



## Emergency Medical Advisory Group (EMAG)

### Meeting Agenda

December 8, 2022

2:30 PM – 4:00 PM

### Meeting Location:

Sacramento County EMS Agency

9616 Micron Ave. Suite 900

(Conference Room 1)

Topic	Time
Welcome, Introductions, and Agenda Review – <i>David Magnino</i> <ul style="list-style-type: none"><li>Materials Review</li><li>Additional Agenda Items for Discussion</li><li>Other Member Announcements</li></ul>	2:30 – 2:40
Approval of August Meeting Minutes – <i>Stephanie Mello</i> – ACTION ITEM	2:40 – 2:45
EMS Committee Updates – <i>Hernando Garzon, MD</i> <ul style="list-style-type: none"><li>STEMI Transports per Receiving Hospital</li></ul>	2:55 – 3:05
Winter Surge/Pediatric Surge – <i>Hernando Garzon, MD</i>	3:05 – 3:15
Open Discussion/Key Items – <i>EMAG Participants</i> <ul style="list-style-type: none"><li>Computer Aided Dispatch (CAD) Interface – <i>David Magnino</i></li><li>Budget Update – <i>David Magnino</i></li><li>Fiscal Year 2023-24 Growth Request – <i>David Magnino</i></li><li>Vehicle Code Fees Revenue (Maddy/Richie) Replacement</li></ul>	3:15 – 3:45
<b>Public Comment: One comment per person/organization, limited to two minutes.</b>	3:45 – 3:50
<b>Closing Remarks &amp; Adjourn</b> – <i>David Magnino</i>	3:50 – 4:00
<b>Next Meetings</b> <ul style="list-style-type: none"><li>Thursday, February 11, 2023 / 2:30PM – 4:00PM</li><li>Thursday, April 13, 2023 / 2:30PM – 4:00PM</li></ul>	

For more information, please visit the Emergency Medical Advisory Group website at:

[https://dhs.saccounty.gov/PUB/EMS/Pages/Emergency-Medical-Advisory-Group-\(EMAG\).aspx](https://dhs.saccounty.gov/PUB/EMS/Pages/Emergency-Medical-Advisory-Group-(EMAG).aspx)

# Sacramento County Emergency Medical Advisory Group

## Meeting Minutes

August 11, 2022, 2:30 PM – 4:00 PM

## Meeting Held Electronically

Zoom Video Conference

<https://us06web.zoom.us/j/82434475443?pwd=UXV2blpPM3o1eFlqRm4vcmpRWjRydz09>

Phone Dial In: 1.669.900.6833

Meeting ID: 824 3447 5443. Passcode: 220252

ADVISORY GROUP MEMBERS			
X	ALS Ground Transport Providers, Public – Rick Clarke/Jon Rudnicki, Sac Metro Fire	X	Hospital System – Dr. J. Douglas Kirk, MD, UC Davis Health
X	ALS Ground Transport Providers, Private – Karl Pedroni/Brian Henricksen, American Medical Response (AMR)	X	Law Enforcement – Lt. Jack Noble, Sheriff’s Office
X	ALS Air Transport Providers – Mike Kaslin, REACH Air Medical		Training Provider – Jason Hemler, CSUS
	BLS Providers, Public – James Hendricks, Herald Fire District	EX-OFFICIO MEMBERS	
X	BLS Providers, Private – James Pierson, Medic Ambulance	X	County Public Health Division – Dr. Olivia Kasirye, MD
X	Hospital System – Tamra Kelly, Dignity Health	X	County EMS Administrator – David Magnino
X	Hospital System – Michael Scates, Kaiser Permanente	X	County EMS Medical Director – Dr. Hernando Garzon, MD
X	Hospital System – Dr. Phillip Yu, MD, Sutter Health	GUEST PRESENTER	
		X	Brian Jensen, Hospital Council

Advisory Group Members in Attendance: 9 – *Quorum present*

Public/Guests in Attendance: 9

Staff: Stephanie Mello

## Sacramento County Emergency Medical Advisory Group

Topic	Minutes
<p>Welcome, Introductions and Opening Remarks- <i>David Magnino, EMS Administrator</i></p>	<p>David Magnino welcomed advisory group members, guests, and members of the public, and reviewed the agenda and meeting materials.</p> <p><u>Agenda Review:</u> Approval of April Meeting Minutes, EMAG Charter Review, EMS Committee Update, COVID Update, and Open Discussion.</p> <p><u>Materials:</u> Approval of April Meeting Minutes, EMAG Charter, Data Presentation - STEMI, Stroke, Trauma and CARES. <i>Materials are posted on the website.</i></p> <p>Link: <a href="https://dhs.saccounty.net/PRI/EMS/Pages/Emergency-Medical-Advisory-Group.aspx">https://dhs.saccounty.net/PRI/EMS/Pages/Emergency-Medical-Advisory-Group.aspx</a></p> <p><u>Additional Agenda Items for Discussion:</u></p> <p><u>Other Member Announcements:</u> Introduction of new EMAG Members</p>
<p>Roll Call – <i>Stephanie Mello</i></p>	<p>Stephanie Mello conducted roll call. <i>Quorum present.</i></p>
<p>Meeting Minutes – <i>Stephanie Mello</i></p>	<p>APPROVED – Advisory Group members had no changes to the April 14, 2022, draft meeting minutes. Meeting minutes were approved on a motion by Dr. J. Douglas Kirk and seconded by Michael Scates. Approved by members’ vote in Zoom chat.</p>
<p>EMAG Charter – <i>David Magnino</i></p>	<p><u>EMAG Charter</u> - David Magnino reviewed the Charter and noted that the frequency of the meetings has changed from quarterly to every other month.</p>
<p>EMS Committee Update – <i>Hernando Garzon, MD</i></p>	<p>Dr. Garzon: Described the purpose and function of the committees for the new EMAG members.</p> <p><u>STEMI/Stroke:</u> Presented the 2022-Q2 data. Dr. Kirk asked about the driving factors for the destination of STEMI Primary Impression for Treated and Transported Patients. Dr. Kirk requested geolocation information for STEMI. Dr. Kirk asked, for Stroke, if there’s any differentiation of those that are primary stroke centers versus comprehensive stroke centers as far as field distribution. Dr. Garzon replied not at this time. Only two (2) counties in the state are using field screening to differentiate between primary and comprehensive stroke.</p> <p><u>Trauma:</u> Presented the 2022-Q2 data.</p> <p><u>CARES:</u> No new data to present.</p> <p><u>APOT:</u> David Magnino presented July APOT data. Brian Henricksen commented that APOT was worse in June and July than previous months.</p> <p><u>Data Repository Change:</u> Dr. Garzon described the change in the data repository from ICEMA to the State. The change could cause a delay in data reporting.</p>
<p>COVID Update –</p>	<p><u>COVID Numbers:</u> No update provided.</p>

## Sacramento County Emergency Medical Advisory Group

<p><i>Hernando Garzon, MD</i></p>	
<p>Open Discussion – <i>David Magnino</i></p>	<p><u>APOT Workgroup Update:</u> Workgroup continues to meet every other month on the Wednesday prior to EMAG. Hospitals were not represented at the August meeting.</p> <p><u>Computer Aided Dispatch (CAD) Interface:</u> David Magnino presented the EMResource CAD interface. Currently, two (2) ALS providers are online using the interface. An additional provider is expected online by the end of the month. Fire is working towards getting online. Discussion noted some errors/glitches in the wait time numbers, which David will follow up on. Discussion about what’s next and how the interface will be used moving forward.</p> <p><u>New State Regulations - Community Paramedicine and Transport to Alternate Destination:</u> The EMS Commission approved the regulations. The ALJ process has begun and the State is hoping to have a response by November. Hopefully, the regulations will become January 1, 2023 and the statutes that allows the regulations are scheduled to sunset on December 31, 2023. The agency is moving toward submitting a plan to implement some of the regulations, probably the Transport to Alternate Destination.</p> <p><u>Budget Update:</u> David Magnino presented the updated EMS Staffing Roadmap, reviewed the Fiscal Year 2022-23 approved growth (Increase in Medical Director time to 75% and funding the AHA contract for STEMI and Stroke reporting), and pending growth approval for the September budget hearing (Two EMS Specialist positions for data and critical care program support). David expressed the agency’s gratitude of the groups’ support during prior fiscal years and requested their support again either before or during the September 7<sup>th</sup> Board budget meeting for the two (2) additional EMS Specialist positions.</p>
<p>Public Comment</p>	<p>Rose Colangelo - Volunteered to attend the APOT Workgroup and represent Sutter Roseville.</p> <p>David Buettner – Thanked the EMS Agency for the transparency and information provided in the EMS Staffing Roadmap.</p>
<p>Action Item(s)</p>	<p><u>Charter:</u> David Magnino – Amend the Charter to reflect the change in frequency of meetings to be approved at the October EMAG meeting. <b>** Note – David Magnino located a revised Charter, dated 2/13/2020, that reflects the change in meeting frequency.</b></p> <p><u>Data Reporting:</u> Dr. Garzon – At the request of Dr. Kirk, Dr. Garzon to prepare, for the October meeting, geolocation information for STEMI, Stroke and Trauma Treated and Transported Patients.</p> <p><u>CAD Interface:</u> David Magnino – Follow up on the errors and validate that all hospitals can view the CAD Interface in EMResource (Kaiser South is unable to see the CAD Interface).</p> <p><u>APOT Report:</u> David Magnino – Verify that EMAG Members receive the APOT reports.</p>

## Sacramento County Emergency Medical Advisory Group

<p>Closing Remarks and Adjourn – <i>David Magnino</i></p>	<p><u>Future Meetings – In Person or Virtual:</u> On a motion by Michael Kaslin, seconded by Dr. Kirk, and approved through Zoom chat, beginning in October, the EMAG Group will meet in person at 9616 Micron Ave Suite 900 (Conference Room 1). The meeting invitation will be updated and sent out.</p> <p>David thanked everyone for participating in today’s meeting and acknowledged the hard work of everyone in the group.</p> <p>With no additional business to discuss, the meeting adjourned at 3:46 PM, with a motion by Brian Henricksen and a second motion by Dr. Kirk.</p>
<p>Next Meeting</p>	<p><b>Thursday, October 13, 2022 / 2:30 PM – 4:00 PM</b> 9616 Micron Ave. Suite 900 (Conference Room 1)</p>

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# SCEMSA

## 2021 STEMI Transports by Receiving Facility

Query Filters:

LEMSA: Sacramento

Response Type: 911 Response (Scene) – [IFTs filtered out]

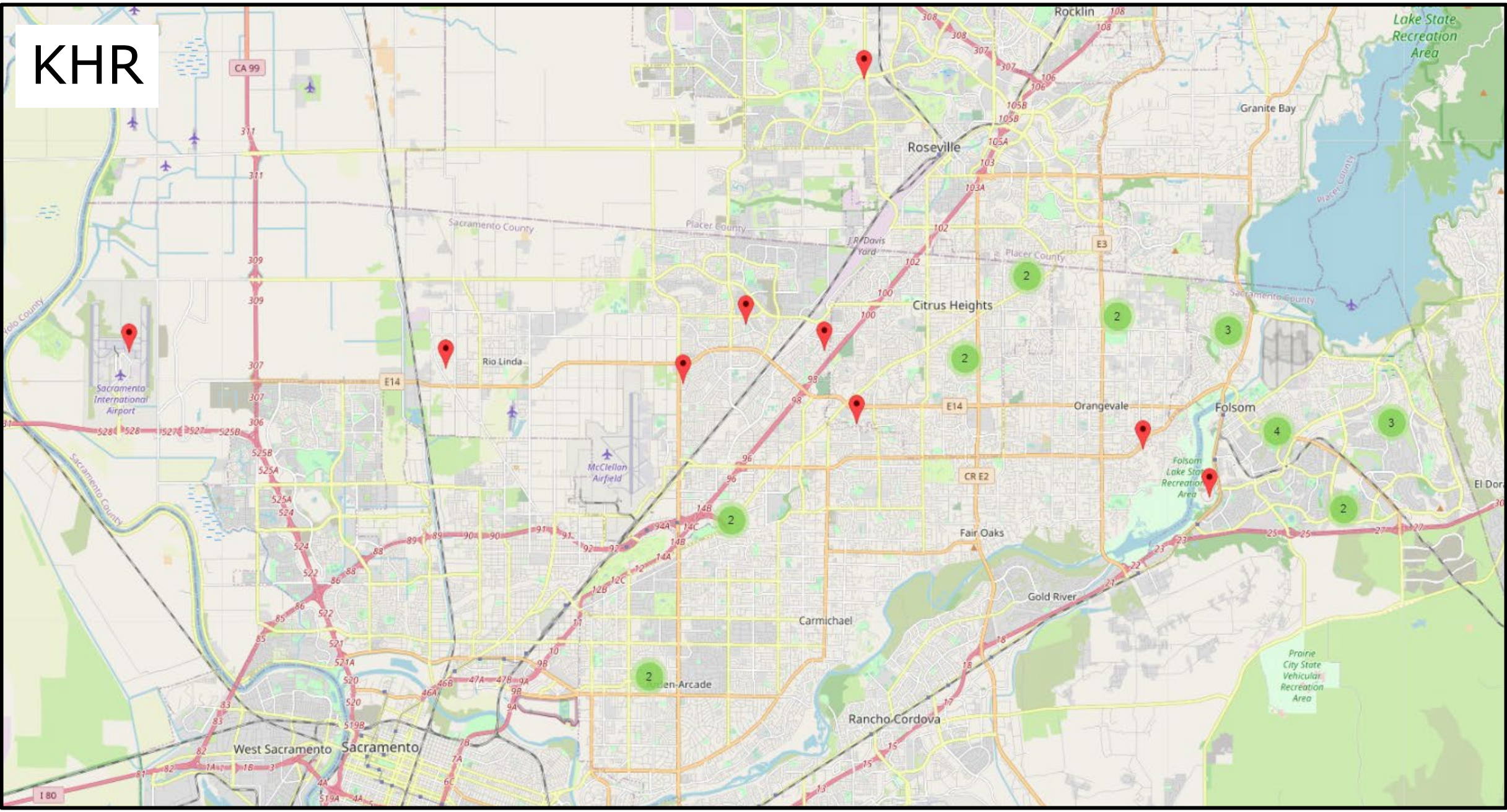
Disposition: treated, Transported

Destination: Hospital ED

# Summary

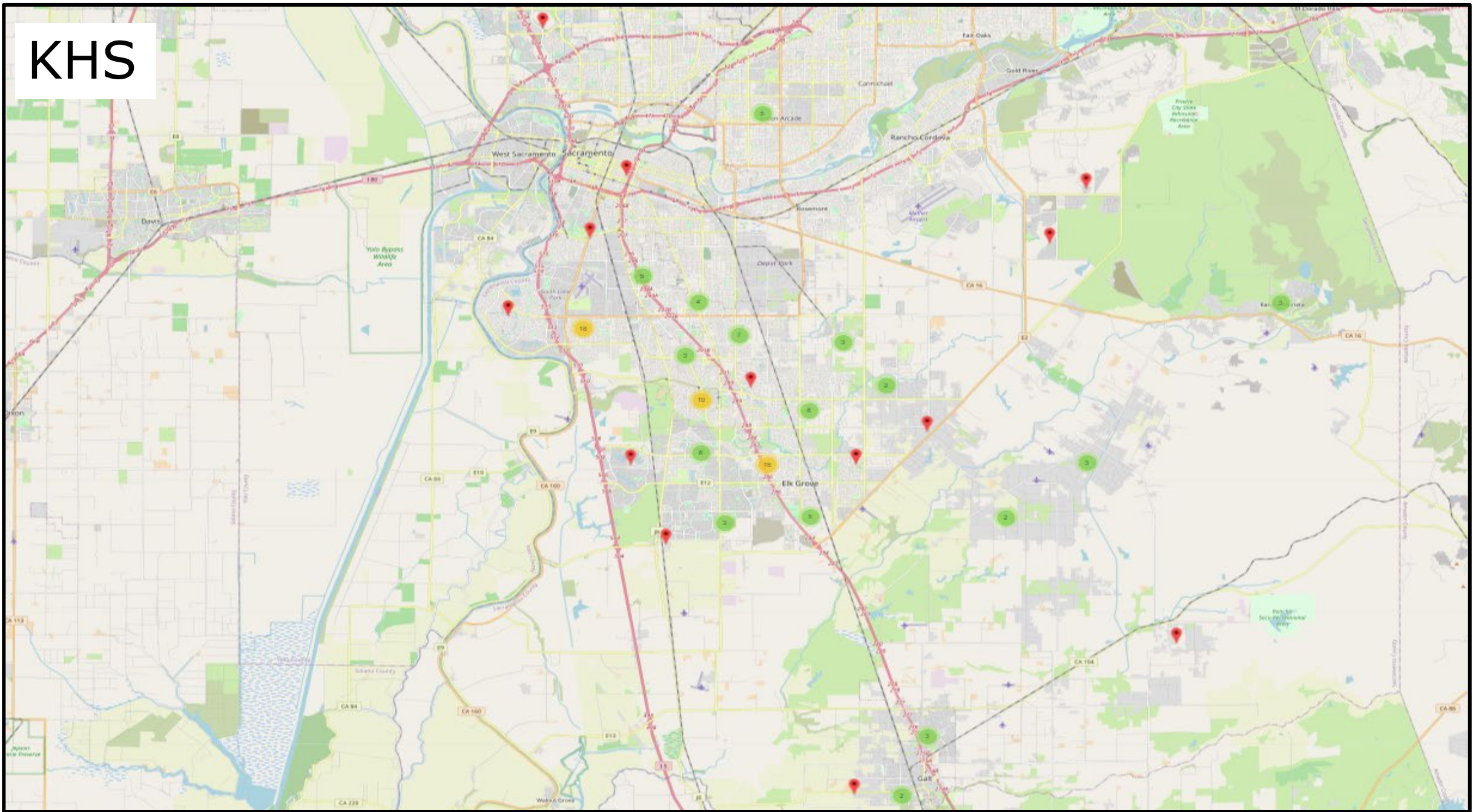
Facility	# of STEMI Transports	# of IFTs miscoded as scene calls
KHR	32	
KHN	2	
KHS	139	5 (from KHN)
MGH	91	
MSJ	163	
MHS (Methodist)	2	
SMCS	68	
SMCR	17	
UCD	44	1 (from the VA)
Total	558	6

# KHR

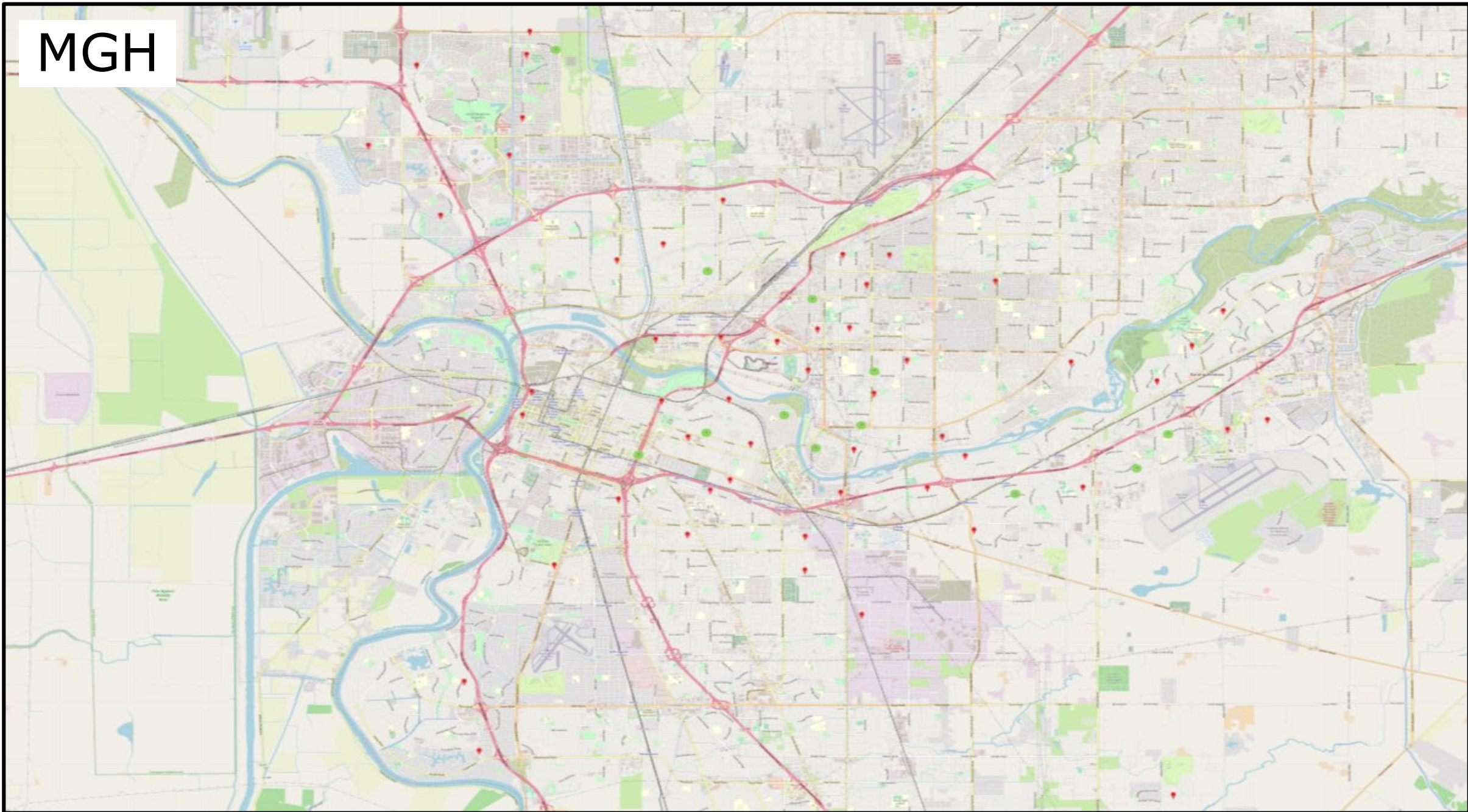




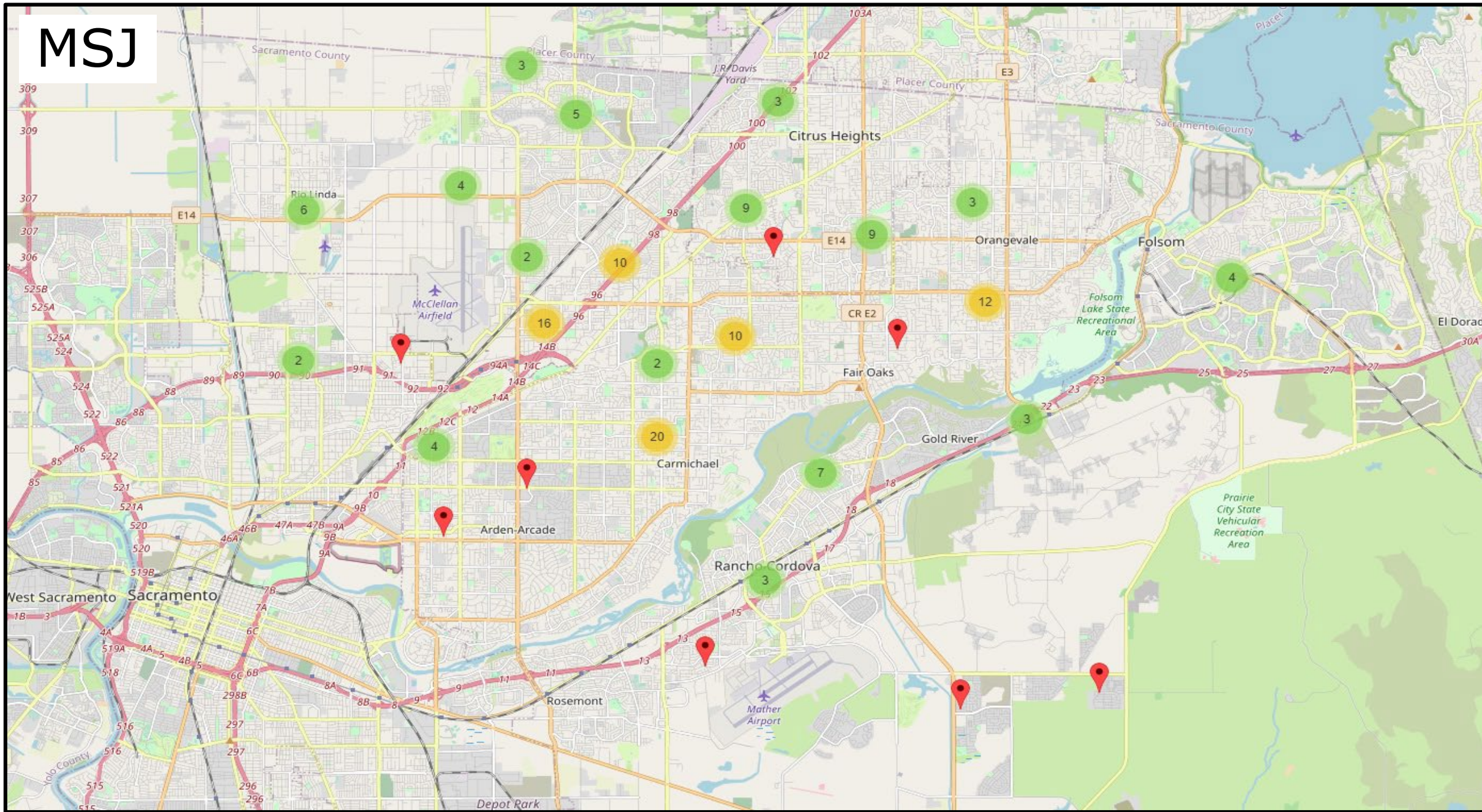
KHS



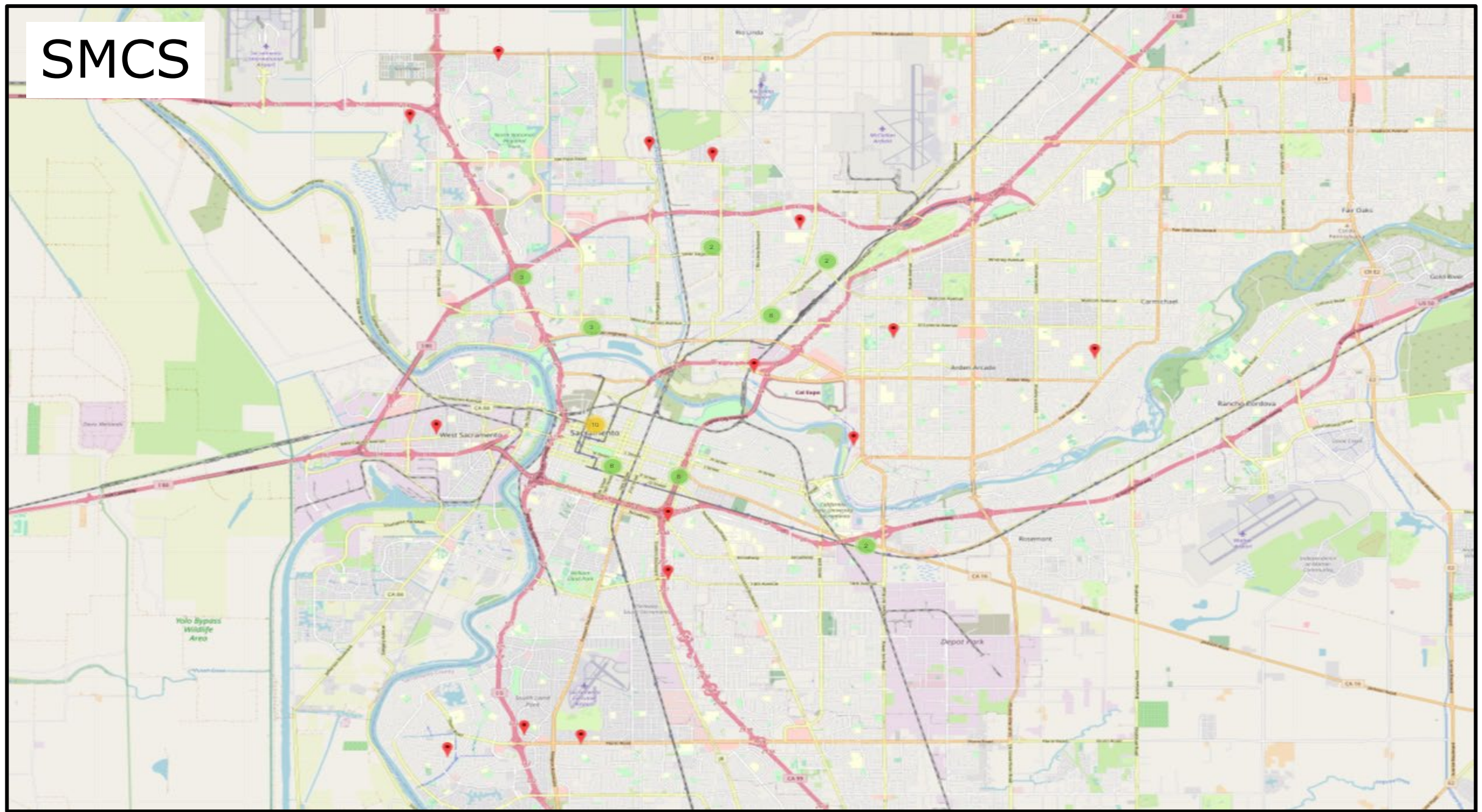
MGH



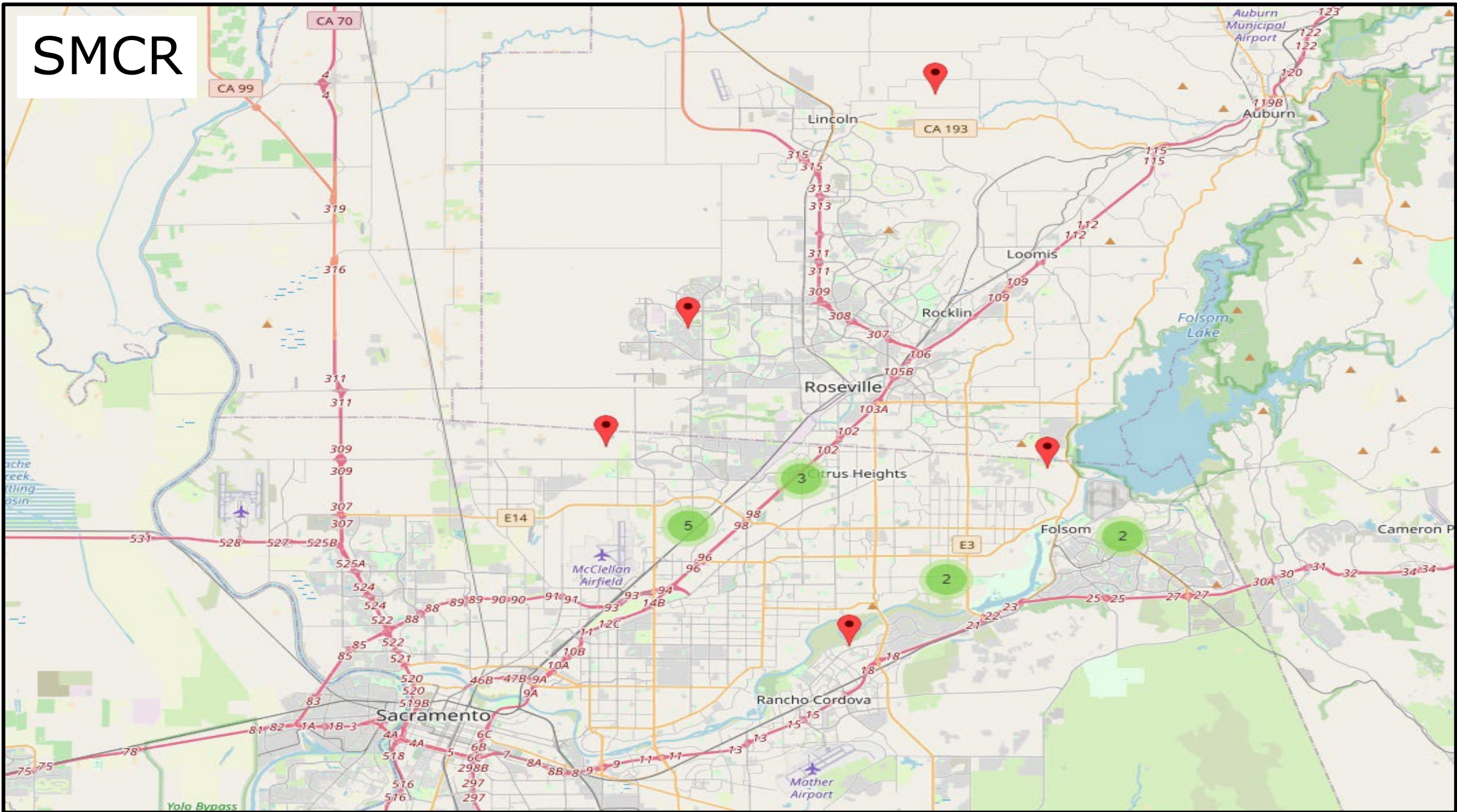
# MSJ



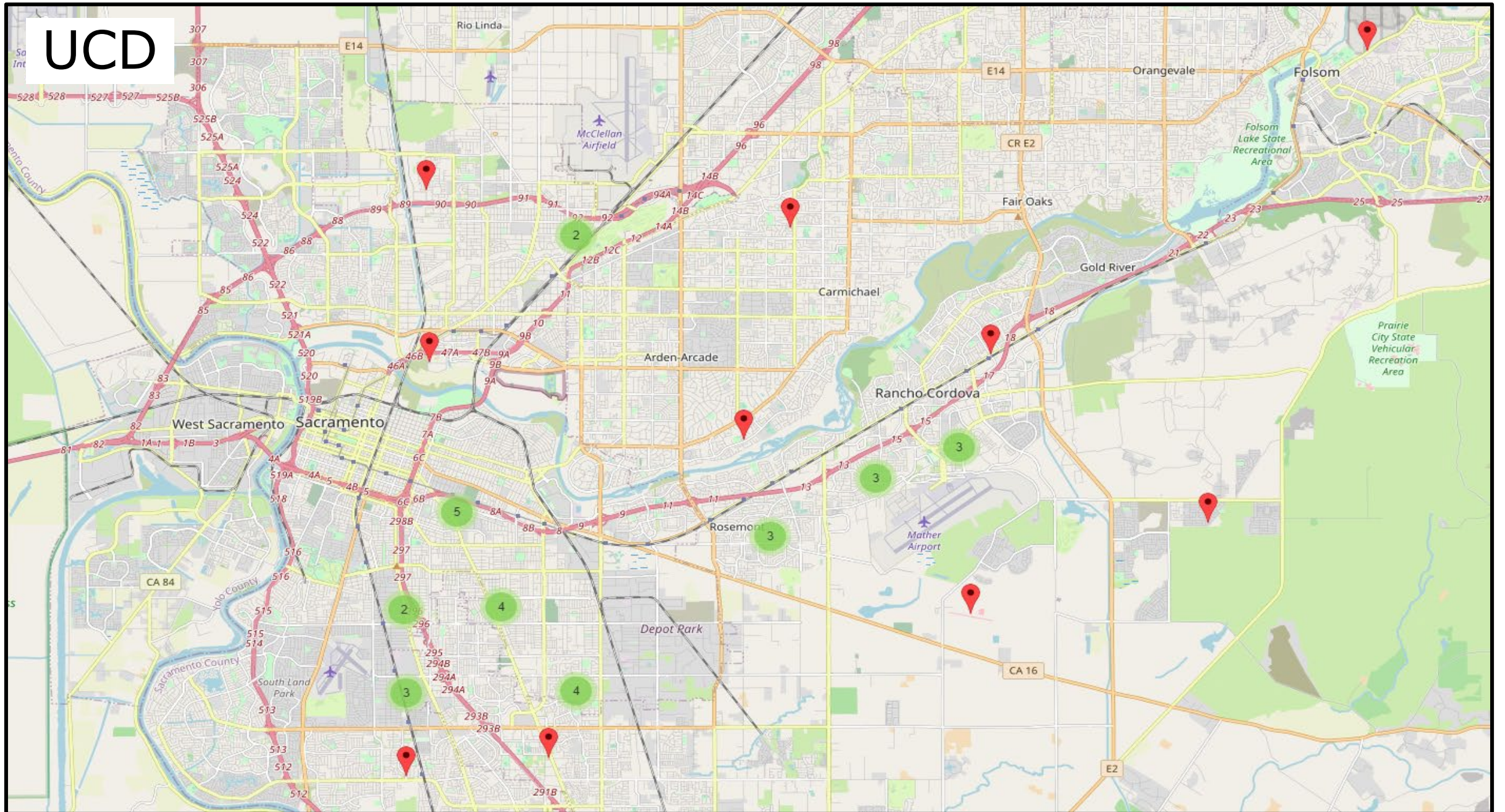
# SMCS



# SMCR



# UCD



**Emergency Medical Services (EMS) Agency**  
**EMS Staffing Roadmap Updated / November 22, 2022**

**Brief Timeline**

August 2, 2019 – Emergency Medical Advisory Group (EMAG) was created and began meeting. The group consists of EMS providers and health system leaders serving Sacramento County.

August 6, 2019 – Emergency Medical Services (EMS) presented a fee package to the Board of Supervisors. The letter addressed new programs and new and/or revised fees. One of the actions taken was to establish and maintain an advisory committee with stakeholder representatives to explore identification of potential sustainable sources of revenue, quality improvement and program planning.

October 8, 2020 – EMAG members discussed convening a work group to draft a letter regarding EMS funding and staffing to the Board of Supervisors. This work group drafted a paper that was presented at the December 10, 2020 and February 11, 2021 meetings.

February 9, 2021 – Brian Jensen, Hospital Council, presented the paper entitled, *Emergency Medical Services in Sacramento County: Solving the Budget and Staffing Shortfalls to Protect Public Health and Safety* on behalf of the EMAG work group. EMAG followed up with staff on February 11, 2021 requesting staff write a roadmap of staffing needs.

June 9, 2021 – Board of Supervisors approved two (2) of the EMS growth requests: Add one (1) EMS Coordinator to administer the Critical Care Programs, and add one (1) EMS Specialist II to develop and administer the Professional Standards program. The EMS space growth to relocate into a larger suite will be decided during the September budget hearing.

September 8, 2021: Board of Supervisors approved the EMS space growth request.

Public Health received funding for a Human Services Program Planner for the Department Emergency Preparedness program. EMS will supervise the position.

June 8, 2022: Board of Supervisors approved to increase Medical Director's time to 75% and fund future contract with American Heart Association – Get with the Guidelines – Stroke and Coronary Artery Disease (CAD).

September 2022: Board of Supervisors approved two (2) EMS Specialist – one (1) for Critical Care Programs and one (1) for Quality Improvement/Data.

At the request of the EMAG, the following document outlines current staffing and future staffing needs in order to improve local EMS systems

**Emergency Medical Services (EMS) Agency  
EMS Staffing Roadmap Updated / November 22, 2022**

**EMS Current Staffing: FY 2022-23**

<b>Position</b>	<b>FTE</b>	<b>Overview of Responsibilities</b>
EMS Administrator	1.0	Administers the EMS program and functions as the Medical/Health Operational Area Coordinator (MHOAC).
Medical Director (Contracted)	0.75	Provides medical oversight and direction of EMS programs, policies, procedures and quality improvement efforts. Facilitates the stakeholder EMS Committees.
EMS Coordinator	2.0	Administers the hospital critical care programs (STEMI-Cardiac, Stroke Critical Care Programs), functions as MHOAC and supervises EMS Specialists responsible for the following programs: ALS providers, QI, Trauma, and Training/Continuing Education.
EMS Specialist	6.0	EMS Specialists administer specified programs: 1) ALS Providers, 2) Training/Education, 3) Quality Improvement/Data (2 Specialists), 4) Professional Standards, and 5) Critical Care Programs. All assist in policy development/revision and complete investigations as assigned. <ul style="list-style-type: none"> <li>2.0 FTE EMS Specialist approved in the FY 2022-23 budget, assigned to the Critical Care and Quality Improvement/Data programs. Hiring in process.</li> </ul>
Human Services Program Planner	1.0	Develops and administers the DHS Emergency Preparedness Program, including; ensuring plans, policies and procedures are developed and maintained; describing operational roles and procedures; assessing employees' level of preparedness; representing DHS in county, regional or state planning; preparing and coordinating response within the department; and assisting with the coordination of the MHOAC and other departments and agencies involved in emergency preparedness.
Administrative Services Officer II	1.0	Administrative functions such as budget, contracts, board letters, billing, online application system, and general administrative support.
Senior Office Assistant	1.0	Administrative functions including but not limited to reception, processing certifications/accreditations, processing payments, data entry and clerical support.
<b>Total Staff</b>	<b>12.75</b>	12.0 FTE County staff / .75 Contracted Medical Director <ul style="list-style-type: none"> <li>An increase of 2.0 FTEs.</li> </ul>

*As noted in the EMAG Briefing document, EMS is understaffed in comparison to other counties. Other comparable county EMS programs have more staff to manage the workload – Alameda County EMS (24 FTE), Santa Clara County (21 FTE), and Contra Costa County (15 FTE). While San Joaquin County is not comparable in size, the EMS Program has 10.3 FTE.*

**EMS Program & Staffing Needs**



**Emergency Medical Services (EMS) Agency  
EMS Staffing Roadmap Updated / November 22, 2022**

Statutory Function	Required / Permissive	Requested Position	FTE	Cost	Request Status	Rationale/Duties
Basic Life Support (BLS) Provider  H&S Code 1797.220 CCR, Division 9, Chapter 2	<u>Required</u> – Not meeting	EMS Specialist Lv2	1.0	\$125,000	FY 2023-24	EMS does not have BLS program oversight or policies. Currently there are several agencies providing BLS services and some requesting to provide BLS services. This position will: <ul style="list-style-type: none"> <li>• Develop and implement the new BLS ambulance provider program.</li> <li>• Conduct annual BLS vehicle and equipment inspections.</li> <li>• In addition to BLS, develop/update EMS Agency policies</li> <li>• Cost for EMS Specialist, Step 5 (\$110,000), plus \$15,000 for furniture, ASD furniture and installation costs, and computer.</li> </ul>
Staff Support  H&S Code, Division 2.5, et.al. CCR, Title 22, Division 9, et.al.	<u>Required</u> – <i>As program expands</i>	Senior Office Specialist (Administrative Support)	1.0	\$6,000	FY 2023-24	EMS is converting the current Senior Office Assistant position to a Senior Office Specialist. Following a job class review, current job duties of the Senior Office Assistant meet the specifications of Senior Office Specialist.
		<b>TOTAL</b>	<b>1.0</b>	<b>\$131,000</b>		

Statutory Function	Required / Permissive	Requested Position	FTE	Cost	Request Status	Rationale/Duties
Training & Education  H&S Code 1797.214	<u>Required</u> – Partially meeting	EMS Coordinator	1.0	\$160,000	Future	EMS does not offer all required training programs. This proposed new position will: <ul style="list-style-type: none"> <li>• Oversee the existing Training Programs (EMT, Paramedic, MICN, EMR and Narcan), the CE Provider Program, and the new Public Education Program.</li> <li>• Develop policies and procedures for training programs.</li> <li>• Monitor compliance with policies and perform audits.</li> <li>• Investigate and respond to complaints regarding the training programs.</li> <li>• Cost: EMS Coordinator, Step 5 (\$145,000), plus \$15,000 for furniture, ASC furniture and installation costs and computer.</li> </ul>
Training & Education  H&S Code 1797.214	<u>Required</u> – Not meeting	Health Educator, Range B	1.0	\$125,201	Future	The position will: <ul style="list-style-type: none"> <li>• Coordinate and oversee evidence-based and quality improvement guided training and education of</li> </ul>

**Emergency Medical Services (EMS) Agency  
EMS Staffing Roadmap Updated / November 22, 2022**

						<p>prehospital personnel, such as, Pediatric Advanced Life Support, Advanced Cardiac Life Support for prehospital personnel.</p> <ul style="list-style-type: none"> <li>• Coordinate, oversee and provide education/certification classes for EMT Training, First Aid, CPR, AED use for the public. (Public training is required but not currently offered.)</li> <li>• Cost: Health Educator, Range B, Step5 (\$110,201), plus \$15,000 for furniture, ASC furniture and installation costs and computer equipment.</li> </ul>
Training & Education	<u>Required</u> – Partially meeting	Administrative Services Officer I	1.0	\$121,174	Future	<p>This position will offer necessary support for the training and education program. It will:</p> <ul style="list-style-type: none"> <li>• Be the primary contact for registration of education classes, coordinating the scheduling, collecting payments, coordinating classes.</li> <li>• Provide support to the Health Educator/EMS Coordinator positions.</li> <li>• Cost: ASO I, Step 5 (\$106,174), plus \$15,000 for furniture, ASC furniture and installation costs and computer.</li> </ul>
Staff Support  H&S Code, Division 2.5, et.al. CCR, Title 22, Division 9, et.al.	<u>Required</u> – <i>As program expands</i>	Sr. Office Assistant (Admin. Support)	1.0	\$87,733	Future	<p>This position will provide:</p> <ul style="list-style-type: none"> <li>• Clerical support to staff.</li> <li>• Public counter coverage.</li> <li>• Cost: Sr. Office Asst., Step 5 (\$72,733), plus \$15,000 for furniture, ASC furniture and installation costs and computer.</li> </ul>
		<b>TOTAL</b>	<b>3.0</b>	<b>\$400,961</b>		

Future Operational Needs	Requested Item (Function)	Annual Cost	Request Status	Rationale
Personnel Certification	ImageTrend License Management	\$88,000*	FY 2023-24	<p>The County Dept. of Technology is moving away from its current personnel certification/licensing program (Accela). ImageTrend is the EMS standard leader in EMS licensing software/program and will include inspection and investigation software.</p> <p>*The \$88,000 is the first year costs. Ongoing costs after the first year are \$73,000 (not including an annual escalator of up to 5%).</p>

**Emergency Medical Services (EMS) Agency  
EMS Staffing Roadmap Updated / November 22, 2022**

				DTech annual cost for Accela is \$26,000. Net increase to SCEMSA is \$62,000 the first year and \$47,000 ongoing.
Data Repository	ImageTrend Data Repository	\$247,700**	FY 2023-24	Currently, Inland Counties Emergency Medical Agency (ICEMA) is the State's data repository and SCEMSA contracts with ICEMA for access to the repository. ICEMA is no longer the State's data repository, and the County must contract with ImageTrend to access the State's data repository. Access to the data repository is required by statute. **\$247,700 is the first year cost. Ongoing costs is \$191,250 (not including an annual escalator of up to 5%). ICEMA contract is \$35,000. Net increase cost to SCEMSA is \$212,700 the first year and \$156,250 ongoing.
Emergency Preparedness	Mobile Medical Shelter (MMS) Warehouse	\$23,000	FY 2024-25	Future lease cost for MMS warehouse. Estimated annual lease cost includes warehouse (\$12,000) and exterior gated storage area (\$11,000). <i>Currently, the warehouse lease (\$12,000) is funded via County Office of Emergency Services for a (3) year period ending November 30, 2023.</i> <ul style="list-style-type: none"> <li>American Relief Funding requested.</li> </ul>
Training & Education	Equipment & Supplies	\$30,000	Future	If training and education programs are approved, there is approximately a one-time cost of \$30,000 for equipment and supplies.
	<b>TOTAL</b>	<b>\$388,700</b>		

Statutory Function	Required / Permissive	Requested Position	FTE	Cost	Request Status	Rationale/Duties
Community Paramedicine and Transport to Alternate Destinations Program  H&S Code, Division 2.5, et.al. CCR, Title 22, Division 9, Chap. 5 et.al.	<u>Permissive – New Regulations</u>	EMS Specialist	1.0	\$125,000	Future	EMS does not have a Community Paramedicine and Transport to Alternate Destinations program. This position will be dedicated to: <ul style="list-style-type: none"> <li>Develop and implement a Community Paramedicine and Transport to Alternate Destinations program</li> <li>Cost for EMS Specialist, Step 5 (\$110,000), plus \$15,000 for furniture, ASD furniture and installation costs, and computer:</li> <li>Conduct annual Community Paramedicine vehicle and equipment inspections.</li> </ul>
		<b>TOTAL</b>	<b>1.0</b>	<b>\$125,000</b>		

**Emergency Medical Services (EMS) Agency  
EMS Staffing Roadmap Updated / November 22, 2022**

**Areas for Future Exploration**

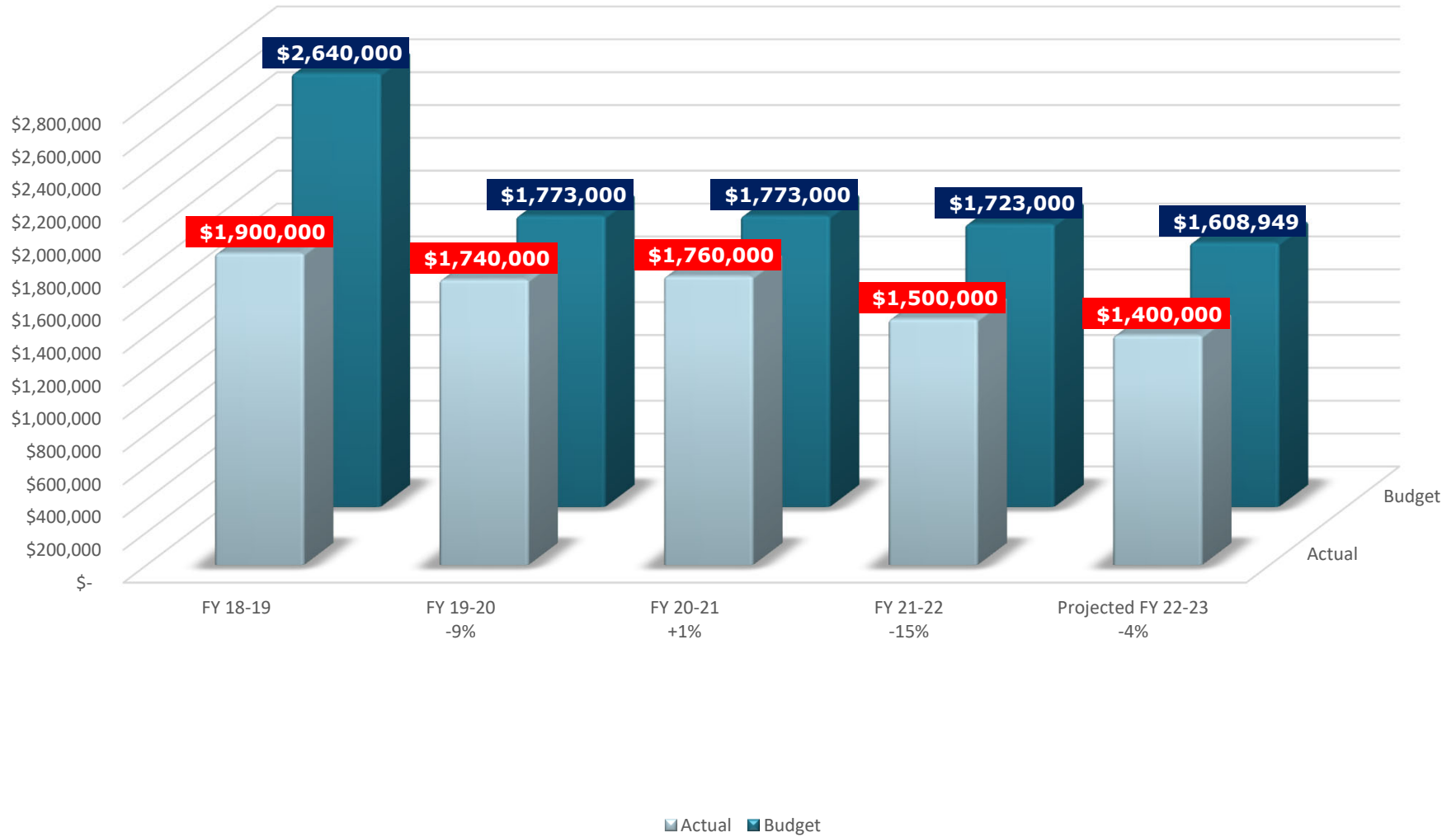
During 2019 and recent stakeholder discussions, a few programs were briefly discussed and require more stakeholder/program review. These include the following:

- EMS for Children: This is an optional specialty program defined by the State EMSA and adopted by many counties. The goal of the program is to ensure that acutely ill and injured children have access to high quality, coordinated, and comprehensive emergency and critical care services appropriate for the special needs of children. This is a continuum of care beginning with the detection of sick or injured children and transport to the appropriate emergency department through rehabilitation. *Health & Safety Code, Chapter 12, Section 1799.202 et.al. and CA Code of Regulations, Title 22, Division 9, Chapter 14.*
- Critical Care Transport-Paramedic Program: This is an optional program that allows EMS providers to provide inter-facility critical care transport. These services provide a higher level of prehospital emergency care which reduces the impact on local emergency departments. *CA Code of Regulations, Title 22, Division 9, Chapter 4.*
- Electronic Patient Care Report (ePCR): During the Board of Supervisors Hearing in February, a board member asked if utilization of a single ePCR would help the hospital systems. Currently, there are seven different ePCR platforms. ePCR data submission is required in the H&S Code 1797.227. This item requires stakeholder discussion since public and private entities have invested in their individual ePCR platforms and would be a major change.
- Community Paramedicine and Transport to Alternate Destinations Program: This is an optional program that allows local EMS Agency to implement a program which allows EMS providers to assess and treat and/or transport patients to pre-approved alternate destinations rather than the emergency departments. These services will reduce the impact on local emergency departments. **NEW REGULATIONS:** *CA Code of Regulations, Title 22, Division 9, Chapter 5.*

FY 2022-23 Budgeted VCF Revenue	Maddy	Richie	Total Budgeted VCF Revenue	VCF Revenue Percentage Breakdown
	\$ 804,475	\$ 804,475	\$ 1,608,949	
10% Administration	\$ 80,447	\$ 80,447	\$ 160,895	10%
15% Pediatric Trauma	\$ -	\$ 120,671	\$ 120,671	8%
<b>REMAINING</b>	\$ 724,027	\$ 603,356	\$ 1,327,383	
58% Physician Claims	\$ 419,936	\$ 349,946	\$ 769,882	48%
25% Trauma Centers	\$ 181,007	\$ 150,839	\$ 331,846	21%
17% EMS Discretionary	\$ 123,085	\$ 102,570	\$ 225,655	14%
Maddy/Richie Revenue to EMS			\$ 386,550	24%
Physician Claim Contractor Payment			\$ 126,000	8%
Total Maddy/Richie Revenue to EMS			\$ 260,550	16%

FY 2022-23 Projected VCF Revenue	Maddy	Richie	Total Budgeted VCF Revenue	VCF Revenue Percentage Breakdown
	\$ 700,000	\$ 700,000	\$ 1,400,000	
10% Administration	\$ 70,000	\$ 70,000	\$ 140,000	10%
15% Pediatric Trauma	\$ -	\$ 105,000	\$ 105,000	8%
<b>REMAINING</b>	\$ 630,000	\$ 525,000	\$ 1,155,000	
58% Physician Claims	\$ 365,400	\$ 304,500	\$ 669,900	48%
25% Trauma Centers	\$ 157,500	\$ 131,250	\$ 288,750	21%
17% EMS Discretionary	\$ 107,100	\$ 89,250	\$ 196,350	14%
Maddy/Richie Revenue to EMS			\$ 336,350	24%
Physician Claim Contractor Payment			\$ 126,000	9%
Total Maddy/Richie Revenue to EMS			\$ 210,350	15%

# VCF Budget vs Actuals



### VCF Received By Fiscal Year

