Coastal Valleys
Emergency Medical Services Agency

Serving the counties of Mendocino & Sonoma

EMERGENCY MEDICAL SERVICES SYSTEM PLAN

2018-2019

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EXECUTIVE SUMMARY

The Coastal Valleys Emergency Medical Services Agency (CVEMSA) currently serves the counties of Mendocino and Sonoma. The Agency has served as the two counties since 1994 and also served Napa County from 1994-July 1, 2011. This plan represents the 2018-2019 update of the agency's EMS plan. The agency's primary responsibility is to plan, implement and evaluate an emergency medical services (EMS) system which meets the minimum standards developed by the California EMS Authority.

State law requires EMS agencies to develop plans for the delivery of emergency medical services (paramedic treatment, ambulance transport, trauma services, etc.) to the victims of sudden illness or injury within the geographic area served by the EMS agency. These plans must be consistent with state standards and address the following components:

- System organization and management
- Staffing and training
- Communications
- Response & Transportation
- Facilities and critical care
- Data collection and evaluation
- Public information and education
- Disaster medical response

The process of assessing system needs and developing plan objectives revealed that major improvements have been made in the overall EMS system since the creation of the respective county LEMSAs in the early 1980's as well as the region itself in the mid 1990's. However, several components of the EMS system remain target areas for updating and revision.

The "System Needs and Plan Objectives" section is the centerpiece of the EMS System Plan. This section describes the current status, needs, objectives and time-line of each component of the EMS system. The needs and the objectives listed in the EMS System Plan were identified and developed by comparing our current EMS system with the California EMS Authority's EMS System Standards and Guidelines and commensurate evaluation and feedback from the EMS Authority. Some of the major objectives of the CVEMSA EMS System Plan include:

- Continued development of the CVEMS region.
- Establishing and maintaining ALS service capability throughout the region.
- Continued development and refinement of the regional CQI program and process.
- Revising and updating EMT and Paramedic field treatment protocols.
- Evaluating the respective counties' EMS communications systems.
- Identifying the optimal roles and responsibilities of EMS system participants including the respective counties' EMCC.
- Continued development of a regional trauma care system.

The objectives listed in the EMS System Plan will be used to guide the CVEMSA in monitoring and improving the EMS system over the next year.

ASSESSMENT OF SYSTEM

SUMMARY OF SYSTEM STATUS

This section provides a summary of how the Coastal Valleys Emergency Medical Services System meets the State of California's EMS Systems Standards and Guidelines. An "x" placed in the first column indicates that the current system does not meet the State's minimum standard. An "x" placed in the second or third column indicates that the system meets either the minimum or recommended standard. An "x" is placed in one of the last two columns to indicate the time frame the agency has established for either meeting the standard or revising the current status. A complete narrative description of each standard along with the objective for establishing compliance is included in the System Needs and Plan Objectives Section of this plan.

SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:						
1.01	LEMSA Structure		x	n/a	x	x
1.02	LEMSA Mission		x	n/a	x	x
1.03	Public Input		x	n/a	x	x
1.04	Medical Director		x	x		x
Planning Activities:						
1.05	System Plan		x	n/a	x	x
1.06	Annual Plan Update		x	n/a	x	
1.07	Trauma Planning		x	x	x	x
1.08	ALS Planning		x	n/a	x	x
1.09	Inventory of Resources		x	n/a	x	
1.10	Special Populations		x	x	x	x
1.11	System Participants		x	x	x	x
Regulatory Activities:						
1.12	Review & Monitoring		x	n/a	x	x
1.13	Coordination		x	n/a	x	x
1.14	Policy & Procedures Manual		x	n/a	x	x

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.15	Compliance w/Policies		x	n/a	x	x
System Finances:						
1.16	Funding Mechanism		x	n/a	x	x
Medical Direction:						
1.17	Medical Direction		x	n/a	x	x
1.18	QA/QI		x	x	x	x
1.19	Policies, Procedures, Protocols		x	x	x	x
1.20	DNR Policy		x	n/a		x
1.21	Determination of Death		x	n/a		x
1.22	Reporting of Abuse		x	n/a		x
1.23	Interfacility Transfer		x	n/a	x	x
Enhanced Level: Advanced Life Support						
1.24	ALS Systems		x	x	x	x
1.25	On-Line Medical Direction		x	x	x	x
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		x	n/a	x	x
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		x	n/a	x	x
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		x	n/a	x	x

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
2.01	Assessment of Needs		x	n/a	x	x
2.02	Approval of Training		x	n/a	x	x
2.03	Personnel		x	n/a	x	x
Dispatchers:						
2.04	Dispatch Training		x	x	x	x
First Responders (non-transporting):						
2.05	First Responder Training		x	x	x	x
2.06	Response		x	n/a	x	x
2.07	Medical Control		x	n/a	x	x
Transporting Personnel:						
2.08	EMT-I Training		x	x	x	x
Hospital:						
2.09	CPR Training		x	n/a		x
2.10	Advanced Life Support		x	x		x
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		x	n/a		x
2.12	Early Defibrillation		x	n/a		x
2.13	Base Hospital Personnel		x	n/a		x

C. COMMUNICATIONS

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:					
3.01 Communication Plan		x	x		x
3.02 Radios		x	x		x
3.03 Interfacility Transfer		x	n/a		x
3.04 Dispatch Center		x	n/a		x
3.05 Hospitals		x	x		x
3.06 MCI/Disasters		x	n/a		x
Public Access:					
3.07 9-1-1 Planning/ Coordination		x	x		x
3.08 9-1-1 Public Education		x	n/a	x	x
Resource Management:					
3.09 Dispatch Triage		x	x		x
3.10 Integrated Dispatch		x	x		x

D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
4.01	Service Area Boundaries		x	x	x	x
4.02	Monitoring		x	x	x	
4.03	Classifying Medical Requests		x	n/a		x
4.04	Prescheduled Responses		x	n/a	x	x
4.05	Response Time		x	x	x	x
4.06	Staffing		x	n/a		x
4.07	First Responder Agencies		x	n/a		x
4.08	Medical & Rescue Aircraft		x	n/a		
4.09	Air Dispatch Center		x	n/a		x
4.10	Aircraft Availability		x	n/a		x
4.11	Specialty Vehicles		x	x		x
4.12	Disaster Response		x	n/a		
4.13	Intercounty Response		x	x		x
4.14	Incident Command System		x	n/a	x	x
4.15	MCI Plans		x	n/a	x	x
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		x	x	x	x
4.17	ALS Equipment		x	n/a	x	x
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		x	n/a		
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		x	n/a	x	x
4.20	“Grandfathering”		x	n/a		x
4.21	Compliance		x	n/a	x	x

4.22 Evaluation		x	n/a	x	x

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		x	x		x
5.02	Triage & Transfer Protocols		x	n/a		x
5.03	Transfer Guidelines		x	n/a		x
5.04	Specialty Care Facilities		x	n/a	x	x
5.05	Mass Casualty Management		x	x	x	x
5.06	Hospital Evacuation		x	n/a	x	x
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation		x	n/a	x	x
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		x	n/a	x	x
5.09	Public Input		x	n/a	x	x
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		x	n/a	x	x
5.11	Emergency Departments		x	x	x	x
5.12	Public Input		x	n/a		x
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		x	n/a	x	x
5.14	Public Input		x	n/a		x

F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
6.01	QA/QI Program		x	x	x	x
6.02	Prehospital Records		x	n/a	x	x
6.03	Prehospital Care Audits		x	x	x	x
6.04	Medical Dispatch		x	n/a	x	x
6.05	Data Management System		x	x	x	x
6.06	System Design Evaluation		x	n/a	x	x
6.07	Provider Participation		x	n/a	x	x
6.08	Reporting		x	n/a	x	x
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		x	x		
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		x	n/a	x	x
6.11	Trauma Center Data		x	x	x	x

G. PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
7.01	Public Information Materials		x	x	x	x
7.02	Injury Control		x	x	x	x
7.03	Disaster Preparedness		x	x	x	x
7.04	First Aid & CPR Training		x	x	x	x

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning		x	n/a	x	x
8.02	Response Plans		x	x	x	x
8.03	HazMat Training		x	n/a	x	x
8.04	Incident Command System		x	x	x	x
8.05	Distribution of Casualties		x	x	x	x
8.06	Needs Assessment		x	x		x
8.07	Disaster Communications		x	n/a		x
8.08	Inventory of Resources		x	x	x	x
8.09	DMAT Teams		x	x	x	x
8.10	Mutual Aid Agreements		x	n/a	x	x
8.11	CCP Designation		x	n/a	x	x
8.12	Establishment of CCPs		x	n/a	x	x
8.13	Disaster Medical Training		x	x	x	x
8.14	Hospital Plans		x	x	x	x
8.15	Interhospital Communications		x	n/a		x
8.16	Prehospital Agency Plans		x	x		x
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		x	n/a		x
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		x	n/a		x
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		x	n/a		x

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.01 LEMSA STRUCTURE

MINIMUM STANDARDS:

Each local EMS agency shall have a formal organization structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Oversight of the Regional EMS Agency is presently provided by a committee comprised of the Directors of Public Health (or Department of Health Services) from Mendocino and Sonoma and the Regional Administrator (Regional Directors Committee -RDC).

The Agency staff is comprised of a Medical Director, who is Board Certified in Emergency Medicine, an EMS Administrator and an additional 5.0 FTE employees. Other non-agency resources include base hospital medical directors, base hospital nurse liaisons, provider QI coordinators and provider training coordinators.

NEED(S):

To maintain staffing, review and modify job descriptions and employee classifications as needed to keep with the mission and goals of this Agency and Plan. Maintain a Regional Directors Committee in lieu of a permanent organization of governance (i.e. JPA)

OBJECTIVE:

Develop secure funding sources to adequately finance agency operations and personnel requirements. Minimum staffing is maintained and minimum requirements are met by utilization of EMS Agency Fund balance and contributions from the County of Sonoma Department of Health Services.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.02 LEMSA MISSION

MINIMUM STANDARDS:

Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement (QA/QI) and evaluation processes to identify system changes.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The CVEMSA was created in FY 98-99. While individual member counties have comprehensive emergency medical services systems, the regional system is evaluated on an ongoing basis by the CVEMSA. The continuing evaluation of the system is being accomplished through the writing of the region's updated EMS Plan.

NEED(S):

Ensure continued evaluation of system performance against established benchmarks. Maintain a system wide CQI plan and process.

OBJECTIVE:

Use the agency's Medical Advisory Committee and public evaluations by the Regional Advisory Committee, County Emergency Medical Care Committees and other review bodies to identify needed system changes. Implement and incorporate the regional ImageTrend data system into the LEMSA CQI process to inform the planning and improvement process

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ORGANIZATION AND MANAGEMENT

1.03 PUBLIC INPUT

MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism (including EMCCs and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies and procedures, as described in the State EMS Authority's EMS Systems Standards and Guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Each member county has a functioning Emergency Medical Care Committee / Council that reviews local operations, policies and practices. A Regional Directors Committee (RDC) comprised of one Public Health or Department of Health Services (DHS) administrator from each member county meets quarterly to review and discuss issues affecting CVEMSA. All meetings of the respective BOS and county EMCCs are open to the public with time allocated on each agenda for open public comments. Additionally, impacted groups are routinely notified and provided with an opportunity to provide input in advance of issues being brought before the respective BOS. All policies and procedures are kept on a public access website, including draft and pending actions. Input is solicited from all interested parties.

NEED(S):

Ensure that appropriate consumer and health care provider input is obtained regarding the development of plans, policies and procedures.

OBJECTIVE:

Monitor and amend, as needed, the structure of the agency's advisory committees (such as MAC) to best meet the needs of the EMS system while continuing to provide a mechanism for public input concerning EMS system design and performance.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ORGANIZATION AND MANAGEMENT

1.04 MEDICAL DIRECTOR

MINIMUM STANDARDS:

Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

RECOMMENDED GUIDELINES:

The local EMS agency medical director should have administrative experience in emergency medical services systems.

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and pre-hospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

CURRENT STATUS: *meets minimum standard*

The CVEMSA Medical Director possesses Board Certification in Emergency Medicine and previous experience as a LEMSA Medical Director. The EMS Medical Director provides medical oversight to all portions of the region.

The regional Medical Advisory Committee has been established. The Medical Director attends MAC meetings, member county EMCC meetings, CQI meetings, Trauma Advisory and clinical project group meetings. The Medical Director communicates regularly and meets weekly with the regional staff.

NEED(S):

Ensure medical direction of the EMS system.

OBJECTIVE:

Monitor and amend, as needed, the structure of the agency's medical advisory committees to best meet the needs of the EMS system.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.05 SYSTEM PLAN

MINIMUM STANDARDS:

Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority.

The plan shall:

- assess how the current system meets these guidelines,
- identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
- provide a methodology and time-line for meeting these needs.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Completion of this annual plan update fulfills the requirements of this standard.

NEED(S):

Ensure that the EMS System plan meets community needs and provides for the appropriate utilization of resources. Meet the identified and prioritized standards contained within this plan

OBJECTIVE

Monitor and amend the EMS system plan, as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ORGANIZATION AND MANAGEMENT

1.06 ANNUAL PLAN UPDATE

MINIMUM STANDARDS:

Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Completion of this annual plan update fulfills the requirements of this standard.

NEED(S):

Annually evaluate the EMS system plan to determine progress in meeting EMS plan objectives and system changes.

OBJECTIVE:

Submit an annual update of the EMS system plan to the State EMS Authority, which reflects system changes and progress made in meeting plan objectives.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ORGANIZATION AND MANAGEMENT

1.07 TRAUMA PLANNING

MINIMUM STANDARDS:

The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

CURRENT STATUS: *meets minimum standard*

A Level II Trauma Center and Level IV Trauma Center have been established in Sonoma County and Mendocino County to serve Mendocino, Napa and Sonoma counties, as well as portions of Lake and Marin counties. A medical evaluation site visit was conducted by ACS of Trauma Centers (Santa Rosa Memorial - Level II) in 2002, 2003, 2005, and 2010. SRMH maintains ACS verification. UVMC in Ukiah was designated as a Level IV trauma Center in 2010. A regional Trauma Advisory Committee (TAC) meets quarterly. The LEMSA staff includes a regional Trauma Coordinator. Integration of trauma data into CQI process has been initiated through HRSA grant funding. The region currently captures and transmits CEMSIS compliant trauma data to the EMS Authority.

COORDINATION WITH OTHER EMS AGENCIES:

The demographics and geography of the CVEMS system requires all specialty care planning to consider adjoining systems when determining resource availability and catchment areas. Patient destination policies consider closest appropriate destination without reference to LEMSA boundaries.

NEED(S):

Ensure the availability of trauma services for critically injured patients.

OBJECTIVE:

Continue refining a regional trauma care system. Integrate ImageTrend EMS regional data system into Trauma System data collection and CQI process as appropriate.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.08 ALS PLANNING

MINIMUM STANDARDS:

Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Advanced life support ambulance services are provided as the minimum standard for emergency (9-1-1) medical requests in each county's major urban centers (and bulk of the respective populations) in the EMS system. 91% of Mendocino and all of Sonoma County is ALS. BLS service areas in Mendocino are backed up by both ground and air ALS. Pilot programs are either implemented or proposed and in planning stages to add ALS coverage to BLS transport agencies within Mendocino County. Development of an EOA within Mendocino County is included within this plan and will include provision to provide ALS to the areas without primary ALS transport.

COORDINATION WITH OTHER EMS AGENCIES:

North Coast EMS Region, Napa and Marin County EMS provide ALS resource response coordination into certain portions of the CVEMS region.

NEED(S):

Ensure the optimal provision of ALS services throughout the EMS system. Provider agreements and ongoing funding for monitoring and oversight needed. Primary designated ALS for underserved areas of Mendocino County.

OBJECTIVE:

Award through a competitive process an EOA within Mendocino County. Continue to monitor the provision of ALS and make changes as necessary to ensure delivery of the optimal level of service available.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.09 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Completion of this plan fulfills the requirements of this standard.

NEED(S):

CVEMSA continues to coordinate MHOAC roles and responsibilities with both Mendocino and Sonoma counties Public Health Preparedness programs.

OBJECTIVE:

Periodically update the resource directories included in this plan.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ORGANIZATION AND MANAGEMENT

1.10 SPECIAL POPULATIONS

MINIMUM STANDARDS:

Each local EMS agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

RECOMMENDED GUIDELINES:

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

CURRENT STATUS: *meets minimum standard*

Identification of special population groups has begun but not to the satisfaction of the agency. Establishment of two designated EMS dispatch centers, QI process linkage on a region-wide basis and feedback loops within the respective EMCCs has assisted with better target identification. An EMS-C program was established within the region during FY 2000-2002 and remains active. Additionally, the Agency is working with the respective county Public Health Preparedness groups which are in the process of identifying special populations through HPP and CDC grant funding programs. Efforts have begun to contact and recruit special population advocates along with special population care facilities in developing a coordinated disaster planning process.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue the process of identifying population groups served by the EMS system that may require special services. Ensure that all population groups know how to access and appropriately utilize the EMS system. Ensure Access to Functional Needs (AFN) planning is incorporated into disaster planning at the Operational Area level within the LEMSA region.

OBJECTIVE:

Identify population groups, other than pediatric, served by the EMS system, which require specialized services. Work with other agencies, both county and private, to identify and develop care plans for population groups requiring specialized services.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ORGANIZATION AND MANAGEMENT

1.11 SYSTEM PARTICIPANTS

MINIMUM STANDARDS:

Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

RECOMMENDED GUIDELINES:

Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

CURRENT STATUS: *meets minimum standard*

The roles and responsibilities of many system participants are based primarily on historical involvement and willingness to cooperate with the agency. Formalization of roles and responsibilities has been conducted with Base Hospitals, Receiving Hospitals, Trauma Centers, STEMI Centers, EOA transport providers and EMS Air Ambulance providers within the region.

NEED(S):

Identify the optimal roles and responsibilities of all system participants based on comparative EMS system models and public input. Ensure that system participants conform to assigned EMS system roles and responsibilities. Identify sustainable funding for system development, monitoring, and QI.

OBJECTIVE:

Continue the identification of the optimal roles and responsibilities of EMS system participants. Continue developing mechanisms, such as agreements, facility designations and exclusive operating areas to ensure compliance. New LEMSA staff have been added to assist in updating County ordinance, LEMSA policies and provider agreements in support of this objective.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.12 REVIEW AND MONITORING

MINIMUM STANDARDS:

Each local EMS agency shall provide for review and monitoring of EMS system operations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

There is a region-wide Q.I. program in place. The program's participants - agency staff, provider QI coordinators and hospital liaison QI coordinators as well as medical directors continue to refine the program and its components. A region wide Management Information system (MIS) is now in development. Response time standards are in place for the Sonoma EOA. The respective county EMCCs are continuing to evaluate response, care and transport, and to identify system problems and seek solutions. A region wide Medical Advisory Committee (MAC), comprised of representatives of all system participants, QI coordinators from agencies and facilities from throughout the region has continued to monitor and review system operations with focus on CQI, policy and procedure review and development.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the continued review and monitoring of EMS system operations and expand level of monitoring to include Mendocino EOA and non-exclusive providers. Work with EMSAAC and the State EMSA to develop standard statewide indicators for EMS system evaluation. Continue to refine system wide QI activities and linkage. Identify funding to support review and system monitoring. Integrate regional EMS ImageTrend data system into system-wide monitoring.

OBJECTIVE:

Implement structural indicators and compliance mechanisms in conjunction with a regional data system implementation. Establishment of the Mendocino EOA will include performance and quality monitoring above current levels. Continue refinement of the region MIS to include Base Hospitals, ALS providers, BLS first responders, EMD Centers and CE providers. Modify the process of reviewing and monitoring of the EMS system, as needed to include a more active role for the regional Medical Advisory Committee which is overseen by the respective EMCCs.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ORGANIZATION AND MANAGEMENT

1.13 COORDINATION

MINIMUM STANDARDS:

Each local EMS agency shall coordinate EMS system operations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

EMS system operations are coordinated through written agreements with providers, facilities and counties; policies and procedures; training standards; quality improvement programs and other review mechanisms. This plan identifies those components of the CVEMSA system, upon which improvement efforts will be focused during the next one to five years.

NEED(S):

Ensure coordinated system operations and identify funding to support coordination.

OBJECTIVE:

Evaluate EMS system operations and make changes as needed to ensure optimal system performance. Establish Mendocino EOA to increase level of oversight and level of operational coordination.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.14 POLICY & PROCEDURES MANUAL

MINIMUM STANDARDS:

Each local EMS agency shall develop a policy and procedures manual that includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

A regional policy and procedure manual has been developed and distributed. These policies and procedures are available to the system providers via the Agency Web site. The Policy Revision Group, comprised of stakeholders from throughout the region, met on a monthly basis to reconcile the respective member counties' policies so that region wide applicability was ensured. A regional web site is maintained, and the region's policies and procedures are posted and available to our region's stakeholders. The Policy Revision Group has since become the regional Medical Advisory Committee (MAC) and meets on a quarterly basis. The EMS Agency has added staff to assist with the coordinated revision of policies related to system administration. Such revisions are being coordinated with updates to member counties' ambulance ordinances.

NEED(S):

Continue to review, revise and synthesize specific county administrative policies into a regional administrative policy manual. Ensure the availability of a policy and procedure manual for system providers. Continue posting EMS policies on the Agency web site. Ensure LEMSA policies are supported by member counties' ordinances.

OBJECTIVE:

Monitor the process of policy and procedure manual availability and make changes as necessary. Update County ordinance to support LEMSA policy enforcement.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.15 COMPLIANCE WITH POLICIES

MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Written agreements, county ordinances, inspections, unusual occurrence reporting, investigations and quality improvement programs have been established as mechanisms to review, monitor and enforce compliance with system policies. Not all provider agencies have written agreements with the agency. The Medical Advisory Committee serves as the regional QI committee that will serve as the EMS system's QI clearinghouse. The EMS Agency has added staff to assist with the coordinated revision of policies related to system administration. Such revisions are being coordinated with updates to member counties' ambulance ordinances.

NEED(S):

Ensure compliance with system policies through implementation of written agreements, QI program and MIS. Revise the ambulance ordinance and identify funding to support compliance.

OBJECTIVE:

Continue to implement compliance mechanisms such as written agreements, QI program and MIS developed for Base Hospitals, ALS providers, BLS first responders, EMD Centers and CE providers. Evaluate and improve compliance with system policies. . Update County ordinances to support LEMSA policy enforcement.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.16 FUNDING MECHANISM

MINIMUM STANDARDS:

Each local EMS agency shall have a funding mechanism, which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

CVEMSA has established a fee scheduled approved by the Board of Supervisors for each of the member counties. Fees include personnel certification accreditation, receiving and base hospital, EMS Air Ambulance, specialty care including trauma and STEMI. Mendocino County also provides funding to the County of Sonoma for LEMSA administration. While basic functional components are funded, some additional capacity and desired enhancements to EMS Agency operations are without a defined funding mechanism.

OBJECTIVE:

Maintain existing funding sources and continue to seek alternative or new funding sources. A priority in FY 15-16 will be the identification of long term sustainable funding to ensure EMS agency viability. CVEMSA has conducted a comprehensive work-study to determine costs associated with transportation providers and will work towards appropriate system-based funding. Continue to work with the Emergency Medical Services Administrators Association of California (EMSAAC), the Emergency Medical Services Medical Directors Association of California (EMDAC) and the State EMSA to maintain federal, state and local funding of EMS systems. Continue to investigate ways for the Coastal Valleys EMS agency and system to function more cost effectively.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ORGANIZATION AND MANAGEMENT

1.17 MEDICAL DIRECTION

MINIMUM STANDARDS:

Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of pre-hospital and hospital providers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Currently there are 9 hospitals in the EMS system, of which four have been designated as base hospitals. Contracts are in place defining roles and responsibility for base and receiving hospitals.

COORDINATION WITH OTHER EMS AGENCIES:

CVEMSA destination policies direct system providers to access hospitals in other LEMSA areas if closer and/or more appropriate based on geography and patient presentation.

NEED(S):

Develop a process to reengineer the current system of base hospitals, if deemed necessary and viable by system stakeholders. Should a single medical control point in each member county be determined to be desirable, identify optimal configuration and responsibilities.

OBJECTIVE:

Update base hospital policies and maintain base hospital agreements as necessary. Determine feasibility of single medical control points in each county.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.18 QA/QI

MINIMUM STANDARDS:

Each local EMS agency shall establish a quality assurance/quality improvement (QA/QI) program. This may include use of provider-based programs which are approved by the local EMS agency and which are coordinated with other system participants.

RECOMMENDED GUIDELINES:

Pre-hospital care providers should be encouraged to establish in-house procedures, which identify methods of improving the quality of care provided.

There is a region wide CQI process in place (Regional Medical Advisory Committee). Local QI representatives in each of the member counties, consisting of respective agency staff, provider QI coordinators, hospital QI coordinators as well as medical directors are functional. A region wide MIS is in place. The respective county EMCCs are continuing to evaluate response, care and transport issues and to identify system problems as well as seek solutions. Fitch and Associates, a national EMS consulting firm, provided a Quality Management plan for the LEMSA in 2008-2009. In FY 14-15 the EMS Agency secured a five year agreement with ImageTrend for regional EMS data including patient care reporting and regional data aggregation. Implementation will occur 1st quarter FY 15-16 and support the regional CQI process

NEED(S):

Ensure that the QA/QI process continues to meet system needs and State standards. All providers must submit QI plans for review and approval. ImageTrend EMS Data System should be incorporated into provider-level and LEMSA QI plans.

OBJECTIVE:

Continue efforts to refine the formal region wide CQI program including specific clinical indicators and outcome measures. Continue to monitor the performance of the system and amend the QA/QI program and/or processes to meet system needs. Work with EMS providers through provider agreements to formalize provider QI plans. Incorporate ImageTrend EMS Data System into provider-level and LEMSA QI plans.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.19 POLICIES, PROCEDURES, PROTOCOLS

MINIMUM STANDARDS:

Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to:

- triage,
- treatment,
- medical dispatch protocols,
- transport,
- on-scene treatment times,
- transfer of emergency patients,
- standing orders,
- base hospital contact,
- on-scene physicians and other medical personnel, and
- local scope of practice for pre-hospital personnel.

RECOMMENDED GUIDELINES:

Each local EMS agency should develop (or encourage the development of) pre-arrival/post dispatch instructions.

CURRENT STATUS: *meets minimum standard*

Updated ALS and BLS treatment protocols, including sections on standing orders are in place. Policies, protocols or policy statements regarding medical dispatch, transport, on-scene times, transfer of emergency patients, on-scene physicians and other medical personnel and local scope of practice have also been updated by the Regional Medical Advisory(MAC). Policies on triage and patient destination have been developed. Both member county primary EMS dispatch centers provide both pre-arrival and post dispatch instructions. The dispatch centers utilize Medical Priority Dispatch System protocols. The largest center moved to an electronic MPDS product in FY14-15. The other EMS center has approved funding and is on track to implement electronic MPDS.

NEED(S):

Continue development and revision of policies to meet state minimum standards and recommended guidelines.

OBJECTIVE:

Continue the review and revision of policies, as needed, to meet minimum standards and the recommended guidelines. Continue development of regional policies for transport of patients to facilities appropriate for their injuries or illness. Evaluate and modify the ALS scope of practice as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.20 DNR POLICY

MINIMUM STANDARDS:

Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the pre-hospital setting, in accordance with the EMS Authority's DNR guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

A comprehensive DNR policy based on the DNR State standard was created and implemented in 1993-1994 within the respective counties and was reviewed and updated in FY 08/09. The addition and use of the POLST form was implemented region wide in early 2009.

NEED(S):

Ensure that the DNR policy continues to meet standards and system needs.

OBJECTIVE:

Monitor the utilization of the DNR policy and amend as needed. Improve the dissemination of DNR program materials throughout the EMS system.

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ORGANIZATION AND MANAGEMENT

1.21 DETERMINATION OF DEATH

MINIMUM STANDARDS:

Each local EMS agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

A Determination of death policy was created and implemented with the concurrence of the respective county coroners during 1994-1996. This policy was most recently updated/revised in April 2011.

NEED(S):

Ensure that the determination of death policy continues to meet regional system needs.

OBJECTIVE:

Review and update, as necessary, the criteria used for determining death in the field on a regional basis.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ORGANIZATION AND MANAGEMENT

1.22 REPORTING OF ABUSE

MINIMUM STANDARDS:

Each local EMS agency shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Regional policies have been developed regarding the reporting of elder abuse along with child abuse and Unexpected infant/child death.

NEED(S):

Maintain mechanisms for the reporting of abuse unexpected infant/child deaths on a regional basis.

OBJECTIVE:

Review and update, as needed, EMS policies. Work with other public, private agencies to increase awareness of abuse cases and reporting among pre-hospital personnel.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ORGANIZATION AND MANAGEMENT

1.23 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

The local EMS medical director shall establish policies and protocols for scope of practice of pre-hospital medical personnel during interfacility transfers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

A policy delineating the scene and interfacility transfer scope of practice has been established. A regional interfacility Transfer Guideline has been completed. Established policies and procedures for use of Heparin, blood products and Nitroglycerin as an expanded scope for interfacility transfers have been developed and are implemented as optional scope for provider agencies.

NEED(S):

Continue development and update BLS and ALS interfacility scope of practice. Determine the need for expanded development and monitoring of interfacility transfers.

OBJECTIVE:

Maintain a regional BLS, ALS, interfacility scope of practice that is compliant with State guidelines. Identify funding mechanism to support expanded development and monitoring of interfacility transfers if deemed needed.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.24 ALS SYSTEMS

MINIMUM STANDARDS:

Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.

RECOMMENDED GUIDELINES:

Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

CURRENT STATUS: *meets minimum standard*

All ALS services currently provided in the EMS system are being done with LEMSA approval. Sonoma County urban center under EOA agreement. Mendocino county population center proposed for EOA.

NEED(S):

Develop regional ALS provider agreements. Establish Mendocino County EOA and award through competitive process. Work with non-EOA providers to establish non-exclusive agreements.

OBJECTIVE:

Maintain written agreements with all ALS providers and monitor compliance. . Establish Mendocino County EOA and award through competitive process. Work with non-EOA zone providers to establish non-exclusive agreements.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ORGANIZATION AND MANAGEMENT

1.25 ON-LINE MEDICAL DIRECTION

MINIMUM STANDARDS:

Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

RECOMMENDED GUIDELINES:

Each EMS system should develop a medical control plan that determines:

- the base hospital configuration for the system,
- the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and
- the process for determining the need for in-house medical direction for provider agencies.

CURRENT STATUS: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

Currently four out of nine hospitals in the EMS region have been designated as Base Hospitals. However, with the inclusion of provider QI throughout the region and an increase in standing orders, there may not be the need for the number of base hospitals in their current roles. The financial viability of several smaller facilities continues to be a primary issue of concern, more so than "Base" status

NEED(S):

The issue of a single medical control point in each member county continues to be examined by system participants on a county by county basis. DHS nurse-patient staffing ratios impacts are being assessed by all regional facilities. A process needs to be developed for determining the viability of a single medical control point in each county, when feasible, and identifying its optimal configuration and responsibilities, assuming there is consensus for downsizing the present base hospital network and that geographical barriers are not insurmountable.

OBJECTIVE:

Execute Base Hospital agreements. Establish a single medical control point in each county or where geographically feasible or necessary. Develop a comprehensive medical control plan which meets standards and system needs.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.26 TRAUMA SYSTEM PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for trauma care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

A Level II trauma center in Sonoma County (Santa Rosa Memorial Hospital) was re-designated in FY 10-11. A Level IV trauma center was designated in Mendocino County (Ukiah Valley Medical Center) also during FY 10-11. The Sonoma/Mendocino County Trauma Plan was submitted to the State at that time. A regional Trauma Advisory Committee has been established. A regional Trauma Coordinator position has been established and filled. The Agency continues to refine its management of trauma system oversight, based off of recommendations from the site review team reports.

COORDINATION WITH OTHER EMS AGENCIES:

Marin County EMS, Napa County EMS, North Coast EMS, and Solano County EMS Agency.

NEED(S):

Continue development of the regional trauma system. Continue refinement of the trauma registry for the region. Maintain the trauma audit process and the Trauma Audit Committee. Ensure integration with existing CQI & MIS.

OBJECTIVE:

Maintain and refine current trauma system

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ORGANIZATION AND MANAGEMENT

1.27 PEDIATRIC SYSTEM PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for pediatric emergency medical and critical care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standards*

The region completed a State funded grant EMS for Children project during 2002, for purposes of developing a formalized EMS for Children system. Pediatric treatment protocols were revised. Pediatric protocols were again updated in 2007-2008, a review of Pediatric polices was completed in 2012-2013 with minor revisions. Pediatric specialty centers were identified and transport procedures are established.

NEED(S):

Continue to support EMS – Children system development in an extremely challenging budget arena.

OBJECTIVE:

Review and revise, as necessary, pediatric treatment protocols.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.28 EOA PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop and submit for State approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas, that determines: a) the optimal system design for ambulance service and advanced life support services in the EMS area, and b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The optimal system design for ALS ambulances and the process for assigning roles to system participants are described in the Transportation Plan and is based on the EMS system models examined by the Agency. There is currently one EOA within the region, which is not totally inclusive within the respective counties (Sonoma) and one proposed within Mendocino county to incorporate the population center and outlying underserved areas. The Mendocino EOA will be awarded through a competitive process when approved by EMSA. The existing Sonoma County EOA will be subject to a competitive award process in 2017 for a 2019 implementation.

NEED(S):

Ensure that system design continues to meet community needs. Continue system assessment for additional EOA viability in Sonoma and Mendocino counties and commensurate development of request for proposal process as determined.

OBJECTIVE:

Evaluate Agency position regarding the inclusion of all ALS and emergency calls within EOA, and update the Transportation Plan. Monitor system design and make changes as required. Submit Mendocino EOA to EMSA within this plan and obtain approval from EMSA to award via a competitive process.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.01 ASSESSMENT OF NEEDS

MINIMUM STANDARDS:

The local EMS agency shall routinely assess personnel and training needs.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Current training institutions and approved CE providers appear to be meeting system needs. ALS Update Class for all accredited Paramedics (Previously known as Lesser Used Skills) training platforms have been established on a regional basis and are offered monthly. The development of a training consortium with the training providers is in place. A Paramedic training program exists in Sonoma county. Mendocino Community College is studying the local demand for paramedic training and may apply to reopen a previously approved program. Regional CE providers are current in the EMSA training program registry. EMT training centers were visited by Agency staff members. A regional training calendar has been added to the Agency's website.

NEED(S):

Ensure a sufficient amount of personnel are trained to meet EMS system demands. Continue to refine consortium relationships with local colleges and education providers to capitalize on shared resources, funding and instructors. Establish auditing process for CE Providers to ensure compliance with state regulations and LEMSA policy.

OBJECTIVE:

Monitor and ensure system personnel and training needs, including continuing education. Develop continuing improvements to CE program auditing process.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.02 APPROVAL OF TRAINING

MINIMUM STANDARDS:

The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs that require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The EMS Agency has approval process in place for first responder, EMT and Paramedic training programs. In FY 14-15 the LEMSA participated in the local paramedic program site review as part of ongoing monitoring. LEMSA staff sit on training program advisory committees and also meet regularly with program staff.

NEED(S):

Continue to approve and monitor EMS education programs in accordance with State regulations and requirements. Determine need and process (if indicated) for the development of Emergency Medical Responder (EMR) programs to enhance first responder training and accountability.

OBJECTIVE:

Conduct random compliance evaluations of local programs. Monitor EMS education programs and ensure compliance to standards and other course requirements. Maintain standardized regional approval policies and compliance process. . Determine need and process (if indicated) for the development of Emergency Medical Responder (EMR) programs to enhance first responder training and accountability.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.03 PERSONNEL

MINIMUM STANDARDS:

The local EMS agency shall have mechanisms to accredit, authorize, and certify pre-hospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for pre-hospital providers to identify and notify the local EMS agency of unusual occurrences that could impact EMS personnel certification.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Policies have been adopted regarding emergency medical dispatcher certification requirements within the region as well as first responder certification, EMT certification and paramedic accreditation. The EMS Agency is issuing EMT certificates in accordance with the EMT 2010 initiative including State Registry activity for certification actions and local paramedic accreditation. The LEMSA has implemented EMT early application process for qualified First Responders enrolled in EMT training programs to include First Responder credentialing and pre-qualify for EMT certification. Procedures have been developed for the reporting of unusual occurrences that could impact EMS personnel certification within all of the member counties. The EMS Agency website has been redeveloped to include web-based incident reporting and tracking.

NEED(S):

Continue to review, modify and adopt the procedures and policies used for certification to ensure compliance with regulations by State EMSA.. Determine need and process (if indicated) for the development of Emergency Medical Responder (EMR) programs to enhance first responder training and accountability.

OBJECTIVE:

Monitor all EMS personnel policies and make changes as needed. Determine need and process (if indicated) for the development of Emergency Medical Responder (EMR) programs to enhance first responder training and accountability.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.04 DISPATCH TRAINING

MINIMUM STANDARDS:

Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

RECOMMENDED GUIDELINES:

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

CURRENT STATUS: *meets minimum standard*

Level II emergency medical dispatching, with pre-arrival instructions is online in Mendocino and Sonoma counties. Both counties have designated EMS Dispatch Centers. One Public Safety Answering Point (PSAP) that dispatches local district ambulances (Cloverdale). Cloverdale PSAP utilizes the joint powers authority consolidated EMS-Fire dispatch Center in Sonoma County (REDCOM) as their "pre-arrival instructions" safety net. REDCOM was established on January 27, 2003. The LEMSA has representation on the REDCOM Board of Directors and Dispatch Operations Advisory Group.

NEED(S):

Maintain Level II EMD as the minimum standard for all PSAPs and dispatch centers providing or responsible for medical dispatching throughout the region. Ensure all medical dispatchers maintain Level II EMD training standards. Expand oversight of medical dispatching to include non-911 ambulance dispatch.

OBJECTIVE:

Investigate and develop, as appropriate, more cost effective means of providing EMS dispatch services to include emergency and non-emergency call screening. Enhance oversight to include non-911 ambulance dispatching through ordinance and policy revision.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.05 FIRST RESPONDER TRAINING

MINIMUM STANDARDS:

At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

RECOMMENDED GUIDELINES:

At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one person on each non-transporting EMS first response unit should be currently certified at the EMT level and have available equipment commensurate with such scope of practice.

CURRENT STATUS: *meets minimum standard*

Regional first responder agencies require "first responder" training as a minimum condition of hire. All of the regional first responder agencies possess PSAEDs. EMT training is widely available within the EMS system and represents the minimum standard for urban and suburban agencies.. In the most rural parts of the Region, first responder entities are all-volunteer, and EMT response can be varied. 100% of the population (550,000 people) of the CVEMSA system are served by an early defibrillation first response provider.

NEED(S):

Continue to support first responder and EMT programs to meet minimum training standards and encourage adherence to recommended guidelines through formal agreements. Determine need and process (if indicated) for the development of Emergency Medical Responder (EMR) programs to enhance first responder training and accountability.

OBJECTIVE:

Develop and implement standardized first response agreements or other mechanism with all providers that will specify minimum training, staffing and equipment standards. Update County ordinances and LEMSA policy to support enhanced oversight of first responder medical operations and CQI. Determine need and process (if indicated) for the development of Emergency Medical Responder (EMR) programs to enhance first responder training and accountability.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.06 RESPONSE

MINIMUM STANDARDS:

Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The roles and responsibilities of most system participants are based primarily on historical involvement in the EMS system and willingness to serve their respective communities. Formalization of roles and responsibilities has been conducted with the EOA ALS transport services.. The region has an extensive first responder system that is primarily fire based. County and State Park rangers as well as certain law enforcement agencies are routinely dispatched to medical aids within their respective jurisdictions. BLS field protocols have been established for region responders and have been updated and revised.

NEED(S):

Continue to identify the optimal roles and responsibilities of all system participants based on EMS system and models, public input and State standards. Ensure that system participants conform to assigned EMS system roles and responsibilities.

OBJECTIVE:

Identify the optimal roles and responsibilities of EMS system participants and develop mechanisms, such as agreements, to ensure linkage between public, private and industrial EMS stakeholders. Formal agreements and/or permits must be completed with all system participants to include, first response (BLS, and ALS), BLS, ALS, and CCT ambulance. Development of each program must include sustainable funding for continuous oversight.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.07 MEDICAL CONTROL

MINIMUM STANDARDS:

Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

There is a revised and updated BLS field protocol manual for regional first responders. Regional first responders continue to operate under established medical control and policies for BLS personnel. The BLS protocols are available for review or downloading via the Agency Web site. ALS first responders utilize the Agency's ALS protocols and there are first responder liaison members on the Regional Medical Advisory Committee (MAC) as well.

NEED(S):

Ensure that first responders operate under the medical direction of the EMS system. Review, and modify as necessary, BLS field protocols to ensure compliance with new pending State EMT regulations. Develop agreements with first responder entities to include enforceable standards in this area.

OBJECTIVE:

Refine existing methodology to ensure that first responders operate under the EMS Agency's Medical Director. Develop sustainable funding source for program. Update County ordinances and LEMSA policy to support enhanced oversight of first responder medical operations and CQI. Determine need and process (if indicated) for the development of Emergency Medical Responder (EMR) programs to enhance first responder training and accountability

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.08 EMT-I TRAINING

MINIMUM STANDARDS:

All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

RECOMMENDED GUIDELINES:

If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

CURRENT STATUS: *meets minimum standard*

By member county policy, the minimum staffing level of all ALS emergency medical transport vehicles (ambulances), is one licensed paramedic and one certified EMT. However, a BLS ambulance, staffed with a minimum of two EMT's may be used to respond to emergency requests during times of disaster and system overload when all available ALS resources have been depleted or in remote areas where BLS is the primary responder. BLS ambulances are routinely backed by ALS resources (ALS engine companies, Quick Response Vehicles or air ambulances) when being incorporated into the 9-1-1 response system. Currently three volunteer ambulance provider agencies required waivers from the State of California for the use of non-EMT drivers due to unavailability of qualified personnel in their rural communities.

NEED(S):

Ensure the availability of trained transport personnel to meet the needs of the EMS system.

OBJECTIVE:

Monitor and adjust ambulance staffing requirements to meet EMS system needs and the EMS system recommended guidelines. Determine need and process (if indicated) for the development of Emergency Medical Responder (EMR) programs to enhance first responder training and accountability.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.09 CPR TRAINING

MINIMUM STANDARDS:

All allied health personnel who provide direct emergency patient care shall be trained in CPR.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

CVEMSA requires all certifying personal maintain a current CPR certification.

NEED(S):

Encourage the training of allied health personnel in CPR.

OBJECTIVE:

Monitor EMS system personnel and take appropriate measures to ensure training in CPR.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.10 ADVANCED LIFE SUPPORT

MINIMUM STANDARDS:

All emergency department physicians and registered nurses that provide direct emergency patient care shall be trained in advanced life support.

RECOMMENDED GUIDELINES:

Current receiving and base hospital agreements require hospital physicians to be certified in advanced cardiac life support (ACLS). All emergency department physicians are encouraged to be Board certified in emergency medicine or be certified in pre-hospital EMS management through such courses as pre-hospital trauma life support (PHTLS) and pediatric advanced life support (PALS).

NEED(S):

Ensure training in ALS for emergency department physicians and nurses who provide emergency patient care.

OBJECTIVE:

Develop policy to ensure that emergency department physicians and nurses are trained to an appropriate ALS level.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.11 ACCREDITATION PROCESS

MINIMUM STANDARDS:

The local EMS agency shall establish a procedure for accreditation of advanced life support personnel that includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance/quality improvement process.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Policies and procedures exist to accredit and orient ALS personnel. ALS Update courses are used as the platform to orient new ALS personnel entering the regional system. Newly accredited paramedics are oriented to policies and procedures, given access to those policies and procedures via the Agency Web site and given an electronic copy of the manual. New medics are given an orientation to the region's QI process.

NEED(S):

Continue to ensure that ALS personnel are appropriately oriented to the EMS system and capable of performing the expanded scope of practice procedures.

OBJECTIVE:

Monitor and amend the ALS accreditation process as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.12 EARLY DEFIBRILLATION

MINIMUM STANDARDS:

The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Policies, procedures and training venues exist to support personnel in Public Safety AED (PSAED) programs. The Agency has established an AED program coordination (PSAED and PAD) to support AED usage. An AED programs link has been established on the Agency's Website..

NEED(S):

Enhance program funding in order to ensure public safety and other basic life support providers operate in compliance with policies and procedures for early defibrillation.

OBJECTIVE:

Develop funding source to allow evaluation of existing policies and procedures for early defibrillation training and compliance monitoring to ensure that system needs are being met.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.13 BASE HOSPITAL PERSONNEL

MINIMUM STANDARDS:

All base hospital/alternative base station personnel who provide medical direction to pre-hospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Individual member county's policies and agreements specify that only emergency department base hospital physicians who have been authorized by the CVEMSA Medical Director who have been judged knowledgeable in pre-hospital policies and protocols shall provide medical direction to EMS personnel. Paramedic Liaison Nurses (PLN) participate in county/regional QI programs which ensures a feedback loop between field, hospital and Agency. Base hospital personnel are trained in radio usage.

NEED(S):

Ensure that only adequately trained physicians provide medical direction to EMS personnel.

OBJECTIVE:

Refine policies requiring base hospital physicians to be trained in providing pre-hospital medical direction, radio communication and EMS agency policies. Monitor compliance to ensure that base hospital personnel who provide medical direction are knowledgeable about EMS policies and procedures.

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.01 COMMUNICATIONS PLAN

MINIMUM STANDARDS:

The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.

RECOMMENDED GUIDELINES:

The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

CURRENT STATUS: *meets minimum standard*

The current systems of dispatch, field and hospital medical communications within both counties range in age from 1 year to 15 years old. Communications capabilities for transport vehicles, ALS responders and facilities are established in each county. There is limited linkage between Sonoma and Mendocino with the exception of fire based mutual aid frequencies. Mendocino County, grant funding, has upgraded and established new radio transmitter sites, which connect community health clinics and hospitals with the County communications system. Homeland Security and HRSA/HPP grant funding have facilitated an upgrade in radio equipment for field units. Sonoma County has provided and supports a hospital and clinic HealthNet radio system for disaster use. EMResource, an internet based communications system, has been established in all of the region's hospitals, clinics and SNF/Con Homes and Dispatch Centers. ACS (Ham) radios have been established in Sonoma's hospitals.

COORDINATION WITH OTHER EMS AGENCIES:

It is anticipated that coordination with North Coast EMS, Napa County EMS, and Marin County EMS may be either necessary or advantageous when developing a comprehensive communications plan.

NEED(S):

Ensure the availability of all necessary EMS dispatch and medical communications. An assessment of the communication systems needs to be performed as a precursor to the development of a regional communications plan. An assessment is contingent on each individual county's communications budget. FCC regulations that propose moving public safety radio systems to new frequency bands are still being modified along with deadline implementation dates. Once FCC establishes these "migration" timelines, the Agency expects that the individual county Communications entities will prepare master plans. The Agency needs to ensure its participation in these planning efforts.

OBJECTIVE:

Create and affect a regional communications plan, prioritize system repairs and upgrades and make necessary changes to comply with regional and/or individual county needs. The communications plan should ensure that an adequate number of frequencies exist for dispatch, scene management, patient dispersal and medical control.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.02 RADIOS

MINIMUM STANDARDS:

Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

RECOMMENDED GUIDELINES:

Emergency medical transport vehicles should have two-way radio communications equipment that complies with the local EMS communications plan and that provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.

CURRENT STATUS: *meets minimum standard*

All emergency medical transport vehicles and non-transport ALS providers have two-way radio equipment capable of performing field to dispatch, field to field, and field to hospital communications. However, communications "dead-spots" exist throughout the system especially in the valleys of the coastal range mountains. Communications backbone system upgrades have been taking place in both Mendocino and Sonoma counties (2003-2007), with either grant funding or capital improvement funding to lessen the impact of these geographical barriers. The estimated cost to upgrade Sonoma County's communications system to meet projected FCC requirements has been estimated to be in the range of $30M-$40M. The Agency does not have that financial capability. The Agency's intentions are to ensure participation in any strategic communications planning that occurs within each respective member county, as spearheaded by that county's communications / IS department.

NEED(S):

Funding is a critical issue. Ensure the availability of medical communications through development of a regional communications plan. This plan should include linkages between first responders and ambulance providers.

OBJECTIVE:

Develop the communications plan, prioritize system repairs and upgrades and make necessary changes.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.03 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

Emergency medical transport vehicles used for interfacility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

As discussed in 3.01, the current systems of dispatch, field and hospital medical communications capability have been established. All transport vehicles have two-way radio communication capabilities; cellular phone capability and approximately 25% of the vehicles have Mobile Data Computer communications capability.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination of communications frequencies and the locations of radio repeaters may need to be assessed in conjunction with adjacent EMS systems.

NEED(S):

Ensure the availability of medical communications. Conduct an assessment of the communication system(s) as a precursor to the development of a regional communications plan. Develop the plan as the State's communications master plan is established and as individual county funding allows.

OBJECTIVE:

Develop the communications plan, prioritize system repairs and upgrades and make necessary changes. Ensure compatibility between regional and state communications plan.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.04 DISPATCH CENTER

MINIMUM STANDARDS:

All emergency medical transport vehicles where physically possible, (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

As discussed in 3.01, the current system(s) of dispatch, field and hospital medical communication technology have been in use for more than ten years. Designated EMS Dispatch centers have been established in each county. All 9-1-1 system medical transport vehicles have communications linkage with respective Operational Area dispatch centers / ordering points.

NEED(S):

An assessment of the communication system(s) needs to be performed as a precursor to the development of a regional communications plan. Commensurate funding from each county has to be established in order to accomplish this. Compatibility with State Master Communications Plan needs to be ensured.

OBJECTIVE:

Maintain and refine standards for system EMS dispatch centers..

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.05 HOSPITALS

MINIMUM STANDARDS:

All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

RECOMMENDED GUIDELINES:

All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).

CURRENT STATUS: *meets minimum standard*

Hospitals within Sonoma County can communicate with each other through HAM radio systems and have limited communications through a VHF radio system. A common radio frequency between hospitals within Mendocino was established with Rural Health Development grant funding in 2005. All of the hospitals in the region have ACS/RACES/HAM radios and can communicate with each other as well. An alternative communications system that is internet-based (EMResource) has been established within the region, enabling all hospitals to communicate with each other. Sonoma County has provided and supports a hospital and clinic HealthNet radio system for disaster use.

NEED(S):

Ensure the availability of medical communications as funding becomes available in each county. Ensure linkage between the needs and objectives outlined in Standards 3.01-3.04.

OBJECTIVE:

Develop the communications plan, prioritize system repairs and upgrades and make necessary changes as funding from the individual counties becomes available..

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.06 MCI/DISASTERS

MINIMUM STANDARDS:

The local EMS agency shall review communications linkages among providers (pre-hospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Hospitals in Sonoma and Mendocino counties have VHF and ACS radio communications capabilities. Hospitals in Mendocino also have UHF communications linkage (MED-NET). The county base hospitals can use either regular telephone and facsimile lines or the EMResource internet based system when determining the capabilities of area hospitals during MCIs and disasters. EMResource in available in the EMS Communications Centers in both counties to provide the ability to relay information to field units. All providers have cellular phone capability as well as two-way radio capability with their respective in-county hospitals. Numerous hospitals also have satellite telephone capability. Approximately 25% of the providers have Mobile Data Computer (MDC) capability as well.

EMResource is established in all regional hospitals. EMResource links hospitals, the EMS Agency and respective county Emergency Operations Centers (EOC). EMResource can be used for MCI/ Disaster response coordination. Alternate communications capability for hospital-to-hospital transmissions region wide is Auxiliary Communications System (ACS) and cellular phones. Mendocino and Sonoma counties' EOCs are respectively linked to ACS operators and utilize regular telephone and facsimile lines as well as the RIMS network. Sonoma County has provided and supports a HealthNet radio system to connect hospitals and clinics for disaster communications.

NEED(S):

Ensure the availability of medical communications during disaster and multi-casualty incidents to include: common dispatch and travel frequencies; tactical frequencies coordinated with local public safety agencies; a mechanism for patient dispersal; and medical control communications.

OBJECTIVE:

Develop the communications plan, prioritize system repairs and upgrades and make necessary changes consistent with system needs and regional communications goals when the individual counties establish system funding.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.07 9-1-1 PLANNING/COORDINATION

MINIMUM STANDARDS:

The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

RECOMMENDED GUIDELINES:

The local EMS agency should promote the development of enhanced 9-1-1 systems.

CURRENT STATUS: *meets minimum standard*

Both counties in the CVEMSA system have enhanced 9-1-1 telephone service. LEMSA staff participate in system 911 planning with other system stakeholders and infrastructure operators. The LEMSA is particularly engaged with the REDCOM/Sonoma County 911 as JPA members and leadership.

NEED(S):

Participate in ongoing planning and coordination of 9-1-1 telephone service.

OBJECTIVE:

Participate in ongoing planning and coordination of 9-1-1 telephone service.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.08 9-1-1 PUBLIC EDUCATION

MINIMUM STANDARDS:

The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The EMS Agency participates in public education efforts thought the region targeted at Early 9-1-1 access, bystander CPR and AED awareness.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

In coordination with other public safety agencies and primary health care organizations, provide for public education concerning appropriate utilization and system access as outlined in various EMS system models.

OBJECTIVE:

Continue participation in ongoing efforts; expand participation as opportunity and funding allow.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.09 DISPATCH TRIAGE

MINIMUM STANDARDS:

The local EMS agency shall establish guidelines for proper dispatch triage that identifies appropriate medical response.

RECOMMENDED GUIDELINES:

The local EMS agency should establish a emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

CURRENT STATUS: *meets minimum standard*

An emergency medical dispatch priority reference system (MPDS), has been established and is operational in both counties. Electronic system has been implemented in Sonoma County, in planning stages in Mendocino County.

NEED(S):

Maintaining standardized EMD / QI program in then established in the designated EMS dispatch centers. Encourage and support full implementation of electronic EMD/QI systems if funding can be identified.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

OBJECTIVE:

Conduct random compliance evaluation of EMD centers.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.10 INTEGRATED DISPATCH

MINIMUM STANDARDS:

The local EMS system shall have a functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.

RECOMMENDED GUIDELINES:

The local EMS agency should develop a mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand.

CURRENT STATUS: *meets minimum standard*

Regional integrated dispatch continues to be developed in the CVEMSA system. Providers are required by agreement, ordinance and/or permit to ensure the availability of ambulances within their own zones within the respective counties at all times. Sonoma County established a consolidated Fire-EMS dispatch center in 2003. Mendocino has a designated EMS-Fire dispatch center. Both counties have designated EMS Aircraft dispatch centers. High-density population center within both counties utilize flexible dynamic deployment of ambulance resources to meet peak demand.

NEED(S):

Maintain an integrated dispatch system in conjunction with the communications plan.

OBJECTIVE:

Maintain and refine the current integrated dispatch systems in conjunction with the communications plan.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.01 SERVICE AREA BOUNDARIES

MINIMUM STANDARDS:

The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

RECOMMENDED GUIDELINES:

The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g., ambulance response zones).

CURRENT STATUS: *meets minimum standard*

Emergency medical transportation service areas have been determined for both counties in the EMS system. An ordinance or similar mechanism (such as Exclusive Operating Areas) has been established in Mendocino and Sonoma counties that provides for the establishment of ambulance response zones. Mutual aid procedures have established in each county between transport providers to ensure adequate coverage. The Agency conducted a system assessment during 2008-2009 in conjunction with EOA renewal and/or establishment. This plan includes the establishment of an EOA in Mendocino County which includes determination of response areas. Ambulance ordinances in both counties are under revision to support boundary regulation by the designated LEMSA

COORDINATION WITH OTHER EMS AGENCIES:

Marin, Napa, Solano, and North Coast (Lake & Humboldt).

NEED(S):

Ensure that ambulance response zones provide optimal ambulance response and care by periodically evaluating the emergency medical transportation service areas.

OBJECTIVE:

Review and revise local ambulance ordinances as needed. Monitor ambulance response zone boundaries and make changes as needed to optimize system response.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.02 MONITORING

MINIMUM STANDARDS:

The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

RECOMMENDED GUIDELINES:

The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

CURRENT STATUS: *meets minimum standard*

The minimum standard is met through written agreements, permits, EOA contracts, ordinances, auditing, inspections and investigation of unusual occurrences. However, with the exception of funding provided to monitor and enforce performance standards within the one exist EOA in Sonoma County, there is no funding available to perform this same monitoring of other providers in the system.

There are ordinances in place in Mendocino and Sonoma counties. Sonoma County currently has one EOA provider. This plan includes the establishment of an EOA in Mendocino County which includes determination of response areas. Ambulance ordinances in both counties are under revision to support compliance monitoring by the designated LEMSA

NEED(S):

Revise ordinances to support oversight that ensures providers comply with statutes, regulations, policies and procedures. Evaluate feasibility for the establishment of additional EOAs within the EMS Area

OBJECTIVE:

Conduct random compliance evaluations of all providers. Monitor providers for compliance with standards. Revise county ambulance ordinances as needed to support need. Update policy in accordance with revised ordinances.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.03 CLASSIFYING MEDICAL REQUESTS

MINIMUM STANDARDS:

The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

An emergency medical dispatch priority reference system has been developed and is in use in~~,~~ Sonoma and Mendocino counties. Currently, classification criteria based off the medical priority dispatch systems is used by the designated EMS dispatch centers with an ALS or BLS ambulance typically being sent to all 9-1-1 medical requests as a minimum response depending on dispatch triage criteria.

NEED(S):

Ensure the consistent use of emergency medical dispatch system standards for all (i.e., city PSAP) dispatch centers responsible for dispatching medical resources within the region.

OBJECTIVE:

Maintain emergency medical dispatch system standards in all regional medical resource dispatch centers.

NEED(

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.04 PRESCHEDULED RESPONSES

MINIMUM STANDARDS:

Service by emergency medical transport vehicles that can be prescheduled without negative medical impact shall be provided only at levels that permit compliance with local EMS agency policy.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

EOA contracts specify system status levels appropriate to accommodating prescheduled transport a provider responsibility, but monitored by the Agency and the various dispatch centers. Mutual aid protocols are in place to ensure an ambulance response to all 9-1-1 system generated calls for service. In non-EOA zones with multiple providers, EMS Agency ensures minimum ambulance availability through policy for system responses.

NEED(S):

Ensure the availability of a sufficient number of emergency medical transport vehicles to meet EMS system demands. EOA system status management principles and standards for all providers.

OBJECTIVE:

Monitor ambulance availability and take corrective action as necessary. Incorporate availability and utilization of EMS ambulances for prescheduled service within any established or new EOA.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.05 RESPONSE TIME STANDARDS

MINIMUM STANDARDS:

Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch time intervals and driving time.

RECOMMENDED GUIDELINES:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergency responses, response times shall not exceed:

	Metropolitan/Urban Area	Suburban/Rural Area	Wilderness Area
BLS and CPR Capable First Responder	5 minutes	15 minutes	As quickly as possible
Early Defibrillation – Capable Responder	5 minutes	As quickly as possible	As quickly as possible
ALS Capable Responder (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible
EMS Transportation Unit (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible

CURRENT STATUS: *meets minimum standard*

Response standards are set by the EMS Agency and if applicable enforced through existing and new EOA contracts. In remote areas of Sonoma and Mendocino County, geography, travel distance and resource availability make adherence to the recommended standards challenging. Response times for the EMS transportation units within the Sonoma EOA are measured from the time the secondary PSAP has enough information to send an ambulance (address, complaint, severity) to arrival on scene.

NEED(S):

Ability to measure response times from the primary PSAP to arrival on scene for ambulance and first response vehicles. Updated response time goals or standards for first response agencies in conjunction with a first responder master plan.

OBJECTIVE:

Create a mechanism and/or process to measure response times from receipt of call at PSAP to arrival on scene for both first responder agencies and transport units. Update response time standards for non-EOA portions of the region.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.06 STAFFING

MINIMUM STANDARDS:

All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

By policy, the minimum staffing level of all ALS emergency medical transport vehicles (ambulances) is one licensed paramedic and one certified EMT. However, BLS ambulances staffed with a minimum of two EMTs are used to respond to emergency requests during times of disaster, system overload when all available ALS resources have been depleted. Providers are required to maintain a minimum drug and equipment inventory on all in-service ambulances as specified by the agency.

NEED(S):

Ensure compliance with standard.

OBJECTIVE:

Monitor providers for compliance to standards and take corrective action as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.07 FIRST RESPONDER AGENCIES

MINIMUM STANDARDS:

The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The roles and responsibilities of most system participants are based primarily on a willingness to cooperate with the agency and their capacity to serve their communities. The region has an extensive first responder network (70+ public safety agencies) that are integrated into the EMS system.

NEED(S):

Robust integration of first responder agencies into the EMS system through the development of a first responder master plan is a strategic goal. Securing additional funding is required in order to incorporate industrial first aid teams into the system at the desired level.

OBJECTIVE:

Incorporate the optimal roles and responsibilities of first response agencies as described in the first responder master plan.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.08 MEDICAL & RESCUE AIRCRAFT

MINIMUM STANDARDS:

The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

- authorization of aircraft to be utilized in pre-hospital patient care,
- requesting of EMS aircraft,
- dispatching of EMS aircraft,
- determination of EMS aircraft patient destination,
- orientation of pilots and medical flight crews to the local EMS system, and
- addressing and resolving formal complaints regarding EMS aircraft.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Processes have been established for categorizing medical and rescue aircraft as required above in the EMS region. All EMS aircraft providers serving the region have completed authorization requirements, a process that was formally instituted in FY 2002-2003. Regional aircraft policies were revised during FY 2009-2010. Air Ambulance providers have written agreements with the EMS agency. Air ambulances have been prioritized as "first-in" to medical calls with Air Rescue units as secondary or first-in when no air ambulances are available.

COORDINATION WITH OTHER EMS AGENCIES:

Services classified by other LEMSAs are used to supplement resources based in the CVEMSA system. CVEMSA oversees a Lake County-based resource operated by a Sonoma County provider and incorporated into both CVEMSA and Lake County EMS systems of care.

NEED(S):

Ensure that medical and rescue aircraft incorporated into the EMS system meet system needs and adhere to agency requirements. Maintain and revise, as necessary, EMS Aircraft Utilization policy for regional application. Update written agreements as needed.

OBJECTIVE:

Monitor providers for compliance to standards and take corrective action as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.09 AIR DISPATCH CENTER

MINIMUM STANDARDS:

The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

One dispatch center per county has been identified and designated as an EMS aircraft resource center.

COORDINATION WITH OTHER EMS AGENCIES:

Lake County (North Coast EMS Agency) coordinates with CVEMSA for oversight and shared resources.

NEED(S):

Continue to evaluate and improve the current system for requesting and dispatching EMS aircraft. Update Aircraft Utilization Policy as needed.

OBJECTIVE:

Evaluate and improve the current system for requesting and dispatching EMS aircraft.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.10 AIRCRAFT AVAILABILITY

MINIMUM STANDARDS:

The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The CVEMSA has identified medical and rescue aircraft for emergency patient transportation for aero medical services operating within the EMS region. The Agency has either permits or written agreements with the aero medical services operating in the region, with the exception of the California Highway Patrol, which is exempted. However, CHP and CDF cooperatively participate in the CVEMS aero medical program.

NEED(S):

Ensure the availability and appropriate staffing of EMS medical and rescue aircraft to meet the demands of the EMS system. Implement helicopter tracking and statusing interface in the region's EMS Dispatch Centers.

OBJECTIVE:

Monitor providers to ensure that system demands are being met. Ensure providers compliance with agreements and policy.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
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4.11 SPECIALTY VEHICLES

MINIMUM STANDARDS:

Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles.

RECOMMENDED GUIDELINES:

The local EMS agency should plan for response by and use of all-terrain vehicles, snow mobiles, and water rescue vehicles areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

CURRENT STATUS: *meets minimum standard*

Individual counties with specialty vehicle needs have developed resource lists and procedures for requesting and dispatching these specialty vehicles, primarily water rescue vehicles and MCI trailers. Other than the MCI trailers and two Sonoma County Operational Area all-terrain vehicles, these resources are typically tracked and maintained through the public safety first responder agencies.

NEED(S):

Development of a region-wide resource directory and response plan for specialty vehicles.

OBJECTIVE:

Develop a regional resource directory of specialty vehicles and research the feasibility and need for developing a response plan for specialty vehicles.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.12 DISASTER RESPONSE

MINIMUM STANDARDS:

The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Both counties utilize the Regional EMS MCI Plan. As Medical Health Operation Area Coordinators (MHOAC), EMS staff members work closely with the respective county OES organizations. Training for EMS staff members includes ICS 100-200-300-400, SEMS, and NIMS IS 700-800.

Tracking of EMS transport vehicles is coordinated by the designated EMS Communications Centers. The State provided Disaster Medical Support Unit #133 is maintained and operated by the EMS Agency.

NEED(S):

Continue to work with other OES Region II counties in developing standard procedures for mobilizing response and transport vehicles for disasters. Formalize the mutual aid capabilities between the member counties.

OBJECTIVE:

Continue to work with other OES Region II counties in developing standard procedures for mobilizing response and transport vehicles for disasters.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.13 INTERCOUNTY RESPONSE

MINIMUM STANDARDS:

The local EMS agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

RECOMMENDED GUIDELINES:

The local EMS agency should encourage and coordinate development of mutual aid agreements that identify financial responsibility for mutual aid responses.

CURRENT STATUS: *meets minimum standard*

Ambulance provider permits and agreements require providers to arrange for day-to-day auto-aid from neighboring providers stationed both inside and outside the CVEMSA system. Region providers routinely cross county borders to provide emergency response.

When the counties of OES Region II complete the process of finalizing an EMS master-mutual aid agreement, which will identify financial responsibility and request procedures for inter-county mutual aid, CVEMS will apply the agreement procedures to an inter-county response plan.

COORDINATION WITH OTHER EMS AGENCIES:

Formalization of the current day-to-day response configurations between CVEMS counties and Napa, Marin, Solano, Humboldt and Lake counties is needed.

NEED(S):

Master EMS mutual-aid agreement between the counties of OES Region II. Mutual aid agreement between regional member counties as well as contiguous counties to the region.

OBJECTIVE:

Adoption of a master EMS mutual-aid agreement. Continue to monitor day-to-day mutual-aid and continuation of call incidents and take action as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.14 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

The local EMS agency shall develop multi-casualty response plans and procedures that include provision for on-scene medical management using the Incident Command System.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The MCI Plans currently in use in respective member counties are all based on and utilize the Incident Command System. The regional MCI plan was updated in 2010. MCI management kits have been purchased and distributed to transport agencies via Homeland Security and HPP grant funding.

NEED(S):

Ensure that the MCI plan continues to meet the needs of on-scene medical management.

OBJECTIVE:

Monitor the utilization of the MCI plan and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.15 MCI PLANS

MINIMUM STANDARDS:

Multi-casualty response plans and procedures shall utilize state standards and guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The MCI Plan currently in use is ICS, NIMS and SEMS compliant. The Agency has a MCI table top training kit as well as field MCI kit (vests, pocket guides, clipboards) that is available for training exercises for agencies within the region.

NEED(S):

Ensure that the MCI plan continues to meet the needs of on-scene medical management. Evaluate training standards and requirements for MCI planning and response. Update the current MCI Plan as needed.

OBJECTIVE:

Monitor the utilization of the MCI plan and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

4.16 ALS STAFFING

MINIMUM STANDARDS:

All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

RECOMMENDED GUIDELINES:

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew member.

On an emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

CURRENT STATUS: *meets minimum standard*

By policy, the minimum staffing level of all ALS ambulances, is one licensed paramedic and one certified EMT. However, a BLS ambulance, staffed with a minimum of two EMTs may be used to respond to emergency requests during times of disaster, system overload when all available ALS resources have been depleted or in areas presently designated as BLS response zones. All BLS providers are AED certified. Additionally, BLS units are routinely backed up with ALS resources (ALS Engine companies, Quick Response Vehicles or ALS aircraft). This plan includes expansion of ALS resources into currently primary BLS-transport zones within Mendocino County through the formation of an EOA for ALS services that includes those areas.

NEED(S):

Ensure that ALS ambulance staffing meets minimum standards and system needs.

OBJECTIVE:

Implement Mendocino EOA to increase emergency medical response capability to ALS region wide.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

4.17 ALS EQUIPMENT

MINIMUM STANDARDS:

All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Providers are required to maintain a minimum drug and equipment inventory on all in-service ambulances as specified by the agency. Equipment and drug inventory requirements have been revised and updated by the Agency in conjunction with its Regional Medical Advisory Committee during FY 2012-2013.

NEED(S):

Ensure the availability of drugs and equipment on ambulances to meet patient and system needs. Evaluate and adjust, as necessary, the respective inventories to ensure a regional standard.

OBJECTIVE:

Monitor drug and equipment requirements and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.18 TRANSPORT COMPLIANCE

MINIMUM STANDARDS:

The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Written agreements, permits, county ordinances, inspections, unusual occurrence reporting, investigations and quality improvement programs have been established as mechanisms to review, monitor and enforce compliance with system policies for operations and clinical care. Not all provider agencies within the region have updated written agreements (including 201 entities operating without an agreement). The EMS Agency added staff in late FY 14-15 to address updates to ordinance, policies and provider agreements.

NEED(S):

Ensure compliance with system policies. Establish regional agreement template, in accordance with policy supported by local ordinance to provide framework for compliance for non-EOA contracted providers.

OBJECTIVE:

Develop regional templates, standards and policies. Evaluate and improve compliance with system policies through ordinance/policy/agreement framework.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
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4.19 TRANSPORTATION PLAN

MINIMUM STANDARDS:

Any local EMS agency that desires to implement exclusive operating areas, pursuant to Section 1797.224, H&S Code, shall develop an EMS transportation plan which addresses: a) minimum standards for transportation services; b) optimal transportation system efficiency and effectiveness; and c) use of a competitive bid process to ensure system optimization.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The existing Transportation Plan reflects the current status of the EMS system and will undergo a revision/update as needed.

Ensure that the Transportation Plan meets the needs of the EMS system.

OBJECTIVE:

Implement and monitor the requirements of the Transportation Plan and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.20 "GRANDFATHERING"

MINIMUM STANDARDS:

Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

There are currently no grandfathered providers in the region. The City of Petaluma and City of Sonoma Fire Departments have 1797.201 rights for provision of ALS transport. It has been determined that Bells Ambulance in Sonoma County is eligible for "grandfathering". Russian River Fire Protection District may also be eligible for 1797.224 non-competitive EOA pending research.

NEED(S):

None identified.

OBJECTIVE:

None identified.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.21 EOA COMPLIANCE

MINIMUM STANDARDS:

The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

There are contracts, county ordinances, inspections, unusual occurrence reporting, investigations and quality improvement programs in place which serve to review, monitor and enforce compliance by EOA providers with system policies for operations and clinical care. Sonoma County has one EOA; this plan includes the creation of an EOA in a portion of Mendocino County monitored under the same mechanisms as the existing Sonoma County EOA.

NEED(S):

Ensure compliance with system policies within all CVEMSA EOAs.

OBJECTIVE:

Evaluate and improve compliance with system policies within all CVEMSA EOAs .

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.22 EOA EVALUATION

MINIMUM STANDARDS:

The local EMS agency shall periodically evaluate the design of exclusive operating areas.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The EMS Agency evaluates the design of EOAs in conjunction with EOA contract terms. Sonoma County completed a system review process in 2008 in preparation for an RFP process for the existing exclusive operating area. In December 2008 Sonoma County entered into a contract for an established EOA (EOA #1) beginning July 1, 2009. The performance standards required of the provider operating within EOA is routinely monitored and corrective action is taken to address deficiencies. This plan includes the creation of an EOA in a portion of Mendocino County which will be evaluated under the same mechanisms as the existing Sonoma County EOA.

NEED(S):

Ensure EOA designs meet the needs of the EMS system and are consistent with the EMS system model.

OBJECTIVE:

Continue to monitor performance standards and take corrective action as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.01 ASSESSMENT OF CAPABILITIES

MINIMUM STANDARDS:

The local EMS agency shall assess and periodically reassess the EMS related capabilities of acute care facilities in its service area.

RECOMMENDED GUIDELINES:

The local EMS agency should have written agreements with acute care facilities in its service area.

CURRENT STATUS: *meets minimum standard*

There are nine hospitals in the Coastal Valleys region that receive emergency patients via the EMS System. Four of those hospitals are designated as Base Hospitals. The EMS agency has written agreements with all acute care facilities in the service area. Medical control guidelines and minimum standards of care for all facilities have been established. The EMS Agency will continue to evaluate Prehospital care capabilities of all facilities as well as conduct periodic review of all participating facilities for system compliance and performance.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.02 TRIAGE & TRANSFER PROTOCOLS

MINIMUM STANDARDS:

The local EMS agency shall establish pre-hospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Prehospital trauma triage and field diagnosed STEMI protocols have been implemented on a regional basis. An interfacility transfer policy has been established. Transfer protocols with Children's Hospital Oakland (CHO) have been established along with direct air transport procedures for pediatric related field incidents. Patients with significant burns may be transported directly by EMS aircraft from the field to a regional burn center (UC Davis) per the Point of Entry policy. Assistance with the establishment of transfer protocols and agreements for all hospitals is available if needed.

COORDINATION WITH OTHER EMS AGENCIES:

Napa – Napa County has a Level III trauma center as well as two STEMI Receiving Centers which in some cases may be the closest appropriate facility for patients in the Coastal Valleys region.
North Coast – Coastal Valleys' specialty centers accept patients directly from the field in Lake County.

NEED(S):

Continue development and implementation of prehospital triage protocols as needed.

OBJECTIVE:

Ensure timely production of pre-hospital triage and transfer protocols based on medical need and preferred transport.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.03 TRANSFER GUIDELINES

MINIMUM STANDARDS:

The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The regional Trauma Advisory Committee created a document (R.A.T.T. – Rapid Assessment Trauma Transfer) to help non-trauma centers recognize a major trauma patient and facilitate the transfer of these patients. This document is to be posted in all Emergency Departments for quick reference. The region's Level II trauma center (Santa Rosa Memorial Hospital) currently operates the local transfer center and will accept all patients meeting trauma triage criteria from any facility in our region including Lake County regardless of ICU bed status. Transfer protocols with Children's Hospital Oakland (CHO) have been established. An interfacility transfer policy has been established. Transfer agreements are in place at the region's two Trauma Centers with other specialty centers (burn, spinal cord, microsurgery).

The regions two STEMI centers regularly accept STEMI patients from non STEMI centers within the region and monitor and provide data to the EMS Agency as well as the sending facility on all patients. Non STEMI designated hospitals are integrated within the STEMI system as partners with treat-and-transfer protocols established appropriate for distance to STEMI Centers.

COORDINATION WITH OTHER EMS AGENCIES:

Any future transfer policies or agreements will be coordinated with affected LEMSAs (Napa & North Coast)

NEED(S):

Assist with the development of transfer guidelines for trauma and other specialty patient groups as tools to be used by emergency department physicians in determining an appropriate disposition for EMS patients.

OBJECTIVE:

Review and update transfer policies, protocols and guidelines for trauma and other specialty patient groups as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.04 SPECIALTY CARE FACILITIES

MINIMUM STANDARDS:

The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

There is a Level II Trauma Center designation located in Sonoma County and a Level IV Trauma Center in Mendocino County. Children's Hospital-Oakland has been designated for direct air transport of pediatric patients. There are currently two designated STEMI centers in the region. Five facilities are designated as Receiving Hospitals. There are written agreements with all facilities for each designation outlining both the facilities' and the agencies' roles and responsibilities as well as any fees in an amount sufficient to cover the costs directly related to the designation of the facilities.

COORDINATION WITH OTHER EMS AGENCIES:

The designation of specialty care centers located outside of our region was performed with the approval of the local EMS agencies that had originally designated the centers.

NEED(S):

Ensure a process exists to designate and monitor receiving hospitals and specialty care facilities for specified groups of emergency patients. Accomplish the needs portion of Standard 5.01. Integration of hospital Electronic Health Record with LEMSA prehospital data system

OBJECTIVE:

Review and update transfer policies, protocols and guidelines for trauma and other specialty patient groups. Integrate hospital Electronic Health Records with LEMSA prehospital data system.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.05 MASS CASUALTY MANAGEMENT

MINIMUM STANDARDS:

The local EMS agency shall encourage hospitals to prepare for mass casualty management.

RECOMMENDED GUIDELINES:

The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

CURRENT STATUS: *meets minimum standard*

Work is underway in both counties to establish "surge capacity" in the region's hospitals via HRSA/HPP grant funding. The region's Level II Trauma Center (Santa Rosa Memorial Hospital) was the recipient of EMS Authority trauma cache grant funding and now has the equivalent of two trauma/burn caches. There are Multi-Casualty Incident plans in place in both counties. All individual facilities within the region have internal disaster management plans. All of the region's facilities have received MCI management kits including multi-hazard triage tags. NIMS training has been conducted. He LEMSA supports hospital drills scheduled in conjunction with the EMS Authority's annual statewide hospital disaster drill. The region's hospitals conduct their disaster drills utilizing the HEICS system. The EMResource system has been established in all of the region's hospitals. The LEMSA is implementing a regional data system to support communication and patient flow in disaster or mass casualty situations.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure adherence to MCI plan requirements. Continue efforts to assess, establish and maintain a "surge capacity" as defined by federal grant funding programs (HRSA/HPP, CDC) Implement regional data system.

OBJECTIVE:

Monitor capability of system hospitals to respond to mass casualty incidents and encourage and/or make changes as needed. Implement regional data system, and incorporate data system functionality into patient flow management policies and plans.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.06 HOSPITAL EVACUATION

MINIMUM STANDARDS:

The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

All regional hospitals have individual evacuation plans in place. County by county and/or regional hospital / healthcare disaster planning group(s) to address the issues of patient evacuation and developing surge capacity have been established, utilizing HRSA/HPP and Homeland Security grant funding. The EMResource system was implemented throughout the region in 2007 to enhance the tracking of available facility beds and for making informed patient destination decisions. Inclusion of Skilled Nursing Facilities (SNF), Clinics and convalescent centers into disaster planning groups within the respective counties began in 2008.EMS Agency staff worked with a triage tag manufacturer to develop a facility-specific tag system that is now commercially available. . The LEMSA is implementing a regional data system to support communication and patient flow in hospital evacuation situations.

COORDINATION WITH OTHER EMS AGENCIES:

Will most likely be necessary as OES regional evacuation plans are developed.

NEED(S):

Develop, adopt and implement a standardized regional hospital evacuation plan

OBJECTIVE:

Development and implement a model hospital evacuation plan. . Implement regional data system, and incorporate data system functionality into hospital evacuation management policies and plans.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.07 BASE HOSPITAL DESIGNATION

MINIMUM STANDARDS:

The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of pre-hospital personnel.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Currently, four of nine hospitals in the EMS system have been designated as base hospitals. However, with the inclusion of provider QI and an increase in standing orders, there may not be a need for the number of base hospitals in their current roles.

NEED(S):

Explore the viability of a single medical control point in each county. A process needs to be developed for selecting a single medical control point in each county, if deemed viable, and identifying its optimal configuration and responsibilities.

OBJECTIVE:

Establish a single medical control point in each county, if deemed viable by system participants.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.08 TRAUMA SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

- the number and level of trauma centers (including the use of trauma centers in other counties),
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The Agency has established two trauma centers, a Level II in Sonoma County (Santa Rosa Memorial Hospital) and a Level IV in Mendocino County (Ukiah Valley Medical Center). The catchment area includes all of Sonoma, Mendocino and Napa counties and portions of Lake and Marin counties respectively. Trauma triage criteria has been implemented and the trauma centers have transfer platforms in place for patients needing specialty care outside of the region. Both trauma centers utilize trauma registry software to gather and track trauma patient data. The capabilities of the outlying facilities have been considered and representatives of the various receiving facilities are members of the regional Trauma Advisory Committee (TAC), which meets quarterly. The EMS Agency has current trauma system policies and a trauma plan approved by the State EMS Authority that address all the minimum standards.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with North Coast, Marin, and Napa.

NEED(S):

Ensure the availability of specialized trauma services to critically injured patients.

OBJECTIVE:

Maintain and refine a trauma system that effectively serves patients with critical injuries.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.09 PUBLIC INPUT

MINIMUM STANDARDS:

In planning its trauma care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

All trauma planning efforts have included numerous opportunities for public, stakeholder and hospital representatives. Trauma planning has included the input of the respective county EMCCs. A regional Trauma Advisory Committee (TAC) has been established and meets quarterly and provides quality assurance and feedback from providers on an ongoing basis. TAC reports to both the Medical Advisory Committee (MAC) as well as both EMCC's.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with North Coast, Marin, and Napa

NEED(S):

Ensure an open process for continuing trauma system development.

OBJECTIVE:

Keep the process used for continued development of the trauma system open to hospital, pre-hospital and public input.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.10 PEDIATRIC SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:

- the number and role of system participants, particularly of emergency departments,
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- identification of providers who are qualified to transport such patients to a designated facility,
- identification of tertiary care centers for pediatric critical care and pediatric trauma,
- the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
- a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Coastal Valleys region does not have any designated pediatric centers. All receiving hospitals treat and transfer critical pediatric patients as indicated by clinical presentation. The trauma triage decision scheme includes pediatric patients and advises transport to the closest appropriate trauma center when necessary. Current policy allows for the direct transport from the field of critically injured children to Children's Hospital Oakland via EMS aircraft

NEED(S):

Pediatric field protocol revision as indicted by best practices.

OBJECTIVE:

Continued review of protocol and policy.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.11 EMERGENCY DEPARTMENTS

MINIMUM STANDARDS:

Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:

- staffing,
- training,
- equipment,
- identification of patients for whom consultation with a pediatric critical care center is appropriate,
- quality assurance/quality improvement, and
- data reporting to the local EMS agency.

RECOMMENDED GUIDELINES:

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

CURRENT STATUS: *meets minimum standard*

All facilities in the Coastal Valleys Region were offered assistance with purchasing pediatric equipment utilizing the 15% allocated from the EMS Fund (SB 1773). $135,000 was spent on pediatric equipment in Sonoma County and $20,000 in Mendocino County for fiscal year 2010-2011.

NEED(S):

Ensure that the pediatric services provided by the EMS system continue to meet the needs of critically ill and injured children within the EMS system.

OBJECTIVE:

Develop continuous pediatric system monitoring capability. Implement regional data system, and incorporate data system functionality into monitoring process for pediatric care.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.12 PUBLIC INPUT

MINIMUM STANDARDS:

In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

EMS Advisory Committees are in place to ensure input from Prehospital, hospital providers and consumers. Public comment periods are provided before any modification are made to the EMS policies and procedures.

NEED(S):

Continue public input and evaluation of the pediatric emergency medical and critical care system.

OBJECTIVE:

Ensure continued public input and evaluation of the pediatric emergency medical and critical care system.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.13 SPECIALTY SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved, including:

- the number and role of system participants,
- the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center,
- the role of non-designated hospitals including those which are outside of the primary triage area, and
- a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:

none

CURRENT STATUS: *meets minimum standard*

Adult and pediatric trauma patients have been identified as patients warranting transfer to designated centers both inside and outside of the region. The Agency has established a transfer policy for burn patients. Two STEMI receiving centers have been designated in the region. Four of the ten facilities in the region have been designated as Primary Stroke Centers by an outside designating body(i.e. JCAHO, AOA) and the remaining facilities are currently working towards the same designation.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Napa and North Coast

NEED(S):

Ensure the availability of trauma, STEMI and Stroke care services to critically ill and injured patients.

OBJECTIVE:

Develop and implement STEMI and Stroke care systems and plans in accordance with the EMS system model and State guidelines, as appropriate.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.14 PUBLIC INPUT

MINIMUM STANDARDS:

In planning other specialty care systems, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

NOT APPLICABLE FOR THIS STANDARD.

All specialty care planning efforts have included numerous opportunities for public and stakeholder input. Both counties host EMCCs and the Regional Medical Advisory Committee is comprised of stakeholders (pre-hospital and receiving facilities, and the public). The various committees meet on a quarterly basis. STEMI Advisory Committee (STAC) and Stroke Advisory Committee (SAC) meet as needed and are comprised of all system stakeholders.

NEED(S):

Ensure an open process for specialty care system development.

OBJECTIVE:

Keep the process used for developing a specialty care system open to public input.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.01 QA/QI PROGRAM

MINIMUM STANDARDS:

The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all pre-hospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols, and identification of preventable morbidity and mortality, and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

RECOMMENDED GUIDELINES:

The local EMS agency should have the resources to evaluate response to, and the care provided to, specific patients.

CURRENT STATUS: *meets minimum standard*

There is a dynamic, compliant regional CQI program in place in Mendocino and Sonoma counties which is comprised of base hospital medical directors, base hospital nurse liaisons and ambulance provider quality improvement coordinators as well as EMS Agency staff members.. Alignment of field care policies and protocols utilized in each county has been completed. Representatives from both counties meet collectively on a quarterly basis. The Agency completed a review and "ground-up review" and reassessment of regional CQI plan and process. In 2010. Recommendations made by Fitch and Associates, the consultant for the project are in process of implementation. The LEMSA is in the implementation phase of a new regional EMS data system, ImageTrend, to facilitate region data collection and evaluation. The system features hospital access to EMS patient records for specific patients to include outcome data, Capacity exists within the data system to integrate with hospital Electronic Medical Records systems.

NEED(S):

Development of a region wide process to provide feedback to pre-hospital care personnel on patient outcomes . Submission of updated CQI plan documenting a region wide CQI process that meets system needs and State standards.

OBJECTIVE:

Maintenance of a region-wide CQI program. Implement regional data system and incorporate the system into the process used to identify preventable morbidity and mortality. Utilize data system to provide feedback to pre-hospital personnel on patient outcomes. Ensure that the CQI process meets system needs and State standards. Expand the CQI process to include first response quality improvement coordinators and dispatch quality control coordinators. Continue to monitor and amend the QA/QI program to meet system needs. Continue to develop additional funding to support program

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.02 PREHOSPITAL RECORDS

MINIMUM STANDARDS:

Pre-hospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Policy requires patient care records (PCRs) to be completed for all patients, with copies (hard or electronic) of the report being submitted to the receiving hospital, provider and agency. All ground ambulance providers and ALS first responders use either a computerized keyboard entry PCR(ePCR) or a handwritten form for documenting patient care. . The LEMSA is in the implementation phase of a new regional EMS data system, ImageTrend, to facilitate regional patient care reporting and delivery. The system features hospital access to EMS patient records for electronic delivery, Capacity exists within the data system to integrate with hospital Electronic Medical Records systems.

NEED(S):

Ensure completeness and timely submission of patient care records. Develop policy for mandatory NEMSIS data collection and reporting to the EMS agency through ImageTrend product. Move all ALS and transporting BLS providers to a compliant ePCR system. Move systems to NEMSIS V3 data set compliance as appropriate.

OBJECTIVE:

Monitor providers to ensure adherence to policy and take corrective action as necessary. Develop policy regarding mandatory NEMSIS-compliant ePCR utilization with switch to NEMSIS V3 compliance when appropriate.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.03 PREHOSPITAL CARE AUDITS

MINIMUM STANDARDS:

Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.

RECOMMENDED GUIDELINES:

The local EMS agency should have a mechanism to link pre-hospital records with dispatch, emergency department, in-patient and discharge records.

CURRENT STATUS: *meets minimum standard*

A regional Q.I. group (advisory to the Agency) has been formed to conduct pre-hospital care audits regarding system operations. Each individual County has specific CQI groups that work on County specific issues. These individual; groups constitute the Regional Committee who meet and report at the quarterly held Medical Advisory Committee (MAC) meetings. Providers are mandated to follow EMS Agency policy. Certain components of the system EOA franchise provider, STEMI and Trauma system as well as EMS Aircraft have additional auditing process. The LEMSA is in the implementation phase of a new regional EMS data system, ImageTrend, to facilitate region data collection and evaluation. The system features LEMSA access to EMS patient records for specific patients to include response and clinical data, and the ability to audit delivered pre-hospital care.

COORDINATION WITH OTHER EMS AGENCIES:

None.

NEEDS:

Implementation of a data-based clinical audit system capable of identifying preventable morbidity and mortality and ensuring adherence to treatment standards.

OBJECTIVE:

Implement ImageTrend regional data system for the LEMSA, ambulance provider agencies and base hospitals to facilitate data collection and reporting.

Incorporate ImageTrend into process to identify preventable morbidity and mortality and ensure adherence to treatment standards.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.04 MEDICAL DISPATCH

MINIMUM STANDARDS:

The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post dispatch directions.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Approved level II EMD centers are required by policy to establish an in-house QA program that includes the auditing of pre-arrival instructions as well as appropriate call categorization and commensurate resource response. The Sonoma County EMS dispatch center has implemented the ProQA electronic EMD system and the Mendocino EMS dispatch center has identified the same system as a planned improvement.

NEED(S):

Ensure that an appropriate level of medical response is sent to each emergency. Monitor pre-post arrival instructions for compliance with EMD standards

OBJECTIVE:

Continue to require a process to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post dispatch directions. Support Mendocino County implementation of ProQA. Utilize ProQA as available to facilitate the oversight and review process.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.05 DATA MANAGEMENT SYSTEM

MINIMUM STANDARDS:

The local EMS agency shall establish a data management system that supports its system-wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

RECOMMENDED GUIDELINES:

The local EMS agency should establish an integrated data management system which includes system response and clinical (both pre-hospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

CURRENT STATUS: *meets minimum standard*

The LEMSA is in the implementation phase of a new regional EMS data system, ImageTrend, to facilitate region data collection and evaluation. The system features LEMSA access to EMS patient records for specific patients to include response and clinical data, and the ability to audit delivered pre-hospital care.

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS:

In order to assure that our data management system meets the changing needs of the agencies using it in the future, the tasks of need assessment, revision design, programming and documentation must continue.

Gain access to existing hospital data regarding the outcomes of pre-hospital patients. Utilize state quality indicators.

Develop funding source for on-going region-wide monitoring. Move to NEMSIS V3 compliant system(s) going forward in order to achieve data aggregation capacity across EMS providers.

OBJECTIVE:

Implement ImageTrend regional data system for the LEMSA, ambulance provider agencies and base hospitals to facilitate data collection and reporting.

Develop funding to enable the training of system participants to use established QI processes and indicators. Monitor and modify as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.06 SYSTEM DESIGN EVALUATION

MINIMUM STANDARDS:

The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

A Regional Medical Advisory Committee, comprised of local Q.I. coordinators, hospital liaisons and provider representatives has been formed to evaluate response, care and transport. Additionally, each member county has a functioning Emergency Medical Care Committee that reviews local operations, policies and practices. A Regional Directors Committee (RDC) comprised of the DHS Directors from each member county meets and reviews issues concerning the plans, policies and procedures of the CVEMSA before they are submitted to the respective Board of Supervisors (BOS) for consideration. All meetings of the BOS and county EMCCs are open to the public with time allocated on each agenda for open public comments. Additionally, impacted groups are routinely notified in advance of issues before the EMCCs and the BOS. Funding for specific QI activities beyond these meetings is varied and limited to particular segments of the EMS System. The LEMSA is in the implementation phase of a new regional EMS data system, ImageTrend, to facilitate region data collection. The aggregate data collected will support evaluation and planning processes.

NEED(S):

Creation of common indicators that can be used for evaluating the effectiveness of the EMS system at meeting community needs and system demands. Fund, maintain and support the regional CQI committee and region-wide CQI activity. Integrate data collected into evaluation and planning. Expand focus to include prevention activities.

OBJECTIVE:

Create common indicators that can be used for evaluating the effectiveness of the EMS system at meeting community needs and system demands. Train local providers in Agency QI processes. Participate in statewide standardized system evaluation projects. Develop additional funding source to expand activities including prevention.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.07 PROVIDER PARTICIPATION

MINIMUM STANDARDS:

The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

ALS providers are required by policy and agreement to participate in the agency system-wide evaluation program. BLS providers in Mendocino County are required to participate in the agency system-wide evaluation program. EOA provider in Sonoma County required by contract to participate in system design and evaluation processes. Air Ambulance providers have similar requirements in non-exclusive agreements. This plan includes the formation of an EOA within inland Mendocino County that will include requirements to participate in system design and evaluation. The EMS Agency has added staff to assist with the coordinated revision of policies related to system administration. Such revisions are being coordinated with updates to member counties' ambulance ordinances.

NEED(S):

Updated County ordinances to support LEMSA authority to mandate participation by all system providers to ensure participation of all providers within the agency's regional evaluation program. Creation of EOAs as appropriate to facilitate ongoing system evaluation and changes to the system as indicated by evaluation.

OBJECTIVE:

Update county ordinance and LEMSA policy requiring first responder, dispatch and other system provider participation in system evaluation programs. Develop funding source to expand education and compliance monitoring beyond current contracted providers. Establish EOAs as indicated to facilitate provider accountability.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.08 REPORTING

MINIMUM STANDARDS:

The local EMS agency shall, at least annually, report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Individual member counties have been reporting to their respective BOS and constituent groups on the progress of the regionalization process as well as overall system operations within the respective member counties The LEMSA is in the implementation phase of a new regional EMS data system, ImageTrend, to facilitate region data collection and evaluation. The system features LEMSA access to EMS patient records for specific patients and aggregate data including response and clinical data, and the ability to audit delivered pre-hospital care.

NEEDS:

Develop process to allow for regional data analysis using the ImageTrend system and established QI indicators and benchmarks. Establish reporting cycles.

OBJECTIVE:

Implement ImageTrend regional data system for the LEMSA, ambulance provider agencies and base hospitals to facilitate data collection and reporting. Report analyzed data on an annual or quarterly basis. Annually report the results of the system evaluation, design and operations to the respective Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.09 ALS AUDIT

MINIMUM STANDARDS:

The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and pre-hospital activities.

RECOMMENDED GUIDELINES:

The local EMS agency's integrated data management system should include pre-hospital, base hospital, and receiving hospital data.

CURRENT STATUS: *meets minimum standard*

There is a regional CQI program in place. Mendocino and Sonoma counties each have local QI networks which are comprised of base hospital medical directors, base hospital nurse liaisons and ambulance provider quality improvement coordinators in conjunction with Agency staff. CQI activity partially funded through hospital and some provider agreements. The LEMSA is in the implementation phase of a new regional EMS data system, ImageTrend, to facilitate region data collection and evaluation. The system features LEMSA access to EMS patient records for specific patients to include response and clinical data, and the ability to audit delivered pre-hospital care.

NEED(S):

Fund, maintain and enhance a region wide process to provide feedback to pre-hospital care personnel on patient outcomes. Enhance funding to support a region wide CQI process that meets system needs and State standards. Integrated hospital data in pre-hospital record system (ImageTrend)

OBJECTIVE:

Implement ImageTrend regional data system for the LEMSA, ambulance provider agencies and base hospitals to facilitate data collection and reporting and audit treatment provided by the ALS providers.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.10 TRAUMA SYSTEM EVALUATION

MINIMUM STANDARDS:

The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a trauma registry, a mechanism to identify patients whose care fell outside of established criteria, and a process for identifying potential improvements to the system design and operation.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Both trauma centers utilize trauma registry software to gather and track trauma patient data. Quarterly data is submitted to the agency by the Trauma centers. The regional trauma audit committee(TAC) meets quarterly and is responsible for reviewing and evaluating care of major trauma patients in the region. TAC provides an educational platform for both prehospital and hospital personnel. Improvements to system design and operations are identified and recommended by TAC. HRSA/HPP grant funding was used to review and provide recommendations regarding the regions current trauma configuration of acute trauma hospitals. These recommendations offered alternatives for configuration of acute care centers and how they might be modified to better ensure timely access to trauma receiving facilities in the region . The LEMSA is in the implementation phase of a new regional EMS data system, ImageTrend, to facilitate region data collection and evaluation. The system features LEMSA access to EMS patient records for specific patients to include trauma patients and the ability to audit delivered pre-hospital care. The system also allows for the export and import of trauma center data, and hospital access for outcome data.

COORDINATION WITH OTHER EMS AGENCIES:

Marin EMS, North Coast EMS.

NEED(S):

Data collection program/system that includes all non-trauma designated receiving facilities in the region that receive trauma patients.

OBJECTIVE:

Implement ImageTrend regional data system for the LEMSA, ambulance provider agencies and base hospitals to facilitate data collection and reporting. Utilize ImageTrend for the data collection related to trauma patients regardless of initial destination. Continue utilizing the trauma registry and TAC to identify potential needs in the system.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.11 TRAUMA CENTER DATA

MINIMUM STANDARDS:

The local EMS Agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information that is required for quality assurance/quality improvement and system evaluation.

RECOMMENDED GUIDELINES:

The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their QA/QI and system evaluation program.

CURRENT STATUS: *meets minimum standard*

The agency currently collects quarterly data from all trauma centers in the region. Quarterly data is reviewed by all TAC members at its quarterly meetings. Additional information or details of specific cases are provided by the trauma centers as requested by TAC or the agency. Both trauma centers participate in the trauma registry program with linkage to the state-designated system. The LEMSA is in the implementation phase of a new regional EMS data system, ImageTrend, to facilitate region data collection and evaluation. The system features LEMSA access to EMS patient records for specific patients to include trauma patients and the ability to audit delivered pre-hospital care. The system also allows for the export and import of trauma center data, and hospital access for outcome data.

NEED(S):

Establish a linkage between prehospital data and the trauma registry data. This should include non-trauma center receiving facilities receiving trauma patients.

OBJECTIVE:

Implement ImageTrend regional data system for the LEMSA, ambulance provider agencies and base hospitals to facilitate data collection and reporting. Utilize ImageTrend for the data collection related to trauma patients regardless of initial destination. Continue utilizing the trauma registry and TAC to identify potential needs in the system.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
PUBLIC INFORMATION AND EDUCATION

7.01 PUBLIC INFORMATION MATERIALS

MINIMUM STANDARDS:

The local EMS agency shall promote the development and dissemination of information materials for the public that addresses:

- understanding of EMS system design and operation,
- proper access to the system,
- self-help (e.g., CPR, first aid, etc.),
- patient and consumer rights as they relate to the EMS system,
- health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- appropriate utilization of emergency departments.

RECOMMENDED GUIDELINES:

The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.

CURRENT STATUS: *meets minimum standard*

CVEMSA has either developed or disseminated information on basic first aid, CPR, system design and access and disaster planning. The Agency established an internet Web site for public access and review of the EMS system within the respective region's counties. The Agency had previously established a PIE "traveling kit" that was used throughout the region at public safety and health oriented public events. EMS Agency staff guide and participate in active stakeholder groups that provide CPR training to schools and the general public, and the distribution of AEDs to all schools within the two-county region. The EMS Agency will continue to encourage system partners in their efforts and monitor the EOA franchise provider for contractual PIE compliance.

NEED(S):

Expanded funding to support the continued development and delivery of education within the EMS Area.

OBJECTIVE:

In coordination with system stakeholders and community partners, continue to develop and present education materials and programs regarding system access and utilization as described in the EMS system model. Develop funding to support this activity beyond current levels.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
PUBLIC INFORMATION AND EDUCATION

7.02 INJURY CONTROL

MINIMUM STANDARDS:

The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

RECOMMENDED GUIDELINES:

The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

CURRENT STATUS: *meets minimum standard*

In previous budget years, The agency began involvement with injury prevention and/or injury control efforts through its EMSC project. The regional Trauma Coordinator reestablished liaison with the statewide EMSC coordinator's group. Those efforts were followed up with the Risk Watch Injury Prevention project and the above-mentioned PIE grant. The Agency participated in the SafeKids program on an ad-hoc basis. The agency and EMS system participants routinely participate in public safety (health) fairs at various locations throughout the EMS region promoting system understanding. In FY 2013-2014 and FY 2014-2015 The EMS Agency guided and partnered with community stakeholder coalition groups in both counties to provide CPR and AED/911 awareness training to schools. Current funding through Trauma Center and EOA franchise agreements provide resources to meet some of these mandates.

NEED(S):

Continue existing outreach and training efforts aimed at schools and general community. Develop additional funding to support development and promotion of injury control education programs and programs targeted at other high risk groups.

OBJECTIVE:

Expand the development and promotion of injury control education programs and programs targeted toward the general public and high risk groups with providers, hospitals and other organizations. Develop funding to support expanded program.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
PUBLIC INFORMATION AND EDUCATION

7.03 DISASTER PREPAREDNESS

MINIMUM STANDARDS:

The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

RECOMMENDED GUIDELINES:

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

CURRENT STATUS: *meets minimum standard*

The Agency has been involved with the respective OA OES in promoting citizen disaster preparedness. Agency staff members have participated in Public Health Preparedness plan development, Homeland Security and HRSA/HPP grant programs as well bolstering the individual counties' disaster response capability. In late FY 2014-2015 The EMS agency hired additional .40 FTE staff to support preparedness efforts in collaboration with Public Health Preparedness.

NEED(S):

Continued collaboration with Public Health Preparedness and stakeholder groups to support the promotion of citizen disaster preparedness activities. Expand funding to support additional activity.

OBJECTIVE:

In conjunction with county OES coordinators, Public Health Preparedness, Red Cross and other public safety agencies, develop and promote citizen disaster preparedness activities. Develop funding to support expanded program.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
PUBLIC INFORMATION AND EDUCATION

7.04 FIRST AID & CPR TRAINING

MINIMUM STANDARDS:

The local EMS agency shall promote the availability of first aid and CPR training for the general public.

RECOMMENDED GUIDELINES:

The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

CURRENT STATUS: *meets minimum standard*

A list of available CPR and first aid classes is usually maintained within the respective member counties' offices. Additionally, region wide training opportunities (including CPR etc.) are posted on the Agency's website. The Agency has begun taking a lead in promoting CPR training for areas covered by the franchise EOA as per contractual requirement. The EMS Agency is working with community partners and provider agencies to promote AED placement and reporting as well as bystander CPR training for schools and the general public. In FY 2013-2014 and FY 2014-2015 The EMS Agency guided and partnered with community stakeholder coalition groups in both counties to provide CPR and AED/911 awareness training to schools. The Agency has selected a web-based AED registry and is working towards the establishment of a 911 linkage to community placed AEDs.

NEED(S):

Expansion of citizen CPR and first aid training region-wide. Expansion of current community partnership effort to include all communities within the EMS Area. Establishment of the AED linkage and expansion to entire EMS Area.

OBJECTIVE:

Continue current collaborative effort to provide CPR training regionally to schools and community groups. Develop the capacity to expand the provision of CPR and first aid training . Develop sustainable funding to support the program.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

DISASTER MEDICAL RESPONSE

8.01 DISASTER MEDICAL PLANNING

MINIMUM STANDARDS:

In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Disaster medical planning has been occurring both of the counties. A response plan specific to toxic substance management has not been developed on a regional level, however the Agency has participated in preparation of local counties' WMD plans. Agency staff have been actively participating with local health departments, OES departments and other allied agencies in disaster planning and preparedness. Staff members sit on various focus groups related to disaster planning and have actively participated in Homeland Security and HRSA/HPP grant programs. Agency staff members have also been actively involved in the annual Statewide Health-Hospital Disaster exercises as well.

COORDINATION WITH OTHER EMS AGENCIES:

As needed coordination exists between all Region II MOHOC's and LEMSA's.

NEED(S):

Ensure that the MCI Plans in place continue to meet the disaster medical response needs of the EMS system.

OBJECTIVE:

Monitor the efficiency and utilization of the MCI plan and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

DISASTER MEDICAL RESPONSE

8.02 RESPONSE PLANS

MINIMUM STANDARDS:

Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

RECOMMENDED GUIDELINES:

The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

CURRENT STATUS: *meets minimum standard*

Disaster medical planning has been occurring in each of the member counties. Agency staff have been actively participating with local health departments, OES departments and other allied agencies in disaster planning and preparedness. The existing Multi-Casualty Incident (MCI) Plan is ICS based and intended for use in multi-hazard type situations. Expansion of the MCI Plan to incorporate Mass-Casualty incidents is currently being undertaken. Incorporation of Alternate Care Sites, Field Treatment Sites and Mobile Field Hospital operations will be incorporated into the Mass-Casualty Plan.

An EMS Type ChemPack is available within the local EMS system.

COORDINATION WITH OTHER EMS AGENCIES:

As needed coordination exists between all Region II MOHOC's and LEMSA's.

NEED(S):

Ensure that the respective member counties' MCI Plans continue to meet the disaster medical response needs of the EMS system.

OBJECTIVE:

Monitor the efficiency and utilization of the MCI plans and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

DISASTER MEDICAL RESPONSE

8.03 HAZMAT TRAINING

MINIMUM STANDARDS:

All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The minimum hazardous material training standards for EMS personnel are those standards established by OSHA/Cal-OSHA. Personal Protection Equipment for EMS providers has been procured through Homeland Security grant funding and distributed accordingly. The EMS Agency collaborates with regional Hazmat responder agencies as indicated when developing plans and policy relating to hazardous materials. Medical personnel roles have been identified in OA hazmat response plans.

NEED(S):

Continue to maintain training coordination efforts for EMS providers throughout the region.

OBJECTIVE:

Ensure adequate training for EMS personnel regarding hazardous materials incidents. Determine hazardous material training levels or needs of EMS personnel.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

DISASTER MEDICAL RESPONSE

8.04 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure that ICS training is provided for all medical providers.

CURRENT STATUS: *meets minimum standard*

The MCI Plan utilized by the CVEMSA counties is based on the Incident Command System. Agency staff members have completed NIMS (IS 700-800) training as well as advanced (ICS 300-400) ICS training. The Agency has identified Ambulance Strike Team Leaders on call from the provider agency community. The EMS Agency promotes regional efforts to provide ICS training for all medical providers.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that all EMS personnel are trained in ICS, MCI, SEMS and NIMS.

OBJECTIVE:

Continue to support regional ICS trainings. Modify existing processes through ordinance, policy and provider agreements to ensure that all EMS personnel, including EMTs, first responders and dispatchers are trained in ICS, MCI and SEMS. Monitor compliance to training standards and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

DISASTER MEDICAL RESPONSE

8.05 DISTRIBUTION OF CASUALTIES

MINIMUM STANDARDS:

The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

RECOMMENDED GUIDELINES:

The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

CURRENT STATUS: *meets minimum standard*

Written policies are under development. "Surge capacity" grant benchmarks for the region's hospitals is addressing the redistribution of patients to either specialty centers or "disaster" designated facilities. A matrix of available beds is under development, including beds in acute care facilities (licensed vs. staffed as well as area/space for HPP grant acquired military cots), SNF, convalescent centers as well as other facilities. Potential sites for CCP or FTS activities (community health clinics) are being identified in both counties. The EMS Agency has revised its MCI plan, specifically patient distribution procedures, as part of this process. Workgroups for ACS, FTS and/or Healthcare Coalition surge planning have been established and are developing guidelines for those operations within the region's OAs.

COORDINATION WITH OTHER EMS AGENCIES:

Eventual coordination with Marin County EMS, Napa County EMS, Solano County EMS cooperative, and Region II is anticipated.

NEED(S):

Develop the procedures for distributing disaster casualties that functions effectively. Develop a regional Facilities Assessment Profiles document, which would identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

OBJECTIVE:

Monitor the distribution of disaster casualties, and make changes as needed, to ensure that patients are distributed to appropriate facilities. Create a facilities assessment profile for each hospital in the EMS system. Continue work on Surge Plan with Healthcare Coalition partners.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

DISASTER MEDICAL RESPONSE

8.06 NEEDS ASSESSMENT

MINIMUM STANDARDS:

The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

RECOMMENDED GUIDELINES:

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

CURRENT STATUS: *meets minimum standard*

General written procedures and checklists have been used by Medical-Health OA Coordinators in both counties. These procedures include a process for assessing and communicating needs to OA EOCs, OES Region II and State OES, DHS and EMSA.

NEED(S):

Ensure that the procedures for assessing medical needs in a disaster function effectively. Develop regional written procedures for MHOACs .

OBJECTIVE:

Monitor the ability to effectively assess medical needs in a disaster and make changes to the process as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

DISASTER MEDICAL RESPONSE

8.07 DISASTER COMMUNICATIONS

MINIMUM STANDARDS:

A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

CALCORD is a commonly held frequency among all regional field providers. There are also EMS field/tactical frequencies as well as several fire field/tactical frequncies held in common, broken down by zones within the respective counties. ACS links all of the regional hospitals and OA EOC's. VHF and UHF frequency networks are in place for hospitals, ambulance providers, first responders and dispatch centers.

NEED(S):

Keep abreast of the FCC efforts to reallocate public safety bandwidths. Migrate, on a planned basis, with other public safety agencies in the respective counties to trunked radio systems or wireless cellular systems as technology is established aznd/or upgraded in each county. Work closely with each respective member counties' IS/Communications departments to ensure EMS inclusion in any long range as well as short term communications system infrastructure upgraqdes and enhancements.

OBJECTIVE:

Maintain a dynamic and viable EMS communications system for use during disasters.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

DISASTER MEDICAL RESPONSE

8.08 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

CURRENT STATUS: *meets minimum standard*

MCI trailers (25 patient) have been deployed in both counties. Individual first responder agencies and EMS transport provider agencies have also been equipped with backboards, trauma kits, triage tags, O2 kits, burn kits and PPE. Additionally, hospital disaster trailers have been purchased via HRSA/HPP and Department of Homeland Security funding for all three counties. A Trauma equipment/supply cache was established in Sonoma County via State EMSA Trauma Cache grant funding (2006).

The franchise ambulance operator in the Sonoma County EOA maintains a 50 patient capacity MCI response unit. The EMS Agency maintains and operates a State Disaster Medical Support Unit (DMSU) #133.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Annually update the Disaster Medical Resource Directory.

OBJECTIVE:

Update the Disaster Medical Resource Directory. Encourage emergency medical providers and health care facilities to have written agreements with anticipated providers of disaster medical resources.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

DISASTER MEDICAL RESPONSE

8.09 DMAT TEAMS

MINIMUM STANDARDS:

The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

RECOMMENDED GUIDELINES:

The local EMS agency should support the development and maintenance of DMAT teams in its area.

CURRENT STATUS: *meets minimum standard*

DMAT team within OES Region II is functional. Planning by member counties occurs at the regional disaster medical coordinators meetings.

NEED(S):

Develop a more formal relationship with Region II DMAT Team.

OBJECTIVE:

Develop a relationship with Region II DMAT Team.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

DISASTER MEDICAL RESPONSE

8.10 MUTUAL AID AGREEMENTS

MINIMUM STANDARDS:

The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, that ensure sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Providers execute day-to-day mutual aid agreements with neighboring providers within the Operational Area and between neighboring OAs. The member counties of OES Region II have attempted, without success, to develop a "regional" master medical mutual aid agreement to be executed between counties and/or LEMSAs.

COORDINATION WITH OTHER EMS AGENCIES:

As stated above.

NEED(S):

Adoption of a master (Region II) medical mutual aid agreement. Formalize existing day to day mutual aid operations that currently exist within and between member counties. Develop a CVEMSA regional medical mutual aid agreement.

OBJECTIVE:

Continue the process of developing and adopting a master medical mutual aid agreement. Continue to support local and neighbor agreements in and between OAs

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

DISASTER MEDICAL RESPONSE

8.11 CCP DESIGNATION

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate Field Treatment Sites (FTS).

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Several locations for Field Treatment Sites (FTS) have been identified. MOU's have not been executed. Planning efforts are underway to develop a formal regional plan for their activation and staffing. Issues related to staffing and logistical support have not been adequately addressed. . Workgroups for ACS, FTS planning have been established and are developing guidelines for those operations within the region's OAs.

NEED(S):

Formally identify FTS and establish plans regarding activation, staffing and outfitting.

OBJECTIVE:

In conjunction with county OES offices, identify FTS and establish plans regarding activation, staffing and outfitting.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

DISASTER MEDICAL RESPONSE

8.12 ESTABLISHMENT OF CCP

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES, shall develop plans for establishing Casualty Collection Points (CCP) and a means for communicating with them.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Several sites for CCP (aka Field Treatment Sites) have been identified throughout the EMS region. Formal plans are being drafted for their activation, staffing or outfitting as CCP. CVEMSA is working with the respective member counties' Health Departments' Disaster Preparedness programs/units. In late FY 2014-2015, the EMS agency added .40 FTE for collaborative disaster preparedness projects with Public Health Preparedness to enhance the EMS Agency's ability to complete this task. Workgroups for ACS, FTS planning have been established and are developing guidelines for those operations within the region's OAs.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Identify CCP and establish plans regarding activation, staffing and outfitting.

OBJECTIVE:

In conjunction with county OES offices and Health Departments, establish plans regarding activation, staffing and outfitting of CCP.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

DISASTER MEDICAL RESPONSE

8.13 DISASTER MEDICAL TRAINING

MINIMUM STANDARDS:

The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

CURRENT STATUS: *meets minimum standard*

The minimum hazardous material training standards for EMS personnel are those standards established by OSHA/Cal-OSHA. Providers, first responders and training institutions, conduct MCI training. Personal Protection Equipment for EMS providers has been procured through Homeland Security and State EMSA grant funding and distributed accordingly. Medical personnel roles have been identified in OA hazmat response plans. The Agency's MCI plan has been updated to ensure compliance with ICS, SEMS and NIMS. In late FY2014-2015, the EMS agency added staff to assist in policy revision to support the EMS Agency's ability to monitor training of individual responders.

NEED(S):

Ensure a standard of training for EMS personnel in disaster medical response and the management of hazardous materials incidents.

OBJECTIVE:

Ensure an adequate number of Field, Hospital and Dispatch MCI courses are made available. Monitor and modify policies, provider agreements, and conduct drills to ensure a standard of training for EMS personnel in disaster medical response/management hazardous materials awareness.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

DISASTER MEDICAL RESPONSE

8.14 HOSPITAL PLANS

MINIMUM STANDARDS:

The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

RECOMMENDED GUIDELINES:

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and pre-hospital medical care agencies.

CURRENT STATUS: *meets minimum standard*

CVEMSA staff have been working with the respective member counties' Health Departments via CDC and HPP grant programs in conducting and/or providing for in-service hospital training in ICS and CBRNE response. CVEMS and local hospitals conduct disaster exercises on an annual basis. HEICS is the standard for all EMS regional hospitals. Region hospitals are now coordinating annual drills with the statewide EMSA annual hospital drill (and/or Golden Guardian exercise). The Agency helped establish a "hospital disaster planning group" in Sonoma County, and Mendocino County is developing a similar group.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination of regional (Region II) partners.

NEED(S):

All hospitals should continue to refine respective facility's disaster plans for compatibility with OA disaster plans.

OBJECTIVE:

Continue to work with and encourage hospitals to use the Hospital Emergency Incident Command System (HEICS). Ensure that at least one inter-agency disaster drill is conducted in each member county.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

DISASTER MEDICAL RESPONSE

8.15 INTERHOSPITAL COMMUNICATIONS

MINIMUM STANDARDS:

The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Hospitals within Sonoma County have limited ability to communicate with each other through a VHF radio net. Hospitals in Mendocino County have a UHF frequency network established. Common radio frequencies (ACS) between hospitals within the regional EMS system is established. EMResource system has been installed in all regional hospitals, thus providing an additional communications system redundancy.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the availability of inter-hospital medical communications in conjunction with a region-wide communications system assessment and the development of a regional communications plan. Communications department funding from each of the member counties is needed to accomplish these goals.

OBJECTIVE:

Develop the communications plan, prioritize system repairs and upgrades and make necessary changes.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

DISASTER MEDICAL RESPONSE

8.16 PREHOSPITAL AGENCY PLANS

MINIMUM STANDARDS:

The local EMS agency shall ensure that all pre-hospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure the availability of training in management of significant medical incidents for all pre-hospital medical response agencies and acute-care hospital staffs in its service area.

CURRENT STATUS: *meets minimum standard*

Disaster medical planning has been occurring in each of the member counties. The Regional MCI Plan is ICS, SEMS and NIMS compatible. Regional hospitals utilize the HICS system to manage their response to disaster events. Limited funding restricts the EMS Agency's ability to continue to support this function in the future.

NEED(S):

Ensure that providers and hospitals continue to effectively use the respective MCI plans when managing MCIs and medical disasters.

OBJECTIVE:

Monitor compliance to plan standards and take corrective action as necessary. Develop a process to ensure that all EMS personnel receive required ICS, MCI and HazMat training.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

DISASTER MEDICAL RESPONSE

8.17 ALS POLICIES

MINIMUM STANDARDS:

The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Procedures have been established with adjacent EMS systems through day to day mutual aid agreements, and universal ALS protocols have been established on a region-wide basis. The LEMSA supports Fireline Paramedic program utilization.

COORDINATION WITH OTHER EMS AGENCIES:

Eventual coordination is anticipated with Marin, Napa, Solano and North Coast EMS agencies.

NEED(S):

Ensure that policies and procedures exist to allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents. Enact a mutual aid agreement within OES Region II.

OBJECTIVE:

Monitor and modify the policies and procedures that allow EMS personnel from other EMS systems to respond and function during significant medical incidents and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

DISASTER MEDICAL RESPONSE

8.18 SPECIALTY CENTER ROLES

MINIMUM STANDARDS:

Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during a significant medical incidents and the impact of such incidents on day-to-day triage procedures.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Both trauma centers are base hospitals as well and are charged with coordinating disaster events within their respective counties.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Marin, Napa, Solano, Alameda and North Coast EMS agencies with regards to specialty centers in their jurisdiction.

NEED(S):

Continue to refine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures.

OBJECTIVE:

When additional specialty centers are identified, develop a process to determine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

DISASTER MEDICAL RESPONSE

8.19 WAIVING EXCLUSIVITY

MINIMUM STANDARDS:

Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

All exclusive operating area agreement contains language allowing the CVEMSA to waive the exclusivity of an area in the event of a significant medical incident.

NEED(S):

Ensure that a process continues to exist for the waiving of exclusivity in EOAs in the event of a significant medical incident occurrence.

OBJECTIVE:

Monitor the process for waiving exclusivity and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: 2018-2019

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

COUNTY: SONOMA AND MENDOCINO

	Sonoma	Mendocino
A. Basic Life Support (BLS)	**0** %	**3** %
B. Limited Advanced Life Support (LALS)	**0** %	**7** %
C. Advanced Life Support (ALS)	**100** %	**90** %

2. Type of agency
   a) Public Health Department
   b) County Health Services Agency
   c) Other (non-health) County Department
   d) Joint Powers Agency
   e) Private Non-Profit Entity
   f) Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to
   a) Public Health Officer
   b) Health Services Agency Director/Administrator
   c) Board of Directors
   d) Other: _____

4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	x
Designation of trauma centers/trauma care system planning	x
Designation/approval of pediatric facilities	
Designation of STEMI centers	x
Designation of Stroke centers	x
Designation of other critical care centers	
Development of transfer agreements	x
Enforcement of local ambulance ordinance	x
Enforcement of ambulance service contracts	x
Operation of ambulance service	

Table 2 - System Organization & Management (cont.)

Continuing education	___x_____
Personnel training	___x_____
Operation of oversight of EMS dispatch center	___x_____
Non-medical disaster planning	_____
Administration of critical incident stress debriefing team (CISD)	_____
Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	___x_____
Other: _____	
Other: _____	
Other: _____	

5. EMS agency budget for FY 2018-2019

EXPENSES

Salaries and benefits (All but contract personnel)	$771,035
Contract Services (medical director)	$80,000
Operations (e.g. copying, postage, facilities)	$164,913
Travel	$22,000
Fixed assets	$ _____0
Indirect expenses (overhead)	$ _____0
Ambulance subsidy	$ _____0
EMS Fund payments to physicians/hospital	$ _____0
Dispatch center operations (non-staff)	$ _____0
Training program operations	$ _____0
Legal	$25,000
Other: _____	$ _____0
Other: _____	$ _____0
TOTAL EXPENSES	$ 1,062,948

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	$ 0
Office of Traffic Safety (OTS)	$ 0
State general fund	$ 0
County general fund	$ 0
Other local tax funds (e.g., EMS district)	$ 0
County contracts (e.g. multi-county agencies)	$ 90,000
Certification fees	$ 94,609
Training program approval fees	$ 0
Training program tuition/Average daily attendance funds (ADA)	$ 0
Job Training Partnership ACT (JTPA) funds/other payments	$ 0
Base and receiving hospital fees	$ 133,859
Trauma center application fees	$ 0
Trauma center designation/monitoring fees	$ 200,000
Pediatric facility approval fees	$ 0
Pediatric facility designation fees	$ 0
STEMI center designation/monitoring fee	$ 30,000
Other critical care center designation fees	$ 0
Type: _____	
Ambulance service/vehicle fees	$ 0
Contributions	$ 0
EMS Fund (SB 12/612)	$ 129,480
HPP Grant: _____	$ 50,000
Ambulance Franchise Agreement monitoring (Sonoma only)	$ 285,000
Air Ambulance Agreement monitoring	$ 50,000
TOTAL REVENUE	$ 1,062,948

Table 2 - System Organization & Management (cont.)

Fee structure for FY 2018-2019

_____ We do not charge any fees

__X__ Our fee structure is:

Emergency Medical Responder	$___80_____
EMS dispatcher certification	$___80_____
EMT certification	$___80 + state fees
EMT recertification	$___80+ state fees
Advanced EMT certification	$___80+ state fees
Advanced EMT recertification	$___80+ state fees
Paramedic Accreditation	$___200____
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	$___80_____
MICN/ARN recertification	$___80_____
EMT training program approval	$_____
Advanced EMT training program approval	$_____
Paramedic training program approval	$_____
MICN/ARN training program approval	$_____
Base hospital application	$_____
Base hospital designation	$___25,000_
Receiving hospital designation	$___8,000__
Trauma center application	$_____
Trauma center designation Level II	$__135,000_
Trauma center designation Level III	$__65,000__
Trauma center designation Level IV	$__20,000__
STEMI center designation	$__25,000__
Pediatric facility approval	$_____
Pediatric facility designation	$_____
Ambulance service license	$_____
Ambulance vehicle permits (For providers without a primary service area)	$_____
Ambulance Franchise	$__296,000_
Air Ambulance authorization	$__25,000__
Other: _____	_____

7. Complete the table on the following two pages for the EMS agency staff for the year 2015.

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1.0	$ 51.75	42%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./ Training Coordinator	ALS Coordinator	1.0	$35.16	42%	
Program Coordinator/ Field Liaison (Non-clinical)	EMS Coordinator	2.0	$41.68	42.%	
Trauma Coordinator	EMS Coordinator	1.0	$41.68	42.%	
Medical Director	Regional EMS Med. Dir.	0.5	$ 77.00	n/a	Contract position, no benefits
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	Admin Aide	1.0	$ 23.12	42%	
Other Clerical					
Data Entry Clerk					
Other					

Table 2 - System Organization & Management (cont.)

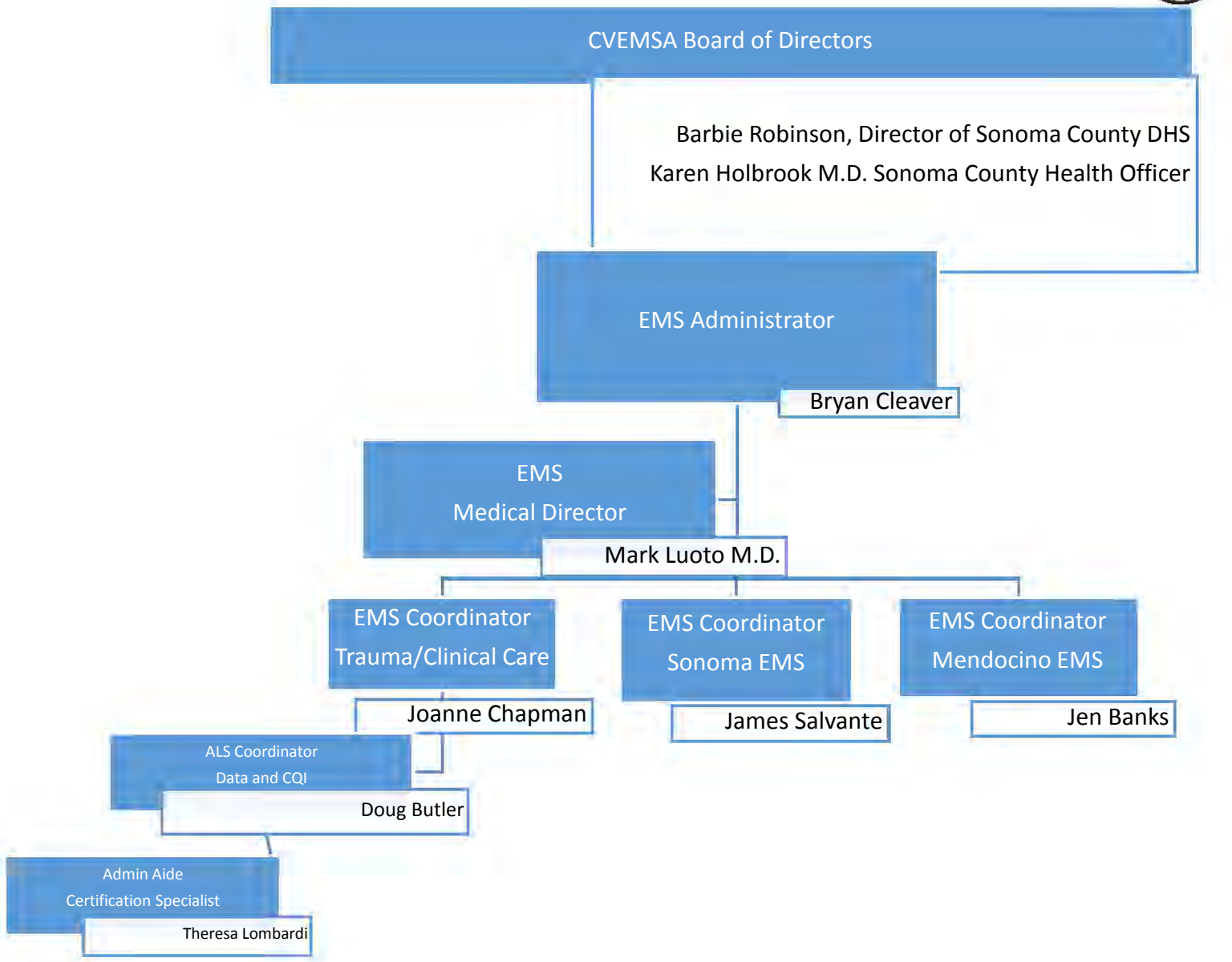

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Reporting Year: 2018-2019

NOTE: Table 3 is to be reported by agency.

	EMT - Is	AEMTs	EMT - Ps	MICN
Total Certified	950	1		0
Number newly certified this year	300	0		0
Number recertified this year	350	1		0
Number of accredited personnel this year	0	0	350	0
Total number of accredited personnel on July 1 of the reporting year	0	0	350	0
Number of certification reviews resulting in:				
a) formal investigations	21	0		0
b) probation	10	0	0	0
c) suspensions	0	0	0	0
d) revocations	1	0		0
e) denials	4	0		0
f) denials of renewal	0	0		0
g) no action taken	0	0	0	0

1. Early defibrillation:
   - a) Number of EMT-I (defib) authorized to use AEDs 1840
   - b) Number of public safety (defib) certified (non-EMT-I) 300
2. Do you have an EMR training program x yes ☐ no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

Note: Table 4 is to be answered for each county.

County: Sonoma

Reporting Year: 2018-2019

1.	Number of primary Public Service Answering Points (PSAP)	9
2.	Number of secondary PSAPs	1
3.	Number of dispatch centers directly dispatching ambulances	2
4.	Number of EMS dispatch agencies utilizing EMD guidelines	1
5.	Number of designated dispatch centers for EMS Aircraft	1
6.	Who is your primary dispatch agency for day-to-day emergencies? _____REDCOM_____	REDCOM
7.	Who is your primary dispatch agency for a disaster? _____REDCOM_____	REDCOM
8.	Do you have an operational area disaster communication system?	x Yes ☐ No
	a. Radio primary frequency 155.265	
	b. Other methods CalCord, Cell, 2nd VHF (155.100), UHF Med-Net	
	c. Can all medical response units communicate on the same disaster communications system?	x Yes ☐ No
	d. Do you participate in the Operational Area Satellite Information System (OASIS)?	x Yes ☐ No
	e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	x Yes ☐ No
	1) Within the operational area?	x Yes ☐ No
	2) Between operation area and the region and/or state?	x Yes ☐ No

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

Note: Table 4 is to be answered for each county.

County: Mendocino

Reporting Year: 2018-2019

1.	Number of primary Public Service Answering Points (PSAP)	3
2.	Number of secondary PSAPs	1
3.	Number of dispatch centers directly dispatching ambulances	1
4.	Number of EMS dispatch agencies utilizing EMD guidelines	1
5.	Number of designated dispatch centers for EMS Aircraft	1
6.	Who is your primary dispatch agency for day-to-day emergencies? _____CalFire Howard Forrest_____	HFECC
7.	Who is your primary dispatch agency for a disaster? _____CalFire Howard Forrest_____	HFECC
8.	Do you have an operational area disaster communication system?	x Yes ☐ No
	a. Radio primary frequency 155.985	
	b. Other methods CeII, Numerous VHF, UHF Med-Net	
	c. Can all medical response units communicate on the same disaster communications system?	x Yes ☐ No
	d. Do you participate in the Operational Area Satellite Information System (OASIS)?	x Yes ☐ No
	e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	x Yes ☐ No
	1) Within the operational area?	x Yes ☐ No
	2) Between operation area and the region and/or state?	x Yes ☐ No

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

Reporting Year: 2018-2019

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 76

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	N/A*	N/A	N/A	N/A
Early defibrillation responder	N/A*	N/A	N/A	N/A
Advanced life support responder	7**	14**	29**	N/A
Transport Ambulance	11**	18**	33**	N/A

* No mechanism exists for the collection of response time data for first response agencies

** Sonoma's response time standards are only in effect in the EOA portion of Sonoma. Additionally, the response time standards are triggered by EMD

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

Reporting Year: 2018-2019

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	1610
2. Number of major trauma victims transported directly to a trauma center by ambulance	1340
3. Number of major trauma patients transferred to a trauma center	352
4. Number of patients meeting triage criteria who were not treated at a trauma center	Unknown

Emergency Departments

Total number of emergency departments	10
1. Number of referral emergency services	1
(RCMS is an alternate destination facility)	
2. Number of standby emergency services	5
3. Number of basic emergency services	5
4. Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	7
2. Number of base hospitals with written agreements	4

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: 2015-2016

County: Sonoma

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
   a. Where are your CCPs located? Veterans Buildings and schools
   b. How are they staffed? MRC, Red Cross, PH and EMS
   c. Do you have a supply system for supporting them for 72 hours? ☐ Yes x No

2. CISD
   Do you have a CISD provider with 24 hour capability? x Yes ☐ No

3. Medical Response Team
   a. Do you have any team medical response capability? x Yes ☐ No
   b. For each team, are they incorporated into your local response plan? x Yes ☐ No
   c. Are they available for statewide response? x Yes ☐ No
   d. Are they part of a formal out-of-state response system? x Yes ☐ No

4. Hazardous Materials
   a. Do you have any HazMat trained medical response teams? ☐ Yes x No
   b. At what HazMat level are they trained? _____
   c. Do you have the ability to do decontamination in an emergency room? x Yes ☐ No
   d. Do you have the ability to do decontamination in the field? x Yes ☐ No

OPERATIONS

1.	Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?	x Yes ☐ No
2.	What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?	10
3.	Have you tested your MCI Plan this year in a:	
	a. real event?	x Yes ☐ No
	b. exercise?	x Yes ☐ No
4.	List all counties with which you have a written medical mutual aid agreement.	
	_____n/a_____	
5.	Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?	x Yes ☐ No
6.	Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response?	x Yes ☐ No
7.	Are you part of a multi-county EMS system for disaster response?	x Yes ☐ No
8.	Are you a separate department or agency?	☐ Yes x No
9.	If not, to whom do you report? Department of Health Service	
8.	If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?	n/a

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: 2018-2019

County: Mendocino

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
   a. Where are your CCPs located? Veterans Buildings and schools
   b. How are they staffed? MRC, Red Cross, PH and EMS
   c. Do you have a supply system for supporting them for 72 hours? ☐ Yes x No

2. CISD
   Do you have a CISD provider with 24 hour capability? x Yes ☐ No

3. Medical Response Team
   a. Do you have any team medical response capability? ☐ Yes x No
   b. For each team, are they incorporated into your local response plan?
   c. Are they available for statewide response?
   d. Are they part of a formal out-of-state response system?

4. Hazardous Materials
   a. Do you have any HazMat trained medical response teams? ☐ Yes x No
   b. At what HazMat level are they trained? _____
   c. Do you have the ability to do decontamination in an emergency room? x Yes ☐ No
   d. Do you have the ability to do decontamination in the field? x Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? x Yes ☐ No

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 4

3. Have you tested your MCI Plan this year in a:

   a. real event? x Yes ☐ No

   b. exercise? x Yes ☐ No

4. List all counties with which you have a written medical mutual aid agreement.

   _____n/a_____

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? x Yes ☐ No

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? x Yes ☐ No

7. Are you part of a multi-county EMS system for disaster response? x Yes ☐ No

8. Are you a separate department or agency? ☐ Yes x No

9. If not, to whom do you report? Department of Health Service

8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? n/a

Table 8: Resource Directory Response/Transportation/Providers Reporting Year: 2018-2019

County: Sonoma Provider: Petaluma Fire Department Response Zone: Petaluma Response Zone

Address: 198 D Street
Petaluma, CA

Phone Number: 707-778-4390

Number of Ambulance Vehicles in Fleet: 3

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	■ Yes ❑ No	■ Yes ❑ No	■ Transport ■ ALS ■ 9-1-1 ■ Ground ❑ Non-Transport ❑ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	■ Fire ❐ Law ❐ Other Explain:	■ City ❐ County ❐ State ❐ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

3261	Total number of responses	3023	Total number of transports
3261	Number of emergency responses	3023	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Sebastopol Fire Department Response Zone: _____

Address: 7425 Bodega Ave
Sepastopol, CA 95472

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-823-8061

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	■ Fire ❐ Law ❐ Other Explain: _____	■ City ❐ County ❐ State ❐ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

County: Sonoma Provider: Mayacamas VFD Response Zone:

Address: PO BOX 225
Glen Ellen, CA 95442

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-938-0469

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain:	❒ City ■ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: US Coast Guard TRACEN Fire Dept Response Zone:

Address: 599 Tomales Rd
Petaluma, CA 94952

Phone Number: 707-765-7355

Number of Ambulance Vehicles in Fleet: 0

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	■ Fire ❐ Law ❐ Other Explain: _____	❐ City ❐ County ❐ State ❐ Fire District ■ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Valley of the Moon Fire District Response Zone: _____

Address: 16900 Highway 12
Sonoma, CA 95476

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-996-1002

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ■ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

Total number of responses	Total number of transports
Number of emergency responses	Number of emergency transports
Number of non-emergency responses	Number of non-emergency transports

Air Ambulance Services

Total number of responses	Total number of transports
Number of emergency responses	Number of emergency transports
Number of non-emergency responses	Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Rohnert Park Dept of Public Safety Response Zone:

Address: 500 City Hall Drive
Rohnert Park, CA 94949

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-584-2650

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	❐ Fire ❐ Law ■ Other Explain: Public Safety	■ City ❐ County ❐ State ❐ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma
Mendocino

Provider: Cloverdale Healthcare District

Response Zone: Cloverdale Response Area
Zone 9

Address: PO Box 33
Cloverdale, CA 95425

Phone Number: 707-894-5862

Number of Ambulance Vehicles in Fleet: 2

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	■ Transport ■ ALS ■ 9-1-1 ■ Ground ❑ Non-Transport ❑ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	❒ Fire ❒ Law ■ Other Explain: Special District	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal ■ Special District	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

600	Total number of responses	487	Total number of transports
600	Number of emergency responses	487	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Glen Ellen Fire District Response Zone: _____

Address: 13445 Arnold Drive
Glen Ellen, CA 95442

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-996-9266

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	■ Fire ❐ Law ❐ Other Explain: _____	❐ City ❐ County ❐ State ■ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

County: Sonoma Provider: AMR/Sonoma Life Support Response Zone: Sonoma EOA #1

Address: 930 South A Street
Santa Rosa, CA 95403

Phone Number: 707-536-0400

Number of Ambulance Vehicles in Fleet: 25

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 12

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
■ Yes ❑ No	■ Yes ❑ No	■ Yes ❑ No	■ Transport ■ ALS ■ 9-1-1 ■ Ground ❑ Non-Transport ❑ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❐ Public ■ Private	❐ Fire ❐ Law ❐ Other Explain:	❐ City ❐ County ❐ State ❐ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

29273	Total number of responses	21679	Total number of transports
29273	Number of emergency responses	21679	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Forestville FPD Response Zone:

Address: PO Box 427
Forestville, CA 95436

Phone Number: 707-887-2212

Number of Ambulance Vehicles in Fleet: 0

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	■ Fire ❐ Law ❐ Other Explain: _____	❐ City ❐ County ❐ State ■ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Bodega Bay FPD Response Zone: Bodega Bay Response Area

Address: 510 Highway 1
Bodega Bay, CA 94923

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 707-875-3200

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	■ Yes ❑ No	■ Yes ❑ No	■ Transport ■ ALS ■ 9-1-1 ■ Ground ❑ Non-Transport ❑ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	■ Fire ❐ Law ❐ Other Explain:	❐ City ❐ County ❐ State ■ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

229	Total number of responses	186	Total number of transports
229	Number of emergency responses	186	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma

Provider: Central Fire Authority

Response Zone:

Address: PO Box 530
Windsor, CA 95492

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-838-1170

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ■ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Santa Rosa Fire Department Response Zone: _____

Address: 995 Sonoma Ave
Santa Rosa, CA 95404

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-543-3532

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:

❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ■ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ❑ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain: _____	■ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Sonoma County Sheriff's Dept Response Zone: _____

Address: 600 Administration Drive
Santa Rosa, CA 95403

Number of Ambulance Vehicles in Fleet: 1 helicopter

Phone Number: 707-565-7195

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	■ Yes ❑ No	■ Yes ❑ No	■ Transport ■ ALS ■ 9-1-1 ❑ Ground

			❑ Non-Transport ❑ BLS ❑ 7-Digit ■ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	❒ Fire ■ Law ❒ Other Explain: _____	❒ City ■ County ❒ State ❒ Fire District ❒ Federal	■ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ■ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Rancho Adobe FPD Response Zone: _____

Address: PO Box 1029
Penngrove, CA 94951

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-795-6011

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ❑ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water

			❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ■ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Goldridge FPD Response Zone: _____

Address: 4500 Hessel Rd
Sebastopol, CA 95472

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-823-1804

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ■ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Bennett Valley FPD Response Zone: _____

Address: 6161 Bennett Valley Road
Santa Rosa, CA 95404

Phone Number: 707-578-7761

Number of Ambulance Vehicles in Fleet: 0

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❒ Yes ■ No	❒ Yes ■ No	■ Yes ❒ No	❒ Transport ❒ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❒ 7-Digit ❒ Air ❒ 7-Digit ❒ CCT ❒ Water ❒ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:

■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ■ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Kenwood FPD Response Zone: _____

Address: PO Box 249
Kenwood, CA 95452

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-833-2042

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public	■ Fire	❒ City ❒ County	❒ Rotary	❒ Auxiliary Rescue

❒ Private	❒ Law ❒ Other Explain: _____	❒ State ■ Fire District ❒ Federal	❒ Fixed Wing	❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Graton FPD Response Zone: _____

Address: PO Box A
Graton, CA 95444

Phone Number: 707-823-5515

Number of Ambulance Vehicles in Fleet: 0

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❒ Yes ■ No	❒ Yes ■ No	■ Yes ❒ No	❒ Transport ❒ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❒ 7-Digit ❒ Air ❒ 7-Digit ❒ CCT ❒ Water ❒ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other	❒ City ❒ County ❒ State ■ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue

	Explain: _____			❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma

Provider: Coast Life Support District

Response Zone: North Coast Ambulance Service Zone

Address: PO Box 1056
Gualala, CA 95468

Phone Number: 707-884-1829

Number of Ambulance Vehicles in Fleet: 2

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❒ Yes ■ No	■ Yes ❒ No	■ Yes ❒ No	■ Transport ■ ALS ■ 9-1-1 ■ Ground ❒ Non-Transport ■ BLS ❒ 7-Digit ❒ Air ❒ 7-Digit ❒ CCT ❒ Water ❒ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	❒ Fire ❒ Law ■ Other Explain: Special District	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal ■ Special District	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

641	Total number of responses	399	Total number of transports
641	Number of emergency responses	399	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: REACH Air Ambulance Response Zone:

Address: 451 Aviation Blvd
Santa Rosa, CA 95403

Phone Number: 707-324-2400

Number of Ambulance Vehicles in Fleet: 2

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
■ Yes ❑ No	■ Yes ❑ No	■ Yes ❑ No	■ Transport ■ ALS ■ 9-1-1 ❑ Ground ❑ Non-Transport ❑ BLS ❑ 7-Digit ■ Air ❑ 7-Digit ■ CCT ❑ Water ■ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❐ Public ■ Private	❐ Fire ❐ Law ❐ Other Explain:	❐ City ❐ County ❐ State ❐ Fire District ❐ Federal	■ Rotary ■ Fixed Wing	❐ Auxiliary Rescue ■ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

Air Ambulance Services

844	Total number of responses	831	Total number of transports
844	Number of emergency responses	831	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Russian River FPD Response Zone: Russian River Response Area

Address: PO Box 367
Guerneville, CA 95446

Number of Ambulance Vehicles in Fleet: 3

Phone Number: 707-869-9089

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	■ Yes ❑ No	■ Yes ❑ No	■ Transport ■ ALS ■ 9-1-1 ■ Ground ❑ Non-Transport ❑ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	■ Fire ❐ Law ❐ Other Explain: _____	❐ City ❐ County ❐ State ■ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

1029	Total number of responses	826	Total number of transports

1029	Number of emergency responses	826	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Bell's Ambulance Service Response Zone: Bells Response Area

Address: PO Box 726
Healdsburg, CA 95448

Number of Ambulance Vehicles in Fleet: 3

Phone Number: 707-433-1408

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	■ Transport ■ ALS ■ 9-1-1 ■ Ground ❑ Non-Transport ❑ BLS ■ 7-Digit ❑ Air ■ 7-Digit ❑ CCT ❑ Water ■ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❒ Public ■ Private	❒ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

2790	Total number of responses	2343	Total number of transports
2790	Number of emergency responses	2343	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma/Mendocino Provider: Faulk Ambulance dba Verihealth Response Zone:

Address: 2190 South McDowell Blvd
Petaluma, CA 94954

Number of Ambulance Vehicles in Fleet: 34

Phone Number: 707-766-2400

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 20

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
■ Yes ❑ No	■ Yes ❑ No	■ Yes ❑ No	■ Transport ■ ALS ■ 9-1-1 ■ Ground ❑ Non-Transport ■ BLS ■ 7-Digit ❑ Air ■ 7-Digit ■ CCT ❑ Water ■ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❐ Public ■ Private	❐ Fire ❐ Law ❐ Other Explain:	❐ City ❐ County ❐ State ❐ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

8655	Total number of responses	8252	Total number of transports
908	Number of emergency responses	670	Number of emergency transports
7747	Number of non-emergency responses	7582	Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Geyserville FPD Response Zone: _____

Address: PO Box 217
Geyserville, CA 95441

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-857-3535

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ■ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses

_____ Total number of transports

_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Monte Rio FPD Response Zone: _____

Address: PO Box 218
Monte Rio, CA 95462

Number of Ambulance Vehicles in Fleet: 0

Phone Number: _____

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	■ Fire ❐ Law ❐ Other Explain: _____	❐ City ❐ County ❐ State ■ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Occidental CSD Response Zone: _____

Address: PO Box 157
Occidental, CA 95465

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-874-1204

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ■ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

County: Sonoma Provider: Schell-Vista FPD Response Zone:

Address: 23000 Broadway
Sonoma, CA 95476

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-938-2633

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	■ Fire ❐ Law ❐ Other Explain: _____	❐ City ❐ County ❐ State ■ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Timber Cove PFD Response Zone:

Address: 30800 Seaview
Cazadero, CA 95421

Phone Number: 707-847-3299

Number of Ambulance Vehicles in Fleet: 0

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	■ Fire ❐ Law ❐ Other Explain: _____	❐ City ❐ County ❐ State ■ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Cazadero CSD Response Zone: _____

Address: PO Box 95

Number of Ambulance Vehicles in Fleet: 0

Cazadero, CA 95421

Phone Number: 707-632-5482

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ■ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

Total number of responses	Total number of transports
Number of emergency responses	Number of emergency transports
Number of non-emergency responses	Number of non-emergency transports

Air Ambulance Services

Total number of responses	Total number of transports
Number of emergency responses	Number of emergency transports
Number of non-emergency responses	Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: CAL FIRE Response Zone:

Address: 2210 West College Ave
Santa Rosa, CA 95401

Number of Ambulance Vehicles in Fleet: 0

Phone

Average Number of Ambulances on Duty

Number: 707-576-2089

At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ■ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

Total number of responses	Total number of transports
Number of emergency responses	Number of emergency transports
Number of non-emergency responses	Number of non-emergency transports

Air Ambulance Services

Total number of responses	Total number of transports
Number of emergency responses	Number of emergency transports
Number of non-emergency responses	Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma

Provider: Cloverdale FPD

Response Zone:

Address: 116 Broad Street
Cloverdale, CA 95425

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-894-3545

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ■ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Healdsburg Fire Department Response Zone: _____

Address: 601 Healdsburg Ave.
Healdsburg, CA 95448

Phone Number: 707-431-3360

Number of Ambulance Vehicles in Fleet: 0

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:

❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain: _____	■ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Annapolis VFD Response Zone: _____

Address: 31909 Annapolis Rd
Annapolis, CA 95412

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-886-0507

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air

			❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain: _____	❒ City ■ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Bloomfield VFD Response Zone: _____

Address: 12999 Sutton Street
Bloomfield, CA 94952

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-792-9900

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	■ Fire ❐ Law ❐ Other Explain: _____	❐ City ■ County ❐ State ❐ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

County: Sonoma Provider: Bodega VFD Response Zone: _____

Address: .PO Box 28
Bodega, CA 94922

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-876-9438

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain: _____	❒ City ■ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Camp Meeker VFD Response Zone: _____

Address: PO Box 511
Camp Meeker, CA 95419

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-874-1620

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	■ Fire ❐ Law ❐ Other Explain: _____	❐ City ■ County ❐ State ❐ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

County: Sonoma Provider: Dry Creek VFC Response Zone:

Address: PO Box 2107
Healdsburg, CA 95448

Phone Number: 707-565-1152

Number of Ambulance Vehicles in Fleet: 0

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain:	❒ City ■ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Fort Ross VFD Response Zone: _____

Address: PO Box 129
Cazadero, CA 95421

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-847-3184

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	■ Fire ❐ Law ❐ Other Explain: _____	❐ City ■ County ❐ State ❐ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Knights Valley VFD Response Zone: _____

Address: 16850 Spencer Lane
Calistoga, CA

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-942-4784

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain: _____	❒ City ■ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Lakeville VFD Response Zone: _____

Address: 5565 Lakeville Hwy
Petaluma, CA 94952

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-782-0460

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	■ Fire ❐ Law ❐ Other Explain: _____	❐ City ■ County ❐ State ❐ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

County: Sonoma Provider: Mountain VFD Response Zone:

Address: 5198 Sharpe Road
Calistoga, CA 95415

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-942-2222

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain:	❒ City ■ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: San Antonio VFD Response Zone:

Address: 5497 Old Redwood Hwy
Petaluma, CA 94952

Phone Number: 707-762-8249

Number of Ambulance Vehicles in Fleet: 0

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain: _____	❒ City ■ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Sea Ranch VFD Response Zone: _____

Address: PO Box 65
Sea Ranch, CA 95497

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-785-2648

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain: _____	❒ City ■ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Two Rock VFD Response Zone: _____

Address: 55 Walker Road
Petaluma, CA 94952

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-782-9311

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	■ Fire ❐ Law ❐ Other Explain: _____	❐ City ■ County ❐ State ❐ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Valley Ford VFD Response Zone: _____

Address: PO Box 468
Valley Ford, CA 94972

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-876-3050

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	■ Fire ❐ Law ❐ Other Explain: _____	❐ City ■ County ❐ State ❐ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Sonoma Provider: Sonoma Valley Fire Rescue Authority Response Zone: Sonoma Response Area

Address: 630 Second Street West
Sonoma, CA 95476

Number of Ambulance Vehicles in Fleet: 6

Phone Number: 707-996-2102

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	■ Yes ❑ No	■ Yes ❑ No	■ Transport ■ ALS ■ 9-1-1 ■ Ground ❑ Non-Transport ❑ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	■ Fire ❐ Law ❐ Other Explain:	■ City ❐ County ❐ State ❐ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

2640	Total number of responses	2370	Total number of transports
2640	Number of emergency responses	2370	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Response/Transportation/Providers

County: Mendocino Provider: Anderson Valley Ambulance Response Zone: Zone 8

Address: PO Box 144
Boonville, CA 95415

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 707-895-2127

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
■ Yes ❑ No	■ Yes ❑ No	■ Yes ❑ No	■ Transport ❑ ALS ■ 9-1-1 ■ Ground ❑ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ■ LALS ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❐ Public ❐ Private ■ Non profit	❐ Fire ❐ Law ❐ Other Explain:	❐ City ❐ County ❐ State ❐ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

123	Total number of responses	104	Total number of transports
123	Number of emergency responses	104	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Response/Transportation/Providers

County: Mendocino Provider: Anderson Valley Fire Department Response Zone: _____

Address: 14725 Highway 128
Boonville, CA 95415

Number of Ambulance Vehicles in Fleet: 0

Phone Number: _____

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	■ Fire ❐ Law ❐ Other Explain: _____	❐ City ❐ County ❐ State ■ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

County: Mendocino Provider: Little Lake FPD Response Zone:

Address: 74 East Commercial Street
Willits, CA 95490

Phone Number: 707-459-6271

Number of Ambulance Vehicles in Fleet: 0

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	■ Fire ❐ Law ❐ Other Explain:	❐ City ❐ County ❐ State ■ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Mendocino Provider: Mendocino Coast District Ambulance Response Zone: Zone 4

Address: 700 River Drive
Fort Bragg, CA 95437

Phone Number: 707-961-1234

Number of Ambulance Vehicles in Fleet: 3

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
■ Yes ❑ No	❑ Yes ■ No	■ Yes ❑ No	■ Transport ■ ALS ■ 9-1-1 ■ Ground ❑ Non-Transport ❑ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ■ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	❐ Fire ❐ Law ■ Other Explain :Hospital District	❐ City ❐ County ❐ State ❐ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

3898	Total number of responses	3042	Total number of transports
3898	Number of emergency responses	3042	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Response/Transportation/Providers

County: Mendocino Provider: Redwood Valley Fire District Response Zone:

Address: 8481 East Road
Redwood Valley, CA 95470

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-485-8121

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ■ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Mendocino Provider: Medstar dba Ukiah Ambulance Response Zone: Zone 5

Address: PO Box 277
Ukiah, CA 95482

Number of Ambulance Vehicles in Fleet: 7

Phone Number: 707-462-3808

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
■ Yes ❑ No	❑ Yes ■ No	■ Yes ❑ No	■ Transport ■ ALS ■ 9-1-1 ■ Ground ❑ Non-Transport ❑ BLS ■ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ■ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❐ Public ❐ Private ■ Non profit	❐ Fire ❐ Law ❐ Other Explain:	❐ City ❐ County ❐ State ❐ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

3750	Total number of responses
3750	Number of emergency responses
0	Number of non-emergency responses

2589	Total number of transports
2589	Number of emergency transports
	Number of non-emergency transports

Air Ambulance Services

	Total number of responses
	Number of emergency responses
	Number of non-emergency responses

	Total number of transports
	Number of emergency transports
	Number of non-emergency transports

County: Mendocino Provider: Fort Bragg Fire Department Response Zone: _____

Address: 141 North Main Street
Fort Bragg, CA 95437

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-961-2830

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ■ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	■ Fire ❐ Law ❐ Other Explain: _____	❐ City ❐ County ❐ State ■ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Mendocino Provider: Ukiah Valley Fire District Response Zone: _____

Address: 1500 South State Street
Ukiah, CA 95482

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-462-6570

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ■ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Mendocino Provider: Ukiah City Fire Department Response Zone: _____

Address: 300 Seminary Ave.
Ukiah, CA 95482

Number of Ambulance Vehicles in Fleet: 3

Phone Number: 707-463-6274

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
■ Yes ❑ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ■ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ❑ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain:	■ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Mendocino Provider: Laytonville Fire Dept & Ambulance Response Zone: Zone 2

Address: PO Box 399
Laytonville, CA 95454

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 707-984-6055

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
■ Yes ❑ No	❑ Yes ■ No	■ Yes ❑ No	■ Transport ■ ALS ■ 9-1-1 ■ Ground ❑ Non-Transport ❑ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ■ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

247	Total number of responses	195	Total number of transports
247	Number of emergency responses	195	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Response/Transportation/Providers

County: Mendocino

Provider: Brooktrails Fire Department

Response Zone:

Address: 24860 Birch Street
Willits, CA 95490

Phone Number: 707-459-4441

Number of Ambulance Vehicles in Fleet: 0

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:

❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	■ Fire ❐ Law ❐ Other Explain: _____	❐ City ❐ County ❐ State ❐ Fire District ❐ Federal ■ CSD	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Mendocino Provider: Albion-Little River Response Zone: _____

Address: PO Box 101
Albion, CA 95410

Phone Number: 707-937-0888

Number of Ambulance Vehicles in Fleet: 0

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground

			■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	■ Fire ❐ Law ❐ Other Explain: _____	❐ City ❐ County ❐ State ■ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Mendocino Provider: Comptche VFD Response Zone: _____

Address: PO Box 164
Comptche, CA 95427

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-937-0728

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water

			❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ■ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Mendocino Provider: Elk Fire Response Zone: Zone 6

Address: PO Box 151
Elk, CA 95432

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 707-977-3558

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	■ Transport ❑ ALS ■ 9-1-1 ■ Ground ❑ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal ■ Special District	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

30	Total number of responses	12	Total number of transports
30	Number of emergency responses	12	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Response/Transportation/Providers

County: Mendocino Provider: Redwood Coast Fire Response Zone: _____

Address: PO Box 342
Point Arena, CA 95468

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-882-1833

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	■ Fire ❐ Law ❐ Other Explain: _____	❐ City ❐ County ❐ State ■ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

County: Mendocino Provider: Greenwood Ridge Fire Department Response Zone:

Address: PO Box 114
Elk, CA 95432

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-877-3311

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ■ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Mendocino Provider: Hopland Fire Department Response Zone:

Address: PO Box 386
Hopland, CA 95449

Phone Number: 707-937-0728

Number of Ambulance Vehicles in Fleet: 0

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ■ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Mendocino Provider: Iron Peak VFD Response Zone: _____

Address: PO Box 1495
Laytonville, CA 95454

Number of Ambulance Vehicles in Fleet: 0

Phone Number: _____

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	■ Fire ❐ Law ❐ Other Explain: _____	❐ City ■ County ❐ State ❐ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

County: Mendocino Provider: Leggett Valley FPD Response Zone: _____

Address: PO Box 191
Leggett, CA 95585

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-925-6334

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ■ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Mendocino Provider: Mendocino FPD Response Zone: _____

Address: PO Box 901
Mendocino, CA 95460

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-937-0728

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	■ Fire ❐ Law ❐ Other Explain: _____	❐ City ❐ County ❐ State ■ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

County: Mendocino Provider: Piercy FPD Response Zone: _____

Address: PO Box 206
Piercy, CA 95587

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-247-3449

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ■ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Mendocino Provider: Potter Valley CSD Response Zone: _____

Address: 7420 Potter Valley Road
Potter Valley, CA 95469

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-743-1545

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	■ Fire ❐ Law ❐ Other Explain: _____	❐ City ❐ County ❐ State ■ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

County: Mendocino Provider: South Coast FPD Response Zone: _____

Address: PO Box 334
Gualala, CA 95445

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-884-4700

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ■ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Response/Transportation/Providers

County: Mendocino Provider: Westport VFD Response Zone: _____

Address: PO Box 63
Westport, CA 95488

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-964-4646

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal ■ Special District	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

Total number of responses	Total number of transports
Number of emergency responses	Number of emergency transports
Number of non-emergency responses	Number of non-emergency transports

Air Ambulance Services

Total number of responses	Total number of transports
Number of emergency responses	Number of emergency transports
Number of non-emergency responses	Number of non-emergency transports

Response/Transportation/Providers

County: Mendocino Provider: Whale Gulch VFD Response Zone:

Address: 76850 Usal Rd
Whitehorn, CA 95589

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-986-7266

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	❑ Transport ❑ ALS ■ 9-1-1 ■ Ground ■ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ■ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Response/Transportation/Providers

County: Mendocino Provider: CALSTAR Response Zone:

Address: 1351 South State Street
Ukiah, CA 95482

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 707-462-5972

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
■ Yes ❑ No	■ Yes ❑ No	■ Yes ❑ No	■ Transport ■ ALS ■ 9-1-1 ❑ Ground ❑ Non-Transport ❑ BLS ❑ 7-Digit ■ Air ❑ 7-Digit ■ CCT ❑ Water ■ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❒ Public ❒ Private ■ Non profit	❒ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal	■ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ■ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

Air Ambulance Services

486	Total number of responses	482	Total number of transports
486	Number of emergency responses	482	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Response/Transportation/Providers

County: Mendocino Provider: Covelo Fire & Ambulance Service Response Zone: Zone 3

Address: 79500 Covelo Road
Covelo, CA 95428

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 707-272-3099

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:

❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	■ Transport ❑ ALS ■ 9-1-1 ■ Ground ❑ Non-Transport ■ BLS ❑ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ❑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❐ Private	■ Fire ❐ Law ❐ Other Explain: _____	❐ City ❐ County ❐ State ■ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

170	Total number of responses	100	Total number of transports
170	Number of emergency responses	100	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Response/Transportation/Providers

County: Mendocino Provider: City Ambulance dba Garberville Ambulance Response Zone: Zone 1

Address: 814 Redwood Drive
Garberville, CA 95542

Number of Ambulance Vehicles in Fleet:

Phone Number: 707-442-4551

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ■ No	❑ Yes ■ No	■ Yes ❑ No	■ Transport ■ ALS ■ 9-1-1 ■ Ground

			❑ Non-Transport ■ BLS ■ 7-Digit ❑ Air ❑ 7-Digit ❑ CCT ❑ Water ■ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❒ Public ■ Private	❒ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

COASTAL VALLEYS
EMS AGENCY

Table 9: Resources Directory

Reporting Year: 2015-2016

Facilities

County: ____Sonoma_____

Facility: Santa Rosa Memorial Hospital
Address: 1165 Montgomery Drive
Santa Rosa, CA 95402

Telephone Number: 707-525-5207

Written Contract:	Service:	Base Hospital:	Burn Center:
■ Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency ■ Basic Emergency ❒ Comprehensive Emergency	■ Yes ❒ No	❒ Yes ■ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center1	❒ Yes ■ No	■ Yes ❒ No	❒ Level I ■ Level II
EDAP2	❒ Yes ■ No		❒ Level III ❒ Level IV
PICU3	❒ Yes ■ No		

STEMI Center:	Stroke Center:
■ Yes ❒ No	■ Yes ❒ No

1 Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
2 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
3 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: __Sonoma_____

Facility: Sutter Medical Center of Santa Rosa
Address: 3325 Chanate Road
Santa Rosa, CA 95404

Telephone Number: 707-576-4000

Written Contract:	Service:	Base Hospital:	Burn Center:
■ Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency ■ Basic Emergency ❒ Comprehensive Emergency	❒ Yes ■ No	❒ Yes ■ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[4]	❒ Yes ■ No	❒ Yes ■ No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV
EDAP[5]	❒ Yes ■ No		
PICU[6]	❒ Yes ■ No		

STEMI Center:	Stroke Center:
■ Yes ❒ No	■ Yes ❒ No

4 Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
5 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
6 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: __Sonoma_____

Facility: Petaluma Valley Hospital
Address: 400 North McDowell Blvd
Petaluma, CA 94952

Telephone Number: 707-778-1111

Written Contract:	Service:	Base Hospital:	Burn Center:
■ Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency ■ Basic Emergency ❒ Comprehensive Emergency	❒ Yes ■ No	❒ Yes ■ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[7]	❒ Yes ■ No	❒ Yes ■ No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV
EDAP[8]	❒ Yes ■ No		
PICU[9]	❒ Yes ■ No		

STEMI Center:	Stroke Center:
❒ Yes ■ No	■ Yes ❒ No

7 Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
8 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
9 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: _Sonoma_____

Facility: Sonoma Valley Hospital
Address: 347 Andrieux Street
Sonoma, CA 95476

Telephone Number: 707-935-5000

Written Contract:	Service:	Base Hospital:	Burn Center:
■ Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency ■ Basic Emergency ❒ Comprehensive Emergency	❒ Yes ■ No	❒ Yes ■ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[10]	❒ Yes ■ No	❒ Yes ■ No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV
EDAP[11]	❒ Yes ■ No		
PICU[12]	❒ Yes ■ No		

STEMI Center:	Stroke Center:
❒ Yes ■ No	■ Yes ❒ No

10 Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
11 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
12 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: __Sonoma_____

Facility: Healdsburg District Hospital
Address: 1375 University Ave
Healdsburg, CA 95448

Telephone Number: 707-431-6500

Written Contract:	Service:	Base Hospital:	Burn Center:
■ Yes ❒ No	❒ Referral Emergency ■ Standby Emergency ❒ Basic Emergency ❒ Comprehensive Emergency	❒ Yes ■ No	❒ Yes ■ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[13]	❒ Yes ■ No	❒ Yes ■ No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV
EDAP[14]	❒ Yes ■ No		
PICU[15]	❒ Yes ■ No		

STEMI Center:	Stroke Center:
❒ Yes ■ No	■ Yes ❒ No

13 Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
14 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
15 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: __Sonoma_____

Facility: Kaiser Permanente – Santa Rosa
Address: 401 Bicentennial Way
Santa Rosa, CA 95403

Telephone Number: 707-571-4800

Written Contract:	Service:	Base Hospital:	Burn Center:
■ Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency ■ Basic Emergency ❒ Comprehensive Emergency	❒ Yes ■ No	❒ Yes ■ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[16]	❒ Yes ■ No	❒ Yes ■ No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV
EDAP[17]	❒ Yes ■ No		
PICU[18]	❒ Yes ■ No		

STEMI Center:	Stroke Center:
❒ Yes ■ No	■ Yes ❒ No

16 Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
17 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
18 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: __Sonoma_____

Facility: Redwood Coast Medical Services
Address: 46900 Ocean Drive
Gualala, CA 954445

Telephone Number: 707-884-4005

Written Contract:	Service:	Base Hospital:	Burn Center:
❒ Yes ■ No	■ Referral Emergency ❒ Standby Emergency ❒ Basic Emergency ❒ Comprehensive Emergency	❒ Yes ■ No	❒ Yes ■ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[19]	❒ Yes ■ No	❒ Yes ■ No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV
EDAP[20]	❒ Yes ■ No		
PICU[21]	❒ Yes ■ No		

STEMI Center:	Stroke Center:
❒ Yes ■ No	❒ Yes ■ No

19 Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
20 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
21 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: ___Mendocino_____

Facility: Ukiah Valley Medical Center
Address: 275 Hospital Drive
Ukiah, CA 95482

Telephone Number: 707-463-7535

Written Contract:	Service:	Base Hospital:	Burn Center:
■ Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency ■ Basic Emergency ❒ Comprehensive Emergency	■ Yes ❒ No	❒ Yes ■ No

Pediatric Critical Care Center[22]	❒ Yes ■ No	Trauma Center:	If Trauma Center what level:	
EDAP[23]	❒ Yes ■ No	■ Yes ❒ No	❒ Level I	❒ Level II
PICU[24]	❒ Yes ■ No		❒ Level III	■ Level IV

STEMI Center:	Stroke Center:
❒ Yes ■ No	■ Yes ❒ No

22 Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
23 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
24 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: Mendocino

Facility: Frank Howard Memorial Hospital
Address: 1 Madrone Street
Willits, CA 95490

Telephone Number: 707-459-6801

Written Contract:	Service:	Base Hospital:	Burn Center:
■ Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency ■ Basic Emergency ❒ Comprehensive Emergency	■ Yes ❒ No	❒ Yes ■ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[25]	❒ Yes ■ No	❒ Yes ■ No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV
EDAP[26]	❒ Yes ■ No		
PICU[27]	❒ Yes ■ No		

STEMI Center:	Stroke Center:
❒ Yes ■ No	■ Yes ❒ No

25 Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
26 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
27 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: __Mendocino _____

Facility: Mendocino Coast District Hospital
Address: 300 River Drive
Fort Bragg, CA 95437

Telephone Number: 707-961-1234

Written Contract:	Service:	Base Hospital:	Burn Center:
■ Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency ■ Basic Emergency ❒ Comprehensive Emergency	■ Yes ❒ No	❒ Yes ■ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[28]	❒ Yes ■ No	❒ Yes ■ No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV
EDAP[29]	❒ Yes ■ No		
PICU[30]	❒ Yes ■ No		

STEMI Center:	Stroke Center:
❒ Yes ■ No	■ Yes ❒ No

28 Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
29 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
30 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs County: Sonoma Reporting Year: 2018-2019

Training Institution: Santa Rosa Junior College
Telephone Number: Jeff Snow 707-836-2917
Address: 5743 Skylane Blvd., Windsor CA, 95492

Student Eligibility*: General Public
**Program Level: EMT-Basic

Cost of Program:
Basic: $46.00 per unit
Refresher:

Number of students completing training per year:
Initial training: 200
Refresher: 300
Continuing Education: 500
Expiration Date: 6-30-16

Number of courses:
Initial training: 5
Refresher: 5
Continuing Education:

Training Institution: Santa Rosa Junior College
Telephone Number: Jeff Snow 707-836-2917
Address: 5743 Skylane Blvd., Windsor CA, 95492

Student Eligibility*: General Public
**Program Level: EMT-P

Cost of Program:
Basic: $46.00 per unit
Refresher:

Number of students completing training per year:
Initial training: 20
Refresher:
Continuing Education:
Expiration Date: 6-30-16

Number of courses:
Initial training: 1
Refresher:
Continuing Education:

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Mendocino Reporting Year: 2018-2019

Training Institution: Mendocino Community College

Telephone Number: Sue Goff 707-468-3000

Address: 1000 Hensley Creek Road, Ukiah, CA 95482

Student Eligibility*: General Public

**Program Level: EMT-Basic

Cost of Program:

Basic: $46.00 per unit

Refresher: none

Number of students completing training per year:

Initial training: 60

Refresher: 0

Continuing Education:

Expiration Date: 06-30-16

Number of courses:

Initial training: 2

Refresher: 0

Continuing Education:

Training Institution: Mendocino County Office of Education

Telephone Number: 707- 467- 5123

Address: 2240 Old River Road, Ukiah, CA, 95482

Student Eligibility*: General Public

**Program Level: EMT-Basic

Cost of Program:

Basic: $275

Refresher:

Number of students completing training per year:

Initial training: 90

Refresher:

Continuing Education:

Expiration Date: 6-30-16

Number of courses:

Initial training: 3

Refresher:

Continuing Education:

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency County: Sonoma Reporting Year: 2018-2019

Name: REDCOM
Primary Contact: Aaron Abbott
Address: 2796 Ventura Ave. Santa Rosa, CA 95403
Telephone Number: 707-568-5992

Written Contract: X Yes ☐ No
Medical Director: ☐ Yes X No
X Day-to-Day
X Disaster
Number of Personnel Providing Services:
30_____ EMD Training _____ EMT-D _____ ALS
_____ BLS _____ LALS _____ Other

Ownership: X Public ☐ Private
If Public: ☐ Fire ☐ Law X Other
Explain: _JPA_____
If Public: X City X County ☐ State X Fire District ☐ Federal
(JPA between County/City/District)

Name: Cal Fire Sonoma/Lake/Napa Unit ECC
Primary Contact: Kirk Van Wormer
Address: 1199 Big Tree Road, St. Helena, CA 94574
Telephone Number: (707) 967-1403

Written Contract: ☐ Yes X No
Medical Director: ☐ Yes X No
X Day-to-Day
X Disaster
Number of Personnel Providing Services:
_____ EMD Training _____ EMT-D _____ ALS
_____ BLS _____ LALS _____ Other

Ownership: X Public ☐ Private
If Public: X Fire ☐ Law ☐ Other
Explain: _____
If Public: ☐ City ☐ County X State ☐ Fire District ☐ Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Mendocino Reporting Year: 2018-2019

Name: Cal Fire Mendocino Unit (Howard Forest)ECC Primary Contact: Paul Duncan

Address: 17501 N. Highway 101, Willits, CA 95490

Telephone Number: (707) 459-7403

Written Contract:
X Yes ☐ No

Medical Director:
☐ Yes X No

X Day-to-Day
X Disaster

Number of Personnel Providing Services:
___23___ EMD Training _____ EMT-D _____ ALS
_____ BLS _____ LALS _____ Other

Ownership:
X Public ☐ Private

If Public:
X Fire
☐ Law
☐ Other
Explain: _____

If Public: ☐ City ☐ County X State ☐ Fire District ☐ Federal

Transportation Plan

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Coastal Valleys EMS Agency - Mendocino

Area or subarea (Zone) Name or Title:

Zone 1: Inland County Service Zone

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Medstar, Ukiah Ambulance
Falck Norther California

Area or subarea (Zone) Geographic Description:

See Mendocino County Ambulance Service Zone Map in section "Y" within this plan.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

Non-Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Coastal Valleys EMS Agency - Mendocino

Area or subarea (Zone) Name or Title:

Zone 2: Ft. Bragg Ambulance Service Zone

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Mendocino Coast District Hospital (MCDH) Ambulance

Area or subarea (Zone) Geographic Description:

See Mendocino County Ambulance Service Zone Map in section "Y" within this plan.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

Non Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name: Coastal Valleys EMS Agency - Mendocino

Area or subarea (Zone) Name or Title:

Zone 3: South Coast Ambulance Service Zone

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Coast Life Support District (CLSD)

Area or subarea (Zone) Geographic Description:

See Mendocino County Ambulance Service Zone Map in section "Y" within this plan.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

Non Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Local EMS Agency or County Name: Coastal Valleys EMS Agency - Sonoma

Area or subarea (Zone) Name or Title:

EOA #1

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

American Medical Response dba/ Sonoma Life Support

Area or subarea (Zone) Geographic Description:

See Sonoma County Ambulance Service Zone Map in section "Z" within this plan.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

Exclusive franchise developed and implemented through a competitive RFP process. County BOS approved contract for service. AMR was awarded the new Franchise contract beginning 7/1/2009 for a 5year term.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity is Ground All Emergency Ambulance and All ALS
Level of exclusivity includes: Emergency Response 911 and 7-digit. Transport services include all ALS Services and ALS Standby Services
Exclusivity does not include BLS, CCT, or Air

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Announcement of RFP June 4, 2008, RFP Document Available July 11, 2008, Deadline for Written Questions July 25, 2008, Pre-Proposal Conference July 31, 2008, 11:00 am, Letter of Interest Due August 7, 2008, Closing Date/Time for Proposals October 2, 2008 – 4:00 pm, Review of Credentials/Proposals October 3 – 9, 2008
Recommendations Made by the Evaluation Committee to the County Director of the EMS Agency October 20, 2008
Notice of Intent to Award by the DHS/Coastal Valleys EMS, Agency of the Successful Proposal October 31, 2008
Last Day to Protest November 11, 2008, Decision on Protest Within 30 calendar days of receipt of the letter of intent to file protest, Contract Negotiation November, 2008, Request Authorization from the Board of Supervisors to Enter into Contract with the EMS Agency's Selected Proposer December 9, 2008,
Implementation July 1, 2009.

Full RFP available at: http://www.sonoma-county.org/cvrems/resources/pdf/sonoma/franchise/rfp20080714.pdf

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Coastal Valleys EMS Agency - Sonoma

Area or subarea (Zone) Name or Title:

Petaluma Response Area

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

City of Petaluma Fire Department

Area or subarea (Zone) Geographic Description:

See Sonoma County Ambulance Service Zone Map in section "Z" within this plan.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

Exempt within the incorporated City of Petaluma.
Non-exclusive in the unincorporated portions of the zone.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exempt in the incorporated City of Petaluma for 911 ALS ambulance calls.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

January 11, 1993 Appellate court decision provides exemption from participation in this EMS Plan in the incorporated City of Petaluma. No written agreement has been entered into.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name: Coastal Valleys EMS Agency - Sonoma

Area or subarea (Zone) Name or Title:

Sonoma Response Area

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Sonoma Valley Fire/Med

Area or subarea (Zone) Geographic Description:

See Sonoma County Ambulance Service Zone Map in section "Z" within this plan.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

Exempt

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exempt in the incorporated City of Sonoma, Glen Ellen Fire Protection District, Schell Vista Fire Protection District, and Valley of the Moon Fire Protection District for 911 ALS ambulance calls.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

March 16,, 1993 Superior Court decision provides exemption from participation in this EMS Plan in the incorporated City of Sonoma, Glen Ellen Fire Protection District, Schell Vista Fire Protection District, and Valley of the Moon Fire Protection District. No written agreement has been entered into.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name: Coastal Valleys EMS Agency - Sonoma

Area or subarea (Zone) Name or Title:

Sonoma Raceway Response Area

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

VeriHealth Ambulance

Area or subarea (Zone) Geographic Description:

See Sonoma County Ambulance Service Zone Map in section "Z" within this plan.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

Non Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name: Coastal Valleys EMS Agency - Sonoma

Area or subarea (Zone) Name or Title:

Occidental Response Area

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Verihealth Ambulance

Area or subarea (Zone) Geographic Description:

See Sonoma County Ambulance Service Zone Map in section "Z" within this plan.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

Non Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name: Coastal Valleys EMS Agency - Sonoma

Area or subarea (Zone) Name or Title:
Bodega Bay Response Area

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Bodega Bay Fire Department

Area or subarea (Zone) Geographic Description:

See Sonoma County Ambulance Service Zone Map in section "Z" within this plan.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

Non Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name: Coastal Valleys EMS Agency - Sonoma

Area or subarea (Zone) Name or Title:
Russian River Response Area

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Russian River Fire Department

Area or subarea (Zone) Geographic Description:

See Sonoma County Ambulance Service Zone Map in section "Z" within this plan.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

Non Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name: Coastal Valleys EMS Agency - Sonoma

Area or subarea (Zone) Name or Title:

Bells Response Area

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Bells Ambulance Service

Area or subarea (Zone) Geographic Description:

See Sonoma County Ambulance Service Zone Map in section "Z" within this plan.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

Non Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name: Coastal Valleys EMS Agency - Sonoma

Area or subarea (Zone) Name or Title:

Cloverdale Response Area

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Cloverdale Ambulance

Area or subarea (Zone) Geographic Description:

See Sonoma County Ambulance Service Zone Map in section "Z" within this plan.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

Non Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name: Coastal Valleys EMS Agency - Sonoma

Area or subarea (Zone) Name or Title:

North Coast Ambulance Service Zone

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Coast Life Support District (CLSD)

Area or subarea (Zone) Geographic Description:

See Sonoma County Ambulance Service Zone Map in section "Z" within this plan.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

Non Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Coastal Valleys EMS Agency

Trauma Plan

Trauma System Summary

The Coastal Valleys EMS region is currently comprised of Sonoma and Mendocino Counties. The two-county Sonoma/Mendocino EMS system began in 1993-94. The Coastal Valleys EMS system is a blend of urban, suburban, rural and frontier environments containing a population base of approximately 575,000 people living in a 5,100 square mile area.

The development of the previous trauma system began in the 1980's prior to the formation of the multi-county EMS system. Santa Rosa Memorial Hospital located in the city of Santa Rosa in Sonoma County was designated as a Level II Trauma Center in 2000. Ukiah Valley Medical Center located in the city of Ukiah in Mendocino County was designated a Level IV Trauma Center in 2010.

Santa Rosa Memorial Hospital successfully completed an ACS re-verification in April 2018 with no deficiencies and is scheduled for a re-verification in Spring 2021.

Trauma Plan

Trauma Triage:
Trauma patients are identified in the prehospital setting according to CVEMSA Trauma Triage Criteria as defined in the policy below:

https://www.coastalvalleysems.org/images/documents/Policy_Manual/Treatment_Guidelines/7000_General_Patient_Care/7003%20Trauma%20Triage%20Scheme.pdf

Trauma Center Point of Entry:
Trauma patient destination is defined in the CVEMSA Point of Entry policy below:

https://www.coastalvalleysems.org/images/documents/Policy_Manual/Treatment_Guidelines/7000_General_Patient_Care/7007%20Point%20of%20Entry.pdf

Trauma Center Bypass:
Trauma Center Bypass is defined in the CVEMSA policy below:

https://www.coastalvalleysems.org/images/documents/Policy_Manual/Treatment_Guidelines/7000_General_Patient_Care/7008%20Trauma%20Center%20Bypass.pdf

Prehospital Treatment Guidelines for Traumatic injuries
Treatment Guidelines for prehospital management of trauma patients can be found in the policies below:

https://www.coastalvalleysems.org/policies-plans/treatment-guidelines.html

Trauma Center Designation:
Trauma Center designation and compliance with Statute and Regulations is defined within the Trauma Center Conditions of Designation Agreements between CVEMSA and our designated centers. Copies of current agreements will be provided to the California EMS Authority and will accompany this plan.

Changes in Trauma System

1) Ukiah Valley Medical Center was designated as a Level IV Trauma Center with a goal of possible Level III designation in 5 years.

2) Howard Memorial Hospital was designated as a Level IV Trauma Center with a goal of possible Level III designation in 5 years.

Number and Designation Level of Trauma Centers

1) Santa Rosa Memorial Hospital - Level II Adult Trauma Center

2) Ukiah Valley Medical Center – Level IV Trauma Center

3) Howard Memorial Hospital – Level IV Trauma Center

Trauma System Goals and Objectives

1) Continue the function of the regional trauma audit committee within the Coastal Valleys Trauma System.

   Coastal Valleys Regional Trauma Audit Committee meets on a quarterly basis with stakeholders from all counties in our region including Lake County. Our meeting agenda consists of updates and data from our trauma centers as well as any updates from the EMS agency. Progress on our current goals and CQI projects are reported and followed up with case review. This meeting is well attended by participants from all facilities in our region.
   A pre-TAC meeting occurs at Santa Rosa Memorial Hospital, Level II Trauma Center 2-3 weeks prior to the TAC meeting. This meeting includes members of trauma services from both trauma centers in our region as well as Coastal Valleys EMS Agency staff. Specific cases are reviewed that vary or deviate from established standards of care and cases that have teaching value or demonstrate unusual/extraordinary management for presentation at the TAC meeting.

2) Develop linkages between the prehospital data and trauma registry data.

   Both of the trauma centers in Coastal Valleys currently use Trauma One as their data collection system. Required quarterly data reporting from both centers is collected and reviews by the EMS Agency. Santa Rosa Memorial Hospital currently submits CEMSIS data to the state data base and Ukiah Valley Medical Center is currently working with Lancet Technologies to do the same.
   Coastal Valleys EMS Agency continues to develop a standardized prehospital data collection system for all system providers. All providers except Falck in Mendocino County use the ImageTrend PCR system. All but 3 providers in Sonoma County except AMR, Falck and Russian River FPD are also currently using ImageTrend.
   Currently establishing linkages between prehospital data and trauma registry data has not been attempted. Once a solid prehospital data collection system is in place and utilized by all providers in the region, attempts could be made to link these two systems.

3) Implement a system to collect trauma patient data from non-Trauma Center facilities.

   Currently all patients transported to a non trauma center and subsequently transferred to a trauma center

are reviewed and the results shared with the appropriate providers. We also review all patients with a length of stay greater than 4 hrs at a non trauma center regardless of how they arrived at that facility. This review is shared with the non trauma centers.

4) Explore and research the need for additional trauma resources (ie. Level III or IV designated facilities) in the Coastal Valleys EMS Region

Mendocino Coast District Hospital in Fort Bragg, CA has expressed an interest in Level 4 Trauma Center designation in Coastal Valleys EMS Region.

A regional trauma system review and needs assessment was conducted by an independent trauma consultants for the EMS Agency. The conclusion of this report stated:
"The current configuration of acute care hospitals in the Coastal Valleys region has as its anchor a high volume, high acuity level II facility that allows largely unrestricted access and delivers reported patient outcomes that are consistent with or better than national aggregate results. The system has some vulnerability including the uncertain future of Marin General Hospital (Marin County) to the south and an unpredictable level of physician staff commitment to maintain Queen of the Valley as a level III receiving facility over the long term. Based on the patient volume, catchment population ratios, and the reported performance of Santa Rosa Memorial Hospital, there is no current need to recruit an additional trauma center within the Santa Rosa municipal area. Efforts should be made to recruit additional level IV or possibly level III facilities in currently underserved regions to the north. More detailed analysis of current patient transfer and re-triage patterns should be undertaken to better define these needs."
Since the release of this report Marin General Hospital in Marin County has committed to providing trauma care in Marin County and Queen of the Valley Medical Center in Napa County has improved delivery by adding neurosurgical services.
Ukiah Valley Medical Center in Mendocino County continues to explore the possibility of upgrading to a Level III trauma center designation in the future.

5) Develop inter-county Trauma Center transfer agreements with neighboring EMS Agencies.

Coastal Valleys EMS Agency has had a Memorandum of Understanding with North Coast EMS Agency in place for many years describing the roles and responsibilities of the local EMS Agencies relative to trauma services provided by Coastal Valleys EMS trauma centers to patients sustaining injuries in the North Coast EMS Region.

Changes to Implementation Schedule

1) Establish and participate in a regional trauma audit committee.

This objective has been met and will continue to be met by conducting on-going TAC meetings.

2) Develop linkages between the Prehospital data and trauma registry data.

All steps have been met for this objective except linking the prehospital and trauma registry data. As explained previously, once we have a solid prehospital data system and all prehospital agencies participation we will consider researching a possible linkage. Monitoring and reviewing data from both systems is currently on-going.

3) Implement a system to collect trauma patient data from non-trauma center facilities.

Currently all patients transported to a non trauma center and subsequently transferred to a trauma center are reviewed and the results shared with the appropriate providers. We also review all patients with a length of stay greater than 4 hrs at a non trauma center regardless of how they arrived at that facility. This review is shared with the non trauma centers.

4) Explore and research the need for additional trauma resources (ie. Level III or IV designated facilities) in the Coastal Valleys EMS Region.

This is an ongoing objective.

5) Develop inter-county trauma center agreements with neighboring EMS Agencies.

This objective has been met.

Coastal Valleys EMS Agency

STEMI Plan

STEMI System Summary

The Coastal Valleys EMS region is currently comprised of Sonoma and Mendocino Counties. The two-county Sonoma/Mendocino EMS system began in 1993-94.

The Coastal Valleys EMS system is a blend of urban, suburban, rural and frontier environments containing a population base of approximately 575,000 people living in a 5,100 square mile area.

CVEMSA developed our STEMI system in 2006 and we average 70 STEMI cases annually. Santa Rosa Memorial Hospital and Sutter Medical Center are both located in the city of Santa Rosa in Sonoma County and are designated STEMI centers.

STEMI Plan

STEMI Identification:
STEMI patients are identified in the prehospital setting according to CVEMSA Policy 9108 "Suspected Acute Coronary Syndrome (ACS).

https://www.coastalvalleysems.org/images/documents/Policy_Manual/Treatment_Guidelines/9000_ALS_Guidelines/9100_Cardiac_Emergencies/9108%20Suspected%20Acute%20Coronary%20Syndrome.pdf

STEMI Center Point of Entry:
STEMI patient destination is defined in the CVEMSA Point of Entry policy below:

https://www.coastalvalleysems.org/images/documents/Policy_Manual/Treatment_Guidelines/7000_General_Patient_Care/7007%20Point%20of%20Entry.pdf

STEMI Center Designation:
STEMI Center designation and compliance with Statute and Regulations is defined within the STEMI Center Conditions of Designation Agreements between CVEMSA and our designated centers. Copies of current agreements will be provided to the California EMS Authority and will accompany this plan.

CVEMSA designated STEMI Centers

1) Santa Rosa Memorial Hospital

2) Sutter Medical Center of Santa Rosa

STEMI System Goals and Objectives

1) Continue the function of the regional STEMI audit committee within the Coastal Valleys STEMI System.

   Coastal Valleys Regional STEMI Audit Committee meets on a quarterly basis with stakeholders from all counties in our region including Lake County. Our meeting agenda consists of updates and data from our STEMI centers as well as any updates from the EMS agency. Progress on our current goals and CQI projects are reported and followed up with case review. This meeting is well attended by participants from all facilities in our region.

2) Develop linkages between the prehospital data and STEMI registry data.

   Both of the STEMI centers in Coastal Valleys currently use nationally recognized cardiac care registries. Required quarterly data reporting from both centers is collected and reviewed by the EMS Agency.

   Coastal Valleys EMS Agency continues to develop a standardized prehospital data collection system for all system providers. Currently establishing linkages between prehospital data and STEMI registries has not been attempted. Once a solid prehospital data collection system is in place and utilized by all providers in the region, attempts will be made to link these two systems.

3) Implement a system to collect STEMI patient data from non-STEMI Centers.

   Currently all patients transported to a non STEMI center and subsequently transferred to a STEMI center are reviewed and the results shared with the appropriate providers. We also wish to review all patients with a length of stay greater than 4 hrs at a non STEMI center regardless of how they arrived at that facility.

4) Develop inter-county STEMI Center transfer agreements with neighboring EMS Agencies.

Pre-Hospital Emergency Medical Services

Quality Management Approach

Mendocino & Sonoma Counties

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The Healthcare Quality Challenge

In 2006, the Institute of Medicine report – *EMS at the Crossroads* – described the state of EMS performance monitoring and accountability in the following firm language: "Accountability has failed to take hold in EMS systems because responsibility is dispersed across many different components of the system; thus it is difficult for policy makers to determine when a system breakdown occurs, much less where it is located or how it can be adequately addressed" (IOM, 2006). The committee advocated for three steps in its recommendation:

1) Develop performance indicators,

2) Measure system performance, and

3) Publicly disseminate performance information.

In 1996, the *EMS Agenda for the Future* indicated in the Information Systems section, "that the lack of organized information systems that produce data which are valid, reliable, and accurate is a significant barrier to coordinating EMS system evaluation, including outcomes analysis" (NHTSA, 1996).

With the paucity of data available in EMS at the national and local level, it's difficult to assess the potential challenges facing quality of care in the EMS setting. Looking at what is known in the in-hospital environment may be the most reasonable benchmark.

In 2000, the Institute of Medicine released a report titled -*To Err Is Human: Building a Safer Health System (IOM, 2000)* – which focused on the need to improve patient safety in the health care system through the reduction of medical errors. The report cited studies estimating that of the 33.6 million annual admissions, 44,000 patients die each year from medical errors. This puts medical errors as the 8th leading cause of death and a greater killer than motor vehicle accidents (43,458 deaths), breast cancer (42,297 deaths), or AIDS (16,516). The subset of medication errors (7,000 deaths) is a bigger killer than on-the-job deaths (6,000) and preventable drug events cost $2 billion annually nationwide.

The quality of care provided in and out of the hospital is in need of improvement. All indications from within the EMS industry point to nation-wide inadequacy in measuring and improving performance and, if in-hospital estimates are comparable to the ambulance, it's reasonable to assume that EMS is putting patients at risk and there continues to be a failure to act.

The Quality Improvement Plan described in the pages to follow is how Coastal Valleys EMS is making a coordinated effort to act. It transparently reflects that many of the challenges seen nation-wide are present in our own community and that the journey ahead of us is still a steep climb if we wish to reach our goal of providing care that achieves measureable results. It is, however, our plan and a road map for striving to meet the recommendations of those that have studied improving the quality of care in EMS.

Who We Are

Coastal Valleys EMS Agency

The Coastal Valleys EMS Agency (CVEMSA) is a multi-county regional entity designated as the Local Emergency Medical Services Agency (LEMSA) for Sonoma, and Mendocino Counties. The EMS Agency provides the administrative and regulatory oversight responsibilities for the local EMS systems within each of these counties.

The primary function of the EMS Agency is to plan, implement, and evaluate the local EMS system and the various components contained within it. This includes:

- Licensing/permitting of ambulance provider companies and hospitals,
- Coordination and monitoring of air and ground ambulances,
- Certification/accreditation of pre-hospital care personnel,
- Policy development and implementation,
- Medical control,
- Quality improvement, and
- Disaster medical response preparedness.

CVEMSA Staff

The EMS Agency is staffed by six (6) full-time equivelent positions with specific focus areas to meet the mission of coordinating system-wide EMS oversight and quality management. The following is a description of each role and associated responsibilities:

- *EMS Agency Administrator* - responsible for the overall leadership and management of the Agency.

- *EMS Medical Director* – an emergency physician contracted by the CVEMSA to provide system-wide medical oversight including off-line medical control and clinical consultation.

- *EMS Coordinators* – staff responsible for the operational components of the County portion of the EMS system. Coordinator focus areas include: Maintaining relationships with the local EMS stakeholders and providing a local point of contact for system participants, oversight and review of the ambulance providers, coordination of inter-agency communication within the county EMS provider community, special projects, region wide disaster medical preparedness and communications-dispatch oversight.

- *The Advanced Life Support (ALS) Coordinators* - responsible for the Quality Improvement (QI)/data system, training, and special projects.

- *Trauma Coordinator* - oversees the Level II trauma center in Sonoma County and manages the development of the regional trauma system, which also includes a

2 Level IV trauma centers in Mendocino County as well as working on the QI team as the primary contact for hospital stakeholders.

- *Agency Clerical staff* - provides support services for the EMS Agency office including certification processing, office management and administrative support.

EMS Stakeholders

CVEMSA provides oversight for dozens of fire departments, ambulance providers, and hospitals that serve citizens and visitors to the two-county area. The following table shows the distribution of stakeholders in the Coastal Valleys System.

	Mendocino County	Sonoma County	Coastal Valleys EMS Agency
Fire Departments (Paid, Volunteer, Combination)	21	33	**54**
Ambulance	8	11	**19**
Hospitals	3	6	**9**

The Quality Improvement Charge

The goal of improving the quality of the service provided to patients and customers who may encounter the EMS system is a noble one. But, how does a system ensure it is focused on the right areas and making the changes that will result in improving care and service and reducing the patient risk? Turning the goal into actionable focus areas can pose a paralyzing challenge to many EMS systems.

In 2001, the Institute of Medicine released a report aimed at guiding healthcare to improve the quality and safety of healthcare. *Crossing the Quality Chasm: A New Health System for the 21st Century* (IOM, 2001) included six quality aims for improvement. These six aims have been modified for EMS and are:

- *Safe* – That an EMS system should avoid injuries to patients from the care that is intended to help them.
- *Effective* – The right care should be provided to all who could benefit and that care should be based on evidence that it will have a clinical benefit. Inversely, EMS should refrain from providing services to those not likely to benefit.
- *Patient-centered* - Care should be provided in a manner that is respectful of and responsive to individual patient preferences, needs, and values and ensure that patient values guide all clinical decisions.
- *Timely* – The EMS system should reduce delays in access and clinical intervention for both those who receive and those who give care.
- *Efficient* – Waste should be incongruent with quality and it should be avoided, including waste of equipment, supplies, ideas, and energy.
- *Equitable* – Everyone has a right to quality care and providing care should not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

CVEMSA and its stakeholders recognize that these six aims are not only applicable to the in-hospital environment, but should guide pre-hospital improvement efforts. Every process and practice should be held up to these six aims to ensure that they are aligned with, not just one, but all of the focus areas that can ensure quality care and service.

The Guiding Framework

In the State of California, the California Council for Excellence is the entity charged with assessing and awarding the state's highest benchmark for organizations achieving systemic process improvement. The assessment criteria are modeled after the Malcolm Baldrige National Quality Award. Only two EMS systems – Tulsa/Oklahoma City, OK (2002) and Pinellas County, FL (2009) – have ever been awarded their state quality award and no EMS agency has ever been recognized with the national award.

The Baldrige criteria are the framework advocated by the National Highway Traffic Safety Administration (1997) in the *Leadership Guide to Quality Improvement in Emergency Medical Services Systems*. While specific in scope, the criteria are focused broadly enough to be applicable to diverse industries including healthcare. CVEMSA's QIP applies the criteria as a framework for assessing and planning for systemic quality improvement in the Coastal Valley EMS systems.

The following are the seven (7) criteria:

Leadership – EMS systems require leadership in two forms: 1) Senior leadership and 2) governance and social responsibility. Senior leadership involves administrators in lead roles, including the CVEMSA regional EMS manager, physician medical director, fire chiefs, EMS provider agency managers, and hospital administrators who help guide and direct day-to-day activities and put into action plans for the future. Ethical, objective, and transparent governance with a focus on the communities served support senior leaders and provide the context and boundaries of the system's aim.

Strategic Planning – Communities and the EMS systems that serve them are not static. Patient populations and their needs change, funding sources shift, workforce considerations alter, and the standard of care evolves. EMS systems that fail to be proactive and strategically plan for the future are left to respond to the market changes and the result may not be ideal or progress may be slow.

Customer Focus – EMS serves customers. Unfortunately, the norm for the industry is to assume that EMS system leaders and frontline caregivers know what customers need and want and how they perceive the quality of the care and service provided. Very few actually ask the communities and patients they serve for their input or opinion. Customer focus involves designing and managing processes from the patient's perspective and continually engaging the customers through focus groups and targeted and random surveys. The perspective and voice of the customer is central to quality service. Reacting only when a customer calls to complain is not customer focused.

Measurement, Analysis, and Knowledge – Effective measurement provides a clear picture of demand and whether core processes are in control and have reasonable common cause variability. In addition, measurement should enable the ability to

know when the results of a process have changed for the positive or the negative. In addition, data must be measured over time. Useful data enables real-time monitoring of the system, predictions for the future, and the ability to observe process improvement results.

Workforce Focus – The workforce is essential to providing quality service and great customer care. Recent reports including the Institute of Medicine (2005) *EMS at the Crossroads* and the *EMS Workforce for the 21st Century: National EMS Workforce Assessment* conducted by Center for Health Professions at the University of California San Francisco for the National Highway Traffic Safety Administration (2008) however portray that the EMS industry does not adequately focus on and manage workforce issues. Safety risk, attrition, training, and engagement are all persistent problems. Continuity of the quality of service requires a committed, engaged, and stable workforce. Monitoring attrition rates, regularly soliciting input from caregivers, and creating career challenge are required to maintain a quality workforce.

Process Management – Every activity is a process. From the call taking of incoming 9-1-1 calls, the dispatch of an ambulance, the assessment and treatment of a stroke patient, to the transfer of care at a hospital. Production of quality service requires thoughtful planning and management of core processes, using real-time data to monitor performance, and continually testing improvement changes to enhance maintain or enhance performance. Effective management involves collaboratively mapping processes and establishing procedures with those closest to the process and then developing and monitoring data to assure it is performing optimally. If an opportunity exists for improvement, small tests of change are implemented and the process is refined as appropriate.

Results – The Institute of Medicine (2005) report describes the difficulty EMS systems have in showing the value and result of our efforts. National definitions and benchmarks are not established, data capture is not uniform, and the data that is tracked is often limited (e.g., sudden cardiac arrest). EMS systems however need to be focused on the results of our efforts. Measuring and achieving desired results support the value of advanced level pre-hospital care and help the EMS system recognize if system operations and frontline care is producing the outcomes that are desired and expected. Results orientation should not be a slogan. It requires developing a scorecard of guiding operational and clinical measures, tracking data in a format that enables analysis (e.g., run chart), and EMS leaders looking at the data with a focus on inquiry and improvement versus justification.

Our Approach

Looking Back, Looking Around, and Looking Forward

Quality management in EMS is frequently termed "quality improvement" but traditionally it is focused on inspection for individual protocol compliance, internal review of individual complaints or issues, and attention is placed on individual caregivers and not systems in process. When data is tracked, it is limited, and often captures information like skill success.

To effectively address specific events, monitor current performance, and actually improve the quality of future performance requires a three-pronged approach to quality management: 1) quality assurance, 2) key performance measurement, and 3) process improvement. The following describes these three foci and how CVEMSA aspires to develop total quality management across the system.

Quality Assurance – Targeted and Event Focus

The commonly performed quality activity in the EMS system is quality assurance. Quality assurance occurs in two forms:

Targeted – Reviewing a sampling of patient care reporting related to a specific call type, time, period, or provider. Targeted reviews can be in used as part of employee performance evaluations, as supporting data for educational sessions, and as an opportunity to study the specifics of a specific call type (e.g., STEMI).

Event Focused – Reviews of an individual call may be the result of an internal request or an external customer service event. Upon receipt of an inquiry, each individual organization has the responsibility to review and respond to the inquiry in a timely manner. The following is a description of the framework of review expected of all entities in the CVEMSA jurisdiction.

- Accessibility – Each entity is required to have a published number for a customer to access a representative 24-hours a day either directly or through a paging system. The representative should be able to call the customer within one hour to receive the inquiry.
- Review – Every inquiry will be reviewed by the responsible entity. Review includes inspection of the computer aided dispatch record and the patient care report and speaking with the attending providers. It is strongly encouraged that the customer/patient be interviewed in person.
- Reporting – Each inquiry will be documented by the entity in a centralized, electronic tracking tool. Themes should be captured in a report monthly, quarterly, and annually.
- Timeliness – Reviewing event inquires is important and the majority of events will be reviewed and completed in 5-10 business days.

CVEMSA maintains a web-based reporting tool that allows for EMS Event submission. Inquiries received by CVEMSA will be referred to the entity in question for review and the results of the review will be reported back upon completion. Issues appropriate for CVEMSA investigation are assigned to LEMSA staff.

Key Performance Indicator Tracking & Monitoring

Measuring and tracking activity and performance in an EMS system is critically important.

CVEMSA currently requests NEMSIS compliant data from all entities in the system.

2018 Key Performance Data Set
Total ambulance response vehicles
Total patients transported
Total patients not transported (AMA/RAS, treated and released dry runs)
Total patient care reports generated
Total trauma patients
Total trauma patients meeting trauma triage criteria
Total cardiac patients
Total medical patients
Total pediatric patients
Total number of CQI cases
Total number of advanced airways attempted
Total number of advanced airways successful
Total number of KING AIRWAYS
Total number of field 12 lead EKG's performed
Total number of filed diagnosed STEMI
Total number of patients transported to a STEMI Receiving Center
Total number of patients treated for pain
Total number of patients receiving greater than 15mg MS
Total number of patients who received greater than 2 mg of Versed
Total number of patients treated with sedation
Total number of patients treated with ZOFRAN
Total number of patients treated with CPAP
Total number of patients receiving intraosseous infusion
Total number of patients who received needle cricothyrotomy or thoracostomy
Total number of patients who received external cardiac pacing
Total number of patients who received cardioversion
Total number of Disaster/MCI Responses (response with 5 or more victims)

The existing data set is limited in that it is only captured four times per year, it is reported in a simple spreadsheet, and it tells the quantity of activities, but it does not provide information on the quality of those activities. In addition, it may not provide information across the spectrum of the majority of the patient population.

The goal for enhancing performance measurement in 2018 is to transition the measures to a defined and more balanced scorecard. This will involve several steps.

1. Using 9-1-1 medical priority dispatch data and patient care reporting data, the system will identify how calls types are distributed. This enables identification of categories of measures that help understand performance for the majority of the patient population (e.g., cardiac, respiratory, trauma).
2. Adopt measures from the identified categories from the EMS Performance Measure Project coordinated by the National Association of State EMS Officials (NASEMSO) and in partnership with the National Association of EMS Physicians (NAEMSP). These measures are well defined, using a consensus-based model, and act as a benchmark for industry standard benchmarking.

Measurement Examples

Cardiac
Sudden cardiac arrest survival (%)[Utstein]
Chest pain patients pain free at ED arrival (%) 9-1-1 to ED total call time less than x Min (%)
Respiratory
Respiratory emergency patients not intubated (%)
Respiratory emergency patients with return of O2 saturation to normal ranges (%)
Respiratory emergency patients with successful airway management (5)
Trauma
9-1-1 to trauma center arrival less than x min (%)
Fractures patients pain free at ED arrival (%)
Other Call Types
Targeted Measures on a Rolling Basis

3. Future data should be tracked monthly and be reported in a run chart to enable system leaders to interpret if the measure is in control, if variation exists, and be able to note that system changes have resulted in the desired improvement. See figure below. Activities for the 2018 include the collection and aggregation of EMS patient care and Computer-Aided Dispatch data. The data set will include NEMSIS data from the ePCRs as well as determinant data from the dispatch centers' ProQA electronic patient care reporting system.

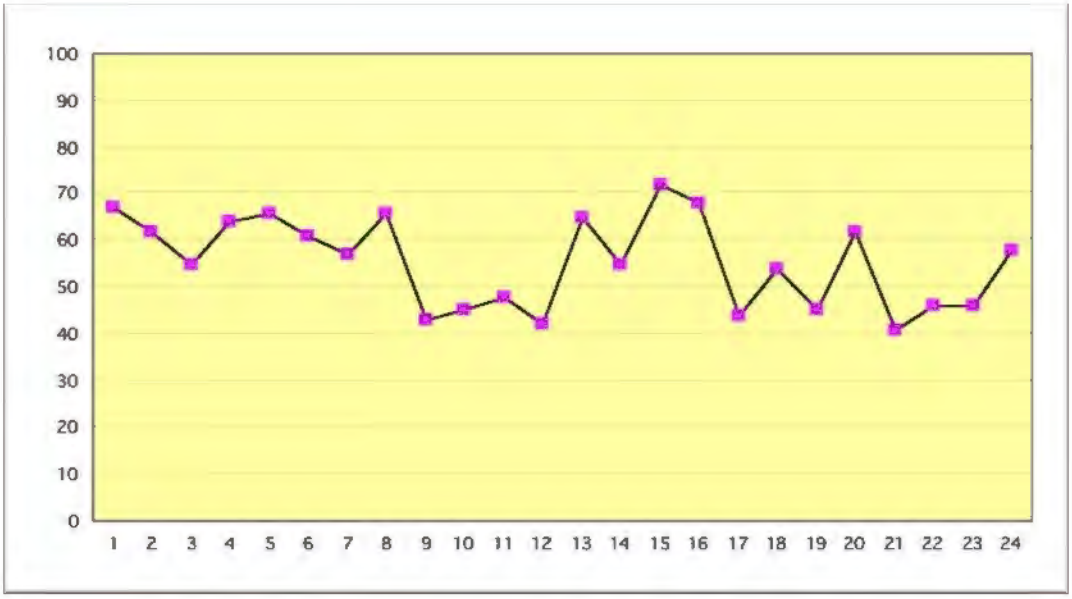

Figure: Run Chart Example

The data provided by system providers and collated by CVEMSA will be reported back to the system. Quarterly, provider organizations will meet with CVEMSA as a system quality council to review the data in detail and discuss opportunities to test improvements. Between face-to-face meetings, the participants will meet monthly via a conference/web meeting. Opportunities for improvement testing will be delegated to focused teams who will work on projects using the Model For Improvement to identify and test changes and then spread the changes to the system (see Process Improvement).

Process Improvement

Successful change and improvement requires thoughtful planning and methodical approaches that are inclusive to stakeholders, involve action and learning, and where the resulting improvements and skills have the opportunity to spread beyond the inaugural project. The following describes the process for improvement projects.

Forming the Team – Developing the right team is essential. Team membership should be diverse and represent stakeholders connected to the process to be improved.

Setting Aims – What are we trying to accomplish? Aims should identify the population to be affected, be measureable, and time specific.

Establishing Measures – How will we know a change is an improvement? Quantitative measures are used to determine if a change results in an actual improvement.

Selecting Changes – What changes can we make that will result in improvement? Teams propose changes believed to result in the desired improvements.

Testing Changes – Using an action learning method, teams use Plan-Do-Study-Act (PDSA) cycles to test the changes and learn as they act.

Implementation of Changes – Following small scale testing and refinement resulting from team learning, the changes may be implemented on a larger scale (e.g., an entire region).

Spreading Changes – Post successful implementation, changes may be spread to other areas of the organization or network.

This process for improvement relies on your local experts methodically testing changes, studying results, modifying changes as appropriate based on data, and identifying process improvements. It is a simple and effective method for teams to make substantive changes that improve processes and enhance care.

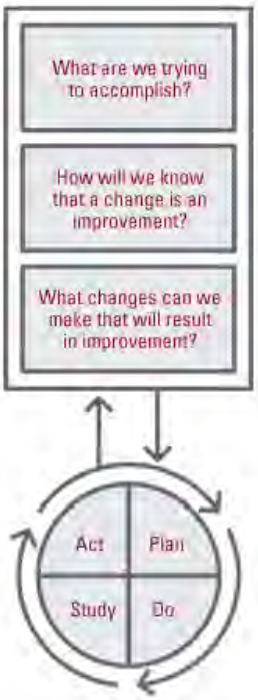

Figure – Model for Improvement

Next Actions

The Quality Management plan described in the preceding pages reflects activities in progress and projects and activities to come in 2019. The following are six (6) next actions steps for CVEMSA and its stakeholders and descriptions of each.

1. EMS System Inclusion in QIP Planning
2. Creating Awareness of Principles and Assessing Competencies
3. Identifying and Supporting Key Sponsors and Champions
4. Developing County and Regional Quality Groups
5. Quality Management Policy and Procedures
6. Regional Data System

The following is a brief description of each of the six next actions.

EMS System Inclusion in QIP Planning

The QIP plan is a framework for quality management in the region. It is based on national standards from within the EMS environment and the greater healthcare arena. The plan specifically focuses on frameworks, guidelines, and objectives to achieve the intended aim, but is designed to enable independent entities and stakeholders the flexibility to create their own processes to achieve the aims.

At a regional level, the plan will require stakeholders to be participants in the implementation and continued activities. System stakeholders will be invited to participate and support the process by sharing input, attending meetings, and supporting and enabling activities in their organizations and communities. The results of the effort will be the direct product of the stakeholders who participate and take ownership in the regional QIP development.

Creating Awareness of Principles and Assessing Competencies

The framework and outcomes described in the QIP may be new to many of the stakeholders or be similar to current activities that may need to be aligned. The implementation of the plan - region-wide - will require time and planning.

The first step in the process involves introducing stakeholder organizations to the plan, the aims, and outcomes. CVEMSA will schedule and conduct live or web based meetings to introduce the plan to stakeholders. An electronic copy will also be distributed. Questions and comments will be encouraged and a “frequent asked questions” (FAQ) document will be drafted and distributed to support stakeholders in understanding the QIP. Individual entities will be supported and requested to use the QIP as individual entities develop their own QIPs.

Enabling stakeholder discussion and input is essential to the QIP plans success and the ability of independent entities to collaborate as a system to manage and deliver quality pre-hospital clinical care and transportation.

In addition to providing information and answering questions, CVEMSA must provide experiential learning to build process improvement skills among leadership stakeholders and their management staff. Development sessions may be held in-person or online and will focus on a case-based, pragmatic learning model to help introduce the core concepts and build the essential skills. The development process will enable gauging current awareness of quality management and provide an opportunity for CVEMSA to identify and work with organizations that may benefit from additional advising.

Identifying and Supporting Key Sponsors and Champions

Quality management in EMS fails in two core areas: a lack of champions or sponsors and responsibility delegated to a low tier quality coordinator. Identifying respected and capable sponsors is critical to inaugural efforts to develop measures and implement process improvement. CVEMSA and EMS leaders within the system must identify key people and organizations to be the beta sites for implementation and testing of the QIP plan's core framework. From the lessons learned and successes, these sponsors can help CVEMSA and the system see the value of the efforts and spread the methods and results across the system.

Developing County and Regional Quality Groups

Much of the day-to-day quality assurance and process improvement activities will be conducted and lead at the local level by individual service providers. As a system, representatives of each provider will also have the opportunity to participate with colleagues at both the county and regional level. The following is a description of the three levels of quality management participation in the region.

> *Individual Provider Organization* – Leaders of fire departments, ambulance services, and hospitals will conduct event and targeted quality assurance and test process improvements within their organizations. This may be an independent initiative or part of a collaborative of other entities in the county or region.
>
> *County Quality Group* – Representatives of provider organizations will meet with colleagues from each organization within the county to discuss countywide data, develop improvement projects, and collaborate with regional initiatives.
>
> *Regional Quality Group* – Delegates from the two County Quality Groups will meet at the regional level. Regional data will be discussed and system-wide process improvement initiatives will be developed and facilitated.

Currently, the three layers just described are in place in the region. In addition, several quality related working groups exist throughout the region and have been working independently to influence quality in their local community or county. CVEMSA will work with existing groups and additional stakeholders to continue to support each layer. With the implementation of the Regional Data System, local, county and regional groups will have the ability to use the available data in support of quality management efforts.

Quality Management Policy and Procedures

This Quality Plan acts as the foundation for the development of regional policies and procedures related to quality assurance and process improvement activities. CVEMSA will work with stakeholder organizations through the Regional Quality Group to develop formal policies for all provider organizations by the end of 2018. Policies and procedures will continue to focus on frameworks and outcomes to support autonomous management activities that achieve the desired results, but do not proscribe the method. Any policies and procedures will be distributed to all stakeholders for review and comment before a final draft is implemented. Final policies and procedures will be publicly accessible on the CVEMSA website.

Regional Data System

CVEMSA will continue to move all provider agencies towards the NEMSIS compliant data set and ensure all aggregate data is accessible in one location.

Next Action Summary

The list of next actions just described represents a great deal of work and progress for the CVEMSA's efforts to develop system-wide quality management that meets state expectations and strives to improve service to our customers.

Reference & Resources List

Institute of Medicine. (2006). *Emergency medical services: At the crossroads.* Washington, DC: National Academies of Science.

Institute of Medicine. (2000). To Err Is Human: Building a Safer Health System. Washington, DC: National Academies of Science.

National Highway Traffic Safety Administration. (1996). *Emergency Medical Services Agenda for the Future*. Washington, DC: United States Department of Transportation.

National Highway Traffic Safety Administration. (1997). *Leadership Guide To Quality Improvement of EMS Systems*. Washington, DC: United States Department of Transportation.

National Highway Traffic Safety Administration. (2008). *EMS Workforce for the 21st Century: National EMS Workforce Assessment*. Washington, DC: United States Department of Transportation.

Langley, G.J., Nolan, K.M., Nolan, T.W, Norman, C.L., & Provost, L.P. (2009). The improvement guide: A practical approach to enhancing organizational performance (2nd Ed.). San Francisco: Jossey-Bass.

Image from Institute for Healthcare Improvement website. Retrieved January, 18, 2009 from http://www.ihi.org/ihi/images/img_improvementChart.gif

CVEMSA Ambulance Rates	Non-Emergency	Emergency	ALS Base	ALS Inclusive*	Mileage	Night	Emergency	Oxygen	Subscription	APC**	Service Type
AMBULANCE SERVICE PROVIDER	BLS BASE RATE		ALS RATE		OTHER CHARGES (if not included in base rates)						
Bodega Bay FPD	N/A	1,824.00	2,224.00	N/A	27.00	100.00	150.00	120.00	N/A	3,026.00	Fire District
Coast Life Support District	$ 1,381	$ 1,887	$ 3,258	N/A	$ 36	$ 130	$ 415	$ 162	$ -	4,628.73	Special District
AMR - Sonoma	1,365.04	1,365.04	1,762.52	N/A	37.58	107.20	176.55	149.98	N/A	2,316.27	Private Service (EOA)
Cloverdale Health Care District	1000.00	1900.00	N/A	1900.00	20.00	N/A	N/A	N/A	N/A	2140.00	Healthcare District
Falck N.C. verihealth/Sonoma Raceway	1,000.00	1,000.00	1,000.00	N/A	20.00	N/A	N/A	N/A	N/A		Private Service
Falck N.C verihealth	1,582.00	1,582.00	2,600.00	N/A	42.48	N/A	N/A	150.13	N/A	3,972.31	Private Service
Petaluma Fire Department City Resident	N/A	954.00	1,339.00	1,958.00	32.00	N/A	N/A	128.00	N/A	1303.55	City Fire Department
Petaluma Fire Department Non-Resident	N/A	1,117.00	1,557.00	2,207.00	32.00	N/A	N/A	128.00	N/A		City Fire Department
Sonoma Valley Fire City resident	768.00	768.00	1155.00	N/A	25.00	N/A	N/A	123.00	49.00	1289.00	Fire District
Sonoma Valley Fire Non-resident	883.00	883.00	1328.00	N/A	25.00	N/A	N/A	123.00	49.00	1453.50	Fire District
Bells Healdsburg Ambulance Service	950.00	300.00	1,600.00	N/A	26.00	70.00	300.00	90.00	N/A	1,862.67	Private Service
Russian River Fire	N/A	1497.00	1807.00	N/A	27.50	95.00	125.00	120.00	N/A	N/R	Fire District
Anderson Valley Fire Department* **	1400.00	1400.00	2200.00	2200.00	32.00	N/A	N/A	120.00	N/A	N/A	Community Services District
Medstar of Mendocino County	1425.00	1425.00	2275.00	N/A	29.50	175.00		85.00	N/A	N/R	Private non-profit
Mendocino Coast District Hospital	516.00	1298.00	1547.00	2033.00	36.00	119.00	N/A	118.00	55.00	N/R	Healthcare District
Laytonville Fire Department	N/A	875.00	1200.00	1585.00	21.00	110.00	110.00	85.00	N/A	2019.00	Fire District

* ALS Inclusive rate includes all procedures and supplies		*** New provider no 2016 charges
** 2013 APC Average patient charge for 911 patients Jan 1, 2013- December 3	2014 Rate Survey	,Total average for resident/non-resident
** 2015 APC (Average Patient Charge) for 911 patients Jan 1, 2015- Decembe	2016 Rate Survey	
** 2016 APC (Average Patient Charge) for 911 Patients Jan 1, 2016-Decembe	2017 Rate Survey	"N/A" Not Applicable
****January-July 2017 APC Reported	2017 Rate Survey	"N/R" Not Reported

AGREEMENT BETWEEN THE COUNTY OF SONOMA AND SANTA ROSA MEMORIAL HOSPITAL FOR DESIGNATION AS A LEVEL II TRAUMA CENTER

This agreement ("Agreement"), dated the _____ day of _____, XXXX, ("Effective Date") is by and between the County of Sonoma, a political subdivision of the State of California (hereinafter "County") and Santa Rosa Memorial Hospital, a licensed acute care Hospital located at 1165 Montgomery Drive, Santa Rosa, California (hereinafter "Hospital").

RECITALS

WHEREAS, County is authorized by law to develop an EMS system, and has designated its Department of Health Services as the EMS Agency pursuant to the EMS and Pre-hospital Care Personnel Act (Health and Safety Code Section 1797 et. Seq); and

WHEREAS, the Coastal Valleys EMS Agency ("EMS Agency") established by the Sonoma County, Mendocino County, and Napa County Board of Supervisors, has implemented a regional trauma care system pursuant to Health and Safety Code Section 1798.162; and

WHEREAS, EMS Agency may designate trauma facilities as part of its regional trauma care system pursuant to Health and Safety Code Section 1798.165; and

WHEREAS, EMS Agency wishes to assure the highest quality of care by directing seriously injured patients to facilities committed to meeting trauma center criteria; and

WHEREAS, EMS Agency has found that Hospital meets state and local trauma center criteria; and

WHEREAS, EMS Agency has found that Hospital is and has agreed to maintain throughout the term of this Agreement, certification by the American College of Surgeons; and

WHEREAS, Hospital's current designation as a Level II trauma center expires on April 30, 2010; and

WHEREAS, Hospital desires and is willing to accept re-designation by the EMS Agency as a Level II trauma center according to the terms and conditions set forth in this Agreement; and

WHEREAS, Hospital, by virtue of the parties' execution of this Agreement, will be designated by EMS Agency as a trauma center under the terms of this Agreement.

NOW, THEREFORE, in consideration of the recitals and the mutual obligations of the parties expressed herein, both County and the EMS Agency (together hereinafter

collectively referred to as the "EMS Agency) and Hospital do hereby expressly agree as follows:

1. Definitions.

For the purposes of this Agreement, the following terms shall have the meaning given herein:

(a) "Coastal Valleys EMS Agency" means the local EMS Agency that was established by the Sonoma County, Mendocino County, and Napa County Board of Supervisors, to among other responsibilities, establish a regional trauma care system.

(b) "Major Trauma Person," means a person deemed a Major Trauma Person under the trauma triage criteria set forth in current EMS Agency's policies and procedures, as may be amended from time to time.

(c) "Trauma Audit Program" means the audit program established by the EMS Agency, including the Pre-Trauma Audit Committee and the Trauma Audit Committee, which are responsible for auditing the trauma care system, making recommendations for system improvements, and functioning in an advisory capacity on other trauma system issues as set forth in EMS Agency policies and procedures.

(d) "Trauma Center Services" means services meeting or exceeding the minimum standards for a Level II Trauma Center as set forth in applicable laws, regulations and guidelines established by the State of California or the EMS Agency as amended from time to time, and in accordance with applicable policies and procedures of the EMS Agency as set forth in Paragraph 4 (a) below.

(e) "Trauma Registry" means the computer information system maintained by Hospital and other EMS Agency designated trauma centers which captures pertinent injury, treatment and outcome data for the trauma system.

2. Re-designation of Hospital as a Level II Trauma Center.

Upon execution of this Agreement by the parties, effective the date set forth in Paragraph 3 below, Hospital shall be re-designated by EMS Agency as a Level II trauma center, and, except as otherwise specified, shall continue in effect for as long as Hospital's designation remains in effect.

3. Term.

This Agreement shall have an initial term of eight (8) years, beginning at 12:00 a.m. on May 1, 2010 ("Effective Date") and continuing through and including April 30, 2018, unless earlier revoked, suspended or terminated pursuant to this Agreement. At the end of the initial term, if EMS Agency reasonably determines that Hospital has satisfactorily performed all obligations herein, the EMS Agency shall have the option to extend the term of this Agreement for an additional term of four (4) years from May 1, 2018 continuing through and including April 30, 2022 under the terms and conditions

provided herein. Any extension shall be conditioned, in part, on Hospital's continued certification by the American College of Surgeons.

4. Scope of Hospital Services.

(a) Hospital will provide trauma center services meeting or exceeding the minimum standards for a Level II Trauma Center as set forth in applicable laws, regulations and guidelines established by the State of California or the EMS Agency, as amended from time to time, and in accordance with applicable policies and protocols of the EMS Agency and the terms and conditions set forth in this Agreement.

(b) In the event of any inconsistency among these documents, preference shall be given in the following order: 1) laws and regulation of the United States and of the State of California; 2) guidelines of the State EMS Authority available on request; 3) local EMS Agency plans, policies, and protocols; and the 4) terms and conditions this Agreement. Hospital shall provide Trauma Center Services to Major Trauma Persons, throughout the full period of inpatient hospital care, regardless of patients' ability to pay physician fees and/or hospital costs, unless the Major Trauma Person is transferred pursuant to paragraph 4(c) below.

(c) Hospital shall transfer Major Trauma Persons to other facilities only when medically appropriate or as may be requested or required by a Major Trauma Person. A Major Trauma Person may not be transferred, or referred to another facility for outpatient services, due to the patient's inability to pay physician fees and/or Hospital costs. A Major Trauma Person may be transferred based on the requirements of the patient's health plan or other applicable third-party payor, but only if the patient's medical condition so permits, as determined by the attending trauma physician. Any transfer of a Major Trauma Person must be in accordance with the Emergency Medical Treatment and Active Labor Act (42 U.S.C. § 1 395dd) and the regulation promulgated thereunder.

(d) Hospital shall maintain an adequate number of physicians, surgeons, nurses and other medical staff possessing that degree of learning and skill ordinarily possessed by medical personnel practicing in the same or similar circumstances to provide Trauma Center Services to Major Trauma Persons as a Level II trauma center.

(e) Hospital shall notify EMS Agency in writing, in advance when possible, of any change lasting more than 48 hours in any of the capabilities or resources, including personnel. If advance notification is not possible, Hospital shall notify the EMS Agency immediately upon Hospital having knowledge of any changes in any of the listed capabilities and resources and in all instances follow-up written notification shall be required as soon as possible but no later than one business day from the time that Hospital becomes aware of such changes. Notwithstanding the foregoing, Hospital shall immediately notify the EMS Agency of any matter, regardless of duration, which impairs the Hospital's ability to provide Trauma Center Services, or is likely to cause diversion of trauma patients to another facility. The EMS Agency shall determine whether the change is likely to have a material effect upon Hospital's ability to meet the minimum standards set forth in applicable State guidelines, or this Agreement. If the EMS Agency determines

that the change is likely to have a material effect upon Hospital's ability to meet the applicable standards listed in Paragraph 4 (a), EMS Agency shall notify Hospital of its determination, and Hospital shall have thirty (30) days to comply with the standard. Material failure to comply with such standards shall constitute grounds for revocation of trauma center designation.

(f) Hospital shall comply with all mitigation monitoring measures identified in the Mitigation Monitoring Program adopted by the EMS Agency pursuant to Section 21081.6 of the California Public Resources Code. A copy of the Mitigation Monitoring Program is attached hereto as Exhibit A.

(g) Hospital shall actively and cooperatively participate in the EMS Agency's Trauma Audit Program, including participation on the Pre-Trauma Audit Committee and Trauma Audit Committee and such other related committees that may, from time to time, be named and organized by the EMS Agency.

(h) Hospital will participate as requested by EMS Agency in a Trauma Registry and in research and/or evaluative studies designed to determine the effectiveness of Hospital services or to provide information about Hospital's services to Major Trauma Persons. Hospital will participate in the integration and transmission of electronic data to the State EMSA CEMSIS-Trauma database. Hospital is responsible for all costs related to the implementation, operation, and maintenance of the Trauma Registry.

(i) Hospital shall obtain EMS Agency's written approval prior to entering agreements for providing trauma services to residents outside Sonoma, Napa and Mendocino Counties, including, but not limited to agreements with local emergency medical services agencies or other government entities, and pre-Hospital care providers, including air ambulance service providers. Such approval shall not be unreasonably withheld. This Section 4 (i) shall not apply to standard payment agreements with health plans or other third-party payors.

(j) Hospital shall cooperate with the County and EMS Agency in performance of its obligations under this Agreement.

(k) Hospital shall maintain a valid certification of verification from the American College of Surgeons (ACS) throughout the term of this Agreement.

(l) Hospital staff shall attend educational and training programs as may be requested from time to time by the EMS Agency.

(m) Hospital shall establish and maintain an injury prevention program that complies with the requirements of the American College of Surgeons (ACS), and is approved by the EMS Agency in cooperation with each county health officer within the catchment area. Such approval by EM Agency in cooperation with county health officers shall not be unreasonably withheld.

(n) Throughout the term of this Agreement, Hospital shall maintain its status as a base hospital pursuant to a written contract with the EMS Agency.

(o) Hospital's staff will participate in the continuing development of trauma care systems at the county, regional, state and national levels. Hospital's staff shall attend educational and training programs as may be reasonably requested from time to time by the EMS Agency Medical Director.

5. Facility Expansion and Improvements.

(a) The American College of Surgeons April 2009 Site Visit Report described Hospital's ED physical plant as outdated and overcrowded. Hospital shall present to the EMS Agency a detailed written plan for addressing this identified weakness by January 1, 2011.

(b) In order to ensure Major Trauma Persons continued access to intensive care services, Hospital agrees to maintain an adequate ICU and related hospital services bed capacity in accordance with industry standards as established by the American College of Surgeons.

6. Administration.

The EMS Agency Director or designee shall administer this Agreement on behalf the EMS Agency. The EMS Agency shall audit and inspect records, monitor Hospital's services and provide technical guidance as required. Hospital's Chief Executive Officer or designee shall administer this Agreement on behalf of the Hospital.

7. Designation Fee.

Re-designation Process Fee. Hospital shall pay to the EMS Agency a one-time re-designation fee of twenty-five thousand dollars ($25,000) for costs associated with the EMS Agency's re-designation process.

8. On-Site Review and Fee.

(a) EMS Agency shall have the right at all times to monitor, assess, or evaluate Hospital's performance as a Level II Trauma Center. Such monitoring, assessments, or evaluations may include, without limitation, audits and inspections of premises, reports, patient records, and interviews of Trauma Center staff and participants, all to the maximum extent permitted by law. At any time during the term of this Agreement~~designation~~, the EMS Agency may, at its discretion, conduct an on-site review, with advance notice, of all records and materials related to Hospital's operation of the trauma center to evaluate the effectiveness of the trauma center in providing care in compliance with the terms and conditions of this Agreement. ~~All reasonable costs incurred by the EMS Agency in connection with any such on-site review shall be assessed to Hospital.~~ ~~**[Agreement should state the number of times the County may conduct on-site review, or should cap the total cost attributable to Hospital.]**~~

(b) Annual Trauma Center Fee. Each year during the term of this Agreement, Hospital shall issue payment to the EMS Agency an amount not to exceed the EMS Agency's reasonable costs of administering the trauma center program. For the term

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beginning May 1, 2010 the annual payment will be one hundred thirty-two thousand five hundred dollars ($132,500). This amount shall be increased annually based on the change in the Consumer Price Index for June for the San Francisco-Oakland-San Jose, CA area.

9. Maintenance of Records.

Hospital shall keep and maintain full and complete documentation and accounting records concerning all services performed under this Agreement and shall make such documents and records available to EMS Agency for inspection at any reasonable time. Hospital shall maintain such records (in any media format) for a period of seven (7) years following expiration or termination of this Agreement.

10. Ownership of Information.

Statistical information which relates to patients identified as trauma patients furnished to the EMS Agency pursuant to this Agreement shall be the property of the EMS Agency.

11. Right to Audit, Inspect, and Copy Records.

Hospital agrees to permit County and any authorized state or federal agency to audit, inspect and copy all records, notes and writings of any kind in connection with the services provided by Hospital under this Agreement, to the extent permitted by law, for the purpose of monitoring the quality and quantity of services, accessibility and appropriateness of services, and ensuring fiscal accountability. Upon request, Hospital shall supply copies of any and all such records to County.

12. Data and Reports.

Hospital shall submit reports reasonably requested by EMS Agency, in a format to be determined by the Agency. The timely submission of these reports is a material condition of ongoing trauma center designation, and material or repeated failure to meet specified deadlines may be grounds for suspension or revocation of trauma center designation, at EMS Agency's discretion.

13. Indemnification

Hospital agrees to accept all responsibility for loss or damage to any person or entity, including County, and to indemnify, hold harmless, and release County, its officers, agents, and employees, from and against any actions, claims, damages, liabilities, disabilities, or expenses, that may be asserted by any person or entity, including Hospital, that arise out of, pertain to, or relate to Hospital's ~~negligent~~ performance or ~~breach of~~ obligations under this Agreement. Hospital agrees to provide a complete defense for any claim or action brought against County based upon a claim relating to Hospital's performance or obligations under this Agreement. Hospital's obligations under this Article apply whether or not there is concurrent negligence on County's part, but to the extent required by law, excluding liability due to County's conduct. County shall have the right to select its legal counsel at Hospital's expense,

subject to Hospital's approval, which shall not be unreasonably withheld. This indemnification obligation is not limited in any way by any limitation on the amount or type of damages or compensation payable to or for Hospital or its agents under workers' compensation acts, disability benefits acts, or other employee benefit acts.

~~County agrees to accept all responsibility for loss or damage to any person or entity, including Hospital, and to indemnify, hold harmless, and release Hospital, its officers, agents, and employees, from and against any actions, claims, damages, liabilities, disabilities, or expenses, that may be asserted by any person or entity, including County, that arise out of, pertain to, or relate to County's negligent performance or breach of obligations under this Agreement. County agrees to provide a complete defense for any claim or action brought against Hospital based upon a claim relating to County's performance or obligations under this Agreement. County's obligations under this Article apply whether or not there is a concurrent negligence on Hospital's part, but to the extent required by law, excluding liability due to Hospital's conduct. Hospital shall have the right to select its legal counsel at County's expense, subject to County's approval, which shall not be unreasonably withheld. This indemnification obligation is not limited in any way by any limitation on the amount or type of damages or compensation payable to or for County or its agents under workers' compensation acts, disability benefits acts, or other employee benefit acts.~~

14. Insurance.

With respect to performance of services under this Agreement, Hospital shall maintain throughout the term of this Agreement, and shall require its subcontractors, contractors and other agents to maintain, insurance as required below:

(a) Workers' Compensation Insurance. Workers' compensation insurance with statutory limits as required by the Labor Code of the State of California. Said policy shall be endorsed with the following specific language:

> This policy shall not be cancelled or materially changed without first giving thirty (30) days' prior written notice to the County of Sonoma, Department of Health Service.

(b) General Liability Insurance. Commercial general liability insurance covering bodily injury and property damage using an occurrence policy form, in an amount no less than Five Million Dollars ($5,000,000) limit for each occurrence and Ten Million Dollars ($10,000,000) each for the general aggregate and the products/completed operations aggregate. Said commercial general liability insurance policy shall either be endorsed with the following specific language or contain equivalent language in the policy:

(1) The County of Sonoma, its officers and employees, is named as additional insured for all liability arising out of the on-going and completed operations by or on behalf of the named insured in the performance of this Agreement between the County of Sonoma and Hospital.

(2) The inclusion of more than one insured shall not operate to impair the rights of one insured against another insured, and the coverage afforded shall apply as though separate policies had been issued to each insured, but the inclusion of more than one insured shall not operate to increase the limits of the company's liability.

(3) The insurance provided herein is primary and non-contributory coverage to the County of Sonoma with respect to any insurance or self-insurance programs maintained by the County.

(4) This policy shall not be cancelled or materially changed without first giving thirty (30) days prior written notice to the County of Sonoma, Department of Health Services.

(c) Automobile Insurance. Automobile liability insurance covering bodily injury and property damage in an amount no less than One Million Dollars ($1,000,000) combined single limit for each occurrence. Said insurance shall include coverage for owned, hired, and non-owned vehicles. Said policy shall be endorsed with the following language:

> This policy shall not be cancelled or materially changed without first giving thirty (30) days prior written notice to the County of Sonoma, Department of Health Services.

(d) Professional Liability Insurance. Professional liability insurance for all activities of Hospital arising out of or in connection with this Agreement in an amount no less than Five Million Dollars ($5,000,000) combined single limit for each occurrence. Said policy shall be endorsed with the following specific language:

> This policy shall not be cancelled or materially changed without first giving thirty (30) days prior written notice to the County of Sonoma, Department of Health Services.

(e) Documentation. The following documentation shall be submitted to the EMS Agency:

(1) Properly executed Certificates of Insurance clearly evidencing all coverages and limits required above. Said Certificates shall be submitted prior to the execution of this Agreement. Hospital agrees to maintain current Certificates of Insurance evidencing the above-required coverages and limits on file with the EMS Agency for the duration of this Agreement.

(2) Copies of properly executed endorsements required above for each policy. Said endorsement copies shall be submitted prior to the execution of this Agreement. Hospital agrees to maintain current endorsements evidencing the above-specified requirements on file with the EMS Agency for the duration of this Agreement.

(3) After the Agreement has been signed, signed Certificates of Insurance shall be submitted for any renewal or replacement of a policy that already exists, as soon as possible after renewal or replacement of the existing policy.

(f) Policy Obligations. Hospital's indemnity and other obligations shall not be limited by the foregoing insurance requirements.

(g) Material Breach. If Hospital, for any reason, fails to maintain insurance coverage, which is required pursuant to this Agreement, the same shall be deemed a material breach of this Agreement. The EMS Agency, in its sole option, may suspend or revoke Hospital's designation and obtain damages from Hospital resulting from said breach.

15. Conflict of Interest

Hospital covenants that it presently has no interest and that it will not acquire any interest, direct or indirect, that represents a financial conflict of interest under state law or that would otherwise conflict in any manner or degree with the performance of its obligations hereunder. Hospital further covenants that in the performance of this Agreement no person having any such interests shall be employed. In addition, if requested to do so by the EMS Agency, Hospital shall complete and file and shall require any other person doing work under this Agreement to complete and file a "Statement of Economic Interest" with requesting entity disclosing Hospital's or such other person's financial interests.

16. Patient Transport.

Hospital acknowledges that EMS Agency policies and procedures require that Major Trauma Persons be transported to the closest Trauma Center, except under certain circumstances such as Hospital diversion or multi-casualty incidents. Neither Hospital, County or EMS Agency shall exert any direct or indirect influence that would cause or contribute to the transport of Major Trauma Persons to a facility other than the closest Trauma Center, except as specifically authorized by EMS Agency policies or procedures. Hospital acknowledges that the EMS Agency makes no representation, and does not guarantee, that Major Trauma Persons will be delivered or diverted to Hospital for care and cannot assure that a minimum number of Major Trauma Persons will be transported to Hospital during the term of this Agreement. EMS Agency agrees that it will provide quarterly written reports to the Trauma Audit Committee ~~Hospital~~ identifying both (i) the number of transports in that period that were not transported to Hospital; and (ii) identifying the facility to which those Major Trauma Persons were transported.

Financial Responsibility.

The EMS Agency shall not be liable for any costs or expenses incurred by Hospital to satisfy its responsibilities under this Agreement, including any costs or expenses incurred by Hospital for services provided to indigent Major Trauma Persons. All costs or expenses incurred by Hospital by reason of this Agreement with respect to the acquisition of equipment or personnel or with respect to the provisions of patient care,

services, including emergency patient care services of all types and description provided to patients who would not have been treated by Hospital in the absence of this Agreement are the responsibility of the Hospital and are not the responsibility of EMS Agency or the County or any county which has designated EMS Agency pursuant to Health and Safety Code Section 1797.200.

The parties acknowledge and agree that Hospital will not receive any compensation from EMS Agency under this Agreement. Hospital shall be solely responsible for billing and collecting for services provided to Major Trauma Person. Hospital shall comply will all applicable laws, customary professional practice, and other third-party payor programs in connection with billing and coding services provided by Hospital to Major Trauma Person.

17. Compliance.

Hospital shall comply with applicable federal, state, and local rules and regulations, current and hereinafter enacted, including but not limited to guidelines promulgated by the State EMS Authority and EMS plans, trauma plans, and EMS policies and protocols established by the EMS Agency, legal requirements for patient transfers and medical screening exams, and applicable facility and professional licensing and certification laws. Hospital shall keep in effect any and all licenses, permits, notices, and certificates that are required for its operations.

18. Compliance with County and EMS Agency Policies and Procedures.

Hospital agrees to comply with all EMS Agency policies and procedures as they may relate to services provided under this Agreement.

19. Nondiscrimination.

(a) Without limiting any other provision hereunder, Hospital shall comply with all applicable federal, state, and local laws, rules, and regulations in regard to nondiscrimination in employment because of race, color, ancestry, national origin, religion, sex, marital status, age, medical condition, pregnancy, disability, sexual orientation or other prohibited basis, including without limitation, the County's Non-Discrimination Policy. All nondiscrimination rules or regulations required by law to be included in this Agreement are incorporated herein by this reference.

(b) Hospital agrees to comply with the provisions of Chapter 19, Article II, of the Sonoma County Code prohibiting discrimination in housing, employment, and services because of AIDS or HIV infection during the term of this Agreement and any extensions of the term.

20. Confidentiality.

Hospital agrees to maintain the confidentiality all patient medical records and client information in accordance with all applicable state and federal laws and regulations. This Section 20 shall survive termination of this Agreement.

21. Advertising and Marketing Materials and Information

Hospital shall comply with the terms of this Agreement with respect to the use of the terms ”trauma facility,” “trauma Hospital” , “trauma center,” “trauma care provider,” “trauma service,” or similar terminology in its signs or advertisements, or in printed materials and information (“Trauma Marketing Materials”) it furnishes to the public, including but not limited to any individual or commercial consumer of health care services. Hospital agrees to provide County reasonable opportunity to comment on any Trauma Marketing Materials prior to releasing the Trauma Marketing Materials to the public.

22. Notice.

Any notice or notices required or permitted to be given pursuant to this Agreement shall be made in writing and shall be given by personal delivery or by U.S. Mail or courier service, and shall be addressed as follows:

EMS AGENCY:	HOSPITAL:
EMS Agency Director	Chief Executive Officer
Coastal Valleys EMS Agency	St. Joseph’s Health System
475 Aviation Dr. Suite 200	1165 Montgomery Dr.
Santa Rosa, CA 95406	Santa Rosa, CA 95402

When a notice is given by a generally recognized overnight courier service, the notice shall be deemed received on the next business day. When a copy of a notice is sent by facsimile or email, the notice shall be deemed received upon transmission as long as (1) the original copy of the notice is promptly deposited in the U.S. mail and postmarked on the date of the facsimile or email, (2) the sender has a written confirmation of the facsimile transmission or email, and (3) the facsimile or email is transmitted before 5 p.m. (recipient’s time). In all other instances, notices shall be effective upon receipt by the recipient. Changes may be made in the names and addresses of the person to whom notices are to be given by giving notice pursuant to this paragraph.

23. Assignment.

Hospital shall not assign, delegate, sublet, or transfer any interest in or duty under this Agreement without the prior written consent of the EMS Agency, and no such transfer shall be of any force or effect whatsoever unless and until the EMS Agency shall have so consented.

24. Relationship of the Parties.

The parties intend that Hospital, as well as its officers, agents, employees, and subcontractors, including its professional and non-professional staff, in performing the services specified herein, shall act as an independent contractor and shall control the

work and the manner in which it is performed. Hospital is not to be considered an agent or employee of the EMS Agency and is not entitled to participate in any pension plan, worker's compensation plan, insurance, bonus, or similar benefits the EMS Agency provides its employees. In the event the EMS Agency exercises its right to suspend, revoke or terminate under this Agreement, Hospital expressly agrees that it shall have no recourse or right of appeal under rules, regulations, ordinances, or laws applicable to employees.

25. Investigation, Revocation and Suspension.

(a) The EMS Agency may investigate any report of material failure to comply with these conditions or any applicable standards incorporated herein. Hospital agrees to cooperate fully with any such investigation. Upon the determination of the EMS Agency's Director that Hospital has materially or repeatedly failed to comply with the terms and conditions of this Agreement or any applicable standards incorporated herein, or that Hospital has failed to fully cooperate in an investigation, EMS Agency may suspend or revoke Hospital's Trauma Center Designation, or may institute such corrective measures as the Director may deem reasonable in light of the circumstances, and in the interest of public health and safety. EMS Agency shall give Hospital written notice specifying the effective date of the proposed action, which shall be not less than thirty (30) days after the delivery of the written notice.

(b) Grounds for revocation, suspension or corrective action shall include, without limitation:

(1) Material or repeated failure, for any reason, of Hospital to fulfill in a timely and proper manner, its obligations under the terms of this Agreement, or to substantially comply with applicable federal, state and local laws and regulations, or any corrective measures required by the EMS Agency;

(2) Material or repeated failure, for any reason, to make available sufficient personnel and hospital resources, as defined herein, to provide immediate care for the trauma patient;

(3) Material or repeated failure, for any reason, to provide timely surgical coverage or other required specialty services for trauma patients, causing unnecessary risk of mortality and morbidity for the trauma patient;

(4) Submission by Hospital to the EMS Agency of reports that are materially or repeatedly incorrect or incomplete in any respect;

(5) Failure to cooperate in any investigation, monitoring or evaluation activities by the EMS Agency in connection with Hospital's trauma services.

(c) If the EMS Agency determines that Hospital failure to comply with the terms and conditions of this Agreement has resulted in an immediate serious threat to the public health or safety, the EMS Agency may immediately terminate or suspend Hospital's trauma center designation effective upon notice to Hospital.

26. Administrative Appeal.

If Hospital so requests in writing at any time before the effective date of the proposed action, EMS Agency shall afford Hospital a hearing before an impartial panel appointed by the EMS Agency Director. The panel shall include three members, all of whom have experience in health care, and at least one of whom is a physician experienced in trauma care. The panel shall hold an informal hearing not more than thirty days after Hospital's request. Each party may submit oral or written evidence, but formal rules of evidence shall not apply. Discovery may be permitted by the panel, and shall be limited in scope at the panel's discretion. Not more than thirty days after the conclusion of the hearing, the panel shall evaluate the evidence and make written findings and conclusions. All findings must be supported by the evidence, and the conclusion(s) supported by the findings. Each party shall bear its own costs. The decision of the panel shall be final.

27. Termination by Hospital.

Hospital may terminate its designation as a Level II trauma center and this Agreement for any reason upon one-hundred and eighty (180) days written notice to the EMS Agency.

28. Obligations After Termination.

The following sections shall remain in full force and effect after termination of this Agreement: (1) Section 9, Records Maintenance; (2) Section 11, Right to Audit; Copy and Inspect Records; (3) Section 21, Confidentiality; (4) Section 31.(e), Applicable Law and Forum; and (5) Section 13, Indemnification.

29. Sanctioned Employee.

Hospital agrees that it shall not employ in any capacity, or retain as a subcontractor in any capacity, any individual or entity that is listed on either the Suspended and Ineligible Contractor List published by the California Department of Health Services, or any list published by the Federal Office of Inspector General regarding the sanctioning, suspension or exclusion of individuals or entities from the federal Medicare and Medicaid programs. Hospital agrees to periodically review said State and Federal lists to confirm the status of current employees, subcontractor and contractors. In the event Hospital does employ such individual(s) or entity(s), Hospital agrees to assume full liability for any associated penalties, sanctions, loss or damage that may be imposed on County by the Medicare or Medicaid programs.

30. Miscellaneous Provisions.

(a) No Waiver of Breach. The waiver by any party of any breach of any term or promise contained in this Agreement shall not be deemed to be a waiver of such term or provision or any subsequent breach of the same or any other term or promise contained in this Agreement.

(b) Construction. To the fullest extent allowed by law, the provisions of this Agreement shall be construed and given effect in a manner that avoids any violation of statute, ordinance, regulation, or law. The parties covenant and agree that in the event that any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the provisions hereof shall remain in full force and effect and shall in no way be affected, impaired, or invalidated thereby. Hospital and the EMS Agency acknowledge that they have each contributed to the making of this Agreement and that, in the event of a dispute over the interpretation of this Agreement, the language of the Agreement will not be construed against one party in favor of the other. Hospital and the EMS Agency acknowledge that they have each had an adequate opportunity to consult with counsel in the negotiation and preparation of this Agreement.

(c) Consent. Wherever in this Agreement the consent or approval of one party is required to an act of the other party, such consent or approval shall not be unreasonably withheld or delayed.

(d) No Third Party Beneficiaries. Nothing contained in this Agreement shall be construed to create and the parties do not intend to create any rights in third parties.

(e) Applicable Law and Forum. This Agreement shall be construed and interpreted according to the substantive law of California, regardless of the law of conflicts to the contrary in any jurisdiction. Any action to enforce the terms of this Agreement or for the breach thereof shall be brought and tried in Santa Rosa or the forum nearest to the city of Santa Rosa, in the County of Sonoma.

(f) Captions. The captions in this Agreement are solely for convenience of reference. They are not a part of this Agreement and shall have no effect on its construction or interpretation.

(g) Merger. This writing is intended both as the final expression of the Agreement between the parties hereto with respect to the included terms and as a complete and exclusive statement of the terms of the Agreement, pursuant to Code of Civil Procedure Section 1856. No modification of this Agreement shall be effective unless and until such modification is evidenced by a writing signed by both parties.

(h) Authority. The undersigned hereby represents and warrants that he or she has authority to execute and deliver this Agreement on behalf of the entity identified above the signature.

(i) Time of Essence. Time is and shall be of the essence of this Agreement and every provision hereof.

IN WITNESS WHEREOF the parties have caused their fully authorized representatives to execute this Agreement as of the Effective Date:

HOSPITAL

_____ Date: _____

Kevin Klockenga
Chief Executive Officer, St. Joseph Health System of Sonoma County of Sonoma

COUNTY OF SONOMA/EMS AGENCY

_____ Date: _____
Rita Scardaci
Director, Department of Health Services/Coastal Valleys EMS Agency

Certificates of Insurance on File with and Approved in Substance

Approved as to Substance:

_____ Date: _____
Division Director or Designee

Approved as to Form

_____ Date: _____
County Counsel

AGREEMENT BETWEEN THE COUNTY OF SONOMA AND UKIAH VALLEY MEDICAL CENTER FOR DESIGNATION AS A LEVEL IV TRAUMA CENTER

This agreement ("Agreement"), dated the ___ day of _____ XXXX ("Effective Date") is by and between the County of Sonoma, a political subdivision of the State of California (hereinafter "County") and a licensed acute care Hospital located at (hereinafter "Hospital"). County and Hospital are sometimes referred to in this Agreement as a "party" or collectively, as the "parties."

RECITALS

WHEREAS, County is authorized by law to develop an Emergency Medical System ("EMS"), and has designated its Department of Health Services as the EMS Agency pursuant to the EMS and Pre-hospital Care Personnel Act (Health and Safety Code Section 1797 et. Seq); and

WHEREAS, the Coastal Valleys EMS Agency ("EMS Agency") established by the Sonoma County, Mendocino County, and Napa County Board of Supervisors, has implemented a regional trauma care system pursuant to Health and Safety Code Section 1798.162; and

WHEREAS, EMS Agency may designate trauma facilities as part of its regional trauma care system pursuant to Health and Safety Code Section 1798.165; and

WHEREAS, EMS Agency wishes to assure the highest quality of care by directing seriously injured patients to facilities committed to meeting trauma center criteria; and

WHEREAS, EMS Agency has found that Hospital meets state and local trauma center criteria; and

WHEREAS, Hospital desires designation by the EMS Agency as a Level IV trauma center according to the terms and conditions set forth in this Agreement; and

WHEREAS, Hospital, by virtue of the parties' execution of this Agreement, will be designated by EMS Agency as a trauma center under the terms of this Agreement.

NOW, THEREFORE, in consideration of the recitals and the mutual obligations of the parties expressed herein, both County and the EMS Agency (together hereinafter collectively referred to as the "EMS Agency) and Hospital do hereby expressly agree as follows:

1. Definitions.

For the purposes of this Agreement, the following terms shall have the meaning given herein:

(a) "Coastal Valleys EMS Agency" means the local EMS Agency that was established by the Sonoma County, Mendocino County, and Napa County Board of Supervisors, to among other responsibilities, establish a regional trauma care system.

(b) “Trauma Audit Program” means the audit program established by the EMS Agency, including the Pre-Trauma Audit Committee and the Trauma Audit Committee, which are responsible for auditing the trauma care system, making recommendations for system improvements, and functioning in an advisory capacity on other trauma system issues as set forth in EMS Agency policies and procedures.

(c) “Trauma Center Services” means services meeting or exceeding the minimum standards for a Level IV Trauma Center as set forth in applicable laws, regulations and guidelines established by the State of California or the EMS Agency as amended from time to time, and in accordance with applicable policies and procedures of the EMS Agency as set forth in Paragraph 3 (a) below.

(d) “Trauma Registry” means the computer information system maintained by Hospital and other EMS Agency designated trauma centers which captures pertinent injury, treatment and outcome data for the trauma system.

2. Term.

This Agreement shall have a term of 10 years, beginning at 12:00 a.m. on (“Effective Date”) and continuing through and including , unless earlier revoked, suspended or terminated pursuant to this Agreement.

3. Obligations of Hospital.

(a) Hospital will provide trauma center services meeting or exceeding the minimum standards for a Level IV Trauma Center as set forth in applicable laws, regulations and guidelines established by the State of California or the EMS Agency, as amended from time to time, and in accordance with applicable policies and protocols of the EMS Agency and the terms and conditions set forth in this Agreement. In the event of any inconsistency among these documents, preference shall be given in the following order: 1) laws and regulation of the United States and of the State of California; 2) guidelines of the State EMS Authority; 3) local EMS Agency plans, policies, and protocols; and the 4) terms and conditions this Agreement.

(b) Hospital shall provide Trauma Center Services to trauma patients, throughout the full period of inpatient hospital care, regardless of patients’ ability to pay physician fees and/or hospital costs, unless the trauma patient is transferred pursuant to paragraph 4(c) below.

(c) Hospital shall transfer trauma patients to other facilities only when medically appropriate or as may be requested or required by a trauma patient or his or her health plan or other applicable third-party payor. A trauma patient may not be transferred, or referred to another facility for outpatient services, due to the patient’s inability to pay physician fees and/or Hospital costs. A trauma patient may be transferred based on the requirements of the patient’s health plan or other applicable third-party payor, but only if the patient’s medical condition so permits, as determined by the attending physician. Any transfer of a trauma patient must be in accordance with the Emergency Medical Treatment and Active Labor Act (42 U.S.C. § 1 395dd) and the regulation promulgated there under.

(d) Hospital shall comply with all the terms and conditions as set forth in this Agreement.

(e) Hospital shall maintain an adequate number of physicians, surgeons, nurses and other

medical staff possessing that degree of learning and skill ordinarily possessed by medical personnel practicing in the same or similar circumstances.

(f) Hospital shall provide, at Hospital's sole expense, all persons, employees, supplies, equipment, and facilities needed to perform the services required under this Agreement. All such services will be performed by Hospital, or under Hospital's supervision by persons authorized by Hospital to perform such services.

(g) Hospital shall notify EMS Agency in writing, in advance when possible, of any change lasting more than 48 hours in any of the capabilities or resources, including personnel. If advance notification is not possible, Hospital shall notify the EMS Agency immediately upon Hospital having knowledge of any changes in any of the listed capabilities and resources and in all instances follow-up written notification shall be required as soon as possible but no later than one business day from the time that Hospital becomes aware of such changes. Notwithstanding the foregoing, Hospital shall immediately notify the EMS Agency of any matter, regardless of duration, which impairs the Hospital's ability to provide Trauma Center Services, or is likely to cause diversion of trauma patients to another facility. The EMS Agency shall determine whether the change is likely to have a material effect upon Hospital's ability to meet the minimum standards set forth in applicable State guidelines, or this Agreement. If the EMS Agency determines that the change is likely to have a material effect upon Hospital's ability to meet the applicable standards, EMS Agency shall notify Hospital of its determination, and Hospital shall have thirty (30) days to comply with the standard. Material failure to comply with such standards shall constitute grounds for revocation of trauma center designation. Whenever the EMS Agency determines that a change has resulted in an immediate threat to the public health and safety, the EMS Agency may immediately suspend the trauma center designation, effective upon notice to Hospital. The hearing rights specified in Section 26 shall apply to immediate suspension.

(h) Hospital shall allow EMS Agency, or its authorized agents, to inspect Hospital's facilities, books and records related to the performance of this Agreement.

(i) Hospital shall actively and cooperatively participate in the EMS Agency's Trauma Audit Program, including participation on the Pre-Trauma Audit Committee and Trauma Audit Committee and such other related committees that may, from time to time, be named and organized by the EMS Agency.

(j) Hospital will participate as requested by EMS Agency in a Trauma Registry and in research and/or evaluative studies designed to determine the effectiveness of Hospital services or to provide information about Hospital's services to Trauma Patients. Hospital will participate in the integration and transmission of electronic data to the State EMSA CEMSIS-Trauma database. Hospital is responsible for all costs related to the implementation, operation, and maintenance of the Trauma Registry.

(k) Hospital shall cooperate with the County and EMS Agency in performance of its obligations under this Agreement.

4. Obligations of the EMS Agency.

(a) The EMS Agency shall perform periodic site visits, both announced (with at least 48-hour notice) and unannounced, to Hospital for the purpose of monitoring performance and compliance with this Agreement.

(b) The EMS Agency shall meet and consult with Trauma Audit Committee prior to the adoption of any policy or procedure that concerns the administration of the trauma system, or the triage, transport, and treatment of Major Trauma Persons.

5. Administration.

The EMS Agency Director or designee shall administer this Agreement on behalf the EMS Agency. The EMS Agency shall audit and inspect records, monitor Hospital's services and provide technical guidance as required. Hospital's Vice President, Finance/CFO or designee shall administer this Agreement on behalf of the Hospital.

6. On-Site Review.

EMS Agency shall have the right at all times to monitor, assess, or evaluate Hospital's performance as a Level IV Trauma Center. Such monitoring, assessments, or evaluations may include, without limitation, audits and inspections of premises, reports, patient records, and interviews of Trauma Center staff and participants, all to the maximum extent permitted by law. At any time during the term of designation, the EMS Agency may, at its discretion, conduct an on-site review of all records and materials related to Hospital's operation of the trauma center to evaluate the effectiveness of the trauma center in providing care in compliance with the terms and conditions of this Agreement, as permitted under state Evidence Code Sections 1157 and 1158. At the end of the first year of designation and at least every three years thereafter, the EMS Agency may conduct a site review by a Site Review Committee which may include a trauma surgeon(s), emergency physician(s), neurosurgeon(s), trauma nurse coordinator(s), hospital administrator(s), EMS Agency administrator(s), and/or similar experts. All costs incurred by the EMS Agency in connection with any such Site Review Committee shall be assessed to Hospital in addition to the Annual Trauma Center Costs. All costs incurred will be verified with receipts by EMS to Hospital.

If requested by Hospital, Agency will accept a report of a trauma center review conducted by American College of Surgeons, paid for by Hospital in lieu of an outside review conducted by the EMS Agency.

7. Designation Fee and Other Costs.

(a) Initial designation Process Fee. Hospital shall pay to the EMS Agency a one-time initial-designation fee of Twenty Thousand Dollars ($20,000.00), which shall cover the first years Annual Trauma Center Costs.

(b) Annual Trauma Center Costs. For each annual, consecutive year, beyond the first year, during the term of this Agreement, Hospital shall issue payment to the EMS Agency in an amount not to exceed the EMS Agency's estimated costs of administering the trauma center program, (the "Program Cost"). EMS Agency shall submit an invoice to Hospital for Program Cost, normally during April of each year.

(c) Annual verification of Program Cost. At the end of each annual term, EMS Agency will provide Hospital a copy of actual expenses incurred by EMS Agency to administer the trauma center program.

(d) Payment of Fees. All payment of amounts required under this Paragraph 7 shall be due and payable 30 days after the date of the EMS Agency's invoice. At its discretion, EMS Agency

may suspend Hospital's designation whenever payment of a fee or cost is more than ten days overdue, and may revoke the designation whenever a payment of a fee or cost is more than 90 days overdue.

8. Maintenance of Records.

To enable EMS Agency to ensure that Hospital is complying with the terms of this Agreement, Hospital shall maintain patient care revenue, expenditure, budget and cost data in a form approved by EMS Agency, including all data necessary to show actual reimbursement, distinguishing trauma patients from all other patients and trauma care from all other private or public activities of the Hospital and/or its subcontractors. All administrative records under this Agreement shall be maintained by the Hospital for a minimum of seven (7) years after the termination date of this Agreement.

9. Ownership of Information.

Statistical information which relates to patients identified as trauma patients furnished to the EMS Agency pursuant to this Agreement shall be the property of the EMS Agency.

10. Right to Audit, Inspect, and Copy Records.

At any time during normal business hours and as often as EMS Agency may deem necessary, Hospital's Director of Emergency Services, shall make available to EMS Agency officials for examination all of its records with respect to all matters covered by this Agreement and will permit EMS Agency officials to audit, examine, copy and make excerpts or transcripts from such records, including without limitation all invoices, materials, payrolls, financial records, personnel records, information regarding patients receiving trauma services, and other data relating to all matters covered by this Agreement, all to the maximum extent permitted by law.

11. Data and Reports.

Hospital shall submit reports as requested by EMS Agency, in a format to be determined by the Agency from time to time. The timely submission of these reports is a material condition of ongoing trauma center designation, and material or repeated failure to meet specified deadlines may be grounds for suspension or revocation of trauma center designation, at EMS Agency's discretion.

12. Indemnification.

Hospital agrees to accept all responsibility for loss or damage to any person or entity, including County, and to indemnify, hold harmless, and release County, its officers, agents, and employees, from and against any actions, claims, damages, liabilities, disabilities, or expenses, that may be asserted by any person or entity, including Hospital, that arise out of, pertain to, or relate to Hospital's performance or obligations under this Agreement. Hospital agrees to provide a complete defense for any claim or action brought against County based upon a claim relating to Hospital's performance or obligations under this Agreement. Hospital's obligations under this Article apply whether or not there is concurrent negligence on County's part, but to the extent

required by law, excluding liability due to County's conduct. Hospital-selected legal counsel shall be subject to County's approval, not to be unreasonably withheld. This indemnification obligation is not limited in any way by any limitation on the amount or type of damages or compensation payable to or for Hospital or its agents under workers' compensation acts, disability benefits acts, or other employee benefit acts.

13. Insurance.

With respect to performance of services under this Agreement, Hospital shall maintain throughout the term of this Agreement, insurance or programs of self-insurance, as required below:

(a) Workers Compensation Insurance. Workers' compensation insurance with statutory limits as required by the Labor Code of the State of California.

(b) General Liability Insurance. Commercial general liability insurance covering bodily injury and property damage using an occurrence policy form, in an amount no less than Five Million Dollars ($5,000,000) limit for each occurrence and Ten Million Dollars ($10,000,000) each for the general aggregate and the products/completed operations aggregate. Said commercial general liability insurance policy shall either be endorsed with the following specific language or contain equivalent language in the policy:

(1) The County of Sonoma, its officers and employees, is named as additional insured for all liability arising out of the on-going, by or on behalf of the named insured in the performance of this Agreement between the County of Sonoma and Hospital.

(2) The insurance provided herein is primary and non-contributory coverage to the County of Sonoma with respect to any insurance or self-insurance programs maintained by the County, but only as respects the acts, errors and omissions of Hospital".

(3) This policy shall not be cancelled or materially changed without first giving thirty (30) days prior written notice to the County of Sonoma, Department of Health Services.

(c) Automobile Insurance. Automobile liability insurance covering bodily injury and property damage in an amount no less than One Million Dollars ($1,000,000) combined single limit for each occurrence. Said insurance shall include coverage for owned, hired, and non-owned vehicles. Said policy shall be endorsed with the following language: This policy shall not be cancelled or materially changed without first giving thirty (30) days prior written notice to the County of Sonoma, Department of Health Services.

(d) Professional Liability Insurance. Professional liability insurance for all activities of Hospital arising out of or in connection with this Agreement in an amount no less than Five Million Dollars ($5,000,000) combined single limit for each occurrence. Said policy shall be endorsed with the following specific language: This policy shall not be cancelled or materially changed without first giving thirty (30) days prior written notice to the County of Sonoma, Department of Health Services.

The Hospital and shall require its subcontractors, contractors and other agents to maintain the above insurance requirements in an amount no less than 1 Million Dollars ($1,000,000) limit for each occurrence and Three Million Dollars ($3,000,000) each for the general aggregate and the products/completed operations aggregate.

(e) Documentation. The following documentation shall be submitted to the EMS Agency:

(1) Properly executed Certificates of Insurance clearly evidencing all coverages and limits required above. Said Certificates shall be submitted prior to the execution of this Agreement. Hospital agrees to maintain current Certificates of Insurance evidencing the above-required coverages and limits on file with the EMS Agency for the duration of this Agreement.

(2) Copies of properly executed endorsements required above for each policy. Said endorsement copies shall be submitted prior to the execution of this Agreement. Hospital agrees to maintain current endorsements evidencing the above-specified requirements on file with the EMS Agency for the duration of this Agreement.

(3) Upon the EMS Agency's written request, certified copies of the insurance policies. Said policy copies shall be submitted within thirty (30) days of the EMS Agency's request.

(4) After the Agreement has been signed, signed Certificates of Insurance shall be submitted for any renewal or replacement of a policy that already exists, at least ten (10) days before expiration or other termination of the existing policy.

(f) Policy Obligations. Hospital's indemnity and other obligations shall not be limited by the foregoing insurance requirements.

(g) Material Breach. If Hospital, for any reason, fails to maintain insurance coverage, which is required pursuant to this Agreement, the same shall be deemed a material breach of this Agreement. Hospital's participation in Adventist Health's programs of self-insurance is deemed to satisfy these insurance requirements. The EMS Agency, in its sole option, may suspend or revoke Hospital's designation and obtain damages from Hospital resulting from said breach.

14. Conflict of Interest

Hospital covenants that it presently has no interest and that it will not acquire any interest, direct or indirect, that represents a financial conflict of interest under state law or that would otherwise conflict in any manner or degree with the performance of its obligations hereunder. Hospital further covenants that in the performance of this Agreement no person having any such interests shall be employed.

15. Patient Transport.

Hospital acknowledges that EMS Agency policies and procedures require that major trauma patients be transported to the closest most appropriate Trauma Center, except under certain circumstances such as Hospital diversion or multi-casualty incidents. Neither Hospital, County or EMS Agency shall exert any direct or indirect influence that would cause or contribute to the transport of major trauma patients to a facility other than the closest most appropriate Trauma Center, except as specifically authorized by EMS Agency policies or procedures. Hospital acknowledges that the EMS Agency make no representation, and does not guarantee, that major trauma patients will be delivered or diverted to Hospital for care and cannot assure that a minimum number of major trauma patients will be transported to Hospital during the term of this Agreement.

16. Financial Responsibility.

The EMS Agency shall not be liable for any costs or expenses incurred by Hospital to satisfy its responsibilities under this Agreement, including any costs or expenses incurred by Hospital for services provided to indigent trauma patients. All costs or expenses incurred by Hospital by reason of this Agreement with respect to the acquisition of equipment or personnel or with respect to the provisions of patient care, services, including emergency patient care services of all types and description provided to patients who would not have been treated by Hospital in the absence of this Agreement are the responsibility of the Hospital and are not the responsibility of EMS Agency or the County or any county which has designated EMS Agency pursuant to Health and Safety Code Section 1797.200.

17. Compliance.

Hospital shall comply with applicable federal, state, and local rules and regulations, current and hereinafter enacted, including but not limited to guidelines promulgated by the State EMS Authority and EMS plans, trauma plans, and EMS policies and protocols established by the EMS Agency, legal requirements for patient transfers and medical screening exams, and applicable facility and professional licensing and certification laws. Hospital shall keep in effect any and all licenses, permits, notices, and certificates that are required for its operations.

18. Compliance with County and EMS Agency Policies and Procedures.

Hospital agrees to comply with all EMS Agency policies and procedures as they may relate to services provided under this Agreement.

19. EMS Meetings and Training.

Hospital's staff will participate in the continuing development of trauma care systems at the county, regional, state and national levels. Hospital's staff shall attend educational and training programs as may be requested from time to time by the EMS Agency Medical Director.

20. Base Hospital Status

Throughout the term of this Agreement, Hospital shall maintain its status as a base hospital pursuant to a written contract with the EMS Agency.

21. Nondiscrimination.

Hospital shall comply with all applicable federal, state, and local laws, rules, and regulations in regard to nondiscrimination in employment because of race, color, ancestry, national origin, religion, sex, marital status, age, medical condition, pregnancy, disability, sexual orientation or other prohibited basis. All nondiscrimination rules or regulations required by law to be included in this Agreement are incorporated herein by this reference.

22. Confidentiality.

The parties understand and agree to maintain the confidentiality of all patient information and records obtained in the course of providing services under this Agreement, in accordance with all applicable Federal and State statutes and regulations and local ordinances and shall not be released to any third party except as required by law. This Section 22 shall survive termination of this Agreement.

23. Notice.

Any notice or notices required or permitted to be given pursuant to this Agreement may be personally served on the other party by the party giving such notice, or by U.S. Mail or courier service, to the following representatives at the address cited below:

EMS AGENCY:
Bryan Cleaver
EMS Agency Director
Coastal Valleys EMS Agency
625 5th Street
Santa Rosa, CA 95404

HOSPITAL:

When a notice is given by a generally recognized overnight courier service, the notice shall be deemed received on the next business day. When a copy of a notice is sent by facsimile or email, the notice shall be deemed received upon transmission as long as (1) the original copy of the notice is promptly deposited in the U.S. mail and postmarked on the date of the facsimile or email, (2) the sender has a written confirmation of the facsimile transmission or email, and (3) the facsimile or email is transmitted before 5 p.m. (recipient's time). In all other instances, notices shall be effective upon receipt by the recipient. Changes may be made in the names and addresses of the person to whom notices are to be given by giving notice pursuant to this paragraph.

24. Assignment.

Except for assignment by Hospital to an entity owned, controlled by, or under common control with Hospital, neither Party may assign any interest or obligation under this Agreement without the other Party's prior written consent. Subject to the foregoing, this Agreement shall be binding on and shall inure to the benefit of the Parties and their respective successors and assigns.

25. Relationship of the Parties.

Operation of the facility or facilities utilized in the provision of the services described herein shall be the responsibility of the Hospital. The parties intend that Hospital, as well as its officers, agents, employees, and subcontractors, including its professional and non-professional staff, in performing the services specified herein, shall act as an independent contractor and shall control the work and the manner in which it is performed. Hospital is not to be considered an agent or employee of the EMS Agency and is not entitled to participate in any pension plan, worker's compensation plan, insurance, bonus, or similar benefits the EMS Agency provides its employees. In the event the EMS Agency exercises its right to suspend, revoke or terminate this Agreement

pursuant to Paragraph 26 below, Hospital expressly agrees that it shall have no recourse or right of appeal under rules, regulations, ordinances, or laws applicable to employees.

26. Investigation, Revocation and Suspension.

(a) The EMS Agency may investigate any report of material failure to comply with these conditions or any applicable standards incorporated herein. Hospital agrees to cooperate fully with any such investigation. Upon the determination of the EMS Agency's Director that Hospital has materially or repeatedly failed to comply with the terms and conditions of this Agreement or any applicable standards incorporated herein, or that Hospital has failed to fully cooperate in an investigation, EMS Agency may suspend or revoke Hospital's Trauma Center Designation, or may institute such corrective measures as the Director may deem reasonable in light of the circumstances, and in the interest of public health and safety. EMS Agency shall give Hospital written notice specifying the effective date, which shall be not less than thirty (30) days after the delivery of the written notice.

(b) Grounds for revocation, suspension or corrective action shall include, without limitation:

(1) Material or repeated failure, for any reason, of Hospital to fulfill in a timely and proper manner, its obligations under the terms of this Agreement, or to substantially comply with applicable federal, state and local laws and regulations, or any corrective measures required by the EMS Agency;

(2) Material or repeated failure, for any reason, to make available sufficient personnel and hospital resources, as defined herein, to provide immediate care for the trauma patient;

(3) Submission by Hospital to the EMS Agency of reports that are materially or repeatedly incorrect or incomplete in any respect;

(4) Failure to cooperate in any investigation, monitoring or evaluation activities by the EMS Agency in connection with Hospital’s trauma services.

(c) If the EMS Agency determines that Hospital failure to comply with the terms and conditions of this Agreement has resulted in an immediate serious threat to the public health or safety, the EMS Agency may immediately terminate or suspend Hospital’s trauma center designation effective upon notice to Hospital.

27. Administrative Appeal.

If Hospital so requests in writing at any time before the effective date of the proposed action, EMS Agency shall afford Hospital a hearing before an impartial panel appointed by the EMS Agency Director. The panel shall include three members, all of whom have experience in health care, and at least one of whom is a physician experienced in trauma care. The panel shall hold an informal hearing not more than thirty days after Hospital’s request. Each party may submit oral or written evidence, but formal rules of evidence shall not apply. Discovery may be permitted by the panel, and shall be limited in scope at the panel's discretion. Not more than thirty days after the conclusion of the hearing, the panel shall evaluate the evidence and make written findings and conclusions. All findings must be supported by the evidence, and the conclusion(s) supported by

the findings. Each party shall bear its own costs. The decision of the panel shall be final.

28. Termination by Hospital.

Hospital may terminate its designation for any reason upon ninety day (90) days written notice to the EMS Agency.

29. Miscellaneous Provisions.

(a) No Waiver of Breach. The waiver by the EMS Agency of any breach of any term or promise contained in this Agreement shall not be deemed to be a waiver of such term or provision or any subsequent breach of the same or any other term or promise contained in this Agreement.

(b) Construction. To the fullest extent allowed by law, the provisions of this Agreement shall be construed and given effect in a manner that avoids any violation of statute, ordinance, regulation, or law. The parties covenant and agree that in the event that any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the provisions hereof shall remain in full force and effect and shall in no way be affected, impaired, or invalidated thereby. Hospital and the EMS Agency acknowledge that they have each contributed to the making of this Agreement and that, in the event of a dispute over the interpretation of this Agreement; the language of the Agreement will not be construed against one party in favor of the other. Hospital and the EMS Agency acknowledge that they have each had an adequate opportunity to consult with counsel in the negotiation and preparation of this Agreement.

(c) Consent. Wherever in this Agreement the consent or approval of one party is required to an act of the other party, such consent or approval shall not be unreasonably withheld or delayed.

(d) No Third Party Beneficiaries. Nothing contained in this Agreement shall be construed to create and the parties do not intend to create any rights in third parties.

(e) Applicable Law and Forum. This Agreement shall be construed and interpreted according to the substantive law of California, regardless of the law of conflicts to the contrary in any jurisdiction. Any action to enforce the terms of this Agreement or for the breach thereof shall be brought and tried in Santa Rosa or the forum nearest to the city of Santa Rosa, in the County of Sonoma.

(f) Captions. The captions in this Agreement are solely for convenience of reference. They are not a part of this Agreement and shall have no effect on its construction or interpretation.

(g) Merger. This document and its exhibits and references incorporated herein fully express all understandings of the parties concerning matters covered herein, and supersede any other agreements between the parties for the services described herein. No addition to or alteration of the terms of this Agreement shall be effective unless it is in writing and executed by the EMS Agency Director. Other EMS Agency personnel are without power to waive or alter any of the terms and conditions of this Agreement.

(h) Time of Essence. Time is and shall be of the essence of this Agreement and every provision hereof.

(Signature Page to Follow)

IN WITNESS WHEREOF the parties have caused their fully authorized representatives to execute this Agreement as of the Effective Date:

COUNTY OF SONOMA/EMS AGENCY

_____ Date: _____
Rita Scardaci Director,
Department of Health Services/Coastal Valleys EMS Agency

HOSPITAL

_____ Date: _____

Certificates of Insurance on File with and Approved in Substance
Approved as to Substance:

_____ Date: _____
Division Director or Designee
Approved as to Form

_____ Date: _____
County Counsel

COUNTY OF SONOMA
AGREEMENT FOR SERVICES

This agreement ("Agreement"), dated the _____ day of _____, XXXX, ("Effective Date") is by and between the County of Sonoma, a political subdivision of the State of California (hereinafter "COUNTY"), and **Sutter Medical Center of Santa Rosa** ("HOSPITAL")**, which maintains an acute care hospital located at Santa Rosa, California** .

WHEREAS, COUNTY has established an Emergency Medical Services (EMS) system pursuant to Division 2.5 of the California Health and Safety Code and has designated the Sonoma County Department of Health Services, Public Health Division as the local Emergency Medical Services Agency, hereinafter referred to as "EMS Agency", pursuant to Section 1797.200 of the Health and Safety Code; and,

WHEREAS, the EMS Agency wishes to assure the highest quality of care by directing ST Elevation Myocardial Infarction (STEMI) patients to facilities qualified to meet STEMI Receiving Hospital standards; and,

WHEREAS, EMS Agency has implemented a Comprehensive Cardiac Care System; and,

WHEREAS, the EMS Agency has designated HOSPITAL as a STEMI Receiving Hospital pursuant to Section 1797.204 of the Health and Safety Code and the Emergency Medical Services System Plan approved by the California EMS Authority; and,

WHEREAS, HOSPITAL is willing to accept designation as a STEMI Receiving Center; and

WHEREAS, HOSPITAL by virtue of the parties' execution of this Agreement, will be designated by EMS Agency as a STEMI Receiving Center under the terms of the Agreement;

NOW THEREFORE, in consideration of the recitals and the mutual obligations of the parties expressed herein, both EMS Agency and HOSPITAL do hereby expressly agree as follows:

1. <u>Definitions.</u>

For the purposes of this agreement:

a. "STEMI Patient" means a person evaluated by prehospital, physician, nursing or other clinical personnel according to the policies and procedures established by the EMS Agency, as may

be amended from time to time, and been found to require STEMI Receiving Center Services.

b. "STEMI Care System" means an integrated prehospital and hospital program that is intended to direct patients with field identified ST Segment Elevation Myocardial Infarction directly to hospitals with specialized capabilities to promptly treat these patients.

c. "STEMI Receiving Center Services" means the customary and appropriate hospital and physician services provided by a STEMI Receiving Center to STEMI patients, which, at a minimum, meet STEMI Receiving Center Standards.

d. "STEMI Receiving Center Standards" means the standards applicable to STEMI Receiving Centers set forth in Attachment A of this Agreement and the EMS Agency policies and procedures, as may be amended from time to time.

2. Term of Agreement.

The term of this agreement shall be July, 1, 2010 to June 30, 2015. It will cover the following fiscal years: 2010-2011, 2011-2012, 2012-2013, 2013-2014 and 2014-2015. Each fiscal year is recognized as commencing the first of July and ending on the thirtieth of June. This agreement shall expire at 11:59 p.m. on June 30, 2015, unless otherwise extended or unless terminated earlier in accordance with the provisions of Section 8 below.

3. Fees

HOSPITAL shall reimburse EMS Agency for functions related to its designation as a STEMI Receiving Center. The annual HOSPITAL fee is $10,000 with annual increases based on the change in the Consumer Price Index for June for the San Francisco-Oakland-San Jose, CA area. EMS Agency shall submit an invoice to HOSPITAL by July of each year, fee is payable within 30 days of receipt of invoice.

At its discretion, EMS Agency may suspend Hospital's designation whenever payment of a fee is more than ten days overdue, and may revoke the designation whenever a payment of a fee is more than 90 days overdue.

In the event of the termination of this Agreement by COUNTY without cause, COUNTY shall return to HOSPITAL a prorated amount of the annual fee paid by HOSPITAL for that year.

4. **Scope of Hospital Services.**

a) HOSPITAL shall provide STEMI Receiving Center Services to any STEMI patient that comes to the emergency department of HOSPITAL, regardless of the STEMI patient's ability to pay physician fees and/or hospital costs. For purposes of this Agreement, the phrase "comes to the emergency department" shall have the same meaning as set forth in the Emergency Medical Treatment and Active Labor Act (EMTALA) and the regulations promulgated there under. HOSPITAL acknowledges that EMS Agency makes no representation, and does not guarantee that STEMI patients will be delivered or diverted to HOSPITAL for care and cannot assure that a minimum number of STEMI patients will be delivered to HOSPITAL during the term of this Agreement.

b) Any transfer of a STEMI patient by HOSPITAL must be in accordance with EMTALA.

c) HOSPITAL shall comply with STEMI Receiving Center Standards described in Attachment A, which are incorporated into this Agreement. HOSPITAL shall monitor compliance with STEMI Receiving Center Standards on a regular and ongoing basis. Documentation of such efforts shall be available to the EMS Agency upon request.

d) HOSPITAL shall maintain an adequate number of physicians, surgeons, nurses, and other medical staff possessing that degree of learning and skill ordinarily possessed by medical personnel practicing in the same or similar circumstances.

e) HOSPITAL shall provide all persons, employees, supplies, equipment, and faculties needed to perform the services required under this Agreement.

f) HOSPITAL shall notify the EMS Agency, in writing, within 24 hours of any failure to meet STEMI Receiving Center Standards, and take corrective action within a reasonable period of time to correct the failure.

g) HOSPITAL shall immediately notify the EMS Agency of any circumstances that will prevent HOSPITAL from providing STEMI Receiving Center Services.

h) HOSPITAL shall comply with any EMS Agency plan of correction, regarding any identified failure to meet STEMI Receiving Center Standards, within the timeframes established by the EMS Agency.

i) HOSPITAL shall actively and cooperatively participate as a member of the STEMI Committee, and such other related committees that may, from time to time, be named and organized by the EMS Agency.

j) HOSPITAL shall maintain and submit STEMI data to the EMS Agency on a regular basis, as requested by the EMS Agency. HOSPITAL shall, at a minimum, collect and maintain the data specified by the EMS Agency.

5. Obligations of the EMS Agency.

a) The EMS Agency shall meet and consult with HOSPITAL prior to the adoption of any policies or procedure that concerns the administration of the STEMI Care System, or the triage, transport, and treatment of STEMI patients.

b) The EMS Agency will provide prehospital data related to STEMI care.

c) The EMS Agency will strive to optimize the overall effectiveness of the STEMI Care System and employ continuous quality improvement strategies and collaboration with stakeholders.

6. Administration.

The EMS Agency Director or designee shall administer this Agreement on behalf of the EMS Agency. The EMS Agency shall audit and inspect records, monitor HOSPITAL's services and provide technical guidance as required. HOSPITAL's Chief Executive Officer or designee shall administer this Agreement on behalf of the HOSPITAL.

7. On-Site Review.

EMS Agency shall have the right at all times to monitor, assess, or evaluate HOSPITAL's performance as a STEMI RECEIVING CENTER. Such monitoring, assessments, or evaluations may include, without limitation, audits and inspections of premises, reports, patient records, and interviews of staff and participants, all to the maximum extent permitted by law. At any time during the term of designation, the EMS Agency may, at its discretion, conduct an on-site review of all records and materials related to HOSPITAL's operation of the STEMI Receiving Center to evaluate the effectiveness of the center in providing care in compliance with the terms and conditions of this Agreement.

8. Termination.

a) Termination Without Cause. Notwithstanding any other provision of this Agreement, at any time and without cause, COUNTY shall have the right, in its sole discretion, to terminate this Agreement immediately thirty (30) days written notice to HOSPITAL. HOSPITAL may terminate this agreement at any time and for any reason by serving written notice upon the other party at least ninety (90) days prior to the effective date of such termination.

b) Termination for Cause. COUNTY may terminate this Agreement upon written notice to HOSPITAL, subject to HOSPITAL's opportunity to cure as set forth below, upon the occurrence of any one or more of the following events as determined by the EMS Agency:

1) any material breach of this Agreement by HOSPITAL;

2) any violation by HOSPITAL of any applicable laws, regulations, or local ordinances;

3) any failure to provide timely surgical and non-surgical physician coverage for STEMI patients, causing unnecessary risk of mortality and/or morbidity for the STEMI patient;

4) submission by HOSPITAL to the EMS Agency reports or information that HOSPITAL knows or should know is incorrect in any material respect;

5) any failure by HOSPITAL to comply with STEMI Receiving Center Standards;

6) loss or suspension of licensure as an acute care hospital, loss or suspension of any existing or future special permits issued by state or federal agencies necessary for the provision of the services provided by HOSPITAL under the terms of this Agreement;

7) any failure to comply with a plan of correction imposed by the EMS Agency;

8) any failure to remedy any recurring malfunction, physician, nursing and other staff shortages, staff response delays, or facility problems of HOSPITAL, which causes or contributes to HOSPITAL's diversion of ambulances transporting STEMI patients intended for HOSPITAL; and

9) repeated failure to submit specified reports, STEMI data, or other information required under this Agreement.

c) Opportunity to Cure. Prior to the exercise of the EMS Agency's right to terminate for cause, the EMS Agency shall give HOSPITAL at least thirty (30) days written notice (hereinafter "Correction Period") specifying in reasonable detail the grounds for termination and all deficiencies requiring correction. The EMS Agency may shorten the Correction Period to no less than seven (7) days if the EMS Agency determines that HOSPITAL's action or inaction has seriously threatened, or will seriously threaten public health and safety. If HOSPITAL has not remedied each deficiency prior to the end of the Correction Period to the satisfaction of the EMS Agency, or the EMS Agency has not approved a plan of correction within the Correction Period, the EMS Agency may terminate this Agreement upon written notice to HOSPITAL, specifying the effective date of termination. No opportunity to cure is required prior to the EMS Agency's termination of this Agreement for failure by HOSPITAL to complete any plan of correction imposed by the EMS Agency.

d) Obligations After Termination. The following sections shall remain in full force and effect after termination of this Agreement: (1) Section 10 Records Maintenance; (2) Section 12, Right to Audit, Inspect, and Copy Records; (3) Section 14, Indemnification (4) Section 23, Confidentiality; and (5) Section 28 (e), Applicable Law and Forum.

e) Authority to Terminate. The Board of Supervisors has the authority to terminate this Agreement on behalf of the COUNTY. In addition, the Director of the Department of Health Services, in consultation with County Counsel, shall have the authority to terminate this Agreement on behalf of the COUNTY.

9. Financial Responsibility.

The COUNTY and the EMS Agency shall not be liable for any costs or expenses incurred by HOSPITAL to satisfy HOSPITAL's responsibilities under this Agreement.

10. Records Maintenance.

HOSPITAL shall keep and maintain full and complete documentation and accounting records concerning all services performed that are compensable under this Agreement and shall make such documents and records available to EMS Agency for inspection at any reasonable time. HOSPITAL shall maintain

such records for a period of seven (7) years following completion of work hereunder.

11. Ownership of Information.

Patient statistical information furnished to the EMS Agency pursuant to this Agreement shall be the property of the EMS Agency.

12. Right to Audit, Inspect, and Copy Records.

HOSPITAL agrees to permit EMS Agency and any authorized state or federal agency to audit, inspect and copy all records, notes and writings of any kind in connection with the services provided by HOSPITAL under this Agreement, to the extent permitted by law, for the purpose of monitoring the quality and quantity of services, accessibility and appropriateness of services, and ensuring fiscal accountability. Upon request, HOSPITAL shall supply copies of any and all such records to EMS Agency.

13. Data and Reports.

HOSPITAL shall submit reports as requested by EMS Agency, in a format to be determined by the Agency from time to time. The timely submission of these reports is a material condition of ongoing STEMI Receiving Center designation, and material or repeated failure to meet specified deadlines may be grounds for suspension or revocation of STEMI Receiving Center designation, at EMS Agency's discretion.

14. Indemnification.

HOSPITAL agrees to accept all responsibility for loss or damage to any person or entity, including COUNTY and EMS Agency, and to indemnify, hold harmless, and release COUNTY and EMS Agency, its officers, agents, and employees, from and against any actions, claims, damages, liabilities, disabilities, or expenses, that may be asserted by any person or entity, including HOSPITAL, that arise out of, pertain to, or relate to HOSPITAL's performance or obligations under this Agreement. HOSPITAL agrees to provide a complete defense for any claim or action brought against COUNTY and EMS Agency based upon a claim relating to HOSPITAL's performance or obligations under this Agreement. HOSPITAL's obligations under this Article apply whether or not there is concurrent negligence on COUNTY's or EMS Agency's part, but to the extent required by law, excluding liability due to COUNTY's or EMS Agency's conduct. HOSPITAL shall have the right to select legal counsel subject to county and EMS Agency approval, which shall not be unreasonably

withheld. This indemnification obligation is not limited in any way by any limitation on the amount or type of damages or compensation payable to or for HOSPITAL or its agents under workers' compensation acts, disability benefits acts, or other employee benefit acts.

15. Insurance.

With respect to performance of services under this Agreement, HOSPITAL shall maintain throughout the term of this Agreement insurance as required below:

a) General and Professional Liability Insurance. Commercial general and professional liability insurance covering bodily injury and property damage in an amount no less than Five Million Dollars ($5,000,000) each occurrence. Notwithstanding any other provision of this Agreement, HOSPITAL may fulfill such insurance obligations under section 15 (a) of this Agreement through its alternative risk management programs, including self insurance, and County consents to such self insurance and agrees that, in such case, HOSPITAL cannot provide endorsements or report deductibles, or self-insured retentions, or other requirements that are inconsistent with a program of self-insurance.

b) Policy Obligations. HOSPITAL's indemnity and other obligations shall not be limited by the foregoing insurance requirements.

c) Material Breach. If HOSPITAL, for any reason, fails to maintain insurance coverage, which is required pursuant to this Agreement, the same shall be deemed a material breach of this Agreement. The EMS Agency, in its sole option, may suspend or revoke HOSPITAL’s designation and obtain damages from HOSPITAL resulting from said breach.

16. Conflict of Interest.

HOSPITAL covenants that it presently has no interest and that it will not acquire any interest, direct or indirect, that represents a financial conflict of interest under state law or that would otherwise conflict in any manner or degree with the performance of its obligations hereunder. HOSPITAL further covenants that in the performance of this Agreement no person having any such interests shall be employed. HOSPITAL shall complete and file and shall require any other person doing work under this Agreement to complete and file a "Statement of Economic Interest" with requesting entity disclosing HOSPITAL's or such other person's financial interests.

17. Patient Transport.

HOSPITAL acknowledges that EMS Agency policies and procedures require that STEMI patients be transported to the closest designated STEMI Receiving Center, except under certain circumstances such as hospital diversion or multi-casualty incidents. Neither HOSPITAL, COUNTY nor EMS Agency shall exert any direct or indirect influence that would cause or contribute to the transport of STEMI patients to a facility other than the closest STEMI Receiving Center, except as specifically authorized by EMS Agency policies or procedures.

18. Responsibility for Costs.

All costs or expenses incurred by HOSPITAL by reason of this Agreement with respect to the acquisition of equipment or personnel or with respect to the provisions of patient care, services, including emergency patient care services of all types and description provided to patients who would not have been treated by HOSPITAL in the absence of this Agreement are the responsibility of the HOSPITAL and are not the responsibility of EMS Agency or the COUNTY or any county which has designated EMS Agency pursuant to Health and Safety Code Section 1797.200.

19. Compliance.

HOSPITAL shall comply with applicable federal, state, and local rules and regulations, current and hereinafter enacted, including but not limited to guidelines promulgated by the State EMS Authority, EMS plans, and EMS policies and protocols established by the EMS Agency, legal requirements for patient transfers and medical screening exams, and applicable facility and professional licensing and certification laws. HOSPITAL shall keep in effect any and all licenses, permits, notices, and certificates that are required for its operations.

20. Compliance with EMS Policies and Procedures.

HOSPITAL agrees to comply with all EMS Agency policies and procedures as they may relate to services provided hereunder.

21. EMS Meetings and Training.

HOSPITAL's staff will participate in the continuing development of cardiovascular care systems at the county, regional, state and national levels.

HOSPITAL's staff shall attend educational and training programs as may be requested from time to time by the EMS Agency Medical Director.

22. Nondiscrimination.

Without limiting any other provision hereunder HOSPITAL shall comply with all applicable federal, state, and local laws, rules, and regulations in regard to nondiscrimination in employment because of race, color, ancestry, national origin, religion, sex, marital status, age, medical condition, pregnancy, disability, sexual orientation or other prohibited basis, including without limitation, the County's Non-Discrimination Policy. All nondiscrimination rules or regulations required by law to be included in this Agreement are incorporated herein by this reference.

23. Confidentiality.

HOSPITAL agrees to maintain the confidentiality all patient medical records and client information in accordance with all applicable state and federal laws and regulations. This Section shall survive termination of this Agreement.

24. Sanctioned Employee.

HOSPITAL agrees that it shall not employ in any capacity, or retain as a subcontractor in any capacity, any individual or entity that is listed on either the Suspended and Ineligible Contractor List published by the California Department of Health Services, or any list published by the Federal Office of Inspector General regarding the sanctioning, suspension or exclusion of individuals or entities from the federal Medicare and Medicaid programs. HOSPITAL agrees to periodically review said State and Federal lists to confirm the status of current employees, subcontractor and contractors. In the event HOSPITAL does employ such individual(s) or entity(s), HOSPITAL agrees to assume full liability for any associated penalties, sanctions, loss or damage that may be imposed on COUNTY by the Medicare or Medicaid programs.

25. Notice.

Any notice or notices required or permitted to be given pursuant to this Agreement may be personally served on the other party by the party giving such notice, or by U.S. Mail or courier service, to the following representatives at the address cited below:

EMS AGENCY:	HOSPITAL:
Bryan Cleaver	Michael Purvis
EMS Agency Director	CEO
Coastal Valleys EMS Agency	Sutter Medical Center of Santa Rosa
475 Aviation Dr. Suite 200	3325 Chanate Road
Santa Rosa, CA 95403	Santa Rosa, CA 95404

When a notice is given by a generally recognized overnight courier service, the notice shall be deemed received on the next business day. When a copy of a notice is sent by facsimile or email, the notice shall be deemed received upon transmission as long as (1) the original copy of the notice is promptly deposited in the U.S. mail and postmarked on the date of the facsimile or email, (2) the sender has a written confirmation of the facsimile transmission or email, and (3) the facsimile or email is transmitted before 5 p.m. (recipient's time). In all other instances, notices shall be effective upon receipt by the recipient. Changes may be made in the names and addresses of the person to whom notices are to be given by giving notice pursuant to this paragraph.

26. Assignment.

HOSPITAL shall not assign, delegate, sublet, or transfer any interest in or duty under this Agreement without the prior written consent of the EMS Agency, and no such transfer shall be of any force or effect whatsoever unless and until the EMS Agency shall have so consented.

27. Relationship of the Parties.

Operation of the facility or facilities utilized in the provision of the services described herein shall be the responsibility of the HOSPITAL. The parties intend that HOSPITAL, as well as its officers, agents, employees, and subcontractors, including its professional and non-professional staff, in performing the services specified herein, shall act as an independent contractor and shall control the work and the manner in which it is performed. HOSPITAL is not to be considered an agent or employee of the COUNTY or the EMS Agency and is not entitled to participate in any pension plan, worker's compensation plan, insurance, bonus, or similar benefits the EMS Agency provides its employees. In the event the COUNTY exercises its right to terminate this Agreement pursuant to Section 8 above, HOSPITAL expressly agrees that it shall have no recourse or right of appeal under rules, regulations, ordinances, or laws applicable to employees.

28. Miscellaneous Provisions.

(a) No Waiver of Breach. The waiver by the EMS Agency of any breach of any term or promise contained in this Agreement shall not be deemed to be a waiver of such term or provision or any subsequent breach of the same or any other term or promise contained in this Agreement.

(b) Construction. To the fullest extent allowed by law, the provisions of this Agreement shall be construed and given effect in a manner that avoids any violation of statute, ordinance, regulation, or law. The parties covenant and agree that in the event that any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the provisions hereof shall remain in full force and effect and shall in no way be affected, impaired, or invalidated thereby. HOSPITAL and the EMS Agency acknowledge that they have each contributed to the making of this Agreement and that, in the event of a dispute over the interpretation of this Agreement, the language of the Agreement will not be construed against one party in favor of the other. HOSPITAL and the EMS Agency acknowledge that they have each had an adequate opportunity to consult with counsel in the negotiation and preparation of this Agreement.

(c) Consent. Wherever in this Agreement the consent or approval of one party is required to an act of the other party, such consent or approval shall not be unreasonably withheld or delayed.

(d) No Third Party Beneficiaries. Nothing contained in this Agreement shall be construed to create and the parties do not intend to create any rights in third parties.

(e) Applicable Law and Forum. This Agreement shall be construed and interpreted according to the substantive law of California, regardless of the law of conflicts to the contrary in any jurisdiction. Any action to enforce the terms of this Agreement or for the breach thereof shall be brought and tried in Santa Rosa or the forum nearest to the city of Santa Rosa, in the County of Sonoma.

(f) Captions. The captions in this Agreement are solely for convenience of reference. They are not a part of this Agreement and shall have no effect on its construction or interpretation.

(g) Merger. This document and its exhibits and references incorporated herein fully express all understandings of the parties concerning matters covered herein, and supersede any other agreements between the parties for the services described herein. No addition to or alteration of the terms of this Agreement shall be effective unless it is in writing and executed by the EMS

Agency Director. Other EMS Agency personnel are without power to waive or alter any of the terms and conditions of this Agreement.

(h) Time of Essence. Time is and shall be of the essence of this Agreement and every provision hereof.

IN WITNESS WHEREOF the parties have caused their fully authorized representatives to execute this Agreement as of the Effective Date:

HOSPITAL

_____ Date: _____
Michael Purvis
Chief Executive Officer

COUNTY OF SONOMA/EMS AGENCY

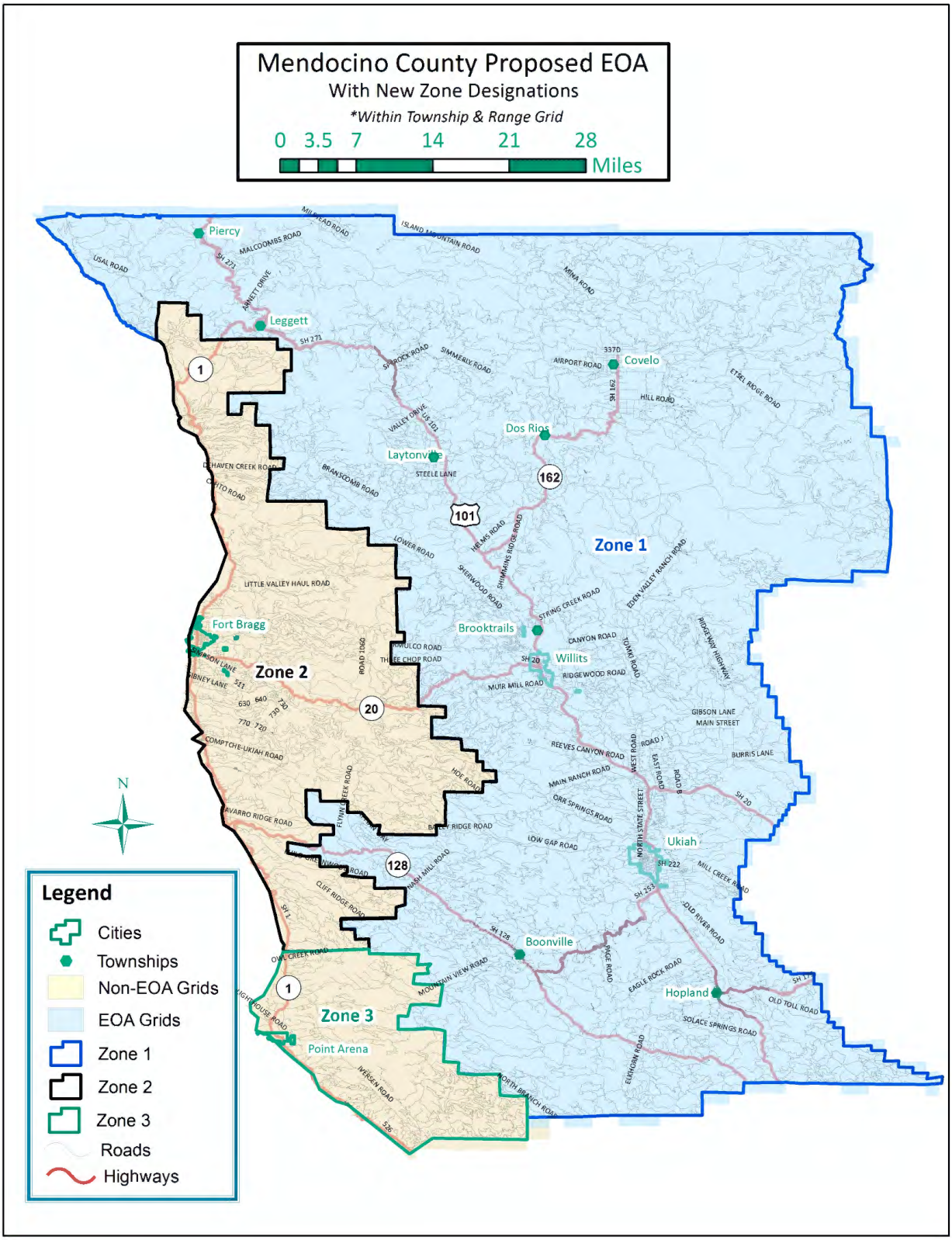
_____ Date: _____
Rita Scardaci
Director, Department of Health Services/Coastal Valleys EMS Agency

Certificates of Insurance on File with and Approved in Substance:

_____ Date: _____
Division Director or Designee

Approved as to Form:

_____ Date: _____
County Counsel


Mendocino County Proposed EOA
With New Zone Designations
*Within Township & Range Grid
0 3.5 7 14 21 28
Miles
Piercy
Leggett
Covelo
Dos Rios
Laytonville
Zone 1
Fort Bragg
Zone 2
Brooktrails
Willits
Ukiah
Boonville
Hopland
Zone 3
Point Arena
N
Legend
Cities
Townships
Non-EOA Grids
EOA Grids
Zone 1
Zone 2
Zone 3
Roads
Highways

EMS Response Area By Agency

DRAFT

COUNTY OF SONOMA

Coast Life Support - Zone 1 (Mendo)

COAST LIFE SUPPORT

CLOVERDALE

BELLS

RUSSIAN RIVER

VERIHEALTH

BODEGA BAY

PETALUMA

SONOMA LIFE SUPPORT

SONOMA VALLEY FIRE RESCUE AUTHORITY

CLOSEST ALS

Urban - Santa Rosa

Urban - Rohnert Park

Urban - Sebastopol

Urban - Oakmont

Semi-Rural

Rural

N

1:100,000

2 1 0 2 4 6 Miles

2 1 0 2 4 6 Kilometers

- Railroad
- Freeway/Highway
- Road
- Waterways
- Waterbodies
- EMS ESZs
- Incorporated City

Map Produced by: County of Sonoma ISD - GIS Central
2615 Paulin Dr, Santa Rosa CA 95403
707.565.3819 or gis@sonoma-county.org
Map Creation Date: May 7, 2015
Map Revision Date:

Author:
REDCOM
Projection and Coordinate System Tics:
California State Plane Coordinate System, Zone II, NAD 83, US survey feet, Lambert Conformal Conic.
Some data have been re-projected from other coordinate systems and may not reflect actual ground positions.
Document Source and Date:
\\ts-wgisfilestore\I:\Data\GIS Projects\SCPSC\Fire\Redcom\EMS_Boundaries\EMS_FullCounty.mxd
Source:
Sonoma County GIS Central, Sonoma County Public Safety Consortium, Sonoma County Water Agency

This map is provided as a visual display of County information. Reasonable effort has been made to ensure the accuracy of the map and data provided; nevertheless, some information may not be accurate. The positional accuracy of the data is approximate and not intended to represent map accuracy from a published record of survey.
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