

DAVIE COUNTY EMERGENCY MEDICAL SERVICES

2013 / 2014
BUDGET



*“Coming together is a beginning,
Staying together is a process,
Working together is success.”*

***DAVIE COUNTY EMERGENCY MEDICAL SERVICE
BUDGET STATEMENT***

Davie County EMS is dedicated to providing the highest quality of Emergency Prehospital Care. It is our intent to provide the Davie County Citizens with competent health care while realizing the human factor attached to injury or illness. Each employee of Davie County EMS emulates pride and professionalism when dealing with patients, coworkers and the general public.

Davie County Emergency Medical Services (EMS) is designed to meet the needs of citizens in the times of crisis. Our state of the art services are calibrated with a professional character reflective of compassionate public servants. DCEMS rapid 24 hour service are a blend of disciplines designed to meet varying emergent needs that may arise no matter what the nature of the emergency.

Our trained staff responded to about 6,700 calls for service calendar year 2012. The importance of skilled professional personnel, state of the art equipment, and reliable vehicles cannot be overstated. The funding of county tax monies allows EMS to participate in rescue operations, establish prehospital care and plan for the future. Residents and passers can rely on Davie County EMS for Advanced Life-support Emergency Prehospital care.

DAVIE COUNTY EMERGENCY MEDICAL SERVICE *BUDGET PLAN*

Formulating a strategic business Budget is a decision making process that results from clarifying priorities and identifying future opportunities. This plan is built upon proactive strategies and action items that are driven by success measures and accountability. The following represents the results of a planning process that creates a road map for achieving a destination.

The following pages of this document reflect a commitment to excellence and growth in meeting community prehospital care needs.

The framework of the Budget is defined by the organization's mission, vision, and value statements on the following page. The areas of focus addressed in this plan are; EMS staff, development and operations.

At the crossroads EMS operates at the intersection of healthcare, public health and public safety and therefore has overlapping responsibilities.

DAVIE COUNTY EMERGENCY MEDICAL SERVICE

MISSION

Davie County EMS functions as an integral part of the community. The EMS system provides advance life support prehospital care services for the residents and industries of the county and surrounding communities. We strive to improve and stay on the cutting edge of Emergency Medical Services.

VISION

Davie County EMS is the provider for advance life support prehospital care as part of an intergraded local, regional and state Emergency Medical Service.

VAULES

As an Emergency Medical System Davie County EMS values the following principles.

Service – To provide prehospital advance life support services.

Change – EMS system changing to meet tomorrows needs.

Performance – To provide staff equipment, training to improve prehospital Care.

Leadership – To be a leader in prehospital care to the nearly 40,000 citizens/passers.

DEPARTMENTAL ACTIVITIES & GOALS

**Maintain 100% Staff , Stay current with AHA standards, PALS, ACLS,BTLS.
Continue Car Seat Program, Enhance education with new Medical Director.**

OPERATION SUMMARY

Davie County EMS has a rich history of excellence in prehospital care to citizens and visitors of Davie County.

Davie County EMS currently operates (4) ambulances 24 hours a day, seven days a week. An integral part of providing the highest level of care is planning for the future by continuing to assess expected growth and demands. All facets of the Emergency Medical Service operation are driven by Davie County's population and growth, as well as surrounding communities. To be proactive and accommodate the ever increasing needs of the twelfth fastest growing county in the state of North Carolina, the EMS infrastructure must grow in a positive way by adding stations and personnel, while achieving the highest level of training possible to better serve Davie County.

ORGANIZATIONAL STRUCTURE

EMERGENCY SERVICES DIRECTOR

EM/ ARSON INVESTIGATION

EMS OPERATIONS
TRAINING OFFICER

EMS ADMIN SUPPORT

SHIFT SUPERVISOR

SHIFT SUPERVISOR

SHIFT SUPERVISOR

SHIFT SUPERVISOR

ASST. SUPERVISOR

ASST. SUPERVISOR

ASST. SUPERVISOR

ASST. SUPERVISOR

PARAMEDICS
INTERMEDIATES
EMT'S

PARAMEDICS
INTERMEDIATES
EMT'S

PARAMEDICS
INTERMEDIATES
EMT'S

PARAMEDICS
INTERMEDIATES
EMT'S

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Division

EMS

REQUEST FOR NEW POSITION

Title: Paramedic	Number: 8	Full-time X <input type="checkbox"/> Temporary <input type="checkbox"/>	Annual Salary: 50200
Hiring Date: 01/01/2014	1 st Year Cost: 402000		2 nd Year Cost: 402000

Duties/Responsibilities of Position: See Attached

Justify Need for Position in Detail: Running out of staffed Ambulances, ahead of the curve for the new hospital. The new hospital will indeed increase the call volume to and from that facility.

Cost of New Equipment/Furniture for Position: 160,000 for Ambulance and equipment.

EMERGENCY MEDICAL TECHNICIAN - PARAMEDIC

General Statement of Duties

Performs paramedic level life support work in the Emergency Medical Services program.

Distinguishing Features of the Class

An employee in this class performs professional advanced life support work in operating an approved mobile medical unit, rescuing victims and performing advanced emergency care including the administration of life sustaining treatment to patients on-site and while en route to hospital. Work involves responding to the scene of emergency and non-emergency calls, applying necessary medical treatment to sick or injured persons, and transporting persons to a medical facility. This position is differentiated from an Emergency Medical Technician of other certification levels by the additional requirements of performing defibrillation and cardioversion, using gas-powered or hand-powered nebulizers, decompressing a tension pneumothorax by use of a catheter-flutter-valve device, using positive-end expiratory pressure respirators, performing cricothyrotomy for relief of upper airway obstruction, performing gastric suction by intubation, and performing urinary catheterization. Employee is exposed to the normal hazards of emergency rescue work, including risk of exposure to infectious diseases, and is subject to the final OSHA standard on blood borne pathogens. Reports to a Shift Supervisor.

Duties and Responsibilities

Essential Duties and Tasks

Responds to emergency calls as a mobile medical unit attendant or driver, performs necessary rescue work in accordance with established protocols for Basic and Advanced Life Support; administers necessary emergency medical care requiring the use of suction units, immobilization equipment, intravenous infusions, MA.S.T. pants, syringes and medications, and cardiac monitors/defibrillator/pacers, and performance of intubation/advanced airway management.

Paramedic trained in approved training programs, certified by the Board of Medical Examiners to perform medical acts, and functioning in an approved mobile intensive care program perform a variety of procedures in accordance with protocols established by their sponsor hospital. Examples include: (a) establish an intravenous or intra osseous line in a peripheral vein and administer any intravenous solution approved by the Board of Medical Examiners for use by EMT-Ps; (b) obtain blood for laboratory analysis; (c) administer parenterally, orally, sublingual, or topically any of the drugs approved by the Board of Medical Examiners for use by EMT-Ps; (d) perform pulmonary ventilation by means of an endotracheal tube and/or perform cricothyrotomy for relief of upper airway obstruction; (e) perform defibrillation or cardioversion; (f) use gas-powered or hand-powered nebulizers; (g) decompress a tension pneumothorax by use of a catheter-flutter-valve device; (h) use positive end expiratory pressure respirators; (i) perform gastric suction by intubation; (j) perform urinary catheterization; and (k) perform external cardiac pacing.

Performs cardiopulmonary resuscitation, defibrillation, pulmonary ventilation by means of an endotracheal tube and administer appropriate cardiac drugs prior to contacting the sponsor hospital.

Establishes an intravenous or intra osseous line in a peripheral vein and administer any intravenous solution approved by the Board of Medical Examiners for use by EMT-Ps prior to contacting the sponsor hospital.

Responds to non-emergency calls, such as requests to transport patients from hospitals to their homes or from a local medical facility to a specialized medical center.

Participates in a continuous training program to improve competence in medical technical work and in ambulance service and operation; studies street and road patterns in the County in order that future runs may be made with minimum difficulty and delay.

Additional Job Duties

Inspects and tests ambulances and their emergency equipment, maintaining proper inventory of equipment and supplies; ensures that rescue vehicles are in proper and good working order. .

Maintains cleanliness and performs minor maintenance of Emergency Medical Service facilities. Provides assistance to members of volunteer emergency medical service organizations in County, as requested.

Performs other related work as required.

Recruitment and Selection Guidelines

Knowledges, Skills, and Abilities

Considerable knowledge of and skill in administering emergency medical procedures and techniques.

Considerable knowledge of anatomy and physiology, of intravenous therapy and skill in recognizing adverse conditions, and of equipment and supplies employed in emergency care of patients and accident victims.

Considerable knowledge of county geography and locations of roads and streets.

Skill in recognizing trauma and signs and symptoms of medical emergencies to determine appropriate treatment.

Ability to perform duties in accordance with established emergency medical procedures and techniques, medical protocols and standing orders.

Ability to work with a diverse socio-economic population.

Ability to respond quickly and calmly in emergencies and stressful situations.

Ability to drive safely an emergency medical vehicle in adverse conditions and according to motor vehicles laws.

Ability to communicate effectively in a tactful and firm manner with the public.

Ability to deal with stress and death and dying patients.

Ability to accurately record services provided on required forms.

Ability to work with co-workers, law enforcement personnel, fire, medical personnel, patients and the general public.

Ability to maintain vehicles, equipment, and facilities.

Ability to maintain confidentiality of patient contact.

Physical Requirements

Must be physically able to operate a variety of machinery and equipment including suction units, immobilization equipment, intravenous infusions, MAST pants, syringes and medications, and cardiac monitors/defibrillator/pacers; two-way radios, mechanics tools, etc.

Must be able to exert in excess of 100 pounds of force occasionally, and/or up to 75 pounds of force frequently, and/or 50 pounds of force constantly to move objects.

Requires the ability to maintain body equilibrium when bending, stooping, crouching, climbing, reaching and/or stretching arms, legs or other parts of body, and to physically maneuver over and/or upon varying terrain, surfaces or physical structures. Physical demand requirements are those for Very Heavy Work.

Desirable Education and Experience

Graduation from high school and 1 to 2 years of experience in advanced emergency medical service work; or any equivalent combination of training and experience which provides the required knowledge, skills and abilities.

Special Requirements

Certification by the North Carolina Medical Examiners Board as an Emergency Medical Technician-Paramedic. Completion of additional course work and/or certification to include, at a minimum, certification in cardiac care, pediatrics and trauma, as determined necessary by the EMS Director.

Possession of a valid North Carolina driver's license. Please refer to Title 21, Sub Chapter 32H, Section .0501 of the North Carolina Administrative Code for specific certification requirements.

Davie County
1999

Special Note: This generic class description gives an overview of the job class, its essential job functions, and recommended job requirements. However, for each individual position assigned to this class, there is available a complete job questionnaire with a physical abilities checklist which can give further details about that one specific position. Those documents should be reviewed before initiating a selection process. They can provide additional detailed information on which to base various personnel actions and can assist management in making legal and defensible personnel decisions.

Budget Sheet #3A
 2013 2014
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DAVIE COUNTY, NORTH CAROLINA
 EMS

Department _____
 Administration
 Division _____

ACTIVITY JUSTIFICATION

Activity: Administration	Number of Employees	# of Full-time ___3___ # of Part-Time _____	Annual Cost: 169,029
Mandated by GS - NCGS # _____	County Cost: 169,029		Federal/State Cost:

Each Employee, Job Title, Duties/Responsibilities of Positions in the Activity:

- Mark Hancock – Emergency Services Director (80%)
- Andy Lipscomb – Field Operation (75%)
- Mary Blackwelder – Administration Support (100%)

Justify Need for Each Position in Detail (use additional pages if necessary):

The attachment explains the roles and responsibilities for the positions.

ACTIVITY JUSTIFICATION

Activity: EMS Operations	Number of Employees	# of Full-time <u>34</u> # of Part-Time <u>17</u>	Annual Cost: 1,718,018
Mandated by GS - NCGS # _____	County Cost: 1,718,018		Federal/State Cost:

Each Employee, Job Title, Duties/Responsibilities of Positions in the Activity:

- 1 – Director EMT-P 15%
- 1 – Field Operations EMT-P 20%
- 1 – Training Coordinator 40%
- 4 – Supervisor EMT-P 100%
- 4 – Asst. Supervisor EMT-P 100%
- 20 – EMT-P 100%
- 1 – EMT-I 100%
- 2 – EMT 100%
- 18 – Part Time Employees

Justify Need for Each Position in Detail (use additional pages if necessary):

There are many different jobs in EMS that range from custodial work to performing CPR and anything in between. You might go from completing your daily duties to treating 4 major trauma victims from a traffic accident within 5 minutes. In Davie County, we operate 4 paramedic EMS units 24 hours a day 7 days a week. Just as the population and gas prices are rising, the total call volume is rising. In **2012** we Responded **6635, 10.8 % more than 2009**. In **2012** there were **70** times that ranged from **5 min** to **2 hrs** when all 4 units were tied up on calls and there wasn't a staffed EMS unit in the county. In addition to these numbers, there were **28** times where a **5th** unit staffed with admin and off duty personnel that happened to be available and **2 times** where there were **6 trucks**

on calls at the same time. With the call volume increasing when you consider the calls, paperwork, continuing education, daily duties, there is very little down time within the work day. Operating 4 EMS units require 32 employees for day to day operation, not taking into consideration of injury, illness or vacation. Part time EMS personnel are used to fill positions when needed. field Operations and the Director fill the vacant positions when no part time personnel are available. The call volume is expected to increase. In turn the times when there is not a staffed ambulance available to respond will also increase. This means NO Emergency care for the citizens of Davie County.

EMS Director – Fills a position on the daily operation when needed.

Field Operations – Fills a position on the daily operation when needed.

Supervisor – Works on the EMS unit daily on their shift. The Supervisor takes care of all the day to day operations, reviews paperwork, etc.

Asst. Supervisor – Works on the EMS unit daily on their shift. Replaces Supervisor in their absence.

EMT-P – There is at the minimum, 1 EMT-P on each unit daily.

EMT-I – Works with an EMT-P on the unit.

EMT – Works with an EMT-P on the unit.

Please see job description attached for each position.

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Division Training

ACTIVITY JUSTIFICATION

Activity: Training	Number of Employees 3	# of Full-time ___3___ # of Part-Time _____	Annual Cost: 45,256
Mandated by GS - NCGS # _____	County Cost: 45,256		Federal/State Cost:

Each Employee, Job Title, Duties/Responsibilities of Positions in the Activity:

Joseph Ashburn – 60% of time

Andy Lipscomb - 5% of time

Mark Hancock - 5% of time

Oversees training for EMS and County First Responders. Coordinates training classes such as BTLS, ACLS, PALS, 12 lead and all other areas of pt care and skills that all levels of training perform and must be suffocate in the skill i.e. Bone Drills, RSI etc...

Hancock/ Lipscomb – Peer review Audits/ assist training. Mandated by NC OEMS.

Justify Need for Each Position in Detail (use additional pages if necessary): All EMS technicians must maintain state certifications and mandated training that the state OEMS sets forth. Funded and unfunded mandates.

The attachment explains briefly the roles and responsibilities for the Training Officer

ANNUAL BUDGET ESTIMATE – SUMMARY CAPITAL OUTLAY REQUEST

Department: EMS

Item	Remarks	Account No.	Requested		Recommended	
			Quantity	Cost	Quantity	Cost
Ambulance	Replacement	52510 -580600	1	154,000		
Ambulance	New to Fleet	52510 - 580600	1	154,000		
Heart Monitors	LP 15	52510 - 580600	3	105,102		
Totals				413,102		

DAVIE COUNTY
ANNUAL BUDGET ESTIMATE - SUMMARY OPERATIONAL EXPENSE REQUEST

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Department: EMS - Operational 34 Fulltime - 18 Parttime
 Hancock 15% - Lipscomb 20% Ashburn 40%
ALL others 100%

Account No.	Item	Remarks	Requested		Recommended	
			Local Cost	Non-Local Cost	Local Cost	Non-Local Cost
52510-510010	Salaries/Wages	includes as above	1,496,207			
52510-510020	Parttime Salaries	100 % Line	283,075			
52510-510040	Longevity	includes % as above	9,546			
52510-520050	FICA	includes % as above	114,460			
52510-520060	Hospital Ins.	includes % as above	354,769			
52510-550150	Retirement	includes % as above	99,746			
52510-520120	401 K	includes % as above	44,886			
52510-530320	Office Supplies	40% Cost of Line Item	1,520			
52510-530330	Dept. Supplies	60% Line	9,900			
52510-540110	Telephone	75% Line	15,000			
52510-530290	Gas/Oil	100% Line	72,000			
52510-530300	Vehicle Tires	100% Line	9,000			
52510-530360	Uniforms	96% Line	14,400			
52510-530460	Medical Supplies	100% Line	68,000			
52510-580620	Computer Hardware	100 % Line	24,132			
52510-540130	Utilities	100% Line	0			
52510-540140	Travel	100 % Line	281			
52510-540450	Purchased Services	100% Line	190,000			
52510-540500	Laundry	100% Line	27,000			
52510-550160	Equipment Maint.	100% Line	8,500			
52510-550170	Vehicle Maint.	100% Line	85,000			
52510-560530	Dues/Subscriptions	50% Line	500			
52510-580600	Equipment /Furn.	100% Line	421,102			
52510-541540	Computer Services	100% Line	14,500			
52510-580660	Radio Equip.	100% Line	4,000			
TOTAL			3,367,524			

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CAPITAL OUTLAY DETAIL

Name of Project or Equipment: Ambulance

Description: AEV

Justification: Add to fleet

Estimated Cost: 154,000

Estimated Annual Operation / Maintenance Cost: routine maintained 3000.00

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Division _____

CAPITAL OUTLAY DETAIL

Name of Project or Equipment: 3 life pack 15

Description: Physio Control Cardiac Monitor

Justification: Need two more to complete replacements, new Ambulance

Estimated Cost: 105,102

Estimated Annual Operation / Maintenance Cost: Warranty and we have service agreement for all Life packs, which includes batteries/ servicing.

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CAPITAL OUTLAY DETAIL

Name of Project or Equipment: Ambulance

Description: AEV

Justification: Add to fleet

Estimated Cost 154,000.00

Estimated Annual Operation / Maintenance Cost: routine maintained 3000.00

2013/2014 Budget call review for, 2009,2010,2011,2012

Calls for Service

Calls for 09- 5170	745 - 2 or more Units
Calls for 10- 5522	669 -2 or more Units
Calls for 11 – 5819	727 – 2 or more Units
Calls for 12 – 5762	873- 2 or more Units

Total Response Deployment for Service

Year 09 – 5915

Year 10 – 6191	4.4% Increase From 2009
Year 11 – 6546	5.4% Increase From 2010
Year 12 – 6635	1.4% Increase From 2011

2009 – 2102 11.2% Increase in Responses

Number of times all staffed EMS Ambulance Busy

2009 – 47

2010 – 61

2011 – 80

2012 – 70

4 Year Avg. 65

The Above Statistics Provided by Davie 911 Centers

The year 2012, 70 times all staffed Ambulances on calls at the same time. Average time 29 minutes. That totals a period of 33 Hrs. in a year no EMS Paramedic Ambulance available for entire County. Please remember the Davie County Rescue Squad is EMS primary backup and they our Basic Life Support, this means no IVs or Medication where as EMS is Advance life support.

**2013/2014 Ambulance Mileage as of
01/30/2013**

Ambulance	Year	Mileage
<i>EMS-1</i>	<i>2011</i>	<i>40,800</i>
<i>EMS-2</i>	<i>2008</i>	<i>122,000</i>
<i>EMS-3</i>	<i>2012</i>	<i>2500</i>
<i>EMS-4</i>	<i>2009</i>	<i>99,480</i>
<i>EMS-5</i>	<i>2011</i>	<i>56,000</i>
<i>EMS -6</i>	<i>2007</i>	<i>153,000</i>

2013 / 2014
Budget Call Review Stations / QRV

2012 Calls By Station One (Mocksville) **31- 1758**
34 – 1590

2012 Calls By Station Two (Hillsdale) **32 – 1576**

2012 Calls By Station Three (601 S. Jerusalem) **33 – 1399**

2012 Calls By **35 - 16 – Spare Ambulance**
36 – 12 - Spare Ambulance
700 – 113 QRV
702 – 133 QRV
703 – 11 QRV
704 – 26 QRV
706 – 1 QRV

Total Sum- 6635

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Division Training

CONFERENCE & TRAINING DETAIL

No. Attending	Purpose, Estimated Date & Location	Mode of Travel	Estimated Cost			
			Travel	Fees	Lodging	Total
1	EMS Today- Greensboro N.C.	Co. Vehicle		200.00		200.00



DAVIE COUNTY EMERGENCY SERVICES

114 Dr. Slate Drive
Mocksville, NC 27028
Office (336) 753-6160 Fax (336) 751-5914

PERFORMANCE IMPROVEMENT MANUAL

The purpose of Davie County Emergency Medical Services and 911 Communications is to ensure the delivery of high quality, safe and appropriate medical care to all citizens and visitors within Davie County and beyond when mutual aid is requested. In order to promote this standard a system shall be in place to assess, monitor, identify, correct and improve our performance in a variety of ways.

This manual will follow the standards adopted and approved by the North Carolina Office of Emergency Medical Services and the North Carolina Chapter of Emergency Physicians' guidelines for EMS Performance Improvement. This manual also encompasses our entire EMS system including Emergency Medical Dispatch, ALS / BLS and First Responders.

In general our first standard for Performance Improvement begins with each Davie County EMS, EMD and First Responder. Each individual is responsible for critically assessing their own daily performance and should seek ways to improve their performance. They may do this by protocol review, critical review with their crew-partner, self based study and / or solicit the assistance of our Training Officer, Shift Supervisor, Field Operations Officer and / or 911 Communications Director.

Second, our Field Operations Officer, Shift Supervisors and 911 Communications Quality Review Officer review call reports daily for quality, completeness and protocol compliance. The Training Officer also will assist in this review. This immediate review serves to identify problems unrecognized by the crew.

Third, the Field Operations Officer, Training Officer, EMS Director as well as the Medical Director may at times respond to scenes to assist and assess care rendered by EMS providers.

Fourth, hospital providers may at times identify instances where our providers may have an opportunity to learn and enhance their skills and / or performance. One example is STEMI, Stroke and Trauma program reviews.

Fifth, First Responders, Fire Department personnel and Law Enforcement personnel may note issues where our performance may be improved. The public at large may note issues where our performance may be improved as well.

Lastly, a Peer Review Committee serves as the final oversight and review entity for Davie County's EMS system as well as the county's Emergency Medical Dispatch Program.

DAVIE COUNTY EMERGENCY MEDICAL SERVICE

MISSION

Davie County EMS functions as an integral part of the community. The EMS system provides advance life support pre-hospital care services for the residents and industries of the county and surrounding communities. We strive to improve and stay on the cutting edge of Emergency Medical Services.

VISION

Davie County EMS is the provider for advance life support pre-hospital care as part of an intergraded local, regional and state Emergency Medical Service.

CONTINUING EDUCATION TO IMPROVE MEDICAL CARE

1. Continuing Education:

Continuing Education (Con Ed) is the foundation for delivery of quality medical care. The North Carolina Office of EMS does NOT mandate EMS agencies offer Con Ed. Davie County EMS and EMD elects to offer this as a benefit to all providers.

The Training Officer will outline class schedules annually. We will cover a variety of topics during the year and the subjects may change based on items discovered during Performance Improvement Review. Con Ed will be held twice each quarter in January, April, July and October for 8 hours. Con Ed will occur on the first Wednesday and third Wednesday beginning at 9 AM. In the event of a holiday Con Ed will move to the following Wednesday. A nighttime Con Ed will take place on the third Wednesday of each calendar month beginning at 7 PM and will last 3 hours.

Specialty classes such as CPR, ACLS and / or PALS will occur the third Monday of each calendar month beginning at 9 AM. Con Ed will be held at Davie County EMS Station 1 unless circumstances dictate another venue.

Every reasonable effort will be made by the Training Officer to facilitate the Continuing Education Requirements. However, the ***individual provider bears the main responsibility*** in compliance with these requirements listed.

2. Continuing Education Requirements:

Each provider is responsible for attaining 24 hours per year of Con Ed to run congruent with the individual provider's credentialing year cycle. Each EMD provider is responsible for attaining 36 hours per year of Con Ed.

Full time employees:

Must attain 75% (18) of your required hours within the Davie County Con Ed system.

Part time employees working only in the Davie County EMS System:

Must attain 75% (18) of your required hours within the Davie County Con Ed system.

Part time employees working in another NC EMS System full time:

Must attain 10% (2.4) of your required hours within the Davie County Con Ed system. Must attend 1 Davie County Con Ed class every 6 months. Must attend any session dedicated to new equipment or arrange special session with Training Officer.

Part time employees working in other NC EMS Systems part time:

Must attain 40% (9.6) of your required hours within the Davie County Con Ed system. Must attend any session dedicated to new equipment or arrange special session with Training Officer.

3. Documentation of Education Requirements:

The Training Officer will document class or skill work performed within the Davie County Con Ed system. Con Ed work done outside the Davie County Con Ed system must be supported by appropriate documentation from an authorized educational or Con Ed institute. A certificate of completion and hours awarded is required as part of this documentation. This documentation must be given to the Training Officer to maintain the provider's compliance. This should be given to the Training Officer when completed or at least quarterly during the provider's credentialing year cycle.

4. Video Taping of Con Ed classes:

Each Con Ed class is video taped where feasible. The provider may view the videotape thus receiving credit for the class content and satisfying attendance requirements. Viewing no more than 3 (three) classes per the provider's credentialing year cycle may be utilized in satisfying Con Ed Requirements.

5. Penalty for noncompliance with Continuing Education Requirements:

The Training Officer will compile each provider's Con Ed hours during the calendar year. At about each provider's 9 (nine) month-period the Training Officer will notify the provider of the hours attained, credited where appropriate from an outside source, and include your percentage of hours to that point.

Providers at the end of each year attaining 83% (20) or greater of your Continuing Education Requirements (24 hours) are considered in good standing.

Providers at the end of your year attaining 79% (19) or less of your Continuing Education Requirements will have a period of 60 (sixty) days to become compliant.

Those providers not compliant at the end of 60 (sixty) days will immediately be suspended from all Advanced Life Support (ALS) patient care activity or EMD within the Davie County EMS system. This is considered a Definitive Category 2 offense, as discussed later in this manual but will follow the following differences in penalty:

If the provider is not compliant within an additional 30 (thirty) days they will be suspended indefinitely from all patient care or EMD activity within the Davie County EMS system.

However, if the provider completes all didactic and skill based Con Ed for the year (24 hours), as well as the period comprising 90 (ninety) days (6 hours), the provider will undergo and complete, in good standing, an oral board review. At the end of this period if Con Ed requirements are maintained the provider may resume their credentialed level of care.

Each provider remains responsible in full-filling the North Carolina Office of EMS standard of 96 hours total for every 4 (four) year-period of credentialing cycle in order to recredential. Each EMD is responsible for full filling 36 hours of Con Ed annually.

PART-TIME ALS PROVIDER DUTY SCHEDULE

Davie County Medical Director requires part-time ALS personnel who work for other NC EMS agencies full-time to perform 24-hours of duty per quarter. Part-time personnel who work for other NC EMS agencies part-time must perform 24-hours of duty averaged over 2 months. Part-time personnel working for Davie County EMS only must perform 24-hours of duty per month. Personnel credentialed at the ALS level must adhere to these expectations in order to maintain their ALS credential within the Davie County EMS system and maintain their Con Ed hours as previously described.

MEDICAL INCIDENT REVIEW PROCESS

The Medical Incident Review Process is designed to create a standard review algorithm that is consistent and appropriate for every incident in question. The following components of the process include:

1. A standard algorithm for data retrieval, documentation, review and outcome measures for each category of incident.
2. A standard nomenclature that defines and characterizes the severity of an incident on initial presentation and final review.
3. An Incident and Peer Review Committee with defined roles and responsibilities for each member.
4. An outcome and remediation process.
5. An appeal process for conflict resolution.

Process of Review

1. Initial Notification of the Incident:

Personnel receiving information from the source shall notify the Shift Supervisor and when available the Field Operations Officer and / or Training Officer and / or 911 Communications Director if indicated. Either may seek additional information from any source and the decision is then made for further formal processing of the incident.

2. Processing of the Incident:

Incidents can range from minor to severe. Whereas minor issues may be addressed by a simple phone call for purposes of clarification, critical issues may require additional data input, documentation and in-depth discussion. Inquiries may be received through a multitude of sources including the Shift Supervisor, 911 Communications, Training Officer, Field Operations Officer, EMS Director or Medical Director. Regardless of person receiving the inquiry this information should then be forwarded to the Shift Supervisor and Field Operations Officer or 911 Communications Director who are responsible for quality assurance parameters.

3. Category Assignment:

Consensus will be reached, including the Medical Director (Category 2, 3, and 4), to assign the appropriate Presumptive Category. The following outline describes the 6 categories. Examples and time frame for formal review are included.

Presumptive Category 0

No substandard care. No identifiable patient injury.

Barring unforeseen or unanticipated delays, the review process will take place within 14 business days from initial report or discovery.

Committee members will include EMS Director and / or Field Operations Officer and / or Training Officer and / or Shift Supervisor as well as Medical Director and / or 911 Communications Director at the discretion of the aforementioned members.

Presumptive Category 1

Minor substandard care with no or benign consequences for the patient requiring no specific treatment or intervention.

Example: Walking patient to unit where inappropriate. Failure to bring required equipment to the patient. Failure to dispatch appropriate resources. Failure to provide 10 minute on-scene time prompt.

Barring unforeseen or unanticipated delays, the review process will take place within 14 business days from initial report or discovery.

Committee members will include Field Operations Officer and Training Officer and / or Shift Supervisor as well as Medical Director and / or 911 Communications Director at the discretion of the aforementioned members.

Presumptive Category 2

Moderate substandard care where potential adverse patient outcome exists but did not occur or the likely condition was unchanged by the personnel's actions. No hospitalization or invasive therapy required (excepting routine vein-puncture).

Example: Not bringing ECG monitor to STEMI patient. Inappropriate medication administration. Incorrect medication dose or inappropriate route of medication administration. Utilizing inappropriate protocol for patient condition. Performing medical acts or procedures not within the scope of practice for the individuals credential level. Prolonged scene times with STEMI, CVA and Trauma related incidents. Failure to dispatch medical unit within 270 seconds on emergency responses. Failure to provide appropriate Pre-arrival Instructions indicated by protocol.

Barring unforeseen or unanticipated delays, the review process will take place within 7 business days from initial report or discovery.

Committee members will include Medical Director, Field Operations Officer and Training Officer. May include EMS Director and / or 911 Communications Director.

Presumptive Category 3

Moderate to serious substandard care with temporary impairment in patient condition. Moderate to aggressive medical intervention required to treat or reverse the condition. May involve hospitalization or invasive corrective therapy. No permanent irreversible patient disability attributable.

Example: Failure to recognize an esophageal intubation in a patient where survival is not probable. Inappropriate medication administration resulting in anaphylaxis. Performing medical acts or procedures not within the scope of practice for the

individuals credential level. Failure to provide pre-arrival instructions to where indicated by protocol. Failure to dispatch an emergency call within 270 seconds.

Barring unforeseen or unanticipated delays, the review process will take place within 5 business days from initial report or discovery.

Committee members will include Medical Director, EMS Director, Field Operations Officer, Training Officer and Shift Supervisor. May include 911 Communications Director as indicated.

Presumptive Category 4

Serious or fatal substandard care with permanent patient impairment. Irreversible injury or serious impairment resulting from substandard care. Personnel's actions or failure to act is not consistent with standard prehospital care and likely contributed to the adverse patient outcome, which involves loss of limb or permanently impaired bodily function or death.

Example: Failure to recognize a potential life threat that results in a non-transport and patient decompensates. Failure to recognize a potential life threat, which results in patient decompensation within 24 hours and where transport is not initiated. Prolonged scene time in trauma patient who requires immediate and definitive in-hospital care.

Failure to recognize an esophageal intubation in a patient where survival is probable.

Failure to recognize and treat a lethal arrhythmia resulting in death. Administering medications not approved by EMS system. Failure to provide Pre-Arrival instructions to a caller where respiratory or cardiac arrest is found. Failure to dispatch an emergency call within 270 seconds.

Barring unforeseen or unanticipated delays, the review process will take place within 3 business days from initial report or discovery.

Committee members will include Medical Director, EMS Director, Field Operations Officer, Training Officer and Shift Supervisor. May include 911 Communications Director as indicated.

Presumptive Category level 3 will result in immediate suspension of ALS privileges immediately pending investigation. Presumptive Category 4 will result in immediate suspension of all patient care activity, including EMD, pending further investigation.

MEDICAL INCIDENT REVIEW COMMITTEE

Committee representatives will be predicated on the presumptive category assigned to the incident and may include the Medical Director, EMS Director, Field Operations Officer, Shift Supervisor, Training Officer, 911 Communications Director and Supervisor and / or 911 Communications Quality Assurance Officer.

The Medical Director or designee will lead incident Review Committee meetings involving clinical issues.

The Field Operations Officer or Training Officer is responsible for setting up and coordinating the time and location for all committee meetings.

The Medical Director, in consultation with the Field Operations Officer and / or Training Officer and / or 911 Communications Director will determine committee representation for each incident reviewed.

All Presumptive Category 2, 3, and 4 incidents will require a formal Incident Review Committee meeting. Those incidents categorized as 0 and 1 may only require consultation between committee members without convening a formal committee meeting although a formal review may be conducted at any time.

All providers involved will have the opportunity to describe and discuss their recollections of the incident and any rationale for their performance. Committee members will have the opportunity to ask any relevant questions to assist them in determining the appropriateness of the provider's actions.

Once all information is presented the committee will discuss the case in closed-door session. A consensus decision will be made with reference to the outcome and recommendations.

Each incident will be assigned a Definitive Category as described below along with disciplinary measures and remediation.

Definitive Category 0

No substandard care. No identifiable patient injury. Personnel's actions or failure to act is consistent with standard pre-hospital care.

No further action.

Definitive Category 1

Minor substandard care with no or benign consequences for the patient requiring no specific treatment or intervention. Personnel's actions or failure to act is not consistent with standard pre-hospital care but no effect is noted on patient outcome.

Three (3) or more definitive category 1 offenses in 12-month period will cause provider to ride with preceptor or equivalent designee for 3 months. Provider will be able to practice at their credentialed level of care only with a preceptor and remediation will be outlined. Oral exam at end of 6 months. Letter to file.

Definitive Category 2

Moderate substandard care where potential adverse patient outcome exists but did not occur. Or the likely condition was unchanged by the personnel's actions. No hospitalization or invasive therapy

required (excepting routine vein-puncture). Personnel's actions or failure to act is not consistent with standard pre-hospital care but no effect is noted on patient outcome.

Provider will ride with preceptor or equivalent designee for 90 days and continue ALS practice ONLY with preceptor. Oral exam at end of 6 months. Letter to file. Three (3) category 2 events in 18-month period will terminate ALS credentials in Davie County system indefinitely. Two (2) category 2 events in a 12-month period will prompt report to NCOEMS Regional Specialist. EMD will undergo remediation with 911 Communications Quality Assurance Officer and may include supervised shifts and / or review of calls requiring Pre-Arrival Instructions for a period of 90 days.

When addressing consequences of Definitive Category 2 events every effort will be made to return the provider to present ALS credential level. There may be a variety of remediation steps the provider is expected to complete and this will be commensurate with the severity of the offense and will be agreed upon unanimously by the Medical Incident Review Committee.

Definitive Category 3

Serious substandard care with temporary patient impairment in patient condition. Aggressive medical intervention required to treat or reverse the condition. May involve hospitalization or invasive corrective therapy. Personnel's actions or failure to act is not consistent with standard pre-hospital care and likely contributed to an adverse patient outcome but no permanent irreversible patient disability is attributable.

Immediate suspension from all patient care activity in Davie County system. May return to patient care at the EMT or EMT-I level at discretion of Incident Review Committee. Will practice at EMT or EMT-I level for 6 months and will undergo oral exam at end of 6 months. Will undergo oral exam at 12 months. If satisfactorily completes may return to full ALS credential status for additional 3 month period with preceptor. EMD personnel involved will meet with Medical Director, 911 Communications Director and Quality Assurance Officer and review incident recordings. Letter to file. Report to NCOEMS Regional Specialist.

When addressing consequences of Definitive Category 3 events every effort will be made to return the provider to present ALS credential level. There may be a variety of remediation steps the provider is expected to complete and this will be commensurate with the severity of the offense and will be agreed upon unanimously by the Medical Incident Review Committee.

Definitive Category 4

Serious or fatal substandard care with permanent patient impairment. Irreversible injury or serious impairment resulting from substandard care. Personnel's actions or failure to act is not consistent with standard pre-hospital care and likely contributed to the adverse patient outcome, which involves loss of limb or permanently impaired bodily function or death.

Immediate suspension of all patient care activities in the Davie County system indefinitely. Immediate suspension of all EMD activity in the Davie County system. EMD personnel involved will meet with Medical Director, 911 Communications Director and Quality Assurance Officer and review incident recordings. Letter to file. Immediate report to NCOEMS Disciplinary Committee.

Obviously all incidents must be investigated individually and while categorization of the incident and disciplinary actions are predefined, the Incident Review Committee may make recommendations not specifically defined. This may include educational process, tutoring by the

Training Officer or Preceptor (or equivalent designee,) committee or clinical activity participation or other special project.

Recommendations may also include time frame for completion, penalties or consequences for noncompliance. The EMS Director and County Manager will make all final decisions, which include operational or employment issues and may consult with the Medical Director.

The Incident Review Committee will be responsible for providing incident review results, decisions and remediation requirements to personnel. Notification will be made within 48 hours (2 business days) from the incident review committee formal meeting.

All incident reviews will be thoroughly documented. The Field Operations will be responsible for ensuring that all documents are placed in a secured file maintained by our Peer Review / Quality Assurance Committee. Further records will be included in the personnel's file consistent with Davie County Government Policy concerning Human Resource matters.

MEDICAL INCIDENT REVIEW APPEAL PROCESS

In the event personnel do not agree with the findings of the Medical Incident Review Committee they may submit their concerns in writing to the Field Operations Officer within 5 business days. In the event a decision is made after consultation among committee members (such as a Category 0 or 1 offense) then a formal Medical Incident Review Committee meeting will convene. If the appeal arises after a formal Medical Incident Review Committee decision is made (category 2 - 5) then a Medical Review Committee shall be convened. This process is outlined below and pertains mainly to personnel where their credentials for practice are suspended.

In the event the Medical Director temporarily suspends an EMS provider's privileges, the individual will have the opportunity to appeal the suspension within the Davie County EMS System by the following guidelines.

Upon notification of the suspension by the Medical Director, the provider will have five (5) business days to file an appeal. The appeal must be in writing to the EMS Director, Assistant EMS Director and the Medical Director.

After receipt of the appeal, the EMS Director will notify the Medical Review Committee of the appeal. The Committee will set an appeal date, which should be no greater than seven (7) business days, barring any unforeseen circumstances, after the receipt of the appeal letter.

MEDICAL REVIEW COMMITTEE

Medical Review Committee shall serve as a subcommittee of the EMS Peer Review Committee, and function in accordance with N.C.G.S 131E-95 and section .3101 of the NC Administrative Code.

Purpose: For review and disposition of matters related to EMS personnel, to include didactic practical skills, in the effort to maintain performance improvement of the EMS system and its delivery of service from both new and existing staff.

The Medical Review Committee shall consist of:

- Chief Medical Officer, Davie County Hospital(s)
 - President or appointed designee, Davie County Hospital
 - Vice-President of Nursing (or equivalent), Davie County Hospital
 - EMS Shift Supervisor (Selected by Chief Medical Officer)
 - EMS Paramedic (Selected by Vice-President (or equivalent) of Nursing)
1. Once the Committee is in session, the suspended provider will have a maximum of 30 minutes to present their case to the Committee. This presentation can include documentation, witnesses, etc. After 30 minutes or at the conclusion of the presentation, whichever comes first, the Committee may ask questions of the provider?
 2. After the suspended provider has discussed the case, the Medical Director will have a maximum of 30 minutes to present their case to the Committee. This presentation can include documentation, witnesses, etc. After 30 minutes or at the conclusion of the presentation, whichever comes first, the Committee may ask questions of the Medical Director?

3. After the Committee has heard both sides of the case, the committee will convene in closed session to discuss the presentations involving the case.
4. After discussion of the case, the Committee will discuss and vote on one of the following options:
 - Overturn the penalty of the EMS Personnel.
 - Accept the Medical Director's penalty as indicated.
 - Accept the Medical Director's penalty but consider a lesser penalty.
 - Accept the Medical Director's penalty but consider a greater penalty.
5. After a simple majority vote by the Committee, the board will reconvene in open session and the President of Medical Staff will present the decision. The Committees' decision is **FINAL** within the Davie County EMS System.
6. The next business day following the appeal hearing, the suspended provider, the Medical Director and the EMS Director will be mailed (by Certified Mail), the Committees' decision
7. Upon receipt of the decision, the EMS Director will place the letter in the suspended providers personnel file and take actions as dictated by the board's actions.

PEER REVIEW COMMITTEE

The name of this committee shall be the Davie County Emergency Medical Services Peer Review Committee.

The activities, duties and responsibilities of this committee are set forth legislatively through House Bills 452 and 453 promulgated as Section 2600 of the NC Administrators Code, under the authority of the North Carolina Medical Care Commission.

1. The EMS Peer Review Committee shall serve as the Oversight and Review Committee for the county's EMS system as well as the county's Emergency Medical Dispatch Program.
2. The Committee performs Medical Review of EMS system data for the purpose of evaluating patient care; evaluating proficiency of staff, call taking and processing, effectiveness of Policy Protocol and Procedure as well as medical direction within the county's EMS system.
3. The Committee utilizes information attained through review of system data including Paramedic Program, and the Emergency Medical Dispatch Program for evaluation and assessment as to the needs and effectiveness of the educational programs for staff and the system's policy and or protocol as it relates to patient care.
4. This Committee shall make recommendations they deem appropriate for the purpose of improving both the service and service delivery within all system areas. Evaluate, review and make recommendations as to how EMS is integrated and operates within the overall healthcare system within the community.
5. The Committee is not intended to function in a disciplinary capacity, all matters as it relates to personnel skills and proficiency, such as didactic skills will be handled through a special committee of the Medical Incident Review Committee.

MEMBERSHIP:

Membership of the Peer Review Committee shall represent individuals that embrace and works toward fulfilling the purpose and objectives of the Peer Review Committee. Minutes will be maintained of the committee meetings throughout the approval period for Davie County Emergency Medical Services.

1. The membership shall consist of one voting representative from each of the following system components:
 - System Medical Director
 - Emergency Services Director
 - Field Operations Officer
 - Training Officer
 - Davie County EMD Representative(s)
 - EMS and EMD Shift Supervisor*
 - Davie County Fire / Rescue Association Representative*
 - Nursing Representative Wake Forest Baptist Medical Center Emergency Department
 - Nursing Representative Forsyth Medical Center Emergency Department
 - Davie County Hospital Nursing or Emergency Department Representative*
 - Davie County EMS Paramedic Representative (each shift represented)*

** Denotes a one-year term.*

Invited guests: Non-voting

RACE Coordinators and Stroke Coordinators from Forsyth Medical Center and Wake Forest Baptist Health

AirCare Aeromedical / Critical Care Service

EMS Out-reach coordinator from Forsyth Medical Center (voting if ED representative)

2. Members shall be encouraged to attend all meetings of the committee or subcommittee on which they serve.
3. Members shall be encouraged to take an active role in all activities of the committee and assist in developing and supporting the activities of the agenda and goals. Active participation is defined as work that promotes and facilitates fulfilling the goals and objectives of the Peer Review Committee, including, but not limited to, serving on standing or special committees, donating time, etc. and supporting the efforts of the work group. The committee will review and collect data for quality improvements in patient care and education of crewmembers.
4. Committee members shall attend all meetings as evidence of support and membership.
5. Committee members shall serve staggered terms with one-half serving for a one-year term and one-half for a two-year term, requiring reappointment of one-half of the committee on an annual basis.
6. Removal of a Committee member shall be by affirmative vote not less than two-thirds of the voting members. Any member to be removed shall be given a two week written notice of any meeting in which the removal is to be voted upon and shall entitle to appear before and be heard by the committee members.
7. Absence by a committee member from three consecutive committee meetings shall constitute eligibility for dismissal from the committee.
8. Members shall remove themselves from the Peer Review Committee when they can no longer commit to actively supporting its mission, or due to nonattendance of the meetings.
9. Vacancies shall be filled by an affirmation vote not less than two-thirds of the voting members.

MEETINGS:

1. Committee shall meet at a minimum on a quarterly basis. Such meetings will be designated at the first meeting as to the meeting dates, times and meeting place and each year thereafter. Each member shall be notified of the meetings in advance.
2. Special Meetings: The Chairperson shall call such special meetings as may deem necessary to carry out the duties of the Committee. Upon written request of at least 3 members, the Chairperson shall call a meeting within 10 working days.
3. Quorum: A quorum shall consist of fifty one percent (51%) of the active committee members. A quorum shall be required to transact business.
4. Agenda: Any member may request the Chairperson to place an item on the agenda. If the Chairperson should decline to do so, said member might have such item placed on the agenda by submitting it in writing to the Chairperson with supporting signatures of at least three (3) members.
5. Rules of Order: Robert's Rules of Order, Newly Revised Edition, shall govern the deliberations of all meetings of the Committee and its subcommittees.
6. Notice of Meetings: Notice of the time, date, place, and agenda items for consideration of each meeting shall be given in writing to all members at least 2 weeks prior to each meeting

by the Secretary. Any matters not appearing on the agenda may be considered upon a favorable vote of the majority of the members present. Notice of Special Meetings and agenda items shall be given to all Committee members in writing or by phone at least (7) seven days in advance of any special meeting.

7. In the event to investigate a matter more thoroughly, the Chairperson may at any time appoint a subcommittee. This subcommittee will investigate and report back to the full committee of their findings.

VOTING:

1. One vote: Each committee member including the Chairperson shall be entitled to one vote.
2. Proxy votes: No member shall be entitled to vote by Proxy.
3. Abstentions: Members may register their abstention on any vote, which shall be recorded in the minutes; members are encouraged to abstain on matters, which would pose for them a conflict of interest.
4. Determination of Actions: All final actions, Committee positions, or policy recommendations shall require the favorable vote of a majority of those committee members present which represents a quorum at a duly called meeting.

OFFICERS:

1. The officers shall consist of the
Following:
 - a. Chairperson (System Medical Director)
 - b. Vice-Chairperson (EMS Director)
 - c. Secretary (Field Operations Officer)
2. The vice-chairperson and secretary shall be set as outlined from the membership of the Peer Review Committee.
3. The Chairperson shall be the System Medical Director of Davie County EMS.
4. The Chairperson shall preside at all meetings of the Committee. The Chairperson or his designee shall prepare the agenda for all meetings; maintain confidentiality of the medical records and personnel issues that are discussed. He will also be Facilitator for all discussions.
5. The Vice-Chairperson shall, in the event of the absence; disability, resignation, removal or death of the Chair possesses all duties as the Chair.
6. The Secretary shall keep minutes of the meetings of the Committee, listing of all members and the officers, maintain listing of attendance at meetings, and shall see that all notices and agendas are duly given in accordance with provisions of these bylaws. The Secretary shall be custodian of all records and perform other duties as prescribed by the committee.
7. The Committee shall, at the first scheduled meeting of all members, shall elect officers.
8. Officers terms are indefinite.
9. Officers shall remove themselves from their position if they can no longer actively fulfill the duties and responsibilities of the office.

GENERAL PROVISIONS:

1. The Committee shall keep a copy of these bylaws, resolutions approved by the Committee and the membership, minutes of the meetings of the committee, current names, addresses, emails, and other contact information pertaining to each member, and other records and

materials deemed pertinent by the Committee in order to achieve the purposes of the Quality Management Committee.

2. The official business and reporting period of the Peer Review Committee shall be Fiscal Year - July 1 to June 30. Quarter 1: July, August and September. Quarter 2: October, November and December. Quarter 3: January, February and March and Quarter 4: April, May and June. Meetings will occur quarterly.
3. Confidentiality of all medical records, audits, reviews of records and personnel issues, including reviews of suspension of paramedics by the Medical Director will be maintained at all times. All committee members will follow the Davie County EMS policy on confidentiality.
4. Issuance of Reports or Recommendations: No reports and recommendations shall be released in the name of the Committee unless it has been duly adopted by a favorable vote of a majority of the members of the Committee.
5. Recommendations: The Committee may address matters of recommendations to be endorsed by the Committee in regular scheduled meetings, both recommendations for improvement of the local EMS system and or recommendation on administration oversight and Legislative matters shall be forwarded to the County Manager and the Board of Commissioners for review

AMENDMENTS:

1. The bylaws may be amended by a simple majority vote of the members of the Peer Review Committee at any regular or special meeting thereof. The committee shall have the authority to amend the bylaws and operate under these changes until the members of the committee rectify these changes at any scheduled meeting. Any amendment, alteration, change or deletion from the bylaws shall be consistent with the rules and regulations of the NCOEMS that limit or regulate the powers of the Peer Review Committee. Each year the bylaws will be reviewed and changes will be implemented at that time, if no other amendments are made throughout the year.

PERFORMANCE IMPROVEMENT QUERY TOPICS AND SCHEDULES

EMS

Review of data elements will follow the North Carolina College of Emergency Physicians Standards for the Selection and Performance of EMS Performance Improvement. Each query topic listed will have the associated NCCEP Topic category identified in parentheses.

Mandatory query items to be reviewed each quarter include:

- Advanced Airway Usage / Rapid Sequence Intubation
- Pediatric Incident Responses Age 12 and Younger (Trauma and Medical)
- Cardiopulmonary Arrest
- STEMI Care
- CVA Care
- Trauma Care requiring Level I trauma center destination

Mandatory Administrative items to be reviewed each quarter include:

- Internal Service Delivery, Personnel or Patient Care Complaints
- External Service Delivery, Personnel or Patient Care Complaints
- Patient Care Equipment / Patient Care Device Failures
- Vehicle Failures
- Vehicle Crashes

Mandatory Personnel Performance items to be reviewed each quarter include:

- General PCR Documentation
- Protocol Documentation
- Vital Sign Documentation
- Skills Performed
- Skill Proficiency
- Protocol Compliance
- Controlled Substance Counts
- Skill Complications
- System Triage and Destination Plan Compliance

High Risk Patient Categories to be reviewed each quarter include:

- Frequent EMS Users (> 4 / month)
- Repeat Patient Utilization of EMS within 48 hours
- Deaths during EMS care
- Restraint Use during EMS care
- Refusal of Care
- Physician on Scene
- Mutli-Causality Incident
- Mass Gatherings
- Police Custody of Patients transport by EMS

Tactical EMS Events
Wilderness EMS Rescue Events

Mandatory Categories to be reviewed during the Second (2d) quarter:

(April, May and June)

Cancellation by First Responders
Obstetrical Deliveries
Frequency of ED Off Load Delays
Toolkit Resources
Cardioversion

Mandatory Categories to be reviewed during the Third (3d) quarter:

(July, August and September)

No Protocol Documented
No Patient Category Documented
Medication Complications
Pain Control
GCS < 9
Abnormal Vital Signs

Mandatory Categories to be reviewed during the Fourth (4th) quarter:

(October, November and December)

Patient Contact Numbers (Crew)
Patient Contact Numbers (Primary Caregiver)
PCR's Completed
Individual Education / CME

PERFORMANCE IMPROVEMENT QUERY TOPICS AND SCHEDULES

EMD

Emergency Medical Dispatch items to be reviewed each quarter include:

1. Dispatch of all medical emergency calls for EMS unit dispatched ≤ 90 seconds (goal 90 %.)
2. 30 % of all calls with chest pain as assigned protocol.
3. 100 % all Choking, OB, Pregnancy, Unconscious and CPR (all require pre-arrival instructions.)
4. Medical Director will review 911 recordings of all incidents involving cardiopulmonary resuscitation.

10 % of all EMS calls dispatched monthly:

Dispatch Center Time
Turn Out Time
Response Time to Scene
Response Time to Patient
Scene Time

Transport Time
Back in Service Time
Dispatch Center Delays
Response Time Delays
Scene Time Delays
Transport Time Delays
Turn Around Time Delays
First Responder Response Time
First Responder On Scene Percentage
Multi-Causality Incidents (Appropriate Resources Dispatched)

Emergency Medical Dispatch items to be reviewed during First (1st) quarter:

(January, February and March)

EMD Protocols 1, 2, 4 – 8, 20
EMD Protocol Compliance

Emergency Medical Dispatch items to be reviewed during Second (2d) quarter:

(April, May and June)

EMD Protocols 3, 11 – 19, 20
EMD Protocol Compliance

Emergency Medical Dispatch items to be reviewed during Third (3d) quarter:

(July, August and September)

EMD Protocols 3, 14, 15, 20 - 26
EMD Protocol Compliance

Emergency Medical Dispatch items to be reviewed during Fourth (4th) quarter:

(October, November and December)

EMD Individual Dispatch Times
EMD Protocols 8, 20, 27 – 36
EMD Protocol Compliance

RAPID SEQUENCE INTUBATION PROGRAM

Davie County EMS has elected to provide Rapid Sequence Intubation (RSI). This is a life-saving procedure but also has the potential to induce great harm. In respect to the potential danger of the procedure special education and maintenance of that education is warranted. While all EMT-Paramedics in the Davie County EMS system will be trained in Rapid Sequence Intubation, certain EMT-Paramedics will be identified as RSI Medics.

Qualifications of an RSI Medic for credentialing:

Applies to all EMT-Paramedics employed after January 1st, 2013.

1. Must be full-time in the Davie County EMS system. (Part-time EMT-Paramedic will be assessed on a case-by-case basis).
2. Must have ≥ 3 years of experience at the EMT-Paramedic level.
3. Must have completed a “Difficult Airway Course” in the previous 36 months.
Course approval at the discretion of the Medical Director.
4. Once credentialed must complete a “Difficult Airway Course” every 60 months.
Course approval at the discretion of the Medical Director.
5. Must maintain 100 % completion rate on NCOEMS Airway form when indicated.
6. Must attend Davie County EMS annual update / education session on RSI.
7. Must maintain Con Ed hours and remain up-to-date within a 30-day period.

EMT-Paramedic participating in RSI procedure:

All EMT-Paramedics will be trained in RSI and all are expected to perform RSI. Two EMT-Paramedics must be on-scene in order to complete the procedure. At least 1 of the EMT-Paramedics must be an RSI Medic designated by the Medical Director.

An off-duty EMT-Paramedic may participate in this procedure but must notify 911 Communications during event they are now in-service and record on their time record.

Peer Review of RSI procedure:

Medical Director will be notified within 24 hours of an RSI procedure including weekends, but preferably the same duty shift unless after 2300. EMT-Paramedic performing should make the report. An immediate review of chart and NCOEMS Airway form will occur. All RSI procedures (limit 12) will be reviewed at annual RSI update / educational session. Protocol compliance will be strictly maintained.

Special note on Ketamine:

Ketamine will be utilized under the following circumstances:

1. Primarily if Etomidate is not available or if the patient has a contraindication or an allergy to Etomidate.
2. Can be considered as the primary induction / sedative agent in asthmatic patients who are experiencing respiratory failure.
3. Can be considered as the primary induction / sedative in a hypotensive trauma patient who requires intubation.
4. May be used for sedation after an airway is established with BIAD / ETT.

Policy on RSI at Davie County Emergency Department Facilities:

Where Davie County EMS responds to an in-county facility for transfer of a patient to a higher level of care and the patient is found to require immediate airway control via Rapid Sequence Intubation the following will occur:

1. May use Rapid Sequence Intubation while in the facility but must use pharmaceuticals from EMS stock only. Complete adherence to Rapid Sequence Induction protocol is required as in the usual fashion. **Facility providers CANNOT use EMS pharmaceuticals but may assist EMS personnel in completion of procedure.**
2. Two EMT-Paramedics must be on-scene and one must be an RSI Medic.
3. This should be a RARE event. However in the event the need arises completing the procedure in the facility conditions is preferable to moving to the EMS Unit just for the sake of RSI.
4. **Immediately following completion of this incident the crew involved should contact the Medical Director.**

End of Document

PROPOSED SALARY SCHEDULE 2013-2014

GRADE	ENTRY	MIDPOINT	MAXIMUM	5.00% prob	10.00% 5 yrs	5.00% 10 yrs	5.00% 15 yrs	5.00% 20 yrs	5.00% 25 yrs	5.00% 30 yrs
49	\$14,630	\$18,659	\$22,689	\$15,361	\$16,897	\$17,742	\$18,629	\$19,560	\$20,538	\$21,565
50	\$15,361	\$19,592	\$23,823	\$16,129	\$17,742	\$18,629	\$19,560	\$20,538	\$21,565	\$22,643
51	\$16,129	\$20,572	\$25,014	\$16,935	\$18,629	\$19,560	\$20,538	\$21,565	\$22,643	\$23,775
52	\$16,935	\$21,600	\$26,265	\$17,782	\$19,560	\$20,538	\$21,565	\$22,643	\$23,775	\$24,964
53	\$17,782	\$22,680	\$27,578	\$18,671	\$20,538	\$21,565	\$22,643	\$23,775	\$24,964	\$26,212
54	\$18,671	\$23,814	\$28,957	\$19,605	\$21,566	\$22,644	\$23,776	\$24,965	\$26,213	\$27,524
55	\$19,605	\$25,005	\$30,405	\$20,585	\$22,644	\$23,776	\$24,965	\$26,213	\$27,524	\$28,900
56	\$20,585	\$26,255	\$31,925	\$21,614	\$23,775	\$24,964	\$26,212	\$27,523	\$28,899	\$30,344
57	\$21,614	\$27,568	\$33,521	\$22,695	\$24,965	\$26,213	\$27,524	\$28,900	\$30,345	\$31,862
58	\$22,695	\$28,946	\$35,197	\$23,830	\$26,213	\$27,524	\$28,900	\$30,345	\$31,862	\$33,455
59	\$23,830	\$30,394	\$36,957	\$25,022	\$27,524	\$28,900	\$30,345	\$31,862	\$33,455	\$35,128
60	\$25,022	\$31,914	\$38,805	\$26,273	\$28,900	\$30,345	\$31,862	\$33,455	\$35,128	\$36,884
61	\$26,273	\$33,509	\$40,745	\$27,587	\$30,346	\$31,863	\$33,456	\$35,129	\$36,885	\$38,729
62	\$27,587	\$35,185	\$42,782	\$28,966	\$31,863	\$33,456	\$35,129	\$36,885	\$38,729	\$40,665
63	\$28,966	\$36,944	\$44,921	\$30,414	\$33,455	\$35,128	\$36,884	\$38,728	\$40,664	\$42,697
64	\$30,414	\$38,791	\$47,167	\$31,935	\$35,129	\$36,885	\$38,729	\$40,665	\$42,698	\$44,833
65	\$31,935	\$40,730	\$49,525	\$33,532	\$36,885	\$38,729	\$40,665	\$42,698	\$44,833	\$47,075
66	\$33,532	\$42,767	\$52,001	\$35,209	\$38,730	\$40,667	\$42,700	\$44,835	\$47,077	\$49,431
67	\$35,209	\$44,905	\$54,601	\$36,969	\$40,666	\$42,699	\$44,834	\$47,076	\$49,430	\$51,902
68	\$36,969	\$47,150	\$57,331	\$38,817	\$42,699	\$44,834	\$47,076	\$49,430	\$51,902	\$54,497
69	\$38,817	\$49,508	\$60,198	\$40,758	\$44,834	\$47,076	\$49,430	\$51,902	\$54,497	\$57,222
70	\$40,758	\$51,983	\$63,208	\$42,796	\$47,076	\$49,430	\$51,902	\$54,497	\$57,222	\$60,083
71	\$42,796	\$54,582	\$66,368	\$44,936	\$49,430	\$51,902	\$54,497	\$57,222	\$60,083	\$63,087
72	\$44,936	\$57,311	\$69,686	\$47,183	\$51,901	\$54,496	\$57,221	\$60,082	\$63,086	\$66,240
73	\$47,183	\$60,177	\$73,170	\$49,542	\$54,496	\$57,221	\$60,082	\$63,086	\$66,240	\$69,552
74	\$49,542	\$63,186	\$76,829	\$52,019	\$57,221	\$60,082	\$63,086	\$66,240	\$69,552	\$73,030
75	\$52,019	\$66,345	\$80,670	\$54,620	\$60,082	\$63,086	\$66,240	\$69,552	\$73,030	\$76,682
76	\$54,620	\$69,662	\$84,704	\$57,351	\$63,086	\$66,240	\$69,552	\$73,030	\$76,682	\$80,516
77	\$57,351	\$73,145	\$88,939	\$60,219	\$66,241	\$69,553	\$73,031	\$76,683	\$80,517	\$84,543
78	\$60,219	\$76,803	\$93,386	\$63,230	\$69,553	\$73,031	\$76,683	\$80,517	\$84,543	\$88,770
79	\$63,230	\$80,643	\$98,055	\$66,392	\$73,031	\$76,683	\$80,517	\$84,543	\$88,770	\$93,209
80	\$66,392	\$84,675	\$102,958	\$69,712	\$76,683	\$80,517	\$84,543	\$88,770	\$93,209	\$97,869
81	\$69,712	\$88,909	\$108,106	\$73,198	\$80,518	\$84,544	\$88,771	\$93,210	\$97,871	\$102,765
82	\$73,198	\$93,355	\$113,511	\$76,858	\$84,544	\$88,771	\$93,210	\$97,871	\$102,765	\$107,903
83	\$76,858	\$98,023	\$119,187	\$80,701	\$88,771	\$93,210	\$97,871	\$102,765	\$107,903	\$113,298
84	\$80,701	\$102,924	\$125,146	\$84,736	\$93,210	\$97,871	\$102,765	\$107,903	\$113,298	\$118,963
85	\$84,736	\$108,070	\$131,403	\$88,973	\$97,870	\$102,764	\$107,902	\$113,297	\$118,962	\$124,910
86	\$88,973	\$113,473	\$137,973	\$93,422	\$102,764	\$107,902	\$113,297	\$118,962	\$124,910	\$131,156
87	\$93,422	\$119,147	\$144,872	\$98,093	\$107,902	\$113,297	\$118,962	\$124,910	\$131,156	\$137,714
88	\$98,093	\$125,105	\$152,116	\$102,998	\$113,298	\$118,963	\$124,911	\$131,157	\$137,715	\$144,601

OPERATIONS	Annual Salary	Increase	cost of living or \$1000		Salary + cost of living or \$1000	school % increase	DMG 10%	Anniv. % Increase	total increase	salary + %inc Total	FICA 7.65%	Base Longevity	Years of Serv.	Total Long.	hospital	Retire 6.74%	401K 3%	Grand Total
Stephen Allred	35209				35209		3521			38730	2,963	50	5	200	8925	2610	1162	54590
Ashburn, Joseph 40%	17934				17934					17934	1,372	20	5.2	176	3570	1209	538	24799
Baker, Justin	35209				35209					35209	2,693	50	3	140	8925	2373	1056	50397
Blunkall, Brian	35209				35209					35209	2,693	50	4	170	8925	2373	1056	50427
Byrd, Brian	35209				35209					35209	2,693	50	4	170	8925	2373	1056	50427
Cranford, Tommy	35209				35209		3521			38730	2,963	50	5	200	8925	2610	1162	54590
Crotts, Brent	43579				43579					43579	3,334	50	12	410	8925	2937	1307	60492
Drye, Andrew	38730				38730					38730	2,963	50	7	260	8925	2610	1162	54650
Dunn, Stephen	47076				47076		2354			49430	3,781	50	25	800	8925	3332	1483	67751
Foil, Nathan	38730				38730					38730	2,963	50	8	290	8925	2610	1162	54680
Hall, Samuel	44834				44834					44834	3,430	50	13	440	8925	3022	1345	61996
Hancock, John M. 15%	9463				9463		473			9936	760	7.5	3.75	120	1339	670	298	13123
Kevin Hartman	35209				35209		3521			38730	2,963	50	5	200	8925	2610	1162	54590
Hazelwood, Brandon	35209				35209					35209	2,693	50	4	170	8925	2373	1056	50427
Horne, Lonnie	28964				28964		2896			31860	2,437	50	5	200	8925	2147	956	46525
Kiestler, Terry	40667				40667					40667	3,111	50	13	440	8925	2741	1220	57104
Latham, Keith	44835				44835					44835	3,430	50	23	740	8925	3022	1345	62297
Lipscomb, James A. 20%	10379				10379		519			10898	834	10	5	160	1785	735	327	14738
Little, Bryan	35209				35209					35209	2,693	50	4	170	8925	2373	1056	50427
McDaniel, Braxton	27587				27587					27587	2,110	50	4	170	8925	1859	828	41479
Mcmanus, Kristie	35209				35209					35209	2,693	50	4	170	8925	2373	1056	50427
Mojica, Roy	38767				38767					38767	2,966	50	7	260	8925	2613	1163	54694
Nichols, Jason	33705				33705					33705	2,578	50	6	230	8925	2272	1011	48721
Page, Emmett	35209				35209					35209	2,693	50	2	110	8925	2373	1056	50367
Reavis, Carl	38767				38767					38767	2,966	50	7	260	8925	2613	1163	54694
Robbins, Amanda	35209				35209					35209	2,693	50	4	170	8925	2373	1056	50427
Shore, Jason	35209				35209					35209	2,693	50	4	170	8925	2373	1056	50427
Southard, Ashley	35209				35209					35209	2,693	50	4	170	8925	2373	1056	50427
Spry, Lewis E.	40667				40667					40667	3,111	50	14	470	8925	2741	1220	57134
Taylor, Ernest	35209				35209					35209	2,693	50	1	80	8925	2373	1056	50337
Thomas, Lisa	35209				35209					35209	2,693	50	1	80	8925	2373	1056	50337
Walker, Thomas N.	43577				43577		0			43577	3,334	50	10	350	8925	2937	1307	60430
Ward, Kevin	40667				40667					40667	3,111	50	12	410	8925	2741	1220	57074
Williams, Brian	38943				38943		1724			40667	3,111	50	10	350	8925	2741	1220	57014
Blackwelder Mary					0					0	0	50	7			0	0	0
TOTAL FULL TIME	1196006	0		0.00	1196006	0	15008	0		1214535	92912			8906	283369	81860	36436	1718018

PART TIME	Annual Salary	Hourly Salary	cost of living		Salary + cost of living or \$1000	school % increase	DM G 10%	Anniv. % Increase	total increase	salary + %inc Total	FICA 7.65%	Base Longevity	Years of Service	Total Longevity	hospital	Retirement 4.92%	401K 3%	Grand Total
Bumbarner, Lee		15.83																
Childress, david		12.28																
Church, David L.		16.96																
Faircloth, Mitchell		16.30																
Finney, Jeff		14.14																
Hawks, Brent		15.83																
Holloway, Jason		15.82																
Layell, Roger		15.67																
Lipscomb, Chad		16.96																
Martin, Jordan		12.16																
Matthews, Anthony		18.10																
Moore, Tim		15.67																
Moore, Ray		12.65																
Moss, Shane		14.14																
Snow, stephen		15.83																
Taylor, Corey		15.83																
Owings, Linda		16.75																
Putman,David		14.14																
EMT-P	33532				33532			1677		35209	2,693	50	1	80	8925	2236	1056	50200
EMT-P	33532				33532			1677		35209	2,693	50	1	80	8925	2236	1056	50200
EMT-P	33532				33532			1677		35209	2,693	50	1	80	8925	2236	1056	50200
EMT-P	33532				33532			1677		35209	2,693	50	1	80	8925	2236	1056	50200
EMT-P	33532				33532			1677		35209	2,693	50	1	80	8925	2236	1056	50200
EMT-P	33532				33532			1677		35209	2,693	50	1	80	8925	2236	1056	50200
EMT-P	33532				33532			1677		35209	2,693	50	1	80	8925	2236	1056	50200
EMT-P	33532				33532			1677		35209	2,693	50	1	80	8925	2236	1056	50200
TOTAL PART TIME	268256			0.00	268256.00				0.00	281672	21548			640	71400	17886	8450	401596

ADMINISTRATION	Annual Salary	Increase	cost of living		Salary + cost of living or \$1000	school % increase	DMG 10%	Anniv. % Increase	total increase	salary + %inc Total	FICA 7.65%	Base Longevity	Years of Serv.	Total Long.	hospital	Retire 6.74%	401K 3%	Grand Total	
Hancock, John M.80%	50469				50469		2523			52992	4,054	40	20	640	7140	3572	1590	69987	
Lipscomb, James A.75%	38921				38921		1946			40867	3,126	37.5	18.75	600	6694	2754	1226	55268	
Blackwelder, Mary 100%	29465				29465					29465	2,254	50	7	260	8925	1986	884	43774	
TOTAL FULL TIME	118855	0		0.00	118855	0	4469	0		123324	9434			1500	22759	8312	3700	169029	

TRAINING	Annual Salary	Increase	cost of living		Salary + cost of living or \$1000	school % increase	DMG 10%	Anniv. % Increase	total increase	salary + %inc Total	FICA 7.65%	Base Longevity	Years of Serv.	Total Long.	hospital	Retire 6.74%	401K 3%	Grand Total
Ashburn, Joseph 60%	26900				26900					26900	2,058	30	7.8	264	5355	1813	807	37197
Hancock, John M. 5%	3154				3154		158			3312	253	2.5	1.25	40	446	223	99	4374
Lipscomb, James A.5%	2595				2595		130			2725	208	2.5	1.25	40	446	184	82	3685
TOTAL FULL TIME	32649	0		0.00	32649	0	288	0		32937	2520			344	6247	2220	988	45256

Salaries 1652468
FICA 126414
Longevity 11390
Hospital 383775
Retirement 110278
401 K 49574
total **2333899**

Total Budget 1932302 Before New Positions

New Positions 401596

TOTAL 2333899

**COUNTY OF DAVIE BUDGET
2013-2014 FISCAL YEAR**

			PRIOR YR ACT	CURR ACTUAL	CURR REVISED	REQUESTED	MANAGER	BOARD
			JUNE 2012	2012-2013	2012-2013	2013-2014	2013-2014	2013-2014
EMERGENCY MEDICAL SERVICES								
42510	430028	CRIME CONTROL & PUBLIC SAFETY	0.00	0.00	0.00	0.00		
42510	430047	EMERGENCY MANAGEMENT	0.00	-1,900.00	0.00	0.00		
42510	430109	MEDICARE OVERPAYMENT	0.00	0.00	0.00	0.00		
42510	440032	CURRENT EMERGENCY FEES	-1,399,406.01	-494,802.47	-1,350,000.00	-1,500,000.00		
42510	440033	PRIOR EMERGENCY FEES COLLECTED	0.00	0.00	-500.00	-500.00		
42510	480034	MISCELLANEOUS REVENUE EMS	-4,290.00	-1,840.00	-2,000.00	2,000.00		
42510	480035	GIFTS EMS	-988.44	-449.96	-1,000.00	-1,000.00		
TOTAL EMERGENCY MEDICAL SERVICES			-1,404,684.45	-498,992.43	-1,353,500.00	-1,503,500.00		

**COUNTY OF DAVIE BUDGET
2013-2014 FISCAL YEAR**

			PRIOR YR ACT	CURR ACTUAL	CURR REVISED	REQUESTED	MANAGER	BOARD
			JUNE 2012	2012-2013	2012-2013	2013-2014	2013-2014	2013-2014
MEDICAL EXAMINER								
52410	560040	MEDICAL EXAMINER	21,400.00	8,000.00	20,000.00	20,000.00		
52410	580620	COMPUTER HARDWARE	0.00	0.00	0.00	0.00		
TOTAL MEDICAL EXAMINER			21,400.00	8,000.00	20,000.00	20,000.00		
EMERGENCY MEDICAL SERVICES								
52510	510010	SALARIES AND WAGES	1,344,860.37	615,618.76	1,379,106.00	1,652,468.00		
52510	510020	PART-TIME SALARIES	232,318.92	96,980.77	280,275.00	283,075.00		
52510	510040	LONGEVITY	9,010.00	9,200.00	9,520.00	11,390.00		
52510	520050	FICA	115,975.69	52,827.30	127,671.00	126,414.00		
52510	520060	GROUP HOSPITAL INSURANCE	262,190.24	111,073.83	309,575.00	383,775.00		
52510	520070	RETIREMENT	94,083.72	41,467.41	96,509.00	110,278.00		
52510	520080	WORKMENS COMPENSATION	70,756.83	88,559.94	86,342.00			
52510	520100	ECS UNEMPLOYMENT INSURANCE	0.00	0.00	0.00	0.00		
52510	520110	GROUP LIFE INSURANCE	1,422.72	581.78	0.00	0.00		
52510	520120	401K-EMPLOYER SUPPLEMENT	38,943.73	16,706.65	40,848.00	49,574.00		
52510	520130	YMCA MEMBERSHIP	0.00	0.00	0.00	0.00		
52510	520250	EMPLOYEE MEDICAL EXPENSE	0.00	0.00	0.00	0.00		
52510	520260	EMPLOYEE EDUCATION REIMBURSEME	0.00	0.00	0.00	0.00		
52510	530120	POSTAGE	703.11	376.85	1,200.00	1,200.00		
52510	530250	PRINTING & BINDING	0.00	0.00	0.00	0.00		
52510	530280	GAS & OIL - DIRECTOR	0.00	0.00	0.00	0.00		
52510	530290	AMBULANCE GAS & OIL	64,073.05	26,490.64	69,000.00	72,000.00		
52510	530300	VEHICLE TIRES	3,220.26	181.63	9,000.00	9,000.00		
52510	530310	VEHICLE GAS & OIL	0.00	0.00	0.00	0.00		
52510	530320	OFFICE SUPPLIES	1,955.25	476.95	3,800.00	3,800.00		
52510	530330	DEPARTMENT SUPPLIES	13,530.00	7,411.78	14,690.00	16,500.00		
52510	530360	UNIFORMS	12,004.50	303.00	15,000.00	15,000.00		
52510	530460	MEDICAL SUPPLIES	57,854.70	22,502.63	64,000.00	68,000.00		
52510	540100	EDUCATION & TRAINING	12,663.53	5,042.09	12,000.00	12,000.00		
52510	540101	EDUCATION & TRAINING-FIRE INVE	0.00	0.00	0.00	0.00		
52510	540110	TELEPHONE	21,517.75	7,059.35	20,000.00	20,000.00		
52510	540130	UTILITIES	-190.09	0.00	0.00	0.00		
52510	540140	TRAVEL	97.94	0.00	281.00	281.00		
52510	540210	BUILDING & EQUIPMENT RENTAL	0.00	0.00	0.00	0.00		
52510	540450	PURCHASED SERVICES	98,952.16	34,208.22	160,000.00	190,000.00		
52510	540500	LAUNDRY & DRY CLEANING	21,626.77	8,241.97	25,000.00	27,000.00		
52510	541540	COMPUTER SERVICES	14,066.85	2,394.00	14,500.00	14,500.00		
52510	541550	CONSULTANTS	10,000.00	1,666.66	10,000.00	10,000.00		
52510	550150	BUILDING & GROUNDS MAINTENANCE	-105.00	0.00	0.00	0.00		
52510	550160	EQUIPMENT MAINTENANCE	3,042.94	2,386.96	7,000.00	8,500.00		
52510	550170	VEHICLE MAINTENANCE	61,919.98	16,622.55	52,000.00	85,000.00		
52510	550210	VEHICLE MAINTENANCE - DIR CAR	0.00	0.00	0.00	0.00		
52510	560110	COUNCIL MEETING EXPENSE	0.00	0.00	400.00	400.00		
52510	560120	SPECIAL EVENTS	0.00	0.00	0.00	0.00		
52510	560150	PRIVATE PROPERTY DAMAGE EXPENS	216.32	0.00	0.00	0.00		
52510	560260	ADVERTISING	32.50	0.00	150.00	150.00		
52510	560530	DUES & SUBSCRIPTIONS	810.00	1,140.00	1,400.00	1,000.00		
52510	560540	INSURANCE & BONDS	0.00	0.00	0.00	0.00		
52510	560570	MISCELLANEOUS	0.00	0.00	0.00	0.00		
52510	560580	EMERGENCY MANAGEMENT EXPENSE	0.00	0.00	0.00	0.00		
52510	560600	BUILDING INSURANCE	0.00	0.00	0.00	0.00		

**COUNTY OF DAVIE BUDGET
2013-2014 FISCAL YEAR**

			PRIOR YR ACT	CURR ACTUAL	CURR REVISED	REQUESTED	MANAGER	BOARD
			JUNE 2012	2012-2013	2012-2013	2013-2014	2013-2014	2013-2014
52510	580600	EQUIPMENT & FURNITURE	185,666.51	64,809.60	190,052.00	421,102.00		
52510	580610	COMPUTER SOFTWARE	0.00	0.00	0.00	0.00		
52510	580620	COMPUTER HARDWARE	5,522.96	6,628.36	11,800.00	24,132.00		
52510	580640	BUILDING IMPROVEMENTS	0.00	0.00	910.00	0.00		
52510	580650	BUILDING CONSTRUCTION	0.00	0.00	0.00	0.00		
52510	580660	RADIO EQUIPMENT	7,736.53	0.00	4,000.00	4,000.00		
52510	581670	EMERGENCY MGMT EQUIPMENT	928.37	224.02	0.00	0.00		
52510	581671	HOMELAND SECURITY GRANT FUNDS	0.00	0.00	0.00	0.00		
TOTAL EMERGENCY MEDICAL SERVICES			2,767,409.11	1,241,183.70	3,016,029.00	3,620,539.00		

Org	Emp #	Last	First	Job Desc	Service Date	Yrs Svc		Grade	Hourly	Annual	Request	Grd	Mgr	Grd	Board	Grd	
						Jul 13	Jun 14										
52510	839	ALLRED	STEPHEN	EMT - PARAMEDIC	06/01/2009	5	66			35,209							
52510	124	ASHBURN	JOSEPH	TRAINING OFFICER	10/01/2000	13	68			44,834							
52510	652	BAKER	JUSTIN	EMT - I	01/10/2011	3	66			33,532							
52510	726	BLACKWELDER	MARY	ADMIN SUPPORT SPECIALIST 37.5	12/21/2006	7	60			29,465							
52510	826	BLUNKALL	BRIAN	EMT - I	07/01/2009	4	66			33,532							
52510	905	BUMGARNER	HARRY	PART TIME EMT					15.8300								
52510	870	BYRD	BRIAN	EMT - PARAMEDIC	07/01/2009	4	66			35,209							
52510	877	CHILDRESS	DAVID	PART TIME EMT					12.2800								
52510	367	CHURCH	DAVID	PART TIME EMT					16.9600								
52510	790	CRANFORD	TOMMY	EMT - PARAMEDIC	12/01/2008	5	66			35,209							
52510	391	CROTTS	BRENT	EMT - SHIFT SUPERVISOR	08/13/2001	12	67			43,579							
52510	878	DAVIS	JEREMY	PART TIME EMT					12.2800								
52510	701	DRYE	ANDREW	EMT - PARAMEDIC	02/01/2007	7	66			38,730							
52510	109	DUNN	STEPHEN	EMT - SHIFT SUPERVISOR	10/22/1988	25	67			47,076							
52510	585	FAIRCLOTH	MITCHELL	PART TIME EMT					16.3000								
52510	600	FINNEY	JEFFERY	PART TIME EMT					14.1400								
52510	517	FOIL	NATHAN	EMT - PARAMEDIC	12/03/2005	8	66			38,730							
52510	828	FORBES	GREGORY	PART TIME EMT					14.1400								
52510	126	HALL	SAMUEL	EMT - SHIFT SUPERVISOR	10/01/2000	13	67			44,834							
52510	110	HANCOCK	JOHN	EMERGENCY SERVICES DIRECTOR	02/01/1989	25	73			63,086							
52510	757	HARTMAN	KEVIN	EMT - PARAMEDIC	03/12/2009	5	66			35,209							
52510	322	HAWKS	BRENT	PART TIME EMT					15.8300								
52510	871	HAZELWOOD	BRANDON	EMT - PARAMEDIC	07/01/2009	4	66			35,209							
52510	693	HOLLOWAY	JASON	PART TIME EMT					15.8200								
52510	574	HORNE	LONNIE	EMT - BASIC	12/01/2008	5	61			28,964							
52510	125	KIESTLER	TERRY	EMT - PARAMEDIC	10/01/2000	13	66			40,667							
52510	112	LATHAM	KEITH	EMT - PARAMEDIC	08/01/1990	23	66			44,835							
52510	993	LAYELL	ROGER	PART TIME EMT					15.6700								
52510	128	LIPSCOMB	CHAD	PART TIME EMT					16.9600								
52510	113	LIPSCOMB	JAMES	EMT-P FIELD OPERATIONS	06/19/1989	25	69			51,895							
52510	847	LITTLE	JAMES	EMT - PARAMEDIC	07/01/2009	4	66			35,209							
52510	980	MARTIN	JORDAN	PART TIME EMT					12.1600								
52510	129	MATTHEWS	ANTHONY	PART TIME EMT					18.1000								
52510	891	MCDANIEL	BRAXTON	EMT - BASIC	12/01/2009	4	61			27,587							
52510	909	MCMANUS	KRISTIE	EMT - PARAMEDIC	04/13/2010	4	66			35,209							
52510	598	MOJICA	ROGELIO	EMT - PARAMEDIC	08/01/2006	7	66			38,767							
52510	801	MOORE	RAY	PART TIME EMT					12.6500								
52510	991	MOORE	TIMOTHY	PART TIME EMT					15.6700								
52510	705	MOSS	CHRISTOPHER	PART TIME EMT					14.1400								
52510	779	NICHOLS	JASON	EMT - I	10/29/2007	6	63			33,705							
52510	118	OWINGS	LINDA	PART TIME CLERK					16.7500								
52510	890	PAGE	EMMETT	EMT - PARAMEDIC	09/01/2011	2	66			35,209							

Org	Emp #	Last	First	Job Desc	Yrs Svc		Grade	Hourly	Annual	Request	Grd	Mgr	Grd	Board	Grd	
					Service Date	Jul 13 - Jun 14										
52510	747	PUTMAN	DAVID	PART TIME EMT				14.1400								
52510	694	REAVIS	CARL	EMT - PARAMEDIC	09/01/2006	7	66		38,767							
52510	860	ROBBINS	AMANDA	EMT - PARAMEDIC	07/01/2009	4	66		35,209							
52510	851	SHORE	JASON	EMT - I	07/01/2009	4	66		33,532							
52510	907	SNOW	STEPHEN	PART TIME EMT				15.8300								
52510	910	SOUTHARD	ASHLEY	EMT - PARAMEDIC	04/13/2010	4	66		35,209							
52510	120	SPRY	LEWIS	EMT - PARAMEDIC	12/17/1999	14	66		40,667							
52510	880	TAYLOR	COREY	PART TIME EMT				15.8300								
52510	920	TAYLOR	ERNEST	EMT - PARAMEDIC	10/01/2012	1	66		33,532							
52510	577	TESTA	DANIEL	PART TIME EMT				15.6700								
52510	911	THOMAS	LISA	EMT - PARAMEDIC	12/01/2012	1	66		33,532							
52510	444	WALKER	THOMAS	EMT - SHIFT SUPERVISOR	10/06/2003	10	67		43,577							
52510	401	WARD	KEVIN	EMT - PARAMEDIC	11/01/2001	12	66		40,667							
52510	427	WILLIAMS	BRIAN	EMT - PARAMEDIC	08/01/2003	10	66		38,943							

TOTAL FULL TIME

TOTAL PART TIME

TOTAL

LONGEVITY

FICA

HOSPITAL

RETIREMENT

401K

TOTAL AUTHORIZED POSITIONS 34 FULL TIME, 1 SECRETARY, PART-TIME AS NEEDED