

# CLOVERDALE HEALTH CARE DISTRICT

## Regular Meeting Agenda

DECEMBER 12, 2022 7:00 P.M.

126 N. Cloverdale Blvd

## IN-PERSON AND VIRTUAL

ROLL CALL: PRESIDENT: Delsid VICE PRESIDENT: Martin\_ TREASURER: Winter SECRETARY: Hanchett MEMBER: DeMartini

### AGENDA APPROVAL:

PUBLIC COMMENT PERIOD: PUBLIC COMMENT PERIOD PROVIDES TIME FOR MEMBERS OF THE AUDIENCE TO ADDRESS THE BOARD ON MATTERS WHICH DO NOT APPEAR ON TONIGHT'S AGENDA. TIME LIMIT FOR COMMENTS TO THE BOARD ON NON-AGENDIZED ITEMS IS LIMITED TO FIVE MINUTES (GOVERNMENT CODE SECTION 54954.3(b))

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### ITEMS:

1. Election results- Swearing in of elected Board members
2. Minutes September - No October or November meeting
3. Financial Statement November 2022
4. Managers Report-
5. CY IGT, PP-GEMT informational item
6. District Appreciation Event
7. From Members-

Adjourn to Executive Meeting:

Adjourn to Regular Meeting

Adjourn till January 09,2023

All agenda items, reports, minutes, are available for review at the offices of the Cloverdale Health Care District located at 209 N. Main St. Cloverdale Ca 95425 and are available upon request. Posted per Government Code section 54954.2 12/6/2022, Any disabled, handicapped, or other meeting attendees needing special assistance or other accommodations for participation, please contact the business office 24 hrs before the meeting. 707-894-5862.



# SONOMA COUNTY

Clerk-Recorder-Assessor

[www.sonoma-county.org/cra](http://www.sonoma-county.org/cra)

REGISTRAR OF  
VOTERS DIVISION

P.O. Box 11485  
435 Fiscal Dr.  
Santa Rosa, CA 95406  
Tel: (707) 565-6800  
Toll Free (CA only):  
(800) 750-VOTE  
Fax: (707) 565-6843

August 22, 2022

Cloverdale Healthcare District  
P.O. Box 434  
Cloverdale, CA 95425-0434

Dear District Secretary:

There will not be an election in your district on November 8, 2022, as there were not enough candidates for the office(s) to be contested.

Pursuant to Elections Code §10515, the following nominees have been appointed by the Board of Supervisors to serve as if elected. Where vacancies remain, the Board of Supervisors will make appointments prior to November 22, 2022, and those persons will also serve as if elected. Pursuant to Elections Code §10554 elective officers, elected or appointed, take office at noon on the first Friday in December following the General District Election (December 2, 2022).

JAMES F. DEMARTINI  
AL DELSID  
VACANT

Enclosed you will find Certificate(s) of Election and Oaths of Office for these above-named candidates. Prior to taking office, each elective officer shall take the official oath and execute any bond required by the principal act. Any Director may administer the oath. Please issue the original oath to the candidate and return a copy to the Sonoma County Registrar of Voters Office, P.O. Box 11485, Santa Rosa, CA 95406.

If you should have any questions, please contact our office at (707) 565-6800.

Yours truly,  
DEVA MARIE PROTO  
Sonoma County Clerk &  
Registrar of Voters

by   
Troy Kennedy  
Deputy Clerk



**APPROVED**

November 8, 2022

# COUNTY OF SONOMA

## SUMMARY REPORT

575 ADMINISTRATION  
DRIVE, ROOM 102A  
SANTA ROSA, CA 95403  
THE WITHIN INSTRUMENT IS A  
CORRECT COPY OF THE ORIGINAL  
ON FILE IN THIS OFFICE

ATTEST: November 8, 2022

SHERYL BRATTON, Clerk/Secretary  
BY *Noelle Francis*

**Agenda Date:** 11/8/2022

#32

**To:** Board of Supervisors

**Department or Agency Name(s):** Board of Supervisors

**Staff Name and Phone Number:** James Gore 707-565-2241

**Vote Requirement:** Majority

**Supervisory District(s):** Fourth

	Aye	No
Gorin	x	
Rabbitt	x	
Coursey	x	
Hopkins	x	
Gore	x	

**Recommended Action:**

Approve the Re-Appointment of Harry Martin to the Cloverdale Health Care District for a term of four years beginning December 2, 2022 and ending December 1, 2026. (Fourth District)

**Executive Summary:**

Approve the Re-Appointment of Harry Martin to the Cloverdale Health Care District for a term of four years beginning December 2, 2022 and ending December 1, 2026. (Fourth District)

**Discussion:**

N/A

**Prior Board Actions:**

11/2018

**FISCAL SUMMARY**

**Narrative Explanation of Fiscal Impacts:**

N/A

**Narrative Explanation of Staffing Impacts (If Required):**

N/A

**Attachments:**

N/A

**Related Items "On File" with the Clerk of the Board:**

N/A







**Cloverdale Health Care District  
Meeting Minutes-Sept. 12, 2022**

Roll Call: Director Tom Hinrichs, Eric Polan (Operations), board members Secretary Neena Hanchett, President Delsid (via Zoom), member DeMartini, Treasurer Winter (via call-in) were present. Vice President Martin was absent. Quorum met.

Meeting called to order at 7 p.m. by President Delsid. There were no public comments.

**There were no changes to the agenda and the agenda was approved "as written" unanimously**

**Financial Statement for August, 2022-** This statement reflects a change from Accrual to Cash reporting. After a discussion about contractual allowances (netting out or not netting out) the Financial Statement was approved unanimously after a motion by DeMartini and a second by Hanchett.

**Minutes from July, 2022 meeting- There was no August meeting.** The minutes from the July meeting were approved unanimously after a motion was put forward by DeMartini and a second by Winter.

**Manager's Report:** There were no interruptions, injuries or mechanical issues. Transport volumes were average with no Covid impacts. There were mixed payor profiles with the majority Medicare and Medi-Cal. In the short term, reimbursements will be less than budgeted expectations as a result. The 2001 ambulance was donated successfully to the Cabo San Lucas Fire Department. The district is still waiting on the delivery of the Tempus cardiac monitors. Donations have been sought to raise the funds over and above the \$25,000 Mendocino County grant. The Wine Country to the Rescue foundation arm granted \$15,000. Additional funds have been raised in the community and outreach continues. Both supplemental Medi-Cal payment programs, PP-GEMT and IGT are moving forward. Both programs are slated to continue.

**Tax Roll Resolution:** The resolution adopting the Tax Roll for the District Special Assessment was unanimously approved. Tom also commented that future tax rolls will increase slightly as a result of south end developments.

**Final Budget:** A Final 22/23 Budget was reviewed and approved by Resolution 22-04 and unanimously approved after a motion by DeMartini and a second by Hanchett.

**Election:** The candidacy declaration period has closed. There will be two returning Board members: DeMartini and Delsid. That leaves one vacant seat. Board members will determine whether Martin wishes to continue on the board. The board can decide on a process to fill the vacant position.

**CY 21 IGT, PP-GEMT informational item:** See Manager's Comments.

**From Members-** There was nothing brought forward for discussion.

**Meeting adjourned at 7:57 p.m.** until the next meeting scheduled for Oct. 10, 2022.

Respectfully submitted,

Neena Hanchett, Secretary

CLOVERDALE AMBULANCE

Income Statement

Compared with Budget

For the Five Months Ending November 30, 2022

	Current Month Actual	Current Month Budget	Year to Date Actual	Year to Date Budget	Year to Date Variance
<b>Revenues</b>					
Ambulance Service	\$ 45,697.05	\$ 58,333.00	\$ 256,525.64	291,665.00	(35,139.36)
Property Tax (13)	0.00	0.00	3,821.63	3,821.63	0.00
Special Assessment	0.00	0.00	6,062.00	6,062.00	0.00
Interest Income	0.00	0.00	94.12	95.00	(0.88)
Other (Income) and Expenses	0.00	0.00	27,445.91	0.00	27,445.91
<b>Total Revenues</b>	<b>45,697.05</b>	<b>58,333.00</b>	<b>293,949.30</b>	<b>301,643.63</b>	<b>(7,694.33)</b>
<b>Total Cost of Sales</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Gross Profit</b>	<b>45,697.05</b>	<b>58,333.00</b>	<b>293,949.30</b>	<b>301,643.63</b>	<b>(7,694.33)</b>
<b>Expenses</b>					
Salaries & Wages	43,002.52	45,576.67	209,377.93	227,883.35	(18,505.42)
Health benefits employer	7,480.18	7,583.33	36,240.70	37,916.65	(1,675.95)
Fuel Expense	843.83	2,375.00	13,507.64	11,875.00	1,632.64
Work Comp ACHD	1,812.50	1,812.50	11,504.50	9,062.50	2,442.00
Payroll Exp UTI/ETT	10.88	173.33	126.17	866.65	(740.48)
Amb Repair Maintenance	0.00	1,666.67	9,276.66	8,333.35	943.31
Membership Expenses	0.00	0.00	0.00	2,800.00	(2,800.00)
Supplies Patient	2,858.52	3,000.00	15,913.46	15,000.00	913.46
Employee Benefits Volunteers	0.00	708.33	1,449.28	3,541.65	(2,092.37)
Outside Services	1,354.99	1,333.33	8,206.62	9,633.32	(1,426.70)
Medical Director	0.00	500.00	0.00	2,500.00	(2,500.00)
Patient Refunds	0.00	0.00	253.47	3,000.00	(2,746.53)
employer soc. sec.	2,619.75	2,416.67	12,749.42	12,083.35	666.07
Employer Medicare	612.69	566.67	2,981.74	2,833.35	148.39
Dues & Subscriptions	0.00	0.00	2,804.00	2,800.00	4.00
Capital Equipment	0.00	31,400.00	31,399.45	31,400.00	(0.55)
Utilities	352.16	541.67	1,757.08	2,708.35	(951.27)
Insurance - General	1,583.30	0.00	29,906.77	21,000.00	8,906.77
Miscellaneous expense	500.00	266.67	500.00	1,333.35	(833.35)
Office expense	1,872.58	2,666.67	11,769.29	13,333.35	(1,564.06)
Office Building Repair	0.00	0.00	0.00	1,500.00	(1,500.00)



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For the Five Months Ending November 30, 2022

	Current Month Actual	Current Month Budget	Year to Date Actual	Year to Date Budget	Year to Date Variance
Payroll Tax FUTA	4.08	66.67	47.31	333.35	(286.04)
Telephone	229.66	275.00	1,138.64	1,375.00	(236.36)
Volunteer Appr. Mtng.	0.00	0.00	0.00	500.00	(500.00)
<b>Total Expenses</b>	<b>65,137.64</b>	<b>102,929.18</b>	<b>400,910.13</b>	<b>423,612.57</b>	<b>(22,702.44)</b>
<b>Net Income</b>	<b>(\$ 19,440.59)</b>	<b>(\$ 44,596.18)</b>	<b>(\$ 106,960.83)</b>	<b>(\$ 121,968.94)</b>	<b>15,008.11</b>

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<b>Revenues</b>					
Ambulance Service	\$ 190,128.18	\$ 160,000.00	\$ 867,839.05	\$ 800,000.00	67,839.05
Less - Contract Allowances	(106,817.52)	(100,833.33)	(583,027.64)	(504,166.65)	(78,860.99)
Property Tax (13)	0.00	0.00	3,821.63	0.00	3,821.63
Special Assessment	0.00	0.00	6,062.00	0.00	6,062.00
Interest Income	0.00	0.00	94.12	0.00	94.12
Other (Income) and Expenses	0.00	0.00	27,445.91	0.00	27,445.91
<b>Total Revenues</b>	<b>83,310.66</b>	<b>59,166.67</b>	<b>322,235.07</b>	<b>295,833.35</b>	<b>26,401.72</b>
<b>Cost of Sales</b>					
<b>Total Cost of Sales</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Gross Profit</b>	<b>83,310.66</b>	<b>59,166.67</b>	<b>322,235.07</b>	<b>295,833.35</b>	<b>26,401.72</b>
<b>Expenses</b>					
Salaries & Wages	43,002.52	45,576.67	209,377.93	227,883.35	(18,505.42)
Health benefits employer	7,480.18	7,583.33	36,240.70	37,916.65	(1,675.95)
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Employer Medicare	612.69	566.67	2,981.74	2,833.35	148.39
Bank service charges	0.00	0.00	0.00	150.00	(150.00)
Dues & Subscriptions	0.00	0.00	2,804.00	2,800.00	4.00

CLOVERDALE AMBULANCE

Income Statement

Compared with Budget

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Capital Equipment	0.00	75,000.00	31,399.45	75,000.00	(43,600.55)
Utilities	352.16	541.67	1,757.08	2,708.35	(951.27)
Insurance - General	1,583.30	0.00	29,906.77	21,000.00	8,906.77
Accounting	0.00	0.00	0.00	7,000.00	(7,000.00)
Miscellaneous expense	500.00	266.67	500.00	1,333.35	(833.35)
Office expense	1,872.58	2,666.67	11,769.29	13,333.35	(1,564.06)
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Telephone	229.66	275.00	1,138.64	1,375.00	(236.36)
Volunteer Appr. Mtng.	0.00	0.00	0.00	500.00	(500.00)
<b>Total Expenses</b>	<b>65,137.64</b>	<b>146,529.18</b>	<b>400,910.13</b>	<b>474,362.57</b>	<b>(73,452.44)</b>
<b>Net Income</b>	<b>\$ 18,173.02 (\$</b>	<b>87,362.51) (\$</b>	<b>78,675.06) (\$</b>	<b>178,529.22)</b>	<b>99,854.16</b>

**STAFF REPORT  
DECEMBER 2022**

Manager Report—

Operations- Operationally there were no interruptions, injuries, or mechanical issues. Transport volumes were average. Those that were transported had mixed payor profiles, the majority of our transport continues to be Medicare and Medi-Cal, which will show as reduced reimbursements vs budget expectations in the short term.

COVID- Our County is currently minimally impacted with people testing positive. The flu and RSV however is virulent.

Zac Lewis has completed his paramedic training and his County accreditation. Zac will play a dual role for us as a fulltime EMT and paramedic for us.

Purchase of new cardiac monitors- We still await the delivery of the Tempus cardiac monitors. In the meantime, we have sought donations to help offset the cost. We will continue to outreach for funds to help offset the capital expense.

Election- Harry Martin has been approved at the Board of Supervisors meeting on Nov 8<sup>th</sup>.

PP-GEMT and IGT- Both of the supplemental Medi-Cal payment programs are moving forward. We received our Letter of Intent to participate in the new Public Provider GEMT program. The letter revealed the participation cost for the program. Our annual IGT amounts to \$138,774 and to be assessed in quarterly payments. The IGT request comes in at an amount higher than we and the other public providers anticipated. Due to the backlash from the provider community, the CA DHCS has had to regroup and reassess the program. We and several agencies combined to try and calculate the benefits we as agencies should realize from the increase in reimbursements. That process continues as more information is received. As of today, we anticipate a return of @\$141,000 in new reimbursement money after the IGT fee is recovered. The traditional supplemental IGT program we participate in for CY 2021 continues as another revenue stream with the wiring of those funds expected to occur in February and payment in March.

District Appreciation Event:

Cloverdale Health Care District Management calculation: After reading through the LOI letter and the response we received from DHCS we tried to go through the math. We made some assumptions.

Assumption and interpretation:

1) There will be a payment from the MC plan for Medi/Medi transports. That total (Medicare 80% base rate payment and the MCP payment of the difference) will equal the PP-GEMT base rate of \$1062.

While we are being assessed for 18 months worth of FFS and MC transports, this works to the provider's advantage of reducing the per-transport IGT fee.

When we did the reimbursement calculations we used our historical annual transport volume.

The numbers: 245 annual FFS,MC and Medi/Medi transports-----145 FFS and MC transports 100 Medi/Medi

IGT Assessment \$138,000 Admin fee \$13,800 This should equal IGT payment of \$417/transport assessed over the 18 month period used by DHCS

Base rate FFS and MC of \$1062/Transport

Base rate Medi/Medi \$1062 -- consists of \$417 Medicare 80% Fee schedule, and \$645 MCP payment

145 transport x \$1062	\$153,990
100 transport x \$1062	\$106,200
minus(-) Medicare payment \$417	
100 payments x \$417	<u>- \$41,700</u>
	\$218,490

In our interpretation of the calculation, the \$417 IGT fee is canceled out by the \$417 Medicare payment (\$1062 - \$417 + \$417)

New money figuring.. 145 transports x \$645 new base rate money (\$1062 - \$417 fee) == \$93,525  
100 transports x \$645 new Medi/Medi addon (\$1062 - \$417 medicare payment )== \$64,500

New money= \$158,025 on a formula where no account for the prior Medi-Cal payments are taken into account. We decided to forget the \$229 addon of the current GEMT-QAF leaving the Medi-Cal base rate at \$118, if no addon schemes are in play.

This will reduce the new money by \$17,110 for a new net total of **\$140,915 +/-**

So we have concluded we will acquire new money to the District of +/- \$140,915. While expensive and more than we want to contribute we are receiving more than the \$49,155 base rate payment we currently receive annually. by the GEMT-QAF method.

CA DHCS assessment and calculations:

DHCS want to illustrate your estimated MC CY 2023 net benefit for the PP-GEMT IGT Program. Managed care will represent over 90% of Medi-Cal in 2023. In reviewing the estimated net benefit of all participating providers, and assuming high participation and that each provider's share of statewide transports is reasonably close to their share during July 2020 through December 2021, DHCS anticipates participating providers will receive a net benefit (after collection and admin fee) under PP-GEMT IGT that is significantly higher than what would have been received under the GEMT QAF Program. As a reminder, the GEMT QAF program will not be in effect for public providers at the same time as the PP-GEMT IGT Program, and the GEMT CPE Supplemental Reimbursement Program does not apply to trips covered under the Medi-Cal Managed Care delivery system. As stated above, the majority of trips fall under Managed Care and the current proportion of Managed Care trips to FFS trips is expected to continue to increase.

This estimated net benefit is a calculation is based off today's level of assumed provider participation. We are providing these projections for informational purposes and caveat that figures are subject to change. As stated, projected revenue is specific to MC, thus it does not include the Fee-For-Service (FFS) net benefit.

- **Total Projected Managed Care Net Benefit:** \$171,748, which equates to the below,
  - **Projected Managed Care Net Benefit per Trip:** \$538.54

The primary function of this information is to clarify how the annualized trip counts from Jul 2020 – Dec 2021 and the CY 2023 DRAFT non-federal share cost impact provider revenue, requested IGT, and the estimated CY 2023 net benefit within MC. This estimate leverages the current CY 2023 fee schedule rate plus Add-on and includes aggregate trend factors and assumptions in order to provide an estimated CY 2023 net benefit within managed care. The trips in scope include beneficiaries with and without Medicare Part B. While DHCS anticipates providers will receive a profit/net benefit (after collection and admin) the figures above do not account for the 10% administrative fee, however you can subtract 10% of what you see on your LOI from both the MC and FFS net benefit. For the avoidance of doubt, we reiterate that the actual net benefit in CY 2023 will vary based on a number of factors including, but not limited to, actual 2023 trip counts and Final CY 2023 rates/non-federal share.

## ATTACHMENT A – LETTER OF INTENT

Rafael Davtian  
Division Chief  
Capitated Rates Development Division  
Department of Health Care Services  
1501 Capitol Avenue, MS 4413  
P.O. Box 997413  
Sacramento, CA 95899-7413

Dear Mr. Davtian:

This letter confirms the intent of **Cloverdale Hospital District Ambulance**, a governmental entity, Federal I.D. Number **94-2567235**, (Funding Entity) to work with the California Department of Health Care Services (DHCS) to participate in the Public Provider Ground Emergency Medical Transportation (GEMT) Intergovernmental Transfer (IGT) Program. Participation will include the Funding Entity providing an IGT in the amount of **\$138,774.62** payment to DHCS to be used for the non-federal share for the Public Provider GEMT IGT Program, for the service period of January 1, 2023 through December 31, 2023. This is a non-binding letter, stating our interest in helping to finance health improvements for Medi-Cal beneficiaries receiving services in our jurisdiction. The governmental entity's funds are being provided voluntarily.

Below is a list of all NPI numbers associated with the Funding Entity mentioned above.

- **1295886786**

**Cloverdale Hospital District Ambulance** will contribute to the non-federal share of the Public Provider GEMT IGT Program add-on increase for Calendar Year 2023 (January 1, 2023 – December 31, 2023). We recognize that there will be an additional 10-percent fee payable to DHCS on the IGT amount, for the administrative costs of operating the Public Provider GEMT IGT Program.

The following individual from our organization will serve as the point of communication between our organization (as applicable) and DHCS, regarding our organization's participation in the Public Provider GEMT IGT Program:

**THOMAS HINRICHS** [cloverdale.ambulance@chcd-ambulance.com](mailto:cloverdale.ambulance@chcd-ambulance.com) 707-894-5862  
**ERIC POLAN** [eric.polan@chcd-ambulance.com](mailto:eric.polan@chcd-ambulance.com) 707-239-0077

I certify, to the best of my knowledge, that the Funding Entity, defined as the governmental entity that provides the non-federal share of funding (i.e. cities, counties, special districts), is an eligible provider.\*

I attest that I am authorized to sign this certification on behalf of the Funding Entity and that the statements in this letter are true and correct.

Sincerely,



Signature

\*(3) Is owned or operated by the state, a city, county, city and county, fire protection district organized pursuant to Part 2.7 (commencing with Section 13800) of Division 12 of the Health and Safety Code, special district organized pursuant to Chapter 1 (commencing with Section 58000) of Division 1 of Title 6 of the Government Code, community services district organized pursuant to Part 1 (commencing with Section 61000) of Division 3 of Title 6 of the Government Code, health care district organized pursuant to Chapter 1 (commencing with Section 32000) of Division 23 of the Health and Safety Code, or a federally recognized Indian tribe.

## Cloverdale Ambulance Run Data Report

## Runs by City

Scene Incident City Name (eScene.17)	Number of Runs	Percent of Total Runs
City of Cloverdale	77	97.47%
Healdsburg	2	2.53%
<b>Total: 79</b>		<b>Total: 100.00%</b>

## Runs by County

Scene Incident County Name (eScene.21)	Number of Runs	Percent of Total Runs
Sonoma	79	100.00%
<b>Total: 79</b>		<b>Total: 100.00%</b>

## Runs by Day of Week

Incident Day Name	Number of Runs	Percent of Total Runs
Sunday	11	13.92%
Monday	10	12.66%
Tuesday	9	11.39%
Wednesday	16	20.25%
Thursday	11	13.92%
Friday	12	15.19%
Saturday	10	12.66%
<b>Total: 79</b>		<b>Total: 100.00%</b>

## Runs by Dispatch Reason

Incident Complaint Reported By Dispatch (eDispatch.01)	Number of Runs	Percent of Total Runs
Unknown Problem/Person Down	15	18.99%
Falls	14	17.72%
Sick Person	12	15.19%
Breathing Problem	9	11.39%
Chest Pain (Non-Traumatic)	5	6.33%
Traffic/Transportation Incident	4	5.06%
Traumatic Injury	4	5.06%
Stroke/CVA	3	3.80%
Back Pain (Non-Traumatic)	2	2.53%
Convulsions/Seizure	2	2.53%
Diabetic Problem	2	2.53%
Heart Problems/AICD	2	2.53%
Hemorrhage/Laceration	2	2.53%
Abdominal Pain/Problems	1	1.27%
Pregnancy/Childbirth/Miscarriage	1	1.27%
Unconscious/Fainting/Near-Fainting	1	1.27%
<b>Total: 79</b>		<b>Total: 100.00%</b>

## Runs by Provider Impression

Situation Provider Primary Impression (eSituation.11)	Number of Runs	Percent of Total Runs
Traumatic Injury (T14.90)	11	13.92%
Pain (G89.1)	10	12.66%
Cold/Flu Symptom (J00)	6	7.59%
Altered Level of Consciousness (R41.82)	5	6.33%
Respiratory Distress - Unspecified (J80)	5	6.33%
Weakness (General) (R53.1)	5	6.33%
Nausea / Vomiting (R11.2)	4	5.06%
Chest Pain - Suspected Cardiac (I20.9)	3	3.80%
Diabetic - Hypoglycemia (E13.64)	3	3.80%
Respiratory Distress - Bronchospasm (J98.01)	3	3.80%
Abdominal Pain / Problems (R10.84)	2	2.53%
Alcohol Intoxication (F10.92)	2	2.53%



Situation Provider Primary Impression (eSituation.11)	Number of Runs	Percent of Total Runs
Dizziness / Vertigo (R42)	2	2.53%
Hypotension (I95.9)	2	2.53%
No Apparent Illness/Injury (Adult) (Z00.00)	2	2.53%
Seizure - Post (G40.909)	2	2.53%
Syncope/Near Syncope (R55)	2	2.53%
Cardiac Dysrhythmia - Tachycardia (R00.0)	1	1.27%
Childbirth / Active Labor (O80)	1	1.27%
COVID-19 Pt had contact with positive tested patient (Z20.828)	1	1.27%
Fever (R50.9)	1	1.27%
Gastrointestinal System Issue (G.I.) (K92.9)	1	1.27%
Genitourinary System Issue (Urinary) (N39.9)	1	1.27%
Hypertension (I10)	1	1.27%
Palpitations (R00.2)	1	1.27%
Respiratory Distress - Pulmonary Edema / CHF (J81.0)	1	1.27%
Stroke/CVA (I63.9)	1	1.27%
<b>Total:</b>	<b>79</b>	<b>100.00%</b>

#### Procedures Administered

Procedure Performed Description And Code (eProcedures.03)	Number of Times Procedure Administered	Percent of Total Procedures Administered
Electrocardiographic monitoring (46825001)	104	41.43%
Cardiac Monitor - 12 Lead ECG Obtained (268400002)	39	15.54%
Blood Glucose Measurement (302789003)	31	12.35%
Venous Access - Saline Lock (425074000)	24	9.56%
	16	6.37%
Venous Access - IV (392230005)	15	5.98%
Wound Care - General (225358003)	4	1.59%
Oxygen Administration -Nasal Cannula (371907003)	3	1.20%
Spinal Motion Restriction - Assessment/Reassessment (-7)	3	1.20%
Airway - ETCO2 Capnography (425543005)	2	0.80%
Oxygen administration - FiltaMask (464213004)	2	0.80%
Valsalva Maneuver (128968000)	2	0.80%
Base Hospital Contact (304562007)	1	0.40%
Oxygen Administration - Nonrebreather Mask (371908008)	1	0.40%
Patient Cooling - Ice/Cold Pack (229583009)	1	0.40%
Spinal Motion Restriction - Full (426498007)	1	0.40%
Wound Care - Hemostatic Agent Application (372045002)	1	0.40%
Wound Care - Pressure Dressing Application (26906007)	1	0.40%
<b>Total:</b>	<b>251</b>	<b>100.00%</b>

#### Medications Administered

Medication Given Description And RXCUI Code (eMedications.03)	Number of Times Medication Administered	Percent of Total
Oxygen (7806)	47	39.83%
Normal saline (125464)	20	16.95%
Ondansetron (26225)	17	14.41%
Albuterol (435)	10	8.47%
Nitroglycerin (4917)	6	5.08%
Atrovent (151390)	6	5.08%
Aspirin (1191)	4	3.39%
Dextrose 10% (D10) (237648)	3	2.54%
Fentanyl (4337)	2	1.69%
Atropine (1223)	2	1.69%
	1	0.85%
<b>Total:</b>	<b>118</b>	<b>100.00%</b>

#### Average Run Mileage Summary Report

Average	Minimum	Maximum	Average Run	Minimum Run	Maximum Run	Average	Minimum	Maximum	Number
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Run Mileage to Scene	Run Mileage to Scene	Run Mileage To Scene	Mileage Scene to Destination	Mileage Scene to Destination	Mileage Scene to Destination	Run Total Distance	Run Total Distance	Run Total Distance	of Runs
0.00	0	0	23.46	1	34	0.00	0	0	79

**Run Times - Unit Arrived on Scene to Unit Left Scene in Minutes**

Incident Unit Arrived On Scene To Unit Left Scene Range In Minutes	Number of Runs	Percent of Total Runs
	15	18.99%
0 to <5	2	2.53%
5 to <10	9	11.39%
10 to <15	26	32.91%
15 to <20	17	21.52%
20 to <25	6	7.59%
25 to <30	4	5.06%
<b>Total: 79</b>		<b>Total: 100.00%</b>

**Run Times - Unit Enroute to Unit Arrived on Scene in Minutes**

Incident Unit En Route To Unit Arrived On Scene Range In Minutes	Number of Runs	Percent of Total Runs
0 to <5	55	69.62%
5 to <10	18	22.78%
10 to 15	3	3.80%
> 15	3	3.80%
<b>Total: 79</b>		<b>Total: 100.00%</b>

**Run Times - Unit Left Scene to Patient Arrived at Destination in Minutes**

Incident Unit Left Scene To Patient Arrived At Destination Range In Minutes	Number of Runs	Percent of Total Runs
	16	20.25%
0 to <5	2	2.53%
10 to 15	2	2.53%
> 15	59	74.68%
<b>Total: 79</b>		<b>Total: 100.00%</b>

**Transport Mode from Scene**

Disposition Transport Mode From Scene (eDisposition.17)	Number of Runs	Percent of Total Runs
Code 2	56	70.89%
Code 3	15	18.99%
	8	10.13%
<b>Total: 79</b>		<b>Total: 100.00%</b>

**Response Delay**

Response Type Of Response Delay List (eResponse.09)	Number of Runs	Percent of Total Runs
"None/No Delay"	79	100.00%
<b>Total: 79</b>		<b>Total: 100.00%</b>

**Runs by Patient Race**

Patient Race List (ePatient.14)	Number of Runs	Percent of Total Runs
White	70	88.61%
Hispanic or Latino	9	11.39%
<b>Total: 79</b>		<b>Total: 100.00%</b>

**Runs by Patient Age Range in Years**

Patient Age Range In Years	Number of Runs	Percent of Total Runs
1 - 9	4	5.06%
20 - 29	1	1.27%
30 - 39	6	7.59%
40 - 49	2	2.53%
50 - 59	6	7.59%
60 - 69	14	17.72%
70 - 79	22	27.85%
80 - 89	15	18.99%

Patient Age Range In Years	Number of Runs	Percent of Total Runs
90 - 99	9	11.39%
<b>Total: 79</b>		<b>Total: 100.00%</b>

**Runs by Destination Name**

Disposition Destination Name Delivered To (eDisposition.01)	Disposition Destination Code Delivered To (eDisposition.02)	Number of Runs	Percent of Total Runs
		15	18.99%
Adventist Health Ukiah Valley	20506	1	1.27%
Healdsburg District Hospital	20157	25	31.65%
Kaiser Permanente - Santa Rosa	20203	11	13.92%
Santa Rosa Memorial Hospital	20402	11	13.92%
Sutter Santa Rosa Regional Hospital	20478	16	20.25%
		<b>Total: 79</b>	<b>Total: 100.00%</b>