at the patient’s side.

Point of Service/Operation Station/Sub-Station. The physical location where EMS crews are standing by for immediate response upon notification.

Protocols¹. Protocols define the pre-hospital care management of specific patient problems.

Public Safety Answering Point (PSAP)². A facility in which 911 calls are answered either directly or through re-routing.

Quality Assurance¹. The activities undertaken to establish confidence that the products or services available maintain the standard of excellence set for those products or services.

Quality Improvement¹. The activities undertaken to continuously examine and improve products and services.

Response¹. The deployment of an emergency service resource to an incident.

Staffing¹. The number and level of training of personnel deployed on an emergency call.

Standard Operating Procedures/Departmental Guidelines¹. A written organizational directive that establishes or prescribes specific operational or administrative methods to be followed routinely for the performance of designated operations or actions.

Standing Orders¹. A direction or instruction for delivering patient care without on-line medical oversight backed by authority of the system medical director.

Support Volunteer. A volunteer that is not certified as a Firefighter I or Firefighter II and works in support of the certified/accredited firefighters.
Call Processing Time¹/Dispatch Time¹. The point of receipt of the emergency alarm at the public safety answering point to the point where sufficient information is known to the dispatcher and applicable units are notified of the emergency.

Response Time¹. The travel time that begins when units are en route to the emergency incident and ends when units arrive at the scene.

Turnout Time¹. The time beginning when units acknowledge notification of the emergency to the beginning point of response time.

Total Response Time. The total of the call processing/dispatch time, turnout time, and response time.


Agency Accreditation

To ensure the highest quality of care it is recognized that the FIRE/EMS provider be subjected to a third party review of their operating practices. Prima facie compliance with this need shall be demonstrated by actively pursuing Accredited Agency Status by the Center for Public Safety Excellence (CPSE) within a three year planning span.

Dual-Role Personnel Staffing

PRF&R utilizes cross-trained Certified Firefighters (AZ Firefighter IIs) that are also Certified Emergency Medical Care Technicians at the EMT (BLS) or Paramedic (ALS) level. This capability allows for all personnel on the scene of a fire with injuries, medical emergencies, motor vehicle accidents, or rescues to operate at any and all levels of need and expertise. This level of staffing also ensures that every fire apparatus, whether fire engine, ladder truck, or Medical Rescue responding to any emergency has cross-trained personnel on board. This is especially essential in the event of mass casualty incidents which are not uncommon in this region.

Dispatch Center Operations

PRF&R currently contracts with Southwest Ambulance (Rural/Metro) for dispatch services. Requests for emergency treatment and transport are expected to be initiated via the 911 emergency reporting systems. 911 calls requests for service within the PRF&R response area are first processed through the Pinal County Sheriff’s Department E911 system, then on to the Southwest Ambulance Communications Center in Tucson, AZ. To secure the highest quality of call processing the following elements should be incorporated into the system:

- Minimum staffing level of one certified Emergency Medical Dispatcher (EMD) available 24/7/365 to provide needed caller pre-arrival instructions and other dispatch support needs.

- No less than three (inclusive of the EMD) staff members will be on duty in the dispatch center to serve the supporting needs associated with dispatching of 911 calls, alerting
crews, and working the radio/phones.

- A minimum of one Dispatch Supervisor shall be scheduled during the hours of 0700 hours until 0300 hours daily to provide supervisory oversight for the dispatching services provided in support of ambulance services.

- Functional GIS programs that support the dispatching of units and collection of time stamping for system evaluation.

Fractile Response Intervals

Call Processing Time/Dispatch Time

All calls for service are expected to originate via the enhanced 911 service and processed through the Public Safety Answering Point (PSAP). The first point of contact with the response agency will take place upon receipt of a call by a call taker in the dispatch center. If the call is a request for EMS, the call-taker will pass the call on to a certified EMD for processing and dispatching of the appropriate resources.

Upon receipt of address information, the dispatcher handling the call will immediately send the closest available unit based on the priority of the call. The goals for call processing time/dispatch time shall be one minute or less 98% of the time.

Turnout Time

Upon notification from the dispatch center and alerting of crews of an emergency, there is a time allocated for the crew to board the responding unit and initiate their response. This will be done in the most expeditious fashion to ensure a prompt response. The goal for the turnout time of the crew shall be one minute or less 98% of the time.

Response Time (commonly referred to as wheel time)

Much of the response time is governed by the rural sphere of the region, local road conditions, and traffic associated with a response. The goal for the response time shall be ten (10) minutes or less, dependent on location of response, 50% of the time. Since PRF&R covers such a vast rural area this time frame must account for the travel time within the more remote areas of the PRF&R 911 service area (i.e. Aravaipa Canyon, Galiuros Mountains, etc.) which can be excessive due to distance, weather, and/or terrain.

Total Response Time

The total response time is calculated as the sum of the call processing/dispatch time, turnout time, and response time. The goal for the total response time shall be ten minutes or less 90% of the time.

Deployment Locations/Staffing Minimums

To ensure attainment of the defined response goals previously mentioned requires sound distribution of emergency response resources. The physical location or points of service (POS)/Operation
Station/Sub-Operation Station for Fire and Medical Rescues is critical to ensuring appropriate coverage to the incorporated and unincorporated PRF&R 911 service areas within Pinal County. As such, FIRE/EMS crews shall be positioned in such a way to ensure the most direct route to any emergency and will respond with a minimum of one EMT-P and/or one EMT-B on all responses. In order to fulfill our response goals Fire Apparatus and Medical Rescues shall be pre-positioned, ideally at a minimum based on future construction plans defined below, at the following locations:

- 15062 Hwy 77 in Mammoth, AZ (Fire Station 625), Medic 625, Medic Rescue 625 in District #1 (current station)
- 1.3 Miles east of AZ 77 on E. Aravaipa Rd (Fire Station 626), Medic 626 – This second (2nd) fire station will be constructed within six (6) months of the granting of fire district status
- A third (3rd) station (Station 627) will be added in the southern region comprising of District #2 within two (2) years of the granting of fire district status since this is a more sparsely populated region.

It has been recognized that seasonal changes to our population base caused by increase traffic flow to northern recreation areas from southern Arizona creates a surge need during the summer months and winter months, particularly on weekends. As such, the provider shall add capacity through one additional Medical Rescues during these peak times to help manage the additional call volumes.

PRF&R has initiated the process to obtain a Certificate of Necessity to operate an ambulance service to further enhance the capabilities of single point-of-contact for medical emergencies in the PRF&R 911 service area.

Upon awarding a CON to PRF&R, Emergency Medical Responders shall also be permitted to function as ambulance drivers as authorized under ARS 36-2201(16) and ARS 36-2205 in rural areas.

As authorized under ARS 36-2208(B), pending approval of a CON, PRF&R also meets the following statute:

...B. This chapter does not prevent any individual, law enforcement officer, public agency or member of a city, town, fire district or volunteer fire department from rendering on-site emergency medical care or, if, in terms of the existing medical situation, it is deemed not advisable to await the arrival of an ambulance, from transporting emergency medical patients to a hospital or an emergency receiving facility, except that if any patient objects on religious grounds, that patient shall not be administered any medical treatment or be transported to a hospital or an emergency receiving facility.

In the event a specialized response is necessary, the following additional resources shall be available to supplement Medical Rescue access, triage, and treatment:

- One Medical Rescue shall be a suitable off-road 4 X 4 vehicle made available to aid in accessing those areas not negotiable by 2 X 4 ground Medical Rescue where traumatic injuries or medical emergencies may occur.
- Multi-casualty EMS Rescue with a cache of basic supplies to aid with events which may have casualty generation above and beyond the capabilities of the ground Medical Rescues.
PRF&R currently has three (3) patient transport-capable Medical Rescues; a Type II van Medical Rescue Unit, a Type I Medium-Duty Rescue/MCI Unit, and a 4X4 Type1 I Medical Rescue Unit. These Medical Rescues would be staffed with a minimum of one EMT-P and/or one EMT-B.

All Medical Rescue drivers shall have completed a VFIS approved driving course prior to operating a Medical Rescue via emergency traffic. In order to fulfill and meet these surge needs, the Medical Rescues would be deployed to those areas experiencing the highest call volumes as follows:

- 15062 Hwy 77 in Mammoth, AZ (Fire Station 625)
- This additional surge Medical Rescue (Rescue 625) is currently in place at Station 625
- Medic 626 will be stationed at Station 626, 1.3 miles east of AZ 77 on E Aravaipa Rd.

**Communications**

In order to provide the highest quality of patient care and ensuring best practices, there are a number of communication tools that are essential in fulfilling the expectation of the patient, medical direction, dispatchers, and response personnel. The following are considered as the minimums acceptable for all Medical Rescue transport units:

- Vehicle Assigned Computers (VAC’s). VAC’s shall be provided and installed in all front-line and reserve Medical Rescues. These VAC’s will be available to provide display of the entire necessary operational area mapping in a grid format.

- Two-Way Radios. Mobile VHF and/or UHF MHz radios shall be provided for each Medical Rescue and other fire apparatus to meet communication needs with the dispatch center, other responding Medical Rescue/Apparatus, the Emergency Operations Center (EOC), and OVH for on-line medical direction. Additionally, a hand-held radio with the same features will be provided for all occupied seating positions for the Medical Rescues and other fire apparatus.

- Cell Phones. No less than one cell phone shall be made available for all Medical Rescue Apparatus which will allow EMS personnel to directly and immediately contact the Emergency Room doctor.

**Medical Rescue Equipment**

All Medical Rescues will be equipped in accordance with National Fire Protection Agency (NFPA) 1917 Standard for Automotive Ambulances (Effective January 2013) and/or Federal KKK-A-1822 Ambulance Purchasing Guide (for the year model of the vehicle), so as to meet the requirements levied by the Arizona Department of Health Services (AZDHS).

In addition to the AZDHS requirements, Medical Rescues shall be equipped with a means of ensuring that the drug box is maintained in a temperature controlled environment, ideally below 86 degrees Fahrenheit at all times. This is in accordance with Food and Drug Administration and medication manufacturer’s recommendations for proper storage of the medications contained within the drug box.

Due to the emergency nature of the mission and importance of rapid response capability, Medical Rescues shall also be equipped with a means of keeping the vehicle batteries charged when the vehicle is on standby at a station.
Specialized Life Safety Equipment

It is recognized that the equipment required by AZDHS is that which is minimally acceptable for all Medical Rescues. In order to enhance patient care and survivability in those patients experiencing sudden onset of cardiac arrest, the following equipment shall be made available on all Medical Rescues:

- Cardiac Monitor/Defibrillator. These monitor/defibrillators provide the needed quality to assess those patients experiencing cardiac compromise.
- Climate controlled environment for storage of necessary drug boxes.

Equipment Servicing Credentials

- Due to the sensitive nature of emergency response apparatus, it is required to undergo extensive periodic and recurring maintenance to ensure its roadworthiness and peak performance. Reliability of this sort of equipment is critical, and as a result all Medical Rescues and other response apparatus shall be serviced and maintained.
- Specialized life safety equipment shall be validated as to the equipments’ serviceability by a certified testing authority at least annually or more frequently based upon the manufacturer’s recommendations.

Equipment Replacement Program – Medical Rescues (Ambulances after awarding of CON)

All Medical Rescues and other apparatus for the delivery of EMS shall be entered into an Equipment Replacement Program (ERP) based on the anticipated life cycle for Medical Rescues shall be established at eight years from placing in service and/or 300K miles.

Equipment Replacement Program (Monitors and Automated CPR Technologies)

Aside from the expendables utilized in the course of providing treatment, there are a number of technological tools for the treatment and care of those who are sick and injured. Monitor/Defibrillators shall be entered into an ERP, which is fully funded by the paying of annual rents based on the following:

- Cardiac care monitors shall be replaced every eight years after purchase or as necessary to ensure their serviceability.
- Any Automated CPR Technologies shall also be entered into an ERP and replaced every eight years after purchase or as necessary to ensure their serviceability.

Public Education and Outreach for EMS

To be successful it is necessary to have an aggressive public education program which supports the delivery of exceptional EMS. The provider shall actively engage in public outreach through free public access CPR training and a Public Access Defibrillator Loaner (PADL) “Borrow an AED” program. In addition, the provider should become engaged in the community through outreach offered through public appearance requests, community preparedness efforts, child health efforts and community emergency response training.
Italicized Terms

Selected definitions of terms in this proposal that are italicized reference the definition as found in various documents. The number following the italicized term indicates the source of that definition. These sources are noted in the “references cited” portion of this proposal.

The terms selected have definitions which the user should read carefully to facilitate a better understanding of this proposal. Some terms are agency specific so will not be sourced from “reference cited” indicators.

Commentary and additional explanations of intended use of selected definitions and scope of this proposal can be found in the Fire Protection Handbook, 20th Edition.

References Cited

