



HEALTH SERVICES AGENCY  
ADMINISTRATION

# COUNTY OF SANTA CRUZ<sup>0243</sup>

---

## HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE  
SANTA CRUZ, CA 95061

(408) 454-4066 FAX: (408) 454-4770

TDD: (408) 454-4123

October 17, 2000

AGENDA: November 7, 2000

### BOARD OF SUPERVISORS

County of Santa Cruz

701 Ocean Street

Santa Cruz, CA 95061

Subject: **Request for Approval of Fixed Assets and a fund transfer  
for Emergency Medical Service (EMS) Printers**

Dear Board Members:

The Santa Cruz Consolidated Emergency Communications Center (SCCECC) answers and dispatches emergency medical calls to ambulance field units throughout the County. SCCECC works with the Health Services Agency EMS division to coordinate and provide vital data for analysis of the EMS system and quality of care issues. For some time, there have been problems with the EMS printers at the two hospitals. The quality of the printing and level of repairs required was not satisfactory and created issues for Advanced Life Support medics, the EMS administrator, and the hospitals who have to read the reports.

These printers are responsibility of the EMS agency and were budgeted for in the 2000-2001 Health Services Agency budget as part of the health department data system upgrades. New "Tear and run" printers for emergency medical services data are needed at the two emergency receiving hospitals in order that responding ambulance units have essential and detailed information to complete their Santa Cruz County Patient Care Records (PCRs).

If the Board approves these fixed assets, the "tear and run" printers will be installed and supported by SCCECC in the paramedic charting rooms at the two emergency receiving hospitals. SCCECC will cover the monthly telephone charges associated with the operation of the printers.

It is, therefore, recommended that your Board:

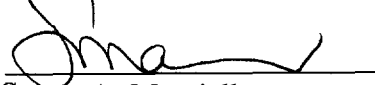
- 1) Approve the attached transfer of appropriations to fixed assets in the amount of \$7,202.
- 2) Approve the fixed asset purchase of two “tear and run” printers in the amount of \$3,601 each.
- 3) Approve payment to the Santa Cruz Consolidated Emergency Communications Center in the amount of \$7,202 for the “tear and run” printers, and \$3,980 for the implementation, installation, and telephone line support.

Sincerely,



Rama Khalsa, Ph.D., Administrator  
Health Services Agency

RECOMMENDED



Susan A. Mauriello  
County Administrative Officer

cc: CAO  
HSA Administration  
County Counsel  
Auditor-Controller  
EMS Manager

**COUNTY OF SANTA CRUZ**  
REQUEST FOR TRANSFER OR REVISION  
OF BUDGET APPROPRIATIONS AND/OR FUNDS

0245

Department: Health Services Agency

Date: 10/12/00

TO: Board of Supervisors / County Administrative Officer / District Board

I hereby request your approval of the following transfer of budget appropriations and/or funds in the fiscal year ending June 30, ~~19~~ 2001

AUDITORS USE ONLY			
DOCUMENT #	AMOUNT	L/N	T/C HASH
JF 6	14404:00	02	43

BATCH #	
DATE	Keyed By:

	T/C	INDEX	SUBJECT	USER CODE	AMOUNT	ACCOUNT DESCRIPTION *
T R A N S F E R	0,2,1	3,6,5,0,0,2	8,4,0,4		72,0200	Equipment
F R O M	0,2,2	3,6,5,0,0,2	3,6,6,5		72,0200	Professional Services

Explanation:

**Transfer appropriations to fixed assets for "tear and run" printers**

Name Ramakrishna Title HSA Administrator

Auditor-Controller's Action: I hereby certify that unencumbered balance(s) is/are available in the appropriations/funds and in the amounts indicated above.

Auditor-Controller, by Ronald J. Aiken, Deputy Date 10/12/00

County Administrative Officer's Action: ☒ Recommended to Board ☐ Approved ☐ Not Recommended or Approved

County Administrative Officer GA Sch A - - G - - - Date 0/13/00

State of California }  
County of Santa Cruz } ss. As the Clerk of the Board of Supervisors of the County of Santa Cruz, I do hereby certify that the foregoing request for transfer was approved by said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered in the minutes of said Board on

\_\_\_\_\_, 19\_\_\_\_, By \_\_\_\_\_, Deputy Clerk

(A-C)\* Desc: \_\_\_\_\_ Item: \_\_\_\_\_ - Budget Transfer

Distribution: BRD. NAME AGENDA DATE ITEM NO.  
White-Board of Supervisors Green-County Administrative Officer Goldenrod-Departmental Control Copy  
Yellow-Auditor-Controller Pink-Originating Department

A-C Review		