

Pinal County Board of Supervisors  
P.O. Box 827  
Florence, Arizona 85132

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 and 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 and 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.R.S. \*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 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.
  - 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:

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Steven Turcotte, Member

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Thomas Carlson, Member

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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 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*

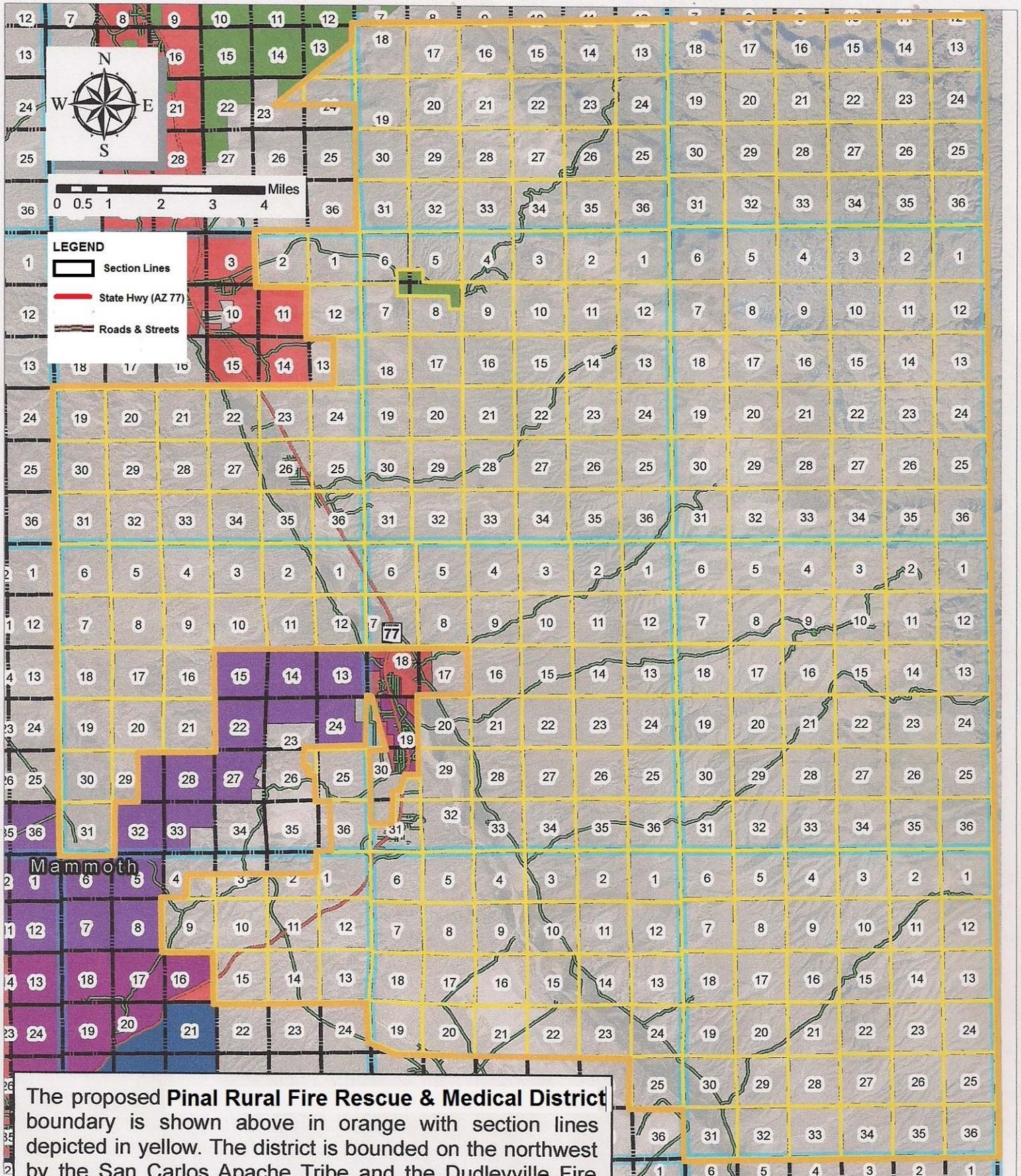
*westerly to the southeast corner of Section Eleven (11) of Township Seven (7) South, Range Sixteen (16) East; thence northerly to the northeast corner of Section Eleven (11) of Township Seven (7) South, Range Sixteen (16) East; thence westerly to the northwest corner of Section Eleven (11) of Township 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.*

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- 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.

# Pinal Rural Fire Rescue & Medical District Map



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.

PARCELNO	NAME1	ADDRESS2	CITY	STATECODE	ZIPCODE	STREETN	PRE	STREETNAME	STREI	PROPERTYCITY	PROPER	TAXYEA	FCV	LPV	Sec Net Asses	Pri Net Assessed
300280030	PORTER HOUSE STATION LLC	5050 N CALLE LA VELA	TUCSON	AZ	857184914					DUDLEYVILLE	85192	2015	28800	28800	4608	\$4,608.00
300280040	PORTER HOUSE STATION LLC	5050 N CALLE LA VELA	TUCSON	AZ	857184914	92945	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	147468	147468	23595	\$23,595.00
300280050	NATURE CONSERVANCY	1510 E FORT LOWELL RD	TUCSON	AZ	857192313	1	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	693	676.67	0	\$0.00
300280080	PORTER HOUSE STATION LLC	5050 N CALLE LA VELA	TUCSON	AZ	857184914					DUDLEYVILLE	85192	2015	52000	52000	8320	\$8,320.00
30028009A	HEDRICK PHILIP W & GORMAN CATHER	92425 E ARAVAIPA RD	WINKELMAN	AZ	851929771					DUDLEYVILLE	85192	2015	9450	9450	1512	\$1,512.00
300280100	NATURE CONSERVANCY	1510 E FORT LOWELL RD	TUCSON	AZ	857192313					DUDLEYVILLE	85192	2015	31200	31200	0	\$0.00
300280110	NATURE CONSERVANCY	1510 E FORT LOWELL RD	TUCSON	AZ	857192313					DUDLEYVILLE	85192	2015	14700	14700	0	\$0.00
300280120	NATURE CONSERVANCY	1510 E FORT LOWELL RD	TUCSON	AZ	857192313	92635	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	31859	31859	0	\$0.00
30028013A	NATURE CONSERVANCY	1510 E FORT LOWELL RD	TUCSON	AZ	857192313					DUDLEYVILLE	85192	2015	35820	35820	0	\$0.00
30028015A	PECK LINDA S & MCGUIRE WILLIAM J	25250 N 92ND ST	SCOTTSDALE	AZ	852552211					DUDLEYVILLE	85192	2015	9027	9027	1444	\$1,444.00
30029001A	ARAVAIPA CANYON RANCH LLC	135 W WASHINGTON ST	TUCSON	AZ	857011011	90156	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	35372	34538.46	5660	\$5,526.00
30029001B	BRIGHTHAWK LLC	4140 N 44TH ST STE 102	PHOENIX	AZ	850184235					DUDLEYVILLE	85192	2015	2904	2904	465	\$465.00
30029001C	BRIGHTHAWK LLC	4140 N 44TH ST STE 102	PHOENIX	AZ	850184235					DUDLEYVILLE	85192	2015	11160	11160	1786	\$1,786.00
300290020	BRIGHTHAWK LLC	4140 N 44TH ST STE 102	PHOENIX	AZ	850184235	90791	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	217396	106759.8	21739	\$10,676.00
30029003A	YOUNG HAROLD D & NANCY L TRS ETA	PO BOX 111	HAYDEN	AZ	851351002	89937	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	49649	49649	6168	\$6,168.00
30029003B	BRASELL SHERRIE LOU	90195 E ARAVAIPA RD	WINKELMAN	AZ	851929769	90195	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	29726	29726	2973	\$2,973.00
30029003C	YOUNG LESTER & THELMA LEE	MAIL RETURN				89925	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	18911	18911	1891	\$1,891.00
30029003D	YOUNG HAROLD D & NANCY L TRS	PO BOX 111	HAYDEN	AZ	851351002	89895	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	4218	4218	422	\$422.00
30029003E	ISER JERRY	90187 E ARAVAIPA RD	WINKELMAN	AZ	851929769	90187	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	12628	12628	1668	\$1,668.00
30029003F	DAHL ROBERT O & SARAH CO-TRS	8421 N VIA TIOGA	TUCSON	AZ	857046527					DUDLEYVILLE	85192	2015	3191	3191	511	\$511.00
30029003G	KAPLAN GLORIA	100 BEACH RD APT 302	JUPITER	FL	334693518					DUDLEYVILLE	85192	2015	2856	2856	457	\$457.00
30029003H	YOUNG LEMUEL B	PO BOX 309	HAYDEN	AZ	851351011	89975	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	20655	20655	2066	\$2,066.00
300290040	BOWERS LIVING TRUST	1611 E HARWELL RD	PHOENIX	AZ	850426881	89875	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	28017	28017	2802	\$2,802.00
300290050	CRAM THOMAS R	6015 E 4TH ST	TUCSON	AZ	857111611	0				DUDLEYVILLE	85192	2015	2650	2650	424	\$424.00
30029006B	MURRAY STEPHEN M	11050 E 29TH ST	TUCSON	AZ	857487751	0				DUDLEYVILLE	85192	2015	15600	15600	2496	\$2,496.00
30029006C	REYHER JACOB	12400 W MOORE RD	MARANA	AZ	856538912		E	UNDETERMINED	RD	DUDLEYVILLE	85192	2015	12600	12600	2016	\$2,016.00
30029006D	MURRAY STEPHEN	11050 E 29TH ST	TUCSON	AZ	857487751		E	UNDETERMINED	RD	DUDLEYVILLE	85192	2015	4750	4750	760	\$760.00
300300010	DENORMANDIE PHILIP Y	12 MARSHALL ST	BOSTON	MA	021082405					DUDLEYVILLE	85192	2015	20800	20800	3328	\$3,328.00
300300020	NATURE CONSERVANCY	1510 E FORT LOWELL RD	TUCSON	AZ	857192313					DUDLEYVILLE	85192	2015	20800	20800	0	\$0.00
300300030	NATURE CONSERVANCY	1510 E FORT LOWELL RD	TUCSON	AZ	857192313					DUDLEYVILLE	85192	2015	32000	32000	0	\$0.00
300300040	NATURE CONSERVANCY	1510 E FORT LOWELL RD	TUCSON	AZ	857192313					DUDLEYVILLE	85192	2015	31200	31200	0	\$0.00
300300050	NATURE CONSERVANCY	1510 E FT LOWELL	TUCSON	AZ	85719	0				DUDLEYVILLE	85192	2015	22540	22540	0	\$0.00
300300060	NATURE CONSERVANCY	1510 E FT LOWELL	TUCSON	AZ	85719	0				DUDLEYVILLE	85192	2015	20800	20800	0	\$0.00
300300070	NATURE CONSERVANCY	1510 E FT LOWELL	TUCSON	AZ	85719	0				DUDLEYVILLE	85192	2015	33300	33300	0	\$0.00
300300080	RYCHENER DAVID & SKELDON JOYCE	10945 N GILA RD	TUCSON	AZ	857429743	0				DUDLEYVILLE	85192	2015	29250	29250	4680	\$4,680.00
300300090	NATURE CONSERVANCY	1510 E FT LOWELL	TUCSON	AZ	85719	0				DUDLEYVILLE	85192	2015	25800	25800	0	\$0.00
300300100	NATURE CONSERVANCY	1510 E FT LOWELL	TUCSON	AZ	85719	0				DUDLEYVILLE	85192	2015	32000	32000	0	\$0.00
300300110	NATURE CONSERVANCY	1510 E FT LOWELL	TUCSON	AZ	85719	0				DUDLEYVILLE	85192	2015	20800	20800	0	\$0.00
300310010	NEWMAN RHONDA L	16212 E RED MOUNTAIN T	FOUNTAIN HILLS	AZ	85268					DUDLEYVILLE	85192	2015	15600	15600	2496	\$2,496.00
300310100	ASARCO INC	5285 E WILLIAMS CIR STE	TUCSON	AZ	85711	0				DUDLEYVILLE	85192	2015	28800	25765.3	4608	\$4,122.00
300310110	ASARCO INC	5285 E WILLIAMS CIR STE	TUCSON	AZ	85711	0				DUDLEYVILLE	85192	2015	28800	25765.3	4608	\$4,122.00
300310120	ASARCO INC	5285 E WILLIAMS CIR STE	TUCSON	AZ	85711	0				DUDLEYVILLE	85192	2015	20800	18520.5	3328	\$2,963.00
300310200	NEWMAN RHONDA L	16212 E RED MOUNTAIN T	FOUNTAIN HILL	AZ	85268					DUDLEYVILLE	85192	2015	25891	25891	4143	\$4,143.00
300310210	SNYDER SETH	PO BOX 600-943	N MIAMI BEACH	FL	33160					DUDLEYVILLE	85192	2015	19525	19525	3124	\$3,124.00
300310220	DALTON RODNEY L	577 W GIBBS ST	SUPERIOR	AZ	851734005					DUDLEYVILLE	85192	2015	11250	11250	1800	\$1,800.00
300360010	ARIZONA GAME & FISH COMMISSION	5000 W CAREFREE HWY	PHOENIX	AZ	85086	0				DUDLEYVILLE	85192	2015	29173	29173	0	\$0.00
300360020	STATE OF ARIZONA	5000 W CAREFREE HWY	PHOENIX	AZ	850865000	0				DUDLEYVILLE	85192	2015	500	492.12	0	\$0.00
300360030	STATE OF ARIZONA	5000 W CAREFREE HWY	PHOENIX	AZ	850865000	0				DUDLEYVILLE	85192	2015	500	492.12	0	\$0.00
300360040	ALEMAN MANUEL A & TERESA	7375 S CAMINO RIO	WINKELMAN	AZ	851929790	7375	S	CAMINO RIO		DUDLEYVILLE	85192	2015	120822	120818.3	12889	\$12,889.00
30036005A	SMITH JOHN & MARY LOU FAM TRUST	PO BOX 57	MARICOPA	AZ	851390019						2015	44352	36153.03	4435	\$3,615.00	
30036005B	SMITH JOHN & MARY LOU FAM TRUST	PO BOX 57	MARICOPA	AZ	851390019						2015	9760	9760	1562	\$1,562.00	
30036005C	STATE OF ARIZONA	5000 W CAREFREE HWY	PHOENIX	AZ	850865000						2015	79502	76189.59	10949	\$10,493.00	
30036005D	STATE OF ARIZONA	5000 W CAREFREE HWY	PHOENIX	AZ	850865000						2015	5117	5117	819	\$819.00	
300370010	ARIZONA GAME & FISH COMMISSION	5000 W CAREFREE HWY	PHOENIX	AZ	85086	0				DUDLEYVILLE	85192	2015	28976	25858.14	0	\$0.00
300370020	STATE OF ARIZONA	5000 W CAREFREE HWY	PHOENIX	AZ	850865000	0				DUDLEYVILLE	85192	2015	500	492.12	0	\$0.00

30039001A	SPIESS MARCIA R TR	2734 W PLACITA MESA AL	TUCSON	AZ	857428736	83157	E	PALOMITA	RD	DUDLEYVILLE	85192	2015	2299	2299	368	\$368.00
30039001C	SPIESS MARCIA R TR	2734 W PLACITA MESA AL	TUCSON	AZ	857428736	0				DUDLEYVILLE	85192	2015	7500	7500	1200	\$1,200.00
300390020	STATE OF ARIZONA	5000 W CAREFREE HWY	PHOENIX	AZ	850865000					DUDLEYVILLE	85192	2015	538	529.52	0	\$0.00
300390030	CHAVARRIA FERNANDO P & LYDIA V	PO BOX 986	MAMMOTH	AZ	85618	0				DUDLEYVILLE	85192	2015	85447	64178.1	9340	\$7,015.00
300390040	CHAVARRIA FERNANDO P & LYDIA V	PO BOX 986	MAMMOTH	AZ	85618	10045	S	CAMINO RIO		DUDLEYVILLE	85192	2015	40777	40777	6524	\$6,524.00
30039005A	CHAVARRIA FERNANDO P & LYDIA H	PO BOX 986	MAMMOTH	AZ	85618	0				DUDLEYVILLE	85192	2015	13832	13832	2213	\$2,213.00
30039006D	JACQUEZ JORGE & GEORGINA	PO BOX 533	MAMMOTH	AZ	85618	0				DUDLEYVILLE	85192	2015	1976	1976	316	\$316.00
30039006E	THE NATURE CONSERVANCY	1510 E FT LOWELL	TUCSON	AZ	85719	0				DUDLEYVILLE	85192	2015	14910	14910	0	\$0.00
30039006H	PARASCHUK PATRICIA G	4263 GLENWOOD AVE	GOLDEN VALLEY	MN	554225240					DUDLEYVILLE	85192	2015	13000	13000	2080	\$2,080.00
30039006K	DENOGEAN HECTOR A & KIMBERLY A	PO BOX 1752	ORACLE	AZ	85623	0				DUDLEYVILLE	85192	2015	14985	14985	2398	\$2,398.00
30039006M	LEON MANUEL M & SYLVIA O CARBAJA	5239 S DES MOINES PL	TUCSON	AZ	85746	0				DUDLEYVILLE	85192	2015	14910	14910	2386	\$2,386.00
30039006N	ELSE PETER	PO BOX 576	MAMMOTH	AZ	856180576	0				DUDLEYVILLE	85192	2015	13000	13000	2080	\$2,080.00
30039006P	DENOGEAN HECTOR A & KIMBERLY A	PO BOX 1752	ORACLE	AZ	85623	10298	S	CALITO	RD	DUDLEYVILLE	85192	2015	500	500	80	\$80.00
30039006R	LEON MANUEL M & SYLVIA O CARBAJA	5239 S DES MOINES PL	TUCSON	AZ	85746					DUDLEYVILLE	85192	2015	500	500	80	\$80.00
30039006S	THE NATURE CONSERVANCY	1510 E FT LOWELL RD	TUCSON	AZ	85719		S	UNDETERMINED	RD	DUDLEYVILLE	85192	2015	21047	21047	0	\$0.00
30039006T	THE NATURE CONSERVANCY	1510 E FT LOWELL RD	TUCSON	AZ	85719		S	UNDETERMINED	RD	DUDLEYVILLE	85192	2015	43710	43710	0	\$0.00
300390070	THOMAS GERALD K	1395 ELKHORN DR	COTOPAXI	CO	81223	82935	E	PALOMITA	RD	DUDLEYVILLE	85192	2015	30042	30042	3004	\$3,004.00
300390080	THOMAS GERALD K	1395 ELKHORN DR	COTOPAXI	CO	81223	0				DUDLEYVILLE	85192	2015	5474	5474	876	\$876.00
300390090	JACQUEZ JORGE & GEORGINA	PO BOX 533	MAMMOTH	AZ	85618	82971	E	PALOMITA	RD	DUDLEYVILLE	85192	2015	68584	68584	6858	\$6,858.00
300390100	JACQUEZ JORGE & GEORGINA	PO BOX 533	MAMMOTH	AZ	85618					DUDLEYVILLE	85192	2015	500	500	80	\$80.00
300390120	SPIESS MARCIA R TR	2734 W PLACITA MESA AL	TUCSON	AZ	857428736	0				DUDLEYVILLE	85192	2015	1482	1482	237	\$237.00
300390130	JACQUEZ JORGE & GEORGINA	PO BOX 533	MAMMOTH	AZ	85618	0				DUDLEYVILLE	85192	2015	4218	4218	675	\$675.00
300390140	SPIESS MARCIA R TR	2734 W PLACITA MESA AL	TUCSON	AZ	857428736	0				DUDLEYVILLE	85192	2015	9840	9840	1574	\$1,574.00
300390150	SPIESS MARCIA R TR	2734 W PLACITA MESA AL	TUCSON	AZ	857428736	0				DUDLEYVILLE	85192	2015	16653	16653	2664	\$2,664.00
300390160	ELSE PETER T	PO BOX 576	MAMMOTH	AZ	856180576	9814	S	CALITO	RD	DUDLEYVILLE	85192	2015	109831	99326.77	10983	\$9,933.00
300390170	CHAVARRIA FERNANDO P & LYDIA H	PO BOX 986	MAMMOTH	AZ	85618	0				DUDLEYVILLE	85192	2015	5457	5457	873	\$873.00
300390180	CHAVARRIA VICTOR P	756 CALLE RETANNA	TUCSON	AZ	85705	0				DUDLEYVILLE	85192	2015	5457	5457	873	\$873.00
300390190	CHAVARRIA JUAN P JR	PO BOX 986	MAMMOTH	AZ	85618	0				DUDLEYVILLE	85192	2015	5457	5457	873	\$873.00
30040001A	ASARCO INC	5285 E WILLIAMS CIR STE 2	TUCSON	AZ	85711	0				DUDLEYVILLE	85192	2015	25800	23023.41	4128	\$3,684.00
30040001B	NEWMAN RHONDA L	16212 E RED MOUNTAIN T	FOUNTAIN HILLS	AZ	85268	0				DUDLEYVILLE	85192	2015	15600	15600	2496	\$2,496.00
300400030	ASARCO INC	5285 E WILLIAMS CIR STE 2	TUCSON	AZ	85711	0				DUDLEYVILLE	85192	2015	29153	26050.23	4664	\$4,168.00
30040007A	TABLE MOUNTAIN RANCH LLLP	927 E WEYMOUTH ST	TUCSON	AZ	85719	92785	E	CALLE ZAPATA		DUDLEYVILLE	85192	2015	56700	56700	9072	\$9,072.00
300400170	NEWMAN RHONDA L	16212 E RED MOUNTAIN T	FOUNTAIN HILLS	AZ	85268	85277	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	62384	62384	6859	\$6,859.00
30041001D	VAZQUEZ KEITH F	3518 W TOLEDO ST	CHANDLER	AZ	85226					DUDLEYVILLE	85192	2015	15600	15600	2496	\$2,496.00
30041001E	CRAM THOMAS R	6015 E 4TH ST	TUCSON	AZ	85711	0				DUDLEYVILLE	85192	2015	14914	14914	2386	\$2,386.00
30041001J	CRAM THOMAS R	6015 E 4TH ST	TUCSON	AZ	85711		E	UNDETERMINED	RD	DUDLEYVILLE	85192	2015	7733	7733	1237	\$1,237.00
30041001K	MURRAY ROBERT	11050 E 29TH ST	TUCSON	AZ	85748		E	UNDETERMINED	RD	DUDLEYVILLE	85192	2015	4298	4298	688	\$688.00
30041002B	MURRAY STEPHEN M	11050 E 29TH ST	TUCSON	AZ	85748	89993	E	HOLY JOE CANYON	RD	DUDLEYVILLE	85192	2015	500	500	80	\$80.00
30041002C	CRAM THOMAS R	6015 E 4TH ST	TUCSON	AZ	85711		E	UNDETERMINED	RD	DUDLEYVILLE	85192	2015	13230	13230	2117	\$2,117.00
30041002D	FOX HUGH M	6300 N PAMONA RD	TUCSON	AZ	85704		E	UNDETERMINED	RD	DUDLEYVILLE	85192	2015	750	750	120	\$120.00
30041003B	BOWERS EDWARD C	1611 E HARWELL RD	PHOENIX	AZ	85042					DUDLEYVILLE	85192	2015	750	750	120	\$120.00
30041003G	THE NATURE CONSERVANCY	1510 E FT LOWELL	TUCSON	AZ	85719					DUDLEYVILLE	85192	2015	5035	5035	0	\$0.00
300410050	STEELE CAROL	89395 E ARAVAIPA RD	WINKELMAN	AZ	85192					DUDLEYVILLE	85192	2015	1806	1806	289	\$289.00
300410060	TABLE MOUNTAIN RANCH LLLP	927 E WEYMOUTH ST	TUCSON	AZ	85719	0				DUDLEYVILLE	85192	2015	1806	1806	289	\$289.00
30042001G	THE NATURE CONSERVANCY	1510 E FT LOWELL	TUCSON	AZ	85719					DUDLEYVILLE	85192	2015	3710	3710	0	\$0.00
30042002F	SCOTTEN WOODROW C JR & CIPOLLO	4925 E WINSTONE TRL	CAVE CREEK	AZ	85331					DUDLEYVILLE	85192	2015	9032	9032	1445	\$1,445.00
30042002K	STEELE CAROL	89395 E ARAVAIPA RD	WINKELMAN	AZ	851929766	89395	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	105505	105505	10764	\$10,764.00
30042002N	STEELE LARRY T	MAIL RETURN				89263	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	164059	133510.7	16406	\$13,351.00
30042002Q	MARTIN JOHN E TR	4922 WHISPERING PINES	GLEN ARBOR	MI	49636							2015	2658	2658	425	\$425.00
30042002R	STEELE CAROL	PO BOX 4252	WINKELMAN	AZ	85192	89395	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	82005	82005	9021	\$9,021.00
30042002S	HOFFMAN-MORSE KRISTIN	16557 E FAIRFAX DR	FOUNTAIN HILLS	AZ	85268		E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	3357	3357	537	\$537.00
30042003A	OUILLETTE MICHAEL W & MARIE A TRS	1403 N SYCAMORE BLVD	TUCSON	AZ	857123835	88965	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	37053	37053	3976	\$3,976.00
30042003C	LEYS GEORGE E & BEVERLY J	PO BOX 61	MORAN	WY	830130061	88866	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	4750	4750	760	\$760.00
30042004B	KISHBAUGH CHARLEY R	P O BOX 2599	GLOBE	AZ	85501	88268	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	17750	17750	2710	\$2,710.00
30042004C	CAVANAH GERALD O	10686 COUNTY ROAD 250	DURANGO	CO	813013707		E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	11282	11282	1805	\$1,805.00
30042005A	HARRIS JERRY W	2967 N ALVERNON WAY	TUCSON	AZ	85712					DUDLEYVILLE	85192	2015	5201	5201	832	\$832.00
30042005C	RUBIN JOEL WILLIAM	5350 W HILLSBORO BLVD	COCONUT CREEK	FL	330734396	88675	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	64003	54710.25	7007	\$5,990.00

30042005D	GLEN KELLY G	88225 E ARAVAIPA RD	WINKELMAN	AZ	851929767	88225	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	119772	108578.4	11978	\$10,858.00
300420060	MILLER RALPH M & BEVERLY M	2215 E 8TH ST	TUCSON	AZ	85719					DUDLEYVILLE	85192	2015	11016	11016	1763	\$1,763.00
30042008A	PEMBERTON JULIA	PO BOX 1095	JEROME	AZ	86331	88725	E	ARAVAIPA VISTAS		DUDLEYVILLE	85192	2015	8142	8142	1303	\$1,303.00
30042008B	MILLER FRED DELVIN	PO BOX 611	JEROME	AZ	86331	88885	E	ARAVAIPA VISTAS		DUDLEYVILLE	85192	2015	9000	9000	1440	\$1,440.00
30042009C	MANCH RICHARD & RAIMONDE FAM T	3116 N 52ND ST	PHOENIX	AZ	850186628	89292	E	ARAVAIPA VISTAS		DUDLEYVILLE	85192	2015	163349	159563.3	16478	\$16,095.00
30042009D	WALKER WILLIAM K TR	10357 W LOMA BLANCA D	SUN CITY	AZ	85351	88937	E	ARAVAIPA VISTAS		DUDLEYVILLE	85192	2015	80542	66703.35	8200	\$6,791.00
30042009E	ROBERTSON CHRYSA L TRUST	7520 E WHISPERING WIND	SCOTTSDALE	AZ	85250		E	ARAVAIPA VISTAS		DUDLEYVILLE	85192	2015	4277	4277	684	\$684.00
30042009F	KAUFMAN THOMAS & CHRYSA FAMILY	4606 S JOJOBA WAY	CHANDLER	AZ	852484826		E	ARAVAIPA VISTAS		DUDLEYVILLE	85192	2015	4277	4277	684	\$684.00
30042009G	MCMURRAY BERNADINE P	PO BOX 44095	PHOENIX	AZ	850644095		E	ARAVAIPA VISTAS		DUDLEYVILLE	85192	2015	4277	4277	684	\$684.00
30042010B	STEELE CAROL	89395 E ARAVAIPA RD	WINKELMAN	AZ	851929766	88991	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	24394	24394	2949	\$2,949.00
30042010C	CHOATE RICHARD	88180 E ARAVAIPA RD	WINKELMAN	AZ	851929764					DUDLEYVILLE	85192	2015	3588	3588	574	\$574.00
30042010D	MEYER GEORGE & SEMPLE MARIA FAMI	2720 3RD AVE #1101	SEATTLE	WA	98121					DUDLEYVILLE	85192	2015	9495	9495	1519	\$1,519.00
30042010E	JOHNSTON EMILY R TR	7301 N WADE RD	TUCSON	AZ	85743					DUDLEYVILLE	85192	2015	8579	8579	1373	\$1,373.00
30042010F	RANCH AT HOLY JOE CANYON LLC	7301 N WADE RD	TUCSON	AZ	85743	89519	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	30285	30285	3927	\$3,927.00
30042010G	BUCK HILL FALLS LLC	7301 N WADE RD	TUCSON	AZ	85743	0				DUDLEYVILLE	85192	2015	20143	20143	3223	\$3,223.00
300430010	NATURE CONSERVANCY	1510 E FT LOWELL	TUCSON	AZ	85719					DUDLEYVILLE	85192	2015	29164	29164	0	\$0.00
300430020	NATURE CONSERVANCY	1510 E FT LOWELL	TUCSON	AZ	85719					DUDLEYVILLE	85192	2015	15600	15600	0	\$0.00
300430030	NATURE CONSERVANCY	1510 E FT LOWELL	TUCSON	AZ	85719					DUDLEYVILLE	85192	2015	32000	32000	0	\$0.00
300430040	NATURE CONSERVANCY	1510 E FT LOWELL	TUCSON	AZ	85719					DUDLEYVILLE	85192	2015	28800	28800	0	\$0.00
300430050	TURCOTTE STEPHEN A & JANE STEVENS	10945 N GILA RD	TUCSON	AZ	857429743					DUDLEYVILLE	85192	2015	15600	15600	2496	\$2,496.00
300430060	NATURE CONSERVANCY	1510 E FT LOWELL	TUCSON	AZ	85719					DUDLEYVILLE	85192	2015	54232	54232	0	\$0.00
300430070	TABLE MOUNTAIN RANCH LLLP	927 E WEYMOUTH ST	TUCSON	AZ	85719					DUDLEYVILLE	85192	2015	630	630	101	\$101.00
300430080	NATURE CONSERVANCY	1510 E FT LOWELL	TUCSON	AZ	85719					DUDLEYVILLE	85192	2015	56000	56000	0	\$0.00
300430090	NATURE CONSERVANCY	1510 E FT LOWELL	TUCSON	AZ	85719					DUDLEYVILLE	85192	2015	20800	20800	0	\$0.00
300430100	NATURE CONSERVANCY	1510 E FT LOWELL	TUCSON	AZ	85719					DUDLEYVILLE	85192	2015	48000	48000	0	\$0.00
300430110	NATURE CONSERVANCY	1510 E FT LOWELL	TUCSON	AZ	85719					DUDLEYVILLE	85192	2015	28800	28800	0	\$0.00
300430120	NATURE CONSERVANCY	1510 E FT LOWELL	TUCSON	AZ	85719					DUDLEYVILLE	85192	2015	20800	20800	0	\$0.00
30043013A	TABLE MOUNTAIN RANCH LLLP	927 E WEYMOUTH ST	TUCSON	AZ	85719					DUDLEYVILLE	85192	2015	32214	32214	5154	\$5,154.00
300430160	NATURE CONSERVANCY	1510 E FT LOWELL	TUCSON	AZ	85719					DUDLEYVILLE	85192	2015	41600	41600	0	\$0.00
30043017A	TABLE MOUNTAIN RANCH LLLP	927 E WEYMOUTH ST	TUCSON	AZ	85719					MAMMOTH	85618	2015	5760	5760	922	\$922.00
300440010	NATURE CONSERVANCY	1510 E FT LOWELL	TUCSON	AZ	85719					DUDLEYVILLE	85192	2015	31703	31703	0	\$0.00
300440020	NATURE CONSERVANCY	1510 E FT LOWELL	TUCSON	AZ	85719					DUDLEYVILLE	85192	2015	35064	35064	0	\$0.00
300440030	ZELLERS HOWARD	1510 E FT LOWELL	TUCSON	AZ	85719					DUDLEYVILLE	85192	2015	11280	11280	1805	\$1,805.00
300450010	MORGAN BURT HOWARD & MONTA C	9601 N LINDA VISTA PL	TUCSON	AZ	85742					MAMMOTH	85618	2015	1240	1240	198	\$198.00
300470020	HUTCHISON MARCIA	MAIL RETURN				0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470030	HUTCHISON MARCIA	4158 N RIO CANCION APT	TUCSON	AZ	857187136	0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470040	HUTCHISON MARCIA	4158 N RIO CANCION APT	TUCSON	AZ	857187136	0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470050	HUTCHISON MARCIA	MAIL RETURN				0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470060	HUTCHISON MARCIA	MAIL RETURN				0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470070	HUTCHISON MARCIA	MAIL RETURN				0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470080	HUTCHISON MARCIA	MAIL RETURN				0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470090	HUTCHISON MARCIA	MAIL RETURN				0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470100	HUTCHISON MARCIA	4158 N RIO CANCION APT	TUCSON	AZ	857187136	0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470110	HUTCHISON MARCIA	4158 N RIO CANCION APT	TUCSON	AZ	857187136	0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470120	HUTCHISON MARCIA	4158 N RIO CANCION APT	TUCSON	AZ	857187136	0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470130	HUTCHISON MARCIA	MAIL RETURN				0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470140	HUTCHISON MARCIA	MAIL RETURN				0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470150	HUTCHISON MARCIA	4158 N RIO CANCION APT	TUCSON	AZ	857187136	0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470160	HUTCHISON MARCIA	MAIL RETURN				0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470170	HUTCHISON MARCIA	4158 N RIO CANCION APT	TUCSON	AZ	857187136	0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470180	MASON GREGORY C	7409 N CITRUS RD	WADDELL	AZ	853559804	0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470190	CERVANTES LAZARO S	PO BOX 564	MAMMOTH	AZ	85618	10147	S	HILLSDALE	RD	DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470200	HUTCHISON MARCIA	4158 N RIO CANCION APT	TUCSON	AZ	857187136	0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470210	HUTCHISON MARCIA	4158 N RIO CANCION APT	TUCSON	AZ	857187136	0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470220	HUTCHISON MARCIA	MAIL RETURN				0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470230	HUTCHISON MARCIA	4158 N RIO CANCION APT	TUCSON	AZ	857187136	0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470240	HUTCHISON MARCIA	4158 N RIO CANCION APT	TUCSON	AZ	857187136	0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00

300470250	HUTCHISON MARCIA	4158 N RIO CANCION APT	TUCSON	AZ	857187136	0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470260	HUTCHISON MARCIA	MAIL RETURN				0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470270	HUTCHISON MARCIA	MAIL RETURN				0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470280	HUTCHISON MARCIA	4158 N RIO CANCION APT	TUCSON	AZ	857187136	0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470290	HUTCHISON MARCIA	4158 N RIO CANCION APT	TUCSON	AZ	857187136	0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470300	HUTCHISON MARCIA	4158 N RIO CANCION APT	TUCSON	AZ	857187136	0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470310	HUTCHISON MARCIA	4158 N RIO CANCION APT	TUCSON	AZ	857187136	0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470320	HUTCHISON MARCIA	MAIL RETURN				0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470330	HUTCHISON MARCIA	4158 N RIO CANCION APT	TUCSON	AZ	857187136	0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470340	HUTCHISON MARCIA	MAIL RETURN				0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470350	HUTCHISON MARCIA	4158 N RIO CANCION APT	TUCSON	AZ	857187136	0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470360	HUTCHISON MARCIA	MAIL RETURN				0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470370	HUTCHISON MARCIA	4158 N RIO CANCION APT	TUCSON	AZ	857187136	0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470380	HUTCHISON MARCIA	4158 N RIO CANCION APT	TUCSON	AZ	857187136	0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470390	HUTCHISON MARCIA	4158 N RIO CANCION APT	TUCSON	AZ	857187136	0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470400	HUTCHISON MARCIA	4158 N RIO CANCION APT	TUCSON	AZ	857187136	0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470410	HUTCHISON MARCIA	4158 N RIO CANCION APT	TUCSON	AZ	857187136	0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470420	HUTCHISON MARCIA	4158 N RIO CANCION APT	TUCSON	AZ	857187136	0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300470430	ROMO ROY & NORA A	PO BOX 503	MAMMOTH	AZ	85618	0				DUDLEYVILLE	85192	2015	1500	1500	240	\$240.00
300530010	ARIZONA GAME & FISH COMMISSION	5000 W CAREFREE HWY	PHOENIX	AZ	85086	0				DUDLEYVILLE	85192	2015	49350	43594.9	0	\$0.00
300530020	STATE OF ARIZONA	5000 W CAREFREE HWY	PHOENIX	AZ	850865000	0				DUDLEYVILLE	85192	2015	1485	1461.59	0	\$0.00
300530030	MANN RANCH LLC	PO BOX 21	MAMMOTH	AZ	856180021	0				DUDLEYVILLE	85192	2015	4313	4313	690	\$690.00
300530040	MANN RANCH LLC	PO BOX 21	MAMMOTH	AZ	856180021	0	S	HIGHWAY 77		DUDLEYVILLE	85192	2015	1672	1672	268	\$268.00
300530050	SPIESS MARCIA R TR	2734 W PLACITA MESA AL	TUCSON	AZ	857428736	0				DUDLEYVILLE	85192	2015	500	500	80	\$80.00
30053006E	O BRIEN MATTHEW & MARGARETTE G	2173 SEPULVEDA AVE	MILPITAS	CA	95035		S	ENCINO	RD	DUDLEYVILLE	85192	2015	2470	2470	395	\$395.00
30053006F	GARCIA DANIEL M & NELLIE D	5586 W CRIMSON BLUFF C	MARANA	AZ	856584365	8385	S	ORA	RD	DUDLEYVILLE	85192	2015	4470	4470	448	\$448.00
30053006G	GARCIA ROSENDO R	PO BOX 1272	ORACLE	AZ	856231272					DUDLEYVILLE	85192	2015	2375	2375	380	\$380.00
30053006H	GARCIA JOSE L & MARY E TRS	PO BOX 206	WINKLEMAN	AZ	85192	8413	S	ORA	RD	DUDLEYVILLE	85192	2015	4250	4250	680	\$680.00
30053006J	GONTARZ DANIEL LUZ & MARIA GARCIA	2331 N 68TH DR	PHOENIX	AZ	85035	8457	S	ENCINO	RD	DUDLEYVILLE	85192	2015	4280	4280	429	\$429.00
30053007A	CASTRO MARY	PO BOX 488	MAMMOTH	AZ	85618		S	ORA	RD	DUDLEYVILLE	85192	2015	4242	4242	425	\$425.00
30053007B	CASTRO MARY	PO BOX 488	MAMMOTH	AZ	85618	8380	S	ORA	RD	DUDLEYVILLE	85192	2015	4013	4013	402	\$402.00
30053007C	CASTRO MARY	PO BOX 488	MAMMOTH	AZ	85618					DUDLEYVILLE	85192	2015	2527	2527	404	\$404.00
30053008A	MONTANO RAFAEL A	PO BOX 516	MAMMOTH	AZ	856180516					DUDLEYVILLE	85192	2015	2508	2508	401	\$401.00
30053008B	MONTANO RAFAEL A	PO BOX 516	MAMMOTH	AZ	856180516					DUDLEYVILLE	85192	2015	3852	3852	385	\$385.00
30053008C	MONTANO RAFAEL A	PO BOX 516	MAMMOTH	AZ	856180516	8438	S	ORA	RD	DUDLEYVILLE	85192	2015	33994	30280.95	3399	\$3,028.00
30053009A	MONTANO RALPH F & DORA P	PO BOX 516	MAMMOTH	AZ	85618	82596	E	MIGUEL	RD	DUDLEYVILLE	85192	2015	4442	4442	444	\$444.00
30053009B	MONTANO RALPH F & DORA P	PO BOX 516	MAMMOTH	AZ	85618					DUDLEYVILLE	85192	2015	2489	2489	398	\$398.00
30053009C	FRIEND ROBERT M JR	PO BOX 663	MAMMOTH	AZ	85618	82690	E	MIGUEL	RD	DUDLEYVILLE	85192	2015	4420	4420	442	\$442.00
300530100	MONTANO RALPH & DORA	PO BOX 516	MAMMOTH	AZ	85618	82506	E	MIGUEL	RD	DUDLEYVILLE	85192	2015	3340	3340	393	\$393.00
300530110	MORALES JOSE A	78262 E SAN PEDRO RD	WINKELMAN	AZ	85192	0				DUDLEYVILLE	85192	2015	16510	16510	2642	\$2,642.00
30053012B	BARON MARK S	PO BOX 1048	MAMMOTH	AZ	85618	8693	S	GLENRIO	RD	DUDLEYVILLE	85192	2015	6883	6883	689	\$689.00
30053012C	CORONA MARTHA A	PO BOX 176	ORACLE	AZ	856230176	8749	S	GLENRIO	RD	DUDLEYVILLE	85192	2015	69975	63282.59	6998	\$6,328.00
30053013A	WILSON KAREN LOUISE	1506 162ND AVE	SAN LEANDRO	CA	94578	8664	S	HIGHWAY 77		DUDLEYVILLE	85192	2015	42483	42483	4248	\$4,248.00
30053013B	SHARPE EVERETT	8640 S ENCINO RD	WINKLEMAN	AZ	85192	8640	S	ENCINO	RD	DUDLEYVILLE	85192	2015	41537	41537	4246	\$4,246.00
30053014C	MAESTAS BENJAMIN E JR	PO BOX 895	MAMMOTH	AZ	856180895	8880	S	YELLOW JACKET	DR	DUDLEYVILLE	85192	2015	5639	5639	564	\$564.00
30053014D	COLE DOYLE G	PO BOX 668	ORACLE	AZ	85623	0				DUDLEYVILLE	85192	2015	500	500	80	\$80.00
30053014E	COLE DOYLE G	PO BOX 668	ORACLE	AZ	85623	8752	S	YELLOW JACKET	DR	DUDLEYVILLE	85192	2015	11253	11253	1126	\$1,126.00
30053014F	CAMPBELL DAN R & ROSE M	PO BOX 218	MAMMOTH	AZ	85618	8834	S	YELLOW JACKET	DR	DUDLEYVILLE	85192	2015	15476	15476	1548	\$1,548.00
30053015A	BANK OF AMERICA	2380 PERFORMANCE DR T	RICHARDSON	TX	750824333	8795	S	GLENRIO	RD	DUDLEYVILLE	85192	2015	25372	25372	2537	\$2,537.00
300530160	MAYO CHARLES W & CANDACE L YOUNG	1721 N ARABIAN LN	COCHISE	AZ	85606	8823	S	GLENRIO	RD	DUDLEYVILLE	85192	2015	9669	9669	967	\$967.00
300530180	JUVERA RAUL V JR & LORRAINE M	PO BOX 1007	MAMMOTH	AZ	85618	8869	S	GLENRIO	RD	DUDLEYVILLE	85192	2015	56863	56863	5687	\$5,687.00
30053019A	BLACK RODNEY W	PO BOX 757	MAMMOTH	AZ	856180757	8915	S	GLENRIO	RD	DUDLEYVILLE	85192	2015	29193	29193	2919	\$2,919.00
30053019B	NORRIS LORI A	817 N CATALINA AVE	TUCSON	AZ	85711	8892	S	GLENRIO	RD	DUDLEYVILLE	85192	2015	35700	35700	3570	\$3,570.00
300530200	BOGSTIE LARRY O	1903 S PLUMER AVE	TUCSON	AZ	857133920	0				DUDLEYVILLE	85192	2015	19487	19487	3118	\$3,118.00
300530210	SHARP HOBART T ETAL	401 S KENYON DR	TUCSON	AZ	85710	82605	E	LA ANITA	ST	DUDLEYVILLE	85192	2015	26472	26472	4236	\$4,236.00
300530220	JOHNSON JOHNNY RIPLEY	PO BOX 578	MAMMOTH	AZ	85618	82815	E	LA ANITA	ST	DUDLEYVILLE	85192	2015	19109	19109	2606	\$2,606.00
30053023A	NUGENT ELLEN LOUISE	7425 N MONA LISA RD AP	TUCSON	AZ	857414509	8938	S	YELLOW JACKET	DR	DUDLEYVILLE	85192	2015	6379	6379	638	\$638.00

30053023B	JONES CLINTON L	MAIL RETURN				8990	S	YELLOW JACKET	DR	DUDLEYVILLE	85192	2015	8141	8141	814	\$814.00
30053023C	TREINEN HOWARD P & MARTHA A	8840 N 38TH DR	PHOENIX	AZ	85051	9064	S	YELLOW JACKET	DR	DUDLEYVILLE	85192	2015	6589	6589	659	\$659.00
30053024B	ABBOTT LOIS M	118 W 6TH AVE	SAN MANUEL	AZ	85631	82752	E	BARTOLO	RD	DUDLEYVILLE	85192	2015	36849	36849	4121	\$4,121.00
30053024D	FORMO LOGAN G	PO BOX 216	MAMMOTH	AZ	856180216	83100	E	BARTOLO	RD	DUDLEYVILLE	85192	2015	16352	16352	1635	\$1,635.00
30053024F	BRACAMONTE LOUIS G & CARMEN C	16471 N AVENIDA DEL OR	TUCSON	AZ	85739	0				DUDLEYVILLE	85192	2015	3857	3857	617	\$617.00
30053024G	SCHOENE MARTINA ORDUNO	82904 E BARTOLO RD	WINKELMAN	AZ	85192	0				DUDLEYVILLE	85192	2015	500	500	80	\$80.00
30053024J	SCHOENE MARTINA ORDUNO	82904 E BARTOLO RD	WINKELMAN	AZ	85192	82904	E	BARTOLO	RD	DUDLEYVILLE	85192	2015	3857	3857	617	\$617.00
30053025A	ZUNIGA CARLOS M	PO BOX 505	MAMMOTH	AZ	85618	82734	E	PALOMITA	RD	DUDLEYVILLE	85192	2015	16620	16620	1662	\$1,662.00
30053025B	EVANS HOUSTON G	4032 COFFEY LN	SANTA ROSA	CA	95403	82723	E	BARTOLO	RD	DUDLEYVILLE	85192	2015	16421	16421	2122	\$2,122.00
300530260	ELKINS SHERRY LYNN	PO BOX 975	ORACLE	AZ	85623	82903	E	BARTOLO	RD	DUDLEYVILLE	85192	2015	6545	6545	1047	\$1,047.00
30053027B	JACQUEZ JESUS O & CLARISSA M	PO BOX 1045	MAMMOTH	AZ	85618	82842	E	PALOMITA	RD	DUDLEYVILLE	85192	2015	4090	4090	410	\$410.00
30053027C	JACQUEZ JESUS O & CLARISSA M	PO BOX 1045	MAMMOTH	AZ	85618	0				DUDLEYVILLE	85192	2015	500	500	80	\$80.00
30053027D	JACQUEZ JESUS O & CLARISSA M	PO BOX 1045	MAMMOTH	AZ	85618	82778	E	PALOMITA	RD	DUDLEYVILLE	85192	2015	4584	4584	458	\$458.00
30053027E	ROYBAL GLENN & PAULA REV TR	4024 N TUTTLE AVE	TUCSON	AZ	857052545	82848	E	PALOMITA	RD	DUDLEYVILLE	85192	2015	24983	24983	2499	\$2,499.00
300530280	SLOTTER KIMBERLY SUE	510 S EXTENSION RD APT	MESA	AZ	852102257	0				DUDLEYVILLE	85192	2015	5304	5304	849	\$849.00
30053029D	THOMPSON CHARLES C	83025 E BARTOLO RD	MAMMOTH	AZ	85618	83025	E	BARTOLO	RD	DUDLEYVILLE	85192	2015	51387	38942.4	5139	\$3,894.00
30053030A	LERMA HELIDORO P & CHAVEZ ROBERT	PO BOX 1505	ORACLE	AZ	85623	0				DUDLEYVILLE	85192	2015	3154	3154	505	\$505.00
30053030B	ESTRADA FRANCISCO J & ANNA B	PO BOX 822	SAN MANUEL	AZ	85631	83056	E	PALOMITA	RD	DUDLEYVILLE	85192	2015	78072	54591.6	7808	\$5,459.00
30053031A	EATON DAVID EDWARD	MAIL RETURN				83124	E	PALOMITA	RD	DUDLEYVILLE	85192	2015	31219	31219	3122	\$3,122.00
30053031B	PLASTOW DAVID B	83105 E BARTOLO RD	MAMMOTH	AZ	85618	83105	E	BARTOLO	RD	DUDLEYVILLE	85192	2015	13957	13957	1396	\$1,396.00
300530320	MERAZ JOSE & VERONICA	2701 E CALDWELL ST	PHOENIX	AZ	850428210	83192	E	PALOMITA	RD	DUDLEYVILLE	85192	2015	24110	24110	2411	\$2,411.00
30053033A	TUROSKI PHIL	83255 E BARTOLO RD	WINKELMAN	AZ	85192	0				DUDLEYVILLE	85192	2015	4275	4275	684	\$684.00
30053033B	TUROSKI PHIL	83255 E BARTOLO RD	WINKELMAN	AZ	85192	83255	E	BARTOLO	RD	DUDLEYVILLE	85192	2015	13804	13804	1380	\$1,380.00
300530340	MOORE BOBBY L & DIANE R	PO BOX 449	MAMMOTH	AZ	85618	83328	E	PALOMITA	RD	DUDLEYVILLE	85192	2015	9348	9348	935	\$935.00
30053035A	CORIA FRANCISCO	PO BOX 75	WINKELMAN	AZ	851920001	82911	E	CUESTA	ST	DUDLEYVILLE	85192	2015	114749	96012	11475	\$9,602.00
30053035B	SLEEZER DARRIN	PO BOX 960	MAMMOTH	AZ	856180960	83057	E	CUESTA	ST	DUDLEYVILLE	85192	2015	3933	3933	629	\$629.00
30053035C	SLEEZER DARRIN	PO BOX 960	MAMMOTH	AZ	856180960	83011	E	CUESTA	ST	DUDLEYVILLE	85192	2015	36316	26958.75	3632	\$2,696.00
30053036A	MANN ALVIN AUGUST	PO BOX 673	MAMMOTH	AZ	856180673	82761	E	CUESTA	ST	DUDLEYVILLE	85192	2015	13562	13562	1357	\$1,357.00
30053036B	ORDUNO MANUEL B & MARTHA ELISA	MAIL RETURN				82840	E	BARTOLO	RD	DUDLEYVILLE	85192	2015	5644	5644	565	\$565.00
30053036C	TEARNE MICHAEL J	3800 E 2ND ST APT 211	TUCSON	AZ	857164358	82799	E	CUESTA	ST	DUDLEYVILLE	85192	2015	4708	4708	470	\$470.00
30053036D	TEARNE MICHAEL J ETAL	3800 E 2ND ST APT 211	TUCSON	AZ	857164358	0				DUDLEYVILLE	85192	2015	500	500	80	\$80.00
300530380	BARRON JOHN L	PO BOX 431	WINKELMAN	AZ	85192	8655	S	GLENRIO	RD	DUDLEYVILLE	85192	2015	5321	5321	851	\$851.00
30053039A	BARRON STANLEY Q & BETTY C	PO BOX 1048	MAMMOTH	AZ	85618	82735	E	MIGUEL	RD	DUDLEYVILLE	85192	2015	4622	4622	463	\$463.00
30053039B	MAES SILVANO J & FRANCES	PO BOX 256	MAMMOTH	AZ	85618	8610	S	GLENRIO	RD	DUDLEYVILLE	85192	2015	2850	2850	456	\$456.00
30053040B	CLARK KENNETH A & SARAH J	PO BOX 977	MAMMOTH	AZ	856180977	83213	E	CUESTA	ST	DUDLEYVILLE	85192	2015	7026	7026	703	\$703.00
30053040C	SANCHEZ GABE	PO BOX 1052	WINKELMAN	AZ	85192	83178	E	BARTOLO	RD	DUDLEYVILLE	85192	2015	9311	9311	931	\$931.00
30053040D	SANCHEZ GABE	PO BOX 1052	WINKELMAN	AZ	85192	83266	E	BARTOLO	RD	DUDLEYVILLE	85192	2015	5637	5637	564	\$564.00
300530410	RUBAL AVELINO M	83146 E BARTOLO RD	WINKELMAN	AZ	851927082	83146	E	BARTOLO	RD	DUDLEYVILLE	85192	2015	5184	5184	518	\$518.00
300530420	MCGEE JUDITH A	PO BOX 965	MAMMOTH	AZ	85618	82810	E	LA ANITA	ST	DUDLEYVILLE	85192	2015	5326	5326	533	\$533.00
300530430	CRIPPEN APRIL	PO BOX 394	KEARNY	AZ	851370107	82822	E	LA ANITA	ST	DUDLEYVILLE	85192	2015	5595	5595	560	\$560.00
300530440	MCGEE JUDITH	PO BOX 965	MAMMOTH	AZ	856180965	0				DUDLEYVILLE	85192	2015	500	500	80	\$80.00
300530450	GARCIA LARRY R	PO BOX 849	MAMMOTH	AZ	85618	8505	S	ENCINO	RD	DUDLEYVILLE	85192	2015	34441	34441	3444	\$3,444.00
300530460	GARCIA JOSE L & MARY E TRS	PO BOX 206	WINKELMAN	AZ	85192					DUDLEYVILLE	85192	2015	4256	4256	681	\$681.00
300540010	MASLIN LYNN	1107 PEACOCK CREEK DR	CLAYTON	CA	94517	0	S	HIGHWAY 77		DUDLEYVILLE	85192	2015	27958	27958	4473	\$4,473.00
300540020	CARLSON THOMAS M & JAN	PO BOX 627	MAMMOTH	AZ	856180627	83491	E	PALOMITA	RD	DUDLEYVILLE	85192	2015	11787	11787	1179	\$1,179.00
300540030	GOFF JOSEPH L & CHARLES C	PO BOX 50186	TUCSON	AZ	85703	0				DUDLEYVILLE	85192	2015	2820	2820	451	\$451.00
30054004B	CHENEY JOHN C & PEGGY L	PO BOX 11327	TEMPE	AZ	85284	0				DUDLEYVILLE	85192	2015	3199	3199	512	\$512.00
30054004C	RAMSEY CECIL H	P O BOX 467	MAMMOTH	AZ	85618	9955	S	ENCINO	RD	DUDLEYVILLE	85192	2015	57161	37223.55	5716	\$3,722.00
30054004D	CRAWFORD ANDREW S & KAREN R	MAIL RETURN				0				DUDLEYVILLE	85192	2015	3254	3254	521	\$521.00
300540050	HUTCHISON MARCIA	MAIL RETURN								DUDLEYVILLE	85192	2015	500	500	80	\$80.00
300540060	THE NATURE CONSERVANCY	1510 E FORT LOWELL RD	TUCSON	AZ	857192313	10580	S	ENCINO	RD	DUDLEYVILLE	85192	2015	32382	32382	0	\$0.00
300540070	KYLE ROY W & LINDA S	MAIL RETURN				0				DUDLEYVILLE	85192	2015	500	500	80	\$80.00
300540080	RODRIGUEZ FRANCISCO JR	10444 S HWY 77 MP 118.5	WINKELMAN	AZ	85192	10444	S	HIGHWAY 77		DUDLEYVILLE	85192	2015	42950	42950	4374	\$4,374.00
30056001A	CAVANAH GERALD & ANN	10686 COUNTY RD 250	DURANGO	CO	81301					DUDLEYVILLE	85192	2015	6669	6669	1067	\$1,067.00
300560020	CAVANAH GERALD	10686 COUNTY ROAD 250	DURANGO	CO	81301	88056	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	21795	21795	2180	\$2,180.00
300560030	WOOD GEORGIANNA	PO BOX 1196	KEARNY	AZ	85137					DUDLEYVILLE	85192	2015	1658	1658	265	\$265.00
300560040	UNGER PAUL & PATRICE	88145 E ARAVAIPA RD	WINKELMAN	AZ	851929765	88145	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	91606	91606	9160	\$9,160.00

30056005A	TABLE MOUNTAIN RANCH LLLP	927 E WEYMOUTH ST	TUCSON	AZ	85719	88315	E	REESE RANCH	RD	DUDLEYVILLE	85192	2015	62651	62651	10024	\$10,024.00
300570010	NATURE CONSERVANCY	1510 E FT LOWELL	TUCSON	AZ	85719					DUDLEYVILLE	85192	2015	21255	21255	0	\$0.00
300570020	GAUDET TRACY	5610 E SAGEWOOD DR	IDAHO FALLS	ID	834068369	91363	E	LEWIS RANCH	RD	DUDLEYVILLE	85192	2015	4053	4053	648	\$648.00
300570030	RYCHENER DAVID & SKELDON JOYCE H	12636 N DEER PRINT PL	TUCSON	AZ	85755	91467	E	LEWIS RANCH	RD	DUDLEYVILLE	85192	2015	125207	124114.2	13479	\$13,361.00
300570040	TURCOTTE STEPHEN A & JANE STEVENS	10945 N GILA RD	TUCSON	AZ	857429743	91181	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	18354	18354	2125	\$2,125.00
30058001B	PECK LINDA S & MCGUIRE WILLIAM J	25250 N 92ND ST	SCOTTSDALE	AZ	85255					DUDLEYVILLE	85192	2015	9473	9473	1516	\$1,516.00
30058001C	HEDRICK PHILIP W & GORMAN CATHER	92425 E ARAVAIPA RD	WINKELMAN	AZ	851929771	92425	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	92029	84489.3	9755	\$8,956.00
30058001D	LARSEN HERBERT C	92405 E ARAVAIPA RD	WINKELMAN	AZ	85192					DUDLEYVILLE	85192	2015	8778	8778	1404	\$1,404.00
300580020	LARSEN HERBERT C	92405 E ARAVAIPA RD	WINKELMAN	AZ	85192	92405	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	25646	25646	2564	\$2,564.00
300580030	NATURE CONSERVANCY	1510 E FT LOWELL	TUCSON	AZ	85719	92179	E	ARAVAIPA	RD	DUDLEYVILLE	85192	2015	20768	20768	0	\$0.00
300580040	NATURE CONSERVANCY	1510 E FT LOWELL	TUCSON	AZ	85719					DUDLEYVILLE	85192	2015	12600	12600	0	\$0.00
30601001A	FINE LINE DIVERSIFIED REALTY INC	1900 DALROCK RD	ROWLETT	TX	750885526					ORACLE	85623	2015	74380	74380	11901	\$11,901.00
30601001B	FINE LINE DIVERSIFIED REALTY INC	1900 DALROCK RD	ROWLETT	TX	750885526					ORACLE	85623	2015	19800	19800	3168	\$3,168.00
306010020	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460					MAMMOTH	85618	2015	45324	45324	7252	\$7,252.00
306010100	MAGMA COPPER	PO BOX M	SAN MANUEL	AZ	856310460					MAMMOTH	85618	2015	44390	44390	7102	\$7,102.00
30602001B	THE NATURE CONSERVANCY	1510 E FORT LOWELL RD	TUCSON	AZ	857192313					MAMMOTH	85618	2015	9726	9726	0	\$0.00
30602001C	KYLE JERRY L & MARY J	912 W 6TH AVE	SAN MANUEL	AZ	856311026	11875	S	HIGHWAY 77		MAMMOTH	85618	2015	10788	10788	1726	\$1,726.00
30602001E	POWER KENNETH A & CARRIE E	391 EDGEBROOK DR	SPRING CREEK	NV	898155708					MAMMOTH	85618	2015	9071	9071	1168	\$1,168.00
306020020	THE NATURE CONSERVANCY	1510 E FORT LOWELL RD	TUCSON	AZ	857192313	0	N	HIGHWAY 77		MAMMOTH	85618	2015	74531	57935.85	0	\$0.00
306020030	THE NATURE CONSERVANCY	1510 E FORT LOWELL RD	TUCSON	AZ	857192313					MAMMOTH	85618	2015	29040	29040	0	\$0.00
306020040	THE NATURE CONSERVANCY	1510 E FORT LOWELL RD	TUCSON	AZ	857192313					MAMMOTH	85618	2015	19800	19800	0	\$0.00
306020060	THE NATURE CONSERVANCY	1510 E FORT LOWELL RD	TUCSON	AZ	857192313					MAMMOTH	85618	2015	29789	29789	0	\$0.00
306020070	HEDRICK HARRIETT F	927 E WEYMOUTH ST	TUCSON	AZ	857191640					MAMMOTH	85618	2015	19800	19800	3168	\$3,168.00
306020080	LACRIOLA JOSEPH & CAMPISI THERESA	1318 DANCING BEAR LN	ELGIN	IL	601209209					MAMMOTH	85618	2015	19425	19425	3108	\$3,108.00
306020090	CLARK ALBA M	PO BOX 1228	ORACLE	AZ	856231228					MAMMOTH	85618	2015	2005	2005	321	\$321.00
306020100	CLARK ALBA M	PO BOX 1228	ORACLE	AZ	856231228					MAMMOTH	85618	2015	2030	2030	325	\$325.00
306020110	STATE OF ARIZONA	5000 W CAREFREE HWY	PHOENIX	AZ	850865000					MAMMOTH	85618	2015	32819	32819	0	\$0.00
306030010	HEDRICK HARRIETT F	927 E WEYMOUTH ST	TUCSON	AZ	857191640					MAMMOTH	85618	2015	19800	19800	3168	\$3,168.00
306030020	SWIFT CURRENT LAND & CATTLE LLC	PO BOX 1944	SUPERIOR	AZ	851731944					MAMMOTH	85618	2015	36000	36000	5760	\$5,760.00
306040010	SANTA MARIA EXPLORATION CO	3104 E CAMELBACK RD AP	PHOENIX	AZ	850164502					MAMMOTH	85618	2015	55000	55000	8800	\$8,800.00
306040020	SANTA MARIA EXPLOR CO	3104 E CAMELBACK RD AP	PHOENIX	AZ	850164502					MAMMOTH	85618	2015	27450	27450	4392	\$4,392.00
306040030	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460					MAMMOTH	85618	2015	25200	25200	4032	\$4,032.00
306050020	SANTA MARIA EXPLOR CO	3104 E CAMELBACK RD AP	PHOENIX	AZ	850164502					MAMMOTH	85618	2015	10570	10570	1691	\$1,691.00
306070010	TABLE MOUNTAIN RANCH LLLP	927 E WEYMOUTH ST	TUCSON	AZ	857191640					MAMMOTH	85618	2015	2520	2520	403	\$403.00
30607003A	SWIFT CURRENT LAND & CATTLE LLC	PO BOX 1944	SUPERIOR	AZ	851731944	16769	S	RIVER	RD	MAMMOTH	85618	2015	61571	61571	9851	\$9,851.00
30607004A	SWIFT CURRENT LAND & CATTLE LLC	PO BOX 1944	SUPERIOR	AZ	851731944	16797	S	RIVER	RD	MAMMOTH	85618	2015	39045	39045	6247	\$6,247.00
30607004B	SAN PEDRO VALLEY LIONS CLUB	PO BOX 567	MAMMOTH	AZ	856180567	87892	E	COPPER CREEK	RD	MAMMOTH	85618	2015	4037	4037	646	\$646.00
306070050	SWIFT CURRENT LAND & CATTLE LLC	PO BOX 1944	SUPERIOR	AZ	851731944					MAMMOTH	85618	2015	46200	46200	7392	\$7,392.00
306070060	SWIFT CURRENT LAND & CATTLE LLC	PO BOX 1944	SUPERIOR	AZ	851731944	17590	S	RIVER	RD	MAMMOTH	85618	2015	50000	50000	8000	\$8,000.00
306070090	MERCER RANCH LAND HOLDINGS LLC	PO BOX 157	MAMMOTH	AZ	856180157					MAMMOTH	85618	2015	3600	3600	576	\$576.00
306070100	MERCER RANCH LAND HOLDINGS LLC	PO BOX 157	MAMMOTH	AZ	856180157					MAMMOTH	85618	2015	1440	1440	230	\$230.00
306070140	UNITED METRO MATERIALS INC	1501 BELVEDERE RD	WEST PALM BEACH	FL	33406					MAMMOTH	85618	2015	26400	26400	4224	\$4,224.00
306080010	HEDRICK HARRIETT F	927 E WEYMOUTH ST	TUCSON	AZ	857191640					MAMMOTH	85618	2015	500	500	80	\$80.00
306080020	HEDRICK HARRIETT F	927 E WEYMOUTH ST	TUCSON	AZ	857191640		N	HIGHWAY 77		MAMMOTH	85618	2015	500	500	80	\$80.00
306090010	TOWN OF MAMMOTH	PO BOX 130	MAMMOTH	AZ	856180130	13345	S	HIGHWAY 77		MAMMOTH	85618	2015	19800	19800	0	\$0.00
306090020	HEDRICK HARRIETT F	927 E WEYMOUTH ST	TUCSON	AZ	857191640	12966	S	HIGHWAY 77		MAMMOTH	85618	2015	37704	26362.35	3789	\$2,649.00
306090030	SWIFT CURRENT LAND & CATTLE LLC	PO BOX 1944	SUPERIOR	AZ	851731944	13991	S	HIGHWAY 77		MAMMOTH	85618	2015	39600	39600	6336	\$6,336.00
306090040	UNITED METRO MATERIALS INC	1501 BELVEDERE RD	WEST PALM BEACH	FL	334061501					MAMMOTH	85618	2015	19800	19800	3168	\$3,168.00
306140140	TOWN OF MAMMOTH	PO BOX 130	MAMMOTH	AZ	856180130	0				MAMMOTH	85618	2015	8050	8050	0	\$0.00
30619039B	SPURGEON JIMMY LEE & NADA SUE	PO BOX 1298	ORACLE	AZ	85623	0				MAMMOTH	85618	2015	3385	3385	542	\$542.00
30619039C	MARTIN FRED A & SHERRYLL P REV LIV T	PO BOX 875	MAMMOTH	AZ	85618	18243	S	HIGHWAY 77	LN	MAMMOTH	85618	2015	38954	38954	3895	\$3,895.00
306190420	VARGAS MARTIN J	PO BOX 818	MAMMOTH	AZ	85618	18317	S	HIGHWAY 77		MAMMOTH	85618	2015	129898	109098.2	12990	\$10,910.00
306190430	ELLS JACK K & JACQUELINE LEE	PO BOX 922	MAMMOTH	AZ	856180922	18425	S	HIGHWAY 77		MAMMOTH	85618	2015	10605	10605	1061	\$1,061.00
30619044A	JOHNSON REX L	PO BOX 49	MAMMOTH	AZ	85618	18575	S	HIGHWAY 77		MAMMOTH	85618	2015	14713	14713	1471	\$1,471.00
30619044B	JOHNSON REX L	PO BOX 49	MAMMOTH	AZ	85618	0				MAMMOTH	85618	2015	1722	1722	276	\$276.00
30619045A	CONCHEIRO STEVEN E REVOC TR	37866 S CLEEK DR	TUCSON	AZ	857391139	86384	E	BARROWS	PL	MAMMOTH	85618	2015	117316	63035.28	11732	\$6,304.00
30619045B	COONROD MELVIN A & NANETTE J	31 N MAIN ST	HELPER	UT	845261557	86650	E	BARROWS	PL	MAMMOTH	85618	2015	161980	161980	16198	\$16,198.00

30619045C	HILL GARY L & BARBARA S	58864 HERMAN RD	OLATHE	CO	814259331	0				MAMMOTH	85618	2015	3365	3365	538	\$538.00
30619045D	HILL GARY L & BARBARA S	58864 HERMAN RD	OLATHE	CO	814259331	0				MAMMOTH	85618	2015	3356	3356	537	\$537.00
30619046B	STELLA RICHARD C SR & MARY L	3202 S BONANZA	TUCSON	AZ	85730	18655	S	HIGHWAY 77		MAMMOTH	85618	2015	27141	27141	2880	\$2,880.00
30619047B	CLEARY RICHARD PAUL	86411 BARROWS PL	MAMMOTH	AZ	85618	86411	E	BARROWS	PL	MAMMOTH	85618	2015	18158	18158	1816	\$1,816.00
30619047H	GARCIA MARK G & ROXANNE	PO BOX 973	MAMMOTH	AZ	85618	86538	E	BARROWS	PL	MAMMOTH	85618	2015	98465	69369.3	9846	\$6,937.00
30619047K	WAGNER SIMEON A & GESSNER DAWN	4550 E PATRICIA ST	TUCSON	AZ	857121615	0				MAMMOTH	85618	2015	3391	3391	543	\$543.00
30619047M	MACALUSO SALVATORE S SR	2246 W PINCHOT	PHOENIX	AZ	85015	0				MAMMOTH	85618	2015	2880	2880	461	\$461.00
30619047N	SPENCE CONCETTA M	14043 144TH AVE SE	RENTON	WA	98059	86479	E	BARROWS	PL	MAMMOTH	85618	2015	5858	5858	586	\$586.00
30619047P	GEORGE ROBERT M	PO BOX 681	MAMMOTH	AZ	856180681	86443	E	BARROWS	PL	MAMMOTH	85618	2015	74096	52106.25	7410	\$5,211.00
30619047T	ULERY JAMES D	PO BOX 867	MAMMOTH	AZ	856180867	86529	E	BARROWS	PL	MAMMOTH	85618	2015	109187	90852.3	10918	\$9,085.00
30619047U	RUOF JOHN M	PO BOX 476	MAMMOTH	AZ	856180476	86687	E	BARROWS	PL	MAMMOTH	85618	2015	22612	22612	2261	\$2,261.00
30619047V	BUSH CHARLES A & TERRI D	PO BOX 252	MAMMOTH	AZ	85618	86605	E	BARROWS	PL	MAMMOTH	85618	2015	6145	6145	615	\$615.00
30619047W	GEORGE ROBERT M	PO BOX 681	MAMMOTH	AZ	856180681	0				MAMMOTH	85618	2015	500	500	80	\$80.00
30619047X	COONROD NANETTE J LIV TR	31 N MAIN ST	HELPER	UT	845261557	0				MAMMOTH	85618	2015	3684	3684	589	\$589.00
30619048A	PEOPLE RICHARD C & REBECCA L	2414 W FULLIAM AVE	MUSCATINE	IA	52761	86201	E	BARROWS	PL	MAMMOTH	85618	2015	3780	3780	605	\$605.00
30619048B	BARTOLI PETER C	29679 N GECKO TRL	QUEEN CREEK	AZ	85143	0				MAMMOTH	85618	2015	500	500	80	\$80.00
30619048C	ROBY SAMUEL J & CECELIA E	PO BOX 196	MAMMOTH	AZ	856180196	86265	E	BARROWS	PL	MAMMOTH	85618	2015	32122	32122	3212	\$3,212.00
30622001A	FUGETT K WAYNE	PO BOX 363	MAMMOTH	AZ	85618	86650	E	BLUE BONNET	ST	MAMMOTH	85618	2015	85271	85271	8527	\$8,527.00
30622001B	ROMERO GERALDINE BUELNA	PO BOX 335	MAMMOTH	AZ	856180335	0				MAMMOTH	85618	2015	1000	1000	160	\$160.00
30622002A	CASTELLI JUDITH LIVING TRUST	806 VAN PATTEN ST	TRUTH OR CONSEQU	NM	879013229	86440	E	BLUE BONNET	ST	MAMMOTH	85618	2015	44096	42176.4	4410	\$4,217.00
30622002B	FUGETT K WAYNE & BONNIE	PO BOX 363	MAMMOTH	AZ	856180363	86580	E	BLUE BONNET	ST	MAMMOTH	85618	2015	3560	3560	357	\$357.00
30622002C	MONTANO MANUELA A	PO BOX 291	MAMMOTH	AZ	85618	86494	E	BLUE BONNET	ST	MAMMOTH	85618	2015	3481	3481	349	\$349.00
30622003A	CUBBAGE CARALEE P LIV TRUST	PO BOX 223	SPRINGERVILLE	AZ	859380223	86236	E	BLUE BONNET	ST	MAMMOTH	85618	2015	57507	49571.55	5751	\$4,957.00
30622003B	MADRID GEORGE V & ROSA C	HC 01 BOX 16	MAMMOTH	AZ	85618	86342	E	BLUE BONNET	ST	MAMMOTH	85618	2015	21366	21366	2137	\$2,137.00
30622003C	ONTIVEROS GERALDINE & MICHELLE	PO BOX 275	MAMMOTH	AZ	85618	86310	E	BLUE BONNET	ST	MAMMOTH	85618	2015	18333	18333	1834	\$1,834.00
30622003D	VIG JOSEPH	31511 ALTA VISTA DR	REDLANDS	CA	923737543	86276	E	BLUE BONNET	ST	MAMMOTH	85618	2015	15359	13664.17	1536	\$1,366.00
30622004A	MORENO RODOLFO M	PO BOX 565	ORACLE	AZ	856230565	0				MAMMOTH	85618	2015	3408	3408	545	\$545.00
30622004B	CUBBAGE CARALEE P LIV TRUST	PO BOX 223	SPRINGERVILLE	AZ	859380223					MAMMOTH	85618	2015	1304	1304	209	\$209.00
30622005A	HOWELL DORMAN D & BEVERLY LEA TR	PO BOX 581	MAMMOTH	AZ	856180581	0				MAMMOTH	85618	2015	2386	2386	382	\$382.00
30622005B	CUBBAGE CARALEE P LIV TRUST	PO BOX 223	SPRINGERVILLE	AZ	859380223							2015	1279	1279	205	\$205.00
30622006B	HOWELL DORMAN D & BEVERLY LEA TR	PO BOX 581	MAMMOTH	AZ	85618	0				MAMMOTH	85618	2015	1000	1000	160	\$160.00
30622007A	CUBBAGE CARALEE P LIV TRUST	PO BOX 223	SPRINGERVILLE	AZ	859380223					MAMMOTH	85618	2015	3893	3893	623	\$623.00
30622007B	BALLESTEROS ARTEMISA L	PO BOX 536	MAMMOTH	AZ	856180536	19470	S	CARLSBAD	AVE	MAMMOTH	85618	2015	18691	11697	1869	\$1,170.00
30622008B	BARKER THOMAS & ELLAN A	380 SAGE RD	ELLENSBURG	WA	98926	0				MAMMOTH	85618	2015	1230	1230	197	\$197.00
30622008C	CARLEY DAVID ROBERT	PO BOX 5256	ORACLE	AZ	856235256	86595	E	BLUE BONNET	ST	MAMMOTH	85618	2015	34145	34145	3415	\$3,415.00
30622008D	PACE SHAD LYNN	2948 W PEPPER DR	TUCSON	AZ	857413611	86685	E	BLUE BONNET	ST	MAMMOTH	85618	2015	2456	2456	246	\$246.00
30622008E	GUTIERREZ EDILIA M	PO BOX 707	ORACLE	AZ	856230707	86524	E	CEDAR CREST	ST	MAMMOTH	85618	2015	72485	62969.55	7248	\$6,297.00
30622008K	WOLKIN ROBERT S	3301 E CAMINO CAMPEST	TUCSON	AZ	857165829	0				MAMMOTH	85618	2015	2042	2042	327	\$327.00
30622008L	ROMERO GERALDINE BUELNA	620 S TIERRA VERDE ST	SAN MANUEL	AZ	856311533							2015	960	944.53	154	\$151.00
30622008M	TEFERTILLER BERNITA	601 S TIERRA VERDE ST	SAN MANUEL	AZ	856311532							2015	1316	1289.85	211	\$206.00
30622011B	SCHULKE JOE F & BONNIE K	PO BOX 597	MAMMOTH	AZ	85618	86434	E	LOS MOLINA	ST	MAMMOTH	85618	2015	61934	54464.55	6193	\$5,446.00
30622011C	GUTIERREZ EDILIA M	PO BOX 707	ORACLE	AZ	856230707	0				MAMMOTH	85618	2015	1857	1857	297	\$297.00
30622011D	HOWE BERNITA E	601 S TIERRA VERDE ST	SAN MANUEL	AZ	856311532	0				MAMMOTH	85618	2015	2739	2739	438	\$438.00
30622012A	TAFOYA ONOFRE & PEIZHANG W	HC 01 BOX 14A	MAMMOTH	AZ	85618	86330	E	LOS MOLINAS	ST	MAMMOTH	85618	2015	77696	77696	7770	\$7,770.00
30622013A	ORDORICA FREDDIE R CO-TR	PO BOX 451	MAMMOTH	AZ	85618	86380	E	LOS MOLINA	ST	MAMMOTH	85618	2015	25905	17227.35	2591	\$1,723.00
30622014B	MOLINA FRED P & R V	PO BOX 299	MAMMOTH	AZ	85618	86260	E	LOS MOLINA	ST	MAMMOTH	85618	2015	65098	60634.35	6510	\$6,064.00
30622015B	MOLINA FRANK & PATRICIA	PO BOX 82	MAMMOTH	AZ	856180082	86220	E	LOS MOLINA	ST	MAMMOTH	85618	2015	44737	38132.85	4474	\$3,813.00
30622016A	HOWELL D D & B L	PO BOX 581	MAMMOTH	AZ	85618	19616	S	HIGHWAY 77		MAMMOTH	85618	2015	4352	4352	435	\$435.00
30622016B	MOLINA FRANK & PATRICIA	PO BOX 82	MAMMOTH	AZ	856180082	86170	E	LOS MOLINA	ST	MAMMOTH	85618	2015	3191	3191	320	\$320.00
30622017B	CLARK MARK	4561 E REDTAIL HAWK LN	TUCSON	AZ	857399010	0				MAMMOTH	85618	2015	2163	2163	346	\$346.00
30622018B	LOPEZ RALPH V & DOROTHY C	PO BOX 225	MAMMOTH	AZ	85618	86225	E	LOS MOLINA	ST	MAMMOTH	85618	2015	8743	8743	875	\$875.00
30622019B	SPARLING JOSEPH B & OLGA P	3505 E GUTHRIE MOUNTA	TUCSON	AZ	85718	86545	E	LOS MOLINA	ST	MAMMOTH	85618	2015	52219	49723.8	5222	\$4,973.00
30622020A	BYRD ROLAND L & VIRGINIA	547 N BAILEY CIR	MESA	AZ	852072426	86635	E	CEDAR CREST	ST	MAMMOTH	85618	2015	58322	53206.65	5832	\$5,320.00
30622020B	WILLIAMS JAMES H	HC 30 BOX 4-0	CONCHO	AZ	859249479	86779	E	CEDAR CREST	ST	MAMMOTH	85618	2015	26564	14831.25	2657	\$1,483.00
30622021B	RODRIGUEZ VICTOR HUGO & CLAUDIA	PO BOX 876	MAMMOTH	AZ	856180876	86785	E	CEDAR CREST	ST	MAMMOTH	85618	2015	50283	45537.45	5028	\$4,554.00
30622022B	RODRIGUEZ VICTOR HUGO & CLAUDIA	PO BOX 876	MAMMOTH	AZ	856180876	0				MAMMOTH	85618	2015	1574	1574	252	\$252.00
30622023B	JACOBSEN JENNY	PO BOX 8754	CATALINA	AZ	857380754	86755	E	CEDAR CREST	ST	MAMMOTH	85618	2015	40217	39669	4022	\$3,967.00

30622023D	JACOBSEN JENNY	PO BOX 8754	CATALINA	AZ	85738	0				MAMMOTH	85618	2015	1000	1000	160	\$160.00
30622024B	BUSHEY ALLEN & BONNIE	PO BOX 76	MAMMOTH	AZ	85618	0				MAMMOTH	85618	2015	23894	23894	3823	\$3,823.00
30622024C	FRY STEVEN P	PO BOX 967	MAMMOTH	AZ	85618	18998	S	HIGHWAY 77		MAMMOTH	85618	2015	43670	43670	6646	\$6,646.00
306220250	BYRD ROLAND L	547 N BAILEY CIR	MESA	AZ	85207	86765	E	CEDAR CREST	ST	MAMMOTH	85618	2015	4284	4284	429	\$429.00
306220260	BYRD ROLAND L	547 N BAILEY CIR	MESA	AZ	85207	86615	E	CEDAR CREST	ST	MAMMOTH	85618	2015	3385	3385	339	\$339.00
30623001A	KNIGHT GARY DEAN	PO BOX 486	MAMMOTH	AZ	85618	85790	E	HUSSEY	ST	MAMMOTH	85618	2015	88385	82845	8839	\$8,284.00
30623001B	KNIGHT GARY DEAN	MAIL RETURN				0				MAMMOTH	85618	2015	2460	2460	394	\$394.00
30623001C	KNIGHT GARY DEAN	PO BOX 486	MAMMOTH	AZ	85618	0				MAMMOTH	85618	2015	2460	2460	394	\$394.00
306230020	KNIGHT GARY DEAN	PO BOX 486	MAMMOTH	AZ	85618	0				MAMMOTH	85618	2015	5750	5750	920	\$920.00
30623003C	ZIEGLER HORST M	PO BOX 544	MAMMOTH	AZ	856180544	85600	E	HUSSEY	ST	MAMMOTH	85618	2015	46832	43974	4683	\$4,397.00
306230040	BECRAFT DONALD I & KATHY I	PO BOX 602	MAMMOTH	AZ	85618	85690	E	HUSSEY	ST	MAMMOTH	85618	2015	80361	64905.75	8036	\$6,490.00
30623005A	BAEZA RICARDO	PO BOX 637	MAMMOTH	AZ	856180637	85830	E	HUSSEY	ST	MAMMOTH	85618	2015	47314	40595.1	4731	\$4,059.00
30623005B	BECERRA JESUS & MAGDELENA G	PO BOX 682	MAMMOTH	AZ	856180682	19855	S	HIGHWAY 77		MAMMOTH	85618	2015	76383	59558.1	7638	\$5,956.00
306230070	MOLINA FRED P & ROSE V	PO BOX 299	MAMMOTH	AZ	85618	0				MAMMOTH	85618	2015	5612	5612	898	\$898.00
306230080	GONZALEZ CARMELO	PO BOX 836	MAMMOTH	AZ	85618	85575	E	HUSSEY	ST	MAMMOTH	85618	2015	46949	45318	4695	\$4,532.00
306230090	MALUF LINDA Y TR	3665 W DRISCOL LN	TUCSON	AZ	857459737	0				MAMMOTH	85618	2015	5750	5750	920	\$920.00
30623010A	BENAVIDEZ JOSEPH	PO BOX 774	SAN MANUEL	AZ	856310774	19995	S	STERLING	AVE	MAMMOTH	85618	2015	31580	24449.25	3158	\$2,444.00
30623010B	BARTOLI PETER C	29679 N GECKO TRL	QUEEN CREEK	AZ	85143	0				MAMMOTH	85618	2015	1000	1000	160	\$160.00
306230110	MOLINA FRED P & ROSE V	PO BOX 299	MAMMOTH	AZ	856180299	0				MAMMOTH	85618	2015	3450	3450	552	\$552.00
30623012A	TAFOLA ORALIA B	PO BOX 1041	MAMMOTH	AZ	856181041	85830	E	GLENWOOD	ST	MAMMOTH	85618	2015	20752	14729.4	2075	\$1,473.00
30623012C	YEDICA PHYLLIS	PO BOX 2063	FLORENCE	AZ	851323038	85935	E	EDGEWOOD	ST	MAMMOTH	85618	2015	25622	25622	2562	\$2,562.00
30623012D	BALLARD MICHAEL G & PAULETTE K	PO BOX 822	MAMMOTH	AZ	856180822	19990	S	FAIRFAX	AVE	MAMMOTH	85618	2015	75344	51099.3	7534	\$5,110.00
30623013B	MASARYK MILAN	519 CACTUS AVE	PANAMA CITY	FL	324014332	20114	S	FAIRFAX	AVE	MAMMOTH	85618	2015	4240	4240	424	\$424.00
30623013C	MASARYK MILAN	2665 W CORONA RD # A	TUCSON	AZ	857466675	20176	S	FAIRFAX	AVE	MAMMOTH	85618	2015	3557	3557	356	\$356.00
30623013D	HILL JOHN G & PETRA T	PO BOX 475	MAMMOTH	AZ	856180475	0	S	GEMSTONE	AVE	MAMMOTH	85618	2015	2050	2050	328	\$328.00
30623013E	ARVAYO CARLOS P & OLGA ALICIA	PO BOX 368	MAMMOTH	AZ	856180368	85838	E	HARDWOOD	ST	MAMMOTH	85618	2015	21051	21051	2105	\$2,105.00
306230140	WILLMS MARK D	633 LARSON RD	DESMET	ID	838249706	0				MAMMOTH	85618	2015	3669	3669	587	\$587.00
306230150	REYNOSO MARY T	PO BOX 353	MAMMOTH	AZ	856180353	85410	E	HARDWOOD	ST	MAMMOTH	85618	2015	89865	74379.9	8987	\$7,438.00
306230160	CHAVEZ MICHAEL ANGEL	PO BOX 513	MAMMOTH	AZ	856180513	85326	E	KINGSWOOD	ST	MAMMOTH	85618	2015	44586	44586	4734	\$4,734.00
306230170	TELLEEN DENNIS E TR	85635 E LEEWOOD ST	MAMMOTH	AZ	85618	0				MAMMOTH	85618	2015	13601	13601	1360	\$1,360.00
30623018A	ORTIZ ROBERT SR	PO BOX 385	MAMMOTH	AZ	856180385	20250	S	FAIRFAX	AVE	MAMMOTH	85618	2015	81111	67039.35	8111	\$6,704.00
30623018B	MURRAY STEPHEN A & MARTI N	PO BOX 75	MAMMOTH	AZ	856180075	20185	S	GEMSTONE	AVE	MAMMOTH	85618	2015	14670	14670	1467	\$1,467.00
306230190	TELLEEN DENNIS E	85635 E LEEWOOD ST	MAMMOTH	AZ	85618	85635	E	LEEWOOD	ST	MAMMOTH	85618	2015	54228	49532.7	5665	\$5,174.00
30623020C	MARA PAULA J MULLENIX	PO BOX 7	MAMMOTH	AZ	856180007	85585	E	LEEWOOD	ST	MAMMOTH	85618	2015	52370	51850.05	5237	\$5,185.00
30623020D	HERNANDEZ WILLIAM & LAURIE	PO BOX 925	MAMMOTH	AZ	856180925					MAMMOTH	85618	2015	1820	1820	291	\$291.00
306230210	CHAVEZ MICHAEL A	PO BOX 513	MAMMOTH	AZ	856180513	20410	S	HWY	77	MAMMOTH	85618	2015	4025	4025	644	\$644.00
30623022B	HERNANDEZ WILLIAM ETAL	PO BOX 925	MAMMOTH	AZ	856180925					MAMMOTH	85618	2015	2247	2247	360	\$360.00
306230230	HERNANDEZ WILLIAM ETAL	PO BOX 925	MAMMOTH	AZ	856180925	85585	E	LEEWOOD	ST	MAMMOTH	85618	2015	44487	38808	4449	\$3,881.00
306230260	CLAY STEVEN K & MARIA E	PO BOX 425	MAMMOTH	AZ	856180425	0				MAMMOTH	85618	2015	5750	5750	920	\$920.00
306230270	T THERON CONSTRUCTION INC	16761 N COLUMBUS BLVD	TUCSON	AZ	857399787	0				MAMMOTH	85618	2015	5750	5750	920	\$920.00
306230280	HENDRICK DENNIS J & JUANITA	PO BOX 915	MAMMOTH	AZ	856180915	19931	S	STERLING	AVE	MAMMOTH	85618	2015	195325	195325	19532	\$19,532.00
306230290	BILELLO REGINA A	2727 EVANS RD	OCEANSIDE	NY	115722619	0				MAMMOTH	85618	2015	5750	5750	920	\$920.00
306230300	GALLEGO FRANK JR	104 E AVENUE H	SAN MANUEL	AZ	856311359	0				MAMMOTH	85618	2015	5727	5727	916	\$916.00
306230310	MULLER MARY AN	607 W PLACITA DE LA POZ	TUCSON	AZ	857044740	0				MAMMOTH	85618	2015	5750	5750	920	\$920.00
306230320	ONG HOWARD	2997 HARBOR COVE DR	LAS VEGAS	NV	891287084	0				MAMMOTH	85618	2015	5750	5750	920	\$920.00
306240010	HOWELL DORMAN DEE	PO BOX 581	MAMMOTH	AZ	856180581	86720	E	BAYWOOD	ST	MAMMOTH	85618	2015	61339	61339	6134	\$6,134.00
306240020	SPARLING JOSEPH B & OLGA P	3505 E GUTHRIE MOUNTA	TUCSON	AZ	857182203	0				MAMMOTH	85618	2015	5750	5750	920	\$920.00
306240030	BECERRA JESUS & MAGDALENA G	PO BOX 682	MAMMOTH	AZ	856180682	0				MAMMOTH	85618	2015	3450	3450	552	\$552.00
306240040	THROOP ANDREW W & CHRISTINE A	PO BOX 62	MAMMOTH	AZ	856180062	19814	S	DRILLSTONE	AVE	MAMMOTH	85618	2015	53255	48448.05	5326	\$4,845.00
306240050	WALKER JAMES	PO BOX 1032	KEARNY	AZ	851370119	0				MAMMOTH	85618	2015	5750	5750	920	\$920.00
30624006A	BUZAN REBECCA R	PO BOX 644	MAMMOTH	AZ	856180644	86725	E	BAYWOOD	ST	MAMMOTH	85618	2015	22632	14816.55	2264	\$1,481.00
30624006B	BROHN KAY	MAIL RETURN				86635	E	BAYWOOD	ST	MAMMOTH	85618	2015	11927	11927	1193	\$1,193.00
306240070	WALKER JAMES	PO BOX 1032	KEARNY	AZ	851370119	0				MAMMOTH	85618	2015	5750	5750	920	\$920.00
306240080	SWEENEY GEORGE K	209 S MCNAB PKWY	SAN MANUEL	AZ	856311148	0				MAMMOTH	85618	2015	3048	3048	488	\$488.00
306240090	LUND MANAGEMENT PSHIP	18595 PANAMA AVE	PRIOR LAKE	MN	553722818	0				MAMMOTH	85618	2015	5118	5118	819	\$819.00
306240100	LATIANO KAREN	7033 MURILLO LN	CARLSBAD	CA	920096601	0				MAMMOTH	85618	2015	5750	5750	920	\$920.00
306240110	SWEENEY GEORGE KYLE & CYNTHIA MA	209 S MCNAB PKWY	SAN MANUEL	AZ	856311148	0				MAMMOTH	85618	2015	3105	3105	497	\$497.00

306240120	CRUM DELORES DJANE & GREGORY M	PO BOX 824	MAMMOTH	AZ	856180824	20165	S	DRILLSTONE	AVE	MAMMOTH	85618	2015	53548	53548	5355	\$5,355.00
30624013A	APPLEGATE ROBERT L & JANET M	5288 GREEN COOK RD	NEW ALBANY	OH	430549775	20135	S	FAIRFAX	AVE	MAMMOTH	85618	2015	17429	17429	1743	\$1,743.00
30624013B	CHAVEZ MANUEL M JR	PO BOX 147	MAMMOTH	AZ	856180147	20162	S	DRILLSTONE	AVE	MAMMOTH	85618	2015	94223	61438.65	9423	\$6,143.00
306240140	PIZANO ANNA MARIA	PO BOX 878	MAMMOTH	AZ	856180878	20195	S	FAIRFAX	AVE	MAMMOTH	85618	2015	8263	8263	826	\$826.00
306240150	CRUM DELORES D	PO BOX 824	MAMMOTH	AZ	856180824	0				MAMMOTH	85618	2015	3450	3450	552	\$552.00
306240160	TROUTT GILBERT	3267 S YAQUI LN	GOLD CANYON	AZ	851188516	0				MAMMOTH	85618	2015	5750	5750	920	\$920.00
306240170	DOWELL ROWLAND J MD & MARCIA A	6088 E KNOLLS WAY N	CAVE CREEK	AZ	853318504	0				MAMMOTH	85618	2015	5750	5750	920	\$920.00
306240180	CLARK HARRY R & ALICE A	PO BOX 584	MAMMOTH	AZ	856180584	86417	E	KINGSWOOD	ST	MAMMOTH	85618	2015	148451	124233.9	14845	\$12,423.00
30624019A	RAMIREZ ENRIQUE O	PO BOX 933	MAMMOTH	AZ	856180933	86160	E	BENTWOOD	ST	MAMMOTH	85618	2015	94362	70632.89	9436	\$7,063.00
30624019B	PIZANO ANNA MARIA ETAL	PO BOX 878	MAMMOTH	AZ	856180878	0				MAMMOTH	85618	2015	500	500	80	\$80.00
306240200	CLAY STEVEN K & MARIA E	PO BOX 425	MAMMOTH	AZ	856180425	86055	E	BENTWOOD	ST	MAMMOTH	85618	2015	51548	49362.6	5155	\$4,937.00
306240210	REYNOSO MARY T	PO BOX 353	MAMMOTH	AZ	856180353	86280	E	MAXWOOD	ST	MAMMOTH	85618	2015	41893	39818.1	4189	\$3,982.00
306240220	ALAMEDA DOLORES A	PO BOX 542	MAMMOTH	AZ	856180542	0				MAMMOTH	85618	2015	5750	5750	920	\$920.00
306240230	JONES VENTURES LLLP	8115 N 18TH ST APT 132	PHOENIX	AZ	850203970	0				MAMMOTH	85618	2015	5750	5750	920	\$920.00
306240240	MULLER ROBERT F & PATSY R	PO BOX 429	MAMMOTH	AZ	856180429	0				MAMMOTH	85618	2015	5750	5750	920	\$920.00
306250010	SWIFT CURRENT LAND & CATTLE LLC	PO BOX 1944	SUPERIOR	AZ	851731944	88715	E	RIVER RANCH	RD	MAMMOTH	85618	2015	47500	47500	7600	\$7,600.00
306250020	WALKER CARL G & NANCY BERRY TRS	88910 E RIVER RANCH RD	MAMMOTH	AZ	85618	88910	E	RIVER RANCH	RD	MAMMOTH	85618	2015	146647	146647	15072	\$15,072.00
30625003A	HOUSTON SAMUEL D & CAROL A	PO BOX 392	MAMMOTH	AZ	856180392	20000	S	RIVER	RD	MAMMOTH	85618	2015	13239	8650.95	1324	\$865.00
30625003D	FRANKS GEORGE W & ARMENA S TRS	9336 N CAMINO DEL PLAT	TUCSON	AZ	857429070	20100	S	RIVER	RD	MAMMOTH	85618	2015	3990	3990	638	\$638.00
30625003F	DAVIS ALBERT N & JUDITH K	PO BOX 359	MAMMOTH	AZ	856180359	20180	S	RIVER	RD	MAMMOTH	85618	2015	47288	41985.3	4778	\$4,242.00
30625003G	DAVIS ALBERT N & JUDITH K	PO BOX 359	MAMMOTH	AZ	856180359	20105	S	RIVER	RD	MAMMOTH	85618	2015	4088	4088	654	\$654.00
30625004A	MERCER RANCH LAND HOLDINGS LLC	PO BOX 157	MAMMOTH	AZ	856180157	0				MAMMOTH	85618	2015	844	844	135	\$135.00
30625005C	LEYBAS RAYMOND M & LUPE	PO BOX 141	MAMMOTH	AZ	856180141	20240	S	RIVER	RD	MAMMOTH	85618	2015	27999	24957.45	2800	\$2,496.00
306250060	SWIFT CURRENT LAND & CATTLE LLC	PO BOX 1944	SUPERIOR	AZ	851731944					MAMMOTH	85618	2015	19800	19800	3168	\$3,168.00
306250070	MIKELS ISAAC MAX	MAIL RETURN				20005	S	RIVER	RD	MAMMOTH	85618	2015	5677	5677	568	\$568.00
306250080	SNELGROVE WILLIAM GLEN & DEBRA	PO BOX 746	MAMMOTH	AZ	856180746	20025	S	RIVER	RD	MAMMOTH	85618	2015	11412	11412	1141	\$1,141.00
306250090	TUDOR ROY L	PO BOX 42	MAMMOTH	AZ	856180042	19945	S	RIVER	RD	MAMMOTH	85618	2015	23665	23665	2366	\$2,366.00
306250100	TUDOR PATRICK L	PO BOX 42	MAMMOTH	AZ	856180042	19895	S	RIVER	RD	MAMMOTH	85618	2015	51358	47179.65	5136	\$4,717.00
306250110	TUDOR PATRICK L	PO BOX 42	MAMMOTH	AZ	856180042	0	S	RIVER	RD	MAMMOTH	85618	2015	2030	2030	325	\$325.00
306250120	MIKELS ISAAC MAX	PO BOX 713	MAMMOTH	AZ	856180713	19954	S	RIVER	RD	MAMMOTH	85618	2015	34657	34442.1	3466	\$3,444.00
306250130	MIKELS ISAAC MAX	PO BOX 713	MAMMOTH	AZ	856180713	19896	S	RIVER	RD	MAMMOTH	85618	2015	3930	3930	393	\$393.00
30626001A	MERCER RANCH LAND HOLDINGS LLC	PO BOX 157	MAMMOTH	AZ	856180157					MAMMOTH	85618	2015	5760	5760	922	\$922.00
306260040	TABLE MOUNTAIN RANCH LLLP	927 E WEYMOUTH ST	TUCSON	AZ	857191640					MAMMOTH	85618	2015	2172	2172	348	\$348.00
306260050	TABLE MOUNTAIN RANCH LLLP	927 E WEYMOUTH ST	TUCSON	AZ	857191640					MAMMOTH	85618	2015	500	500	80	\$80.00
30626006A	BELL DIANNE G TR	30807 50TH PL SW	FEDERAL WAY	WA	980232008	13819	S	PROSPECT CANYO	RD	MAMMOTH	85618	2015	66215	66215	10594	\$10,594.00
30626006B	HENDRICKSON FAMILY TRUST	PO BOX 171	ORACLE	AZ	856230171					MAMMOTH	85618	2015	2000	2000	320	\$320.00
30626008A	MERCER RANCH LAND HOLDINGS LLC	PO BOX 157	MAMMOTH	AZ	856180157	103135	E	BUNKER HILL	RD	MAMMOTH	85618	2015	30797	14584.5	4927	\$2,333.00
30626010A	MERCER RANCH LAND HOLDINGS LLC	PO BOX 157	MAMMOTH	AZ	856180157					MAMMOTH	85618	2015	17640	17640	2822	\$2,822.00
306260140	MERCER RANCH LAND HOLDINGS LLC	PO BOX 157	MAMMOTH	AZ	856180157					MAMMOTH	85618	2015	7200	7200	1152	\$1,152.00
306270010	MORGAN BURT H & MONTA CAROL TR	9601 N LINDA VISTA PL	TUCSON	AZ	857428576					MAMMOTH	85618	2015	10206	10206	1633	\$1,633.00
306280010	REDHAWK COPPER INC	130 N REDINGTON RD STE	SAN MANUEL	AZ	856311135					MAMMOTH	85618	2015	44112	44112	7058	\$7,058.00
306290010	TABLE MOUNTAIN RANCH LLLP	927 E WEYMOUTH ST	TUCSON	AZ	857191640					MAMMOTH	85618	2015	3554	3554	569	\$569.00
306300010	REDHAWK COPPER INC	130 N REDINGTON RD STE	SAN MANUEL	AZ	856311135					MAMMOTH	85618	2015	25317	25317	4051	\$4,051.00
30630002A	REDHAWK COPPER INC	130 N REDINGTON RD STE	SAN MANUEL	AZ	856311135					MAMMOTH	85618	2015	18584	18584	2973	\$2,973.00
30630002B	REDHAWK COPPER INC	130 N REDINGTON RD STE	SAN MANUEL	AZ	856311135					MAMMOTH	85618	2015	8243	8243	1319	\$1,319.00
306310010	REDHAWK COPPER INC	130 N REDINGTON RD STE	SAN MANUEL	AZ	856311135					MAMMOTH	85618	2015	33144	33144	5303	\$5,303.00
306310020	SILVER NICKEL MINING COMPANY	5822 W MICHELLE DR	GLENDALE	AZ	853081244					MAMMOTH	85618	2015	14002	14002	2240	\$2,240.00
306310030	SILVER NICKEL MINING COMPANY	2222 W CLEARVIEW TRL	PHOENIX	AZ	850863655					MAMMOTH	85618	2015	4213	4213	674	\$674.00
30632002A	WINGARD NANCY	PO BOX 838	MAMMOTH	AZ	856180838	17290	S	INSPIRATION	AVE	MAMMOTH	85618	2015	13636	13636	1364	\$1,364.00
306320030	CROSBY JODY E	PO BOX 609	MAMMOTH	AZ	856180609	17290	S	INSPIRATION	AVE	MAMMOTH	85618	2015	97548	86986.2	9755	\$8,699.00
306320040	ANDERSON EDITH F & FLINT R	PO BOX 1016	MAMMOTH	AZ	856181016	17130	S	INSPIRATION	AVE	MAMMOTH	85618	2015	32333	24978.45	3233	\$2,498.00
306320050	MCGHEE GARY F & BEVERLY	PO BOX 781	MAMMOTH	AZ	856180781	17070	S	INSPIRATION	AVE	MAMMOTH	85618	2015	40219	40219	4022	\$4,022.00
306320060	MORALES RAUL	1534 N RECKER RD	MESA	AZ	852054410	17060	S	INSPIRATION	AVE	MAMMOTH	85618	2015	43485	35302.05	4349	\$3,530.00
306320070	FARLEY CHARLEE	PO BOX 712	PATAGONIA	AZ	856240712	16950	S	INSPIRATION	AVE	MAMMOTH	85618	2015	7859	7859	786	\$786.00
306320080	NORRIS LARRY G	PO BOX 656	WEST YELLOWSTONE	MT	597580656	16850	S	INSPIRATION	AVE	MAMMOTH	85618	2015	56265	37769.55	5627	\$3,777.00
306320090	VENN JAMES R	MAIL RETURN				16810	S	INSPIRATION	AVE	MAMMOTH	85618	2015	50033	46454.1	5003	\$4,645.00
306320100	YOUNG GARY E	1128 VAUGHN RD	GLENWOOD	AR	719439206	16710	S	INSPIRATION	AVE	MAMMOTH	85618	2015	7384	7384	738	\$738.00

306320110	BRIGHAM HOWARD L & LOUISE V	PO BOX 728	MAMMOTH	AZ	856180728	85175	E	VEGA	ST	MAMMOTH	85618	2015	21329	21329	2133	\$2,133.00
306320120	FAYVILLE LEORA J	PO BOX 815	MAMMOTH	AZ	856180815	16560	S	OLYMPIC	AVE	MAMMOTH	85618	2015	9481	9481	948	\$948.00
306320130	MANUES WILLIAM R	5982 S NEW ST	MIAMI	AZ	855398624	16350	S	OLYMPIC	AVE	MAMMOTH	85618	2015	7262	7262	726	\$726.00
306320140	PRAX DAVID & RAY	PO BOX 134	MAMMOTH	AZ	856180134	16250	S	OLYMPIC	AVE	MAMMOTH	85618	2015	48996	34016.85	4900	\$3,402.00
306320150	PLACENCIA FRANK L & MARGARITA G	PO BOX 452	MAMMOTH	AZ	856180452	16080	S	OLYMPIC	AVE	MAMMOTH	85618	2015	70221	56884.8	7022	\$5,688.00
306320160	WALKER CHARLES L	PO BOX 684	MAMMOTH	AZ	856180684	0				MAMMOTH	85618	2015	6000	6000	960	\$960.00
306320170	BROWN ANTHONY LANE & YOLANDA	PO BOX 175	MAMMOTH	AZ	856180175	16075	S	OLYMPIC	AVE	MAMMOTH	85618	2015	22302	22302	2230	\$2,230.00
306320180	COOK ARTHUR R	391 N NEWPORT ST	CHANDLER	AZ	852254839	0				MAMMOTH	85618	2015	6000	6000	960	\$960.00
306320190	VALENZUELA MANUEL RAMON	PO BOX 1001	MAMMOTH	AZ	856181001	16305	S	OLYMPIC	AVE	MAMMOTH	85618	2015	8164	8164	816	\$816.00
306320200	TELLES RUBEN & MARIA HELENA	PO BOX 903	MAMMOTH	AZ	856180903	16355	S	OLYMPIC	AVE	MAMMOTH	85618	2015	78041	60345.6	7804	\$6,035.00
306320210	KOTOPOULOUS LARRY A & SUSANA T	PO BOX 856	MAMMOTH	AZ	856180856	16475	S	OLYMPIC	AVE	MAMMOTH	85618	2015	60860	60860	6086	\$6,086.00
306320220	SANCHEZ TOM F	60447 E BLACKCREST LOO	TUCSON	AZ	857391946	85230	E	VEGA	ST	MAMMOTH	85618	2015	7557	7557	756	\$756.00
306320230	CHAVEZ MANUEL MAURICIO	PO BOX 879	MAMMOTH	AZ	856180879	85310	E	VEGA	ST	MAMMOTH	85618	2015	107997	84301.35	10800	\$8,430.00
306320240	MADRID AMEDEO	PO BOX 802	MAMMOTH	AZ	856180802	16635	S	INSPIRATION	AVE	MAMMOTH	85618	2015	42751	26314.05	4275	\$2,631.00
306320250	GARCIA GEORGE E & PATRICIA	PO BOX 412	MAMMOTH	AZ	856180412	0				MAMMOTH	85618	2015	6000	6000	960	\$960.00
306320260	BEISENSTEIN REBECCA FEE	PO BOX 888	MAMMOTH	AZ	856180888	0				MAMMOTH	85618	2015	6000	6000	960	\$960.00
306320270	BROWN CHARLES J & MARGIE E TRS	16965 INSPIRATION AVE	MAMMOTH	AZ	85618	16965	S	INSPIRATION	AVE	MAMMOTH	85618	2015	79000	54941.25	7900	\$5,494.00
306320280	WELLMAN JULIE ANN	805 RIVER KNOLLS CT	DAYTON	NV	894039045	16985	S	INSPIRATION	AVE	MAMMOTH	85618	2015	8649	8649	1384	\$1,384.00
306320290	MADRID PAUL L & SYLVIA A	PO BOX 5453	ORACLE	AZ	856235453	17125	S	INSPIRATION	AVE	MAMMOTH	85618	2015	7715	7715	772	\$772.00
306320300	MARTIN MIKE D & FRIEDA	PO BOX 445	MAMMOTH	AZ	856180445	17135	S	INSPIRATION	AVE	MAMMOTH	85618	2015	7859	7859	786	\$786.00
307010020	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460					MAMMOTH	85618	2015	28800	28800	4608	\$4,608.00
307010040	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460					MAMMOTH	85618	2015	2880	2871.16	461	\$459.00
307010050	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460					MAMMOTH	85618	2015	31360	31360	5018	\$5,018.00
307010060	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460					MAMMOTH	85618	2015	2880	2871.16	461	\$459.00
307010070	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460					SAN MANUEL	85631	2015	1440	1435.58	230	\$230.00
307010080	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460					SAN MANUEL	85631	2015	2880	2871.16	461	\$459.00
307010090	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460	0				SAN MANUEL	85631	2015	5760	5742.32	922	\$919.00
307010340	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460					MAMMOTH	85618	2015	31360	31360	5018	\$5,018.00
30705001C	MERCER MARY A	PO BOX 158	MAMMOTH	AZ	856180158	20975	S	RIVER	RD	MAMMOTH	85618	2015	107078	107078	10730	\$10,730.00
30705001D	SOMBRERO BUTTE CATTLE LLC	PO BOX 157	MAMMOTH	AZ	856180157							2015	21211	21211	2151	\$2,151.00
30705001E	MERCER MICHAEL J					0				MAMMOTH	85631	2015	3760	3760	602	\$602.00
307050020	SWIFT CURRENT LAND & CATTLE LLC	PO BOX 1944	SUPERIOR	AZ	851731944	0				MAMMOTH	85618	2015	58000	58000	9280	\$9,280.00
307050040	SWIFT CURRENT LAND & CATTLE LLC	PO BOX 1944	SUPERIOR	AZ	851731944	0				MAMMOTH	85618	2015	92598	92598	14816	\$14,816.00
307050050	SWIFT CURRENT LAND & CATTLE LLC	PO BOX 1944	SUPERIOR	AZ	851731944	0				MAMMOTH	85618	2015	92598	92598	14816	\$14,816.00
307050060	SWIFT CURRENT LAND & CATTLE LLC	PO BOX 1944	SUPERIOR	AZ	851731944	0				MAMMOTH	85618	2015	220000	220000	35200	\$35,200.00
307050080	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460	0				MAMMOTH	85618	2015	128000	128000	20480	\$20,480.00
307050090	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460	0				MAMMOTH	85618	2015	128000	128000	20480	\$20,480.00
307050100	MILLS MORRIS E JR	9971 N CALLE SOLANO	TUCSON	AZ	857373673	23462	S	RIVER	RD	MAMMOTH	85618	2015	110573	110295.5	17692	\$17,647.00
307050110	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460	0				MAMMOTH	85618	2015	2520	2513.67	403	\$402.00
307050120	KUNTZ FRANK & SANDRA	22934 MT HIGHWAY 35	BIGFORK	MT	599118253	0				SAN MANUEL	85631	2015	27600	27600	4416	\$4,416.00
307050130	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460	0				SAN MANUEL	85631	2015	1800	1795.48	288	\$287.00
307050148	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460	0				SAN MANUEL	85631	2015	952500	952500	152400	\$152,400.00
307050150	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460	0				SAN MANUEL	85631	2015	320000	320000	51200	\$51,200.00
30705016A	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460	0				SAN MANUEL	85631	2015	131720	131389.4	21075	\$21,022.00
30705016B	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460	0				SAN MANUEL	85631	2015	256000	256000	40960	\$40,960.00
307050170	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460	26432	S	RIVER	RD	SAN MANUEL	85631	2015	3240	3240	518	\$518.00
30705018A	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460	0				SAN MANUEL	85631	2015	2880	2872.77	461	\$460.00
30705018B	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460	0				SAN MANUEL	85631	2015	160000	160000	25600	\$25,600.00
307050220	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460	0				SAN MANUEL	85631	2015	320000	320000	51200	\$51,200.00
307050230	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460	0				SAN MANUEL	85631	2015	224000	224000	35840	\$35,840.00
307050240	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460	0				SAN MANUEL	85631	2015	320000	320000	51200	\$51,200.00
307050250	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460	0				SAN MANUEL	85631	2015	3600	3600	576	\$576.00
307050260	SHOW LOW ACQUISITION CO	1501 BELVEDERE RD	WEST PALM BEACH	FL	334061501	0				SAN MANUEL	85631	2015	58000	58000	9280	\$9,280.00
307060020	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460	24175	S	CLARK RANCH	RD	SAN MANUEL	85631	2015	2858	2850.83	457	\$456.00
307060030	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460	0				SAN MANUEL	85631	2015	160000	160000	25600	\$25,600.00
30710001A	HENDRICKSON HARRY T & EDNA M TRS	PO BOX 171	ORACLE	AZ	856230171	21670	S	RAFTER	RD	SAN MANUEL	85631	2015	33652	33652	5385	\$5,385.00
307100020	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460	0				SAN MANUEL	85631	2015	2502	2495.72	400	\$399.00

30710003A	MAGMA COPPER CO	PO BOX M	SAN MANUEL	AZ	856310460	0				00000	2015	134220	134220	21475	\$21,475.00
30710003B	USA	.				0			SAN MANUEL	85631	2015	34800	34800	0	\$0.00

**\$1,860,154.00**

PINAL RURAL FIRE RESCUE & MEDICAL DISTRICT  
 PROPOSED 2015 FIRE DISTRICT BUDGET

<b>Assessed Value:</b>	<b>\$ 1,860,540.00</b>
<b>REVENUES</b>	
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
<b>TOTAL REVENUES</b>	<b>\$ 69,804.62</b>
<b>EXPENDITURES</b>	
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
<b>TOTAL EXPENDITURES</b>	<b>\$ 69,184.62</b>
<b>OVER/(SHORT) TO BUDGET</b>	<b>\$ 620.00</b>
<b>RESTRICTED USE FUNDS – ANTICIPATED</b>	
Assistance to Firefighter’s Grant – Vehicle Acquisition	\$ 382,937.00
Assistance to Firefighters Grants – Operations and Safety	\$ 88,788.00
<b>TOTAL</b>	<b>\$ 471,725.00</b>



# **2013 GAP ANALYSIS**

A Gap Analysis of Current CONS v. NFPA Standard on  
Needs Assessment Based on Applicable Portions of  
NFPA 450 - Guide for Emergency Medical Services  
and Systems

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## **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.**

## Chapter 4 System Regulation and Policy

### Criterion 4.1: General.



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 Criteria 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 Indicator 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 (NEMESIS) 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 specifics 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 (1) 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.”

### **Performance Indicator 5.6.14: Additional System Needs.**

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 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 does 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 subsidize 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.

### **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 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

### **Criterion 8.1: Quality Management Program.**

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. In

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

for public attendees.

### **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 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 this Criterion. 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.

### Criterion 10.2: Access of Emergency Services.

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

911 service area. 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, Criteria 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.

## **Criterion 10.13: Non-emergency Services.**

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 life span, and batteries at their two year life span. 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.

### **Performance Indicator 11.3: Response Vehicle Licenses.**

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.

### **Criterion 11.7: Maintenance Personnel for Emergency Equipment.**

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.

**Performance Indicator 12.6.2: Operational Policies and Guidelines.**

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.

**Performance Indicator 12.6.3: Discipline Process.**

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

### Criterion 13.1: Implementation of System Design (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

systems approach to manage the system.

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.

### **Criterion 13.13: Public Information, Education, and Relations.**

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.

### **Performance Indicator 13.17.2: Coordinated Training Plan.**

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".

### **Performance Indicator 13.19.1: Plan Integration.**

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

*Approved*<sup>1</sup>. Acceptable to the authority having jurisdiction.

*Authority Having Jurisdiction (AHJ)*<sup>1</sup>. 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.

*Should*<sup>1</sup>. Indicates a recommendation or that which is advised but not required.

## General Definitions

*Address*<sup>1</sup>. A number or other code and the street name identifying a location.

*Alarm*<sup>1</sup>. A signal or message from a person or device indicating the existence of an emergency or other situation that requires immediate action.

*Ambulance*<sup>1</sup>. A vehicle designed, equipped, and operated for the treatment and transport of ill and injured persons.

*Arrival*<sup>1</sup>. The point at which a vehicle is stopped on the scene of a response destination or address.

*Arrived at Destination*<sup>1</sup>. The time that the responding unit arrived at the hospital or transfer point.

*Available for Service*<sup>1</sup>. The time the unit was available for response.

*Call*<sup>1</sup>. A request for assistance to which equipment and personnel are deployed.

*Call for Help*<sup>1</sup>. 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.

*Deployment*<sup>1</sup>. The procedures by which resources are distributed throughout the service area.

*Dispatch*<sup>1</sup>. To send out emergency response resources promptly to an address or incident location for a specific purpose.

- *Emergency Medical Dispatch*<sup>1</sup>. 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.

*Emergency*<sup>1</sup>. A condition or situation in which an individual perceives a need for immediate response.

*Emergency Medical Services (EMS)*<sup>1</sup>. 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-EMT*<sup>1</sup>. 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-Paramedic*<sup>1</sup>. 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 1 (FF1) or Firefighter II (FFII)

*First PSAP Call Time*<sup>1</sup>. 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 Interval*<sup>1</sup>. A method of describing response intervals that uses frequency distribution as its basis for reporting.
- *Turnout Interval*<sup>1</sup>. 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 Casualty*<sup>1</sup>. Injury or death of more than one individual in an incident.

*Mutual Aid*<sup>1</sup>. Reciprocal assistance to emergency services under a prearranged plan outside of the normal response area.

*Outcome*<sup>1</sup>. The result, effects, or consequences of an emergency system encounter on the health status of a patient.

*Patient Contact*<sup>1</sup>. 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.

*Protocols*<sup>1</sup>. Protocols define the pre-hospital care management of specific patient problems.

*Public Safety Answering Point (PSAP)*<sup>2</sup>. A facility in which 911 calls are answered either directly or through re-routing.

*Quality Assurance*<sup>1</sup>. The activities undertaken to establish confidence that the products or services available maintain the standard of excellence set for those products or services.

*Quality Improvement*<sup>1</sup>. The activities undertaken to continuously examine and improve products and services.

*Response*<sup>1</sup>. The deployment of an emergency service resource to an incident.

*Staffing*<sup>1</sup>. The number and level of training of personnel deployed on an emergency call.

*Standard Operating Procedures/Departmental Guidelines*<sup>1</sup>. 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 Orders*<sup>1</sup>. 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.

*Time*<sup>1</sup>.

- *Call Processing Time*<sup>1</sup>/*Dispatch Time*<sup>1</sup>. 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 Time*<sup>1</sup>. The travel time that begins when units are en route to the emergency incident and ends when units arrive at the scene.
- *Turnout Time*<sup>1</sup>. 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.

*VFIS – Volunteer Fireman’s Insurance Service EVDT (Emergency Vehicle Driver Training)* – an industry recognized leader in Emergency Vehicle Driver Training.

### **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 Type 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 Rescues/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, 20<sup>th</sup> Edition.

## **References Cited**

1. "National Fire Protection Association 450." *Guide for Emergency Medical Services and Systems*. 2013. Print.
2. “National Fire Protection Association 1720.” *Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Volunteer Fire Departments*. 2014. Print.
3. *Fire Protection Handbook*. 20th Ed. Arthur E. Cote, P.E., Quincy, Massachusetts: National Fire Protection Association, 2008. Print.