

EMERGENCY MEDICAL SERVICES AUTHORITY

11120 INTERNATIONAL DR., SUITE 200
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



April 7, 2025

Bryan Cleaver, EMS Director
Coastal Valleys County Emergency Medical Services Agency
463 Aviation Blvd., Ste 100
Santa Rosa, CA 95403

Dear Bryan Cleaver,

This letter is in response to Coastal Valleys Emergency Medical Service (EMS) Agency's 2024 EMS, Trauma, St-Elevation Myocardial Infarction (STEMI), Stroke, and Quality Improvement (QI) plan submissions to Emergency Medical Service Authority (EMSA) on January 13, 2025.

EMSA has reviewed the EMS plan based on compliance with statutes, regulations, and case law. It has been determined that the plan meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103 and is approved for implementation pursuant to HSC § 1797.105(b). Based on the transportation documentation provided, please find the enclosed EMS area/subarea status, compiled by EMSA.

EMSA has also reviewed the Trauma, STEMI, Stroke, and QI plans based on compliance with Chapters 7, 7.1, 7.2, and 12 of the California Code of Regulations, Title 22, Division 9, and has been approved for implementation.

Per HSC § 1797.254, local EMS agencies must annually submit EMS plans to EMSA. Coastal Valleys EMS Agency will only be considered current if an EMS plan is submitted each year.

Your 2025 EMS plan will be due on or before April 7, 2026. Concurrently with the EMS plan, please submit an annual Trauma, STEMI, Stroke, and QI plan.

If you have any questions regarding the EMS plan review, please contact Roxanna Delao, EMS Plans Coordinator, at (916) 903-3260 or roxanna.delao@emsa.ca.gov.

Sincerely,

Angela Wise

Angela Wise, Branch Chief
EMS Quality and Planning
On behalf of,
Elizabeth Basnett, Director
State of California-Emergency Medical Services Authority

Enclosure:
AW: jg

Coastal Valleys Emergency Medical Services Agency

Serving the counties of Mendocino & Sonoma



EMERGENCY MEDICAL SERVICES SYSTEM PLAN

2024

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Coastal Valleys EMS System Plan 2019 – 2023

Executive Summary

The Sonoma County Department of Health Services is the designated Local EMS Agency (Coastal Valleys Emergency Medical Services Agency-CVEMSA) for the counties of Mendocino and Sonoma. The two counties assign the responsibility for fulfilling the operational requirements of the LEMSA to CVEMSA. CVEMSA has served the two counties since 1993 and served Napa County from 1994 through July 1, 2011. This plan is intended to provide an update of the current structure of EMS for Sonoma and Mendocino Counties and reflects the update from 2024 of the Agency's EMS Plan. The Agency's primary responsibility is to plan, implement, and evaluate an emergency medical services (EMS) system that 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 California State Emergency Medical Services Authority (EMSA) approved a CVEMSA Request for Proposal (RFP) for emergency ambulance services in 2022. The RFP process was completed in 2023, awarding the highest-scoring proposal to the Sonoma County Fire Protection District. The RFP process establishes an exclusive operating area (EOA), now referred to as EOA 1, compliant with Health and Safety Code 1797.224, providing emergency ground ambulance services, including emergency 911 ALS interfacility transports. A large portion of work in 2024 has included the implementation and monitoring of both EOA1 and EOA2

Although various disasters have impacted CVEMSA, we have continued ensuring high-quality emergency medical care delivery to those accessing the EMS system through 911 or the safety net of EMS providers, hospital emergency departments, and specialty care centers identified in this plan.

The process of assessing system needs and developing plan objectives revealed significant improvements in the EMS system. CVEMSA completed an EMS system assessment involving active participation with our system stakeholders. Several components of the EMS system remain target areas and opportunities for system improvements. The goals and the objectives listed in the Plan identify the areas system stakeholders agree to focus improvement activities for the coming year.

Coastal Valleys EMS Agency (CVEMSA) Accomplishments and Goals 2024.

Accomplishments:

1. Achieved an EMSA approved EMS Plan for the years of 2019-2023 including required provider agreements.
2. Established exclusive operating areas compliant with Health and Safety Code 1797.224 for EOA 1 being served by SCFD and the existing Bells Ambulance Service creating EOA 2 that received approval by Sonoma County Board of Supervisors on August 15, 2022, and implemented January of 2024.
3. Revised ALS update course curriculum to include health equity training for all paramedics including an emphasis on accurate data reporting for ongoing data analysis.
4. Initiated a detailed contract and performance monitoring process for Sonoma County EOA 1 and EOA 2 providers per contract requirements.
5. Implemented Tiered Response utilizing Medical Priority Dispatch to send the appropriate resource to every EMS call in collaboration with participating stakeholders.
6. Completed transition to NEMSIS v.3.5 through a joint effort with provider agencies.
7. Continued to operate as the State Cardiac Arrest Registry to Enhance Survival (CARES) Coordinator.
8. Trained and authorized law enforcement and first responder agencies in Narcan administration.
9. Authorized Leave Behind Narcan within our jurisdiction.
10. Purchased and initiated implementation of the FirstWatch OCU and FirstPass data mining and analysis platforms to support system oversight and performance monitoring.
11. Implemented treatment guidelines for blood transfusion monitoring, and administration of IV acetaminophen.
12. Implementation of ambulance patient offload time (APOT) monitoring and reporting program.
13. Enhanced clinical quality program by developing performance measures and engaging provider agencies to improve patient care.
14. Extended contract for data manager to improve internal processes and provide enhanced customer services and support.
15. Executed agreement with Mendocino County to provide LEMSA services.

Medical Disaster Planning and Response:

HSC § 1797.152, HSC § 1797.153 CVEMSA supports the 17 MHOAC functions during a medical/health emergency and/or disaster response. CVEMSA has the capability to support the MHOAC functions at the local, regional, state, and federal response levels.

The MHOAC program is maintained through plan development, training, and exercises that is supported and coordinated by the RDMHC/S program, Local Healthcare Coalition, Federal Hospital Preparedness Program Grant, and Local Public Health Preparedness Department. Through these programs, CVEMSA is represented on several committees that includes Public Health, Behavioral Health, Department of Emergency Management (OES), local Law/Fire/EMS departments, and regional partners. Disaster and preparedness plans are developed in coordination with CVEMSA through representation on the forementioned committees.

Notification, Activation, and Response is supported/accomplished through a MHOAC/EMS duty officer program that can be activated by contacting REDCOM at 707-576-1391. CVEMSA acknowledges that the EMS Administrator, Bryan Cleaver, and the Public Health Officer, as the official MHOAC representatives and

support their respective designees to carry out the functions of the MHOAC program. Information sharing during an emergency/disaster response to local, regional, state, and federal entities follows SIMS and NIMS.

1. CVEMSA staffed the EOC and DOC as the MHOAC, ensuring all medical and public health considerations were addressed and coordinated with system stakeholders.
2. CVEMSA responded to the COVID-19 pandemic with all staff engaged in response activities.
3. CVEMSA completes a Hazard Vulnerability Assessment identifying the top 20 hazards for the region.
4. CVEMSA maintains preparedness continuity in Mendocino and Sonoma County through trainings and exercises with healthcare partners.
5. CVEMSA is a core member to both the Mendocino and Sonoma County HCC and sits on both steering committees.
6. CVEMSA meets regularly with Mendocino and Sonoma Counties' Office of Emergency Management to mitigate, coordinate, and plan for future response needs.
7. CVEMSA maintains healthcare alert and warning systems that is tested monthly to ensure operability across the healthcare system.
8. CVEMSA supports the 17 functions of the Medical Health Operational Area Coordination (MHOAC) Program.

Goals and Objectives

The Goals and Objectives listed below will guide CVEMSA in monitoring and improving the EMS system over the next year. A highlight of the primary objectives of the CVEMSA EMS System Plan include:

1. Implement clinical performance standards and measures system wide.
2. Continue communication efforts with EMSA to support expanded scope EMT.
3. Continue implementation of incident-specific response protocols, including tiered response, with EMD centers and EMS responders.
4. Utilize data tools (including but not limited to FirstWatch/FirstPass, ImageTrend, CAD, R Studio, CARES and Biospatial) to provide enhanced and transparent system performance reporting.
5. Develop ImageTrend user group to better support partners and ensure consistency in patient care documentation.
6. Develop a reporting process accessible to system participants to provide ongoing updates on CVEMSA work objectives to highlight activities and accomplishments to improve overall system accountability.
7. Develop a process to provide performance reports for EMS providers and make them available on CVEMSA website.
8. Revise and update EMT and paramedic field treatment protocols through the stakeholder input process to meet the operational and clinical needs of the system.
9. Completion of an EMS fiscal analysis through the DHS-retained consultant.
10. Complete and publish an ambulance rate survey of all transport providers in the system.
11. Complete and implement a transport provider permit policy consistent with the existing ordinances.
12. Complete a revision of the LEMSA administrative policies.
13. Expand and improve oversight of EMS continuing education providers.
14. Continue to revise and enhance the EMS section on the Community Health Dashboard and add EMS data dashboard to the EMS agency website.
15. Explore community paramedicine and appropriate destination programs.

System Assessment Narrative

1. EMS System Organization and Management

- A. CVEMSA is compliant with all State statutes, regulations and local laws that govern emergency medical service systems.
- B. CVEMSA has a qualified emergency physician under contract as the EMS Medical Director who authorizes the clinical practice of EMS personnel and has established standards of care through policies, procedures and provides oversight through the CQI process.
- C. CVEMSA has qualified staff to ensure the ongoing oversight of the EMS system. CVEMSA continues to identify resources required to maintain and increase staffing level to provide the appropriate system coordination, oversight, and opportunities for system enhancements.
- D. CVEMSA has established a fee schedule approved by the Board of Supervisors for Sonoma and Mendocino counties. This fee schedule includes EMT certifications, paramedic accreditation, hospital-based designation and receiving and specialty care centers. In 2024 a fee study was initiated to re-evaluate the recuperation of costs.
- E. CVEMSA provides staff support for various EMS committees to promote active provider participation and coordinate Emergency Medical Care Committee's for both Sonoma and Mendocino counties.
- F. Policy and Procedure manuals are updated through a stakeholder input process to meet the needs of the system (link: [Policies & Plans - Coastal Valleys EMS Agency - CVEMSA](#)).

2. Staffing and Training

- A. CVEMSA EMS Medical Director authorizes EMS personnel to operate within the CVEMS region. This authorization is based on EMS personnel successfully completing all training requirements and following established CVEMSA policies, procedures, and treatment protocols.
- B. CVEMSA has processes in place to collect and submit fees established by California EMS Authority (EMSA) to support the EMS Personnel registry.

CVEMSA submits all EMS personnel data into the EMSA EMS Registry system. Up to date information regarding CVEMS system personnel can be found on the state's registry. This includes the number of certified EMTs, accredited paramedics, and any action taken on certification and accreditation.

- C. CVEMSA follows state requirements for the oversight of EMS Continuing Education providers within the LEMSA jurisdiction.
- D. To support training centers, CVEMSA added language in the ambulance RFP and subsequent contracts, to provide priority placement for local students for field training and experience.

3. Communication

- A. CVEMSA has approved two Emergency Medical Dispatch Centers (REDCOM and CALFIRE) that utilize EMD protocols approved by CVEMSA EMS Medical Director. The EMD centers use the Medical Priority Dispatch System that has been approved by CVEMSA and is compliant with Health and Safety Codes 1797.223 and 1798.8 and California Code of Regulations ("CCR") 100170.
- B. Radio communications systems are operational in Sonoma and Mendocino counties and provide for two-way communication between dispatch to field providers and field providers to hospitals. This includes aircraft providers as we are in compliance with Title 22 Article 5. § 100306.

4. Response and Transportation

- A. CVEMSA has established response time requirements for the CVEMS system Contracted providers.
- B. Policies and procedures are in place to review and monitor response time compliance.
- C. Contracts are in place with exclusive operating providers established through the statutory requirement of 1797.224.
- D. CVEMSA has a process in place to authorize EMS air transport providers.
- E. Policies to direct ambulance transport destination are in place.
- F. CVEMSA complies with EMSA's requirement to submit all response and transport data into the California EMS Information System (CEMSIS) database.

5. Facilities and Critical Care

- A. CVEMSA has established four base hospitals to provide medical guidance to field providers. The base hospitals are actively involved in quality improvement activities and support the CVEMS system in the provision of day-to-day system oversight and medical control.
- B. The Trauma Care system in CVEMS system is designed to ensure severely injured patients have access to coordinated comprehensive trauma and critical care services. CVEMSA has designated one level II Trauma Center and two level IV Trauma Centers following State regulatory requirements and ACS guidelines.
- C. The regions Trauma Centers submit trauma data to CVEMSAS through Patient Registry and then CVEMSA submits it to CEMSIS.
- D. CVEMSA continues to evaluate the care provided to trauma patients originating in Sonoma and Mendocino Counties across the continuum via the various quality care committees, routinely evaluating trauma care policies, procedures, and trauma volume to ensure processes are current and reflect the needs of CVEMS system.
- E. The goal of the STEMI program developed by CVEMSA, is to ensure early recognition and transport to a hospital capable of performing percutaneous coronary intervention (PCI) in a timely manner. There are two designated STEMI centers in CVEMS region both located in Sonoma County. Policies and procedures for early recognition and identification have been established and CQI processes are in place for all levels of providers and coordinated by CVEMSA staff and EMS Medical Director.
- F. CVEMSA has identified nine primary stroke centers. CVEMSA has policies and procedures in place for early recognition and identification of stroke and CQI processes are in place for all levels of providers coordinated by CVEMSA staff and EMS Medical Director.
- G. The CEMSIS database also collects data on STEMI and Stroke programs.
- H. CVEMSA works with area hospitals to ensure every hospital is capable of receiving pediatric patients. The Richie Fund provides CVEMSA with the resources to support all hospitals with pediatric equipment and training.

6. Data Collection and System Evaluation

- A. California Health and Safety Code 1797.227 requires all emergency medical care providers to collect and submit data to the local EMS Agency. CVEMSA has implemented ImageTrend as the EMS patient care record and made the system available to all EMS providers in the region.
- B. CVEMSA submits data to CEMSIS and participates in EMSA Core Measures program.
- C. CVEMSA participates in the Cardiac Arrest Registry to Enhance Survival (CARES) program and works with their providers to gather all required data for submission.
- D. CVEMSA took on a leadership role for California as the CARES coordinator and has entered into agreements with each of the local EMS Agencies participating in the CARES program.

- E. CVEMSA has established the Medical Advisory Committee (MAC) which has broad systemwide participation from all the hospitals, specialty care facilities and EMS providers.
- F. MAC meetings operate with staff support from CVEMSA and the CVEMSA EMS Medical Director. The EMS Agency Medical Director actively participates in all CVEMSA medical oversight.
- G. MAC focuses on developing and maintaining methods of evaluation focusing on identifying the root cause and solving the problem.
 - Continually searching for opportunities to improve, educate, and resolve problems prospectively.
 - Striving for effective communication with system stakeholders
 - Educating EMS system stakeholders on the importance of the quality improvement process.

7. Public Information and Education

- A. Prevention of illness and injury strategies are key components and have the greatest impact in reducing mortality and morbidity. CVEMSA works closely with hospitals, EMS providers, County departments and community organizations to coordinate injury and illness prevention programs throughout Sonoma and Mendocino Counties. These activities include:
 - Placement of public access Automatic external defibrillators (AED) devices,
 - Hands-only CPR classes,
 - Opioid overdose recognition and care,
 - Stop the Bleed classes, and
 - Public education activities include but are not limited to fall prevention, knowing the signs and symptoms of cardiac events and strokes, when and how to access 911.

8. Disaster Medical Response

- A. CVEMSA has primary responsibility for the 8 EMS Medical Health Operational Area Coordination (MHOAC) functions and works in tandem with the County Public Health Officer to ensure all 17 MHOAC functions identified in Health & Safety Code 1797.153, are accomplished.
- B. CVEMSA has plans and procedures and has exercised these plans during the various local disasters. The plans address:
 - Assessment of immediate medical needs
 - Coordination of disaster medical and health resources
 - Coordination of patient distribution and medical evaluations
 - Coordination with inpatient and emergency care providers
 - Coordination of out-of-hospital medical care providers
 - Coordination and integration with fire agency personnel, resources, and prehospital medical services
 - Coordination of providers of non-fire-based prehospital emergency medical services
 - Coordination of the establishment of temporary field treatment sites
- C. CVEMSA works closely with the Office of Emergency Services in both Counties and CVEMSA staff are trained in ICS and are compliant with all county training requirements to operate with the emergency operating center and or the department operating center.

Summary of System Status: 2024

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.

CVEMSA System Assessment Table

		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	
1.02	LEMSA Mission		x	n/a		
1.03	Public Input		x	n/a	x	x
1.04	Medical Director		x	x		
Planning Activities:						
1.05	System Plan		x	n/a		
1.06	Annual Plan Update		x	n/a	x	
1.07	Trauma Planning		x	x		
1.08	ALS Planning		x	n/a		
1.09	Inventory of Resources		x	n/a	x	
1.10	Special Populations		x	x		
1.11	System Participants		x	x	x	
Regulatory Activities:						
1.12	Review & Monitoring		x	n/a	x	
1.13	Coordination		x	n/a		
1.14	Policy & Procedures Manual		x	n/a	x	
1.15	Compliance w/Policies		x	n/a	x	
System Finances:						

1.16	Funding Mechanism		x	n/a	x	
1.17	Medical Direction		x	n/a		
1.18	QA/QI		x	x	x	
1.19	Policies/Procedures, Protocols		x	x		
1.20	DNR Policy		x	n/a		
1.21	Determination of Death		x	n/a		
1.22	Reporting of Abuse		x	n/a		
1.23	Interfacility Transfer		x	n/a		
Enhanced Level: Advanced Life Support						
1.24	ALS Systems		x	x		
1.25	On-Line Medical Direction		x	x		
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		x	n/a		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		x	n/a		x
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		x	n/a	x	

A. 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		
2.03	Personnel		x	n/a	x	
Dispatchers:						
2.04	Dispatch Training		x	x	x	x
First Responders (non-transporting):						
2.05	First Responder Training		x	x		
2.06	Response		x	n/a		
2.07	Medical Control		x	n/a		
Transporting Personnel:						
2.08	EMT-I Training		x	x		
Hospital:						
2.09	CPR Training		x	n/a		
2.10	Advanced Life Support		x	x		
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		x	n/a		
2.12	Early Defibrillation		x	n/a		
2.13	Base Hospital Personnel		x	n/a		

B. 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		
3.02	Radios		x	x		
3.03	Interfacility Transfer		x	n/a		
3.04	Dispatch Center		x	n/a		
3.05	Hospitals		x	x		
3.06	MCI/Disasters		x	n/a		
Public Access:						
3.07	9-1-1 Planning/Coordination		x	x		
3.08	9-1-1 Public Education		x	n/a		
Resource Management:						
3.09	Dispatch Triage		x	x		x
3.10	Integrated Dispatch		x	x		

C. 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		
4.05	Response Time		x	x		
4.06	Staffing		x	n/a		
4.07	First Responder Agencies		x	n/a		

4.08	Medical & Rescue Aircraft		x	n/a		
4.09	Air Dispatch Center		x	n/a		
4.10	Aircraft Availability		x	n/a		
4.11	Specialty Vehicles		x	x		
4.12	Disaster Response		x	n/a		
4.13	Intercounty Response		x	x		
4.14	Incident Command System		x	n/a		
4.15	MCI Plans		x	n/a		
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		x	x		
4.17	ALS Equipment		x	n/a		
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		x	n/a		
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		x	n/a	x	
4.20	"Grandfathering"		x	n/a		
4.21	Compliance		x	n/a	x	
4.22	Evaluation		x	n/a	x	

D. 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		
5.02	Triage & Transfer Protocols		x	n/a		
5.03	Transfer Guidelines		x	n/a		
5.04	Specialty Care Facilities		x	n/a		
5.05	Mass Casualty Management		x	x		
5.06	Hospital Evacuation		x	n/a		

Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation		x	n/a		
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		x	n/a		
5.09	Public Input		x	n/a		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		x	n/a		x
5.11	Emergency Departments		x	x		
5.12	Public Input		x	n/a		
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		x	n/a		
5.14	Public Input		x	n/a		

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	
6.02	Prehospital Records		x	n/a		
6.03	Prehospital Care Audits		x	x	x	
6.04	Medical Dispatch		x	n/a		
6.05	Data Management System		x	x		
6.06	System Design Evaluation		x	n/a	x	
6.07	Provider Participation		x	n/a	x	
6.08	Reporting		x	n/a	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		
6.11	Trauma Center Data		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		
7.02	Injury Control		x	x		
7.03	Disaster Preparedness		x	x	x	x
7.04	First Aid & CPR Training		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		
8.04	Incident Command System		x	x		
8.05	Distribution of Casualties		x	x		
8.06	Needs Assessment		x	x		
8.07	Disaster Communications		x	n/a		
8.08	Inventory of Resources		x	x		
8.09	DMAT Teams		x	x		
8.10	Mutual Aid Agreements		x	n/a		
8.11	CCP Designation		x	n/a		
8.12	Establishment of CCPs		x	n/a		
8.13	Disaster Medical Training		x	x		
8.14	Hospital Plans		x	x		
8.15	Interhospital Communications		x	n/a		
8.16	Prehospital Agency Plans		x	x		
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		x	n/a		x
Specialty Care Systems:						
8.18	Specialty Center Roles		x	n/a		
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		x	n/a		

System Organizations and Management

County: **Sonoma and Mendocino**

Reporting Year: **2024**

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%.)

Level of Care	Sonoma	Mendocino
Basic Life Support (BLS)	0%	3%
Limited Advanced Life Support (LALS)	0%	0%
Advanced Life Support (ALS)	100%	97%

2. Type of agency:

- Public Health Department
- County Health Services Agency
- Other (non-health) County Department
- Joint Powers Agency
- Private Non-Profit Entity
- Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to:

- Public Health Officer
- Health Services Agency Director/ Administrator
- Board of Directors
- Other: _____

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

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

- Continuing education
- Personnel training
- Operation of oversight of EMS dispatch center
- Non-medical disaster planning
- Administration of EMS Maddy and Richie Fund
- Other: _____

5. CVEMSA Budget

Sonoma and Mendocino	Expenses
Salaries and Benefits	\$1,544,832
Services and Supplies	\$962,326
Total Program Costs	\$2,507,158

6. Fee Structure

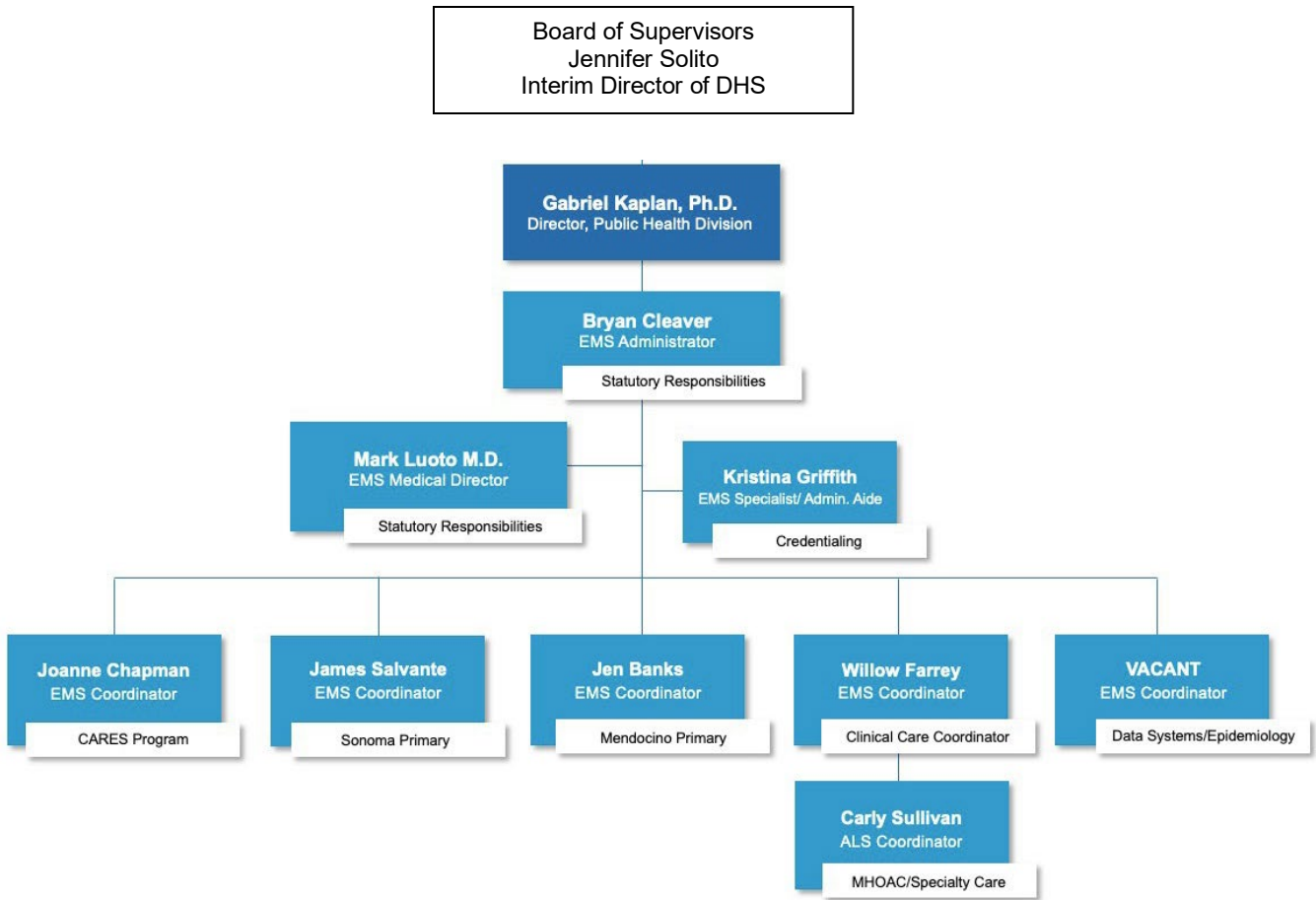
Sonoma and Mendocino	Amount
Emergency Medical Responder	\$80.00
EMS dispatcher certification	0
EMT certification	\$80.00 + state fees
EMT recertification	\$80.00 + state fees
Advanced EMT certification	\$80.00 + state fees
Advanced EMT recertification	\$80.00 + state fees
Paramedic Accreditation	\$200.00
Mobile Intensive Care Nurse (MICN) certification	0
MICN/ARN recertification	0
EMT Training program approval	0
Advanced EMT Training program approval	0
Paramedic training program approval	0
MICN/ARN training program approval	0
Base hospital application	0
Base hospital designation - Mendocino County	\$13,455
Receiving hospital designation – Mendocino County	0
Base hospital designation – Sonoma County	\$43,800
Receiving hospital designation – Sonoma County	\$8,000
Trauma center application	\$55,000
Trauma center designation Level II	\$173,000
Trauma center designation Level III	0

Trauma center designation Level IV	\$20,000
STEMI center designation	\$25,000
Stroke Center designation	0
Pediatric facility approval	0
Pediatric facility designation	0
Ambulance service licence	0
Ambulance vehicle permits for providers without a primary service area - Mendocino County	\$136.00
Ambulance Contract EOA 1 – Sonoma County	\$550,000
Ambulance Contract EOA 2 – Sonoma County	\$45,000
Air Ambulance authorization	\$25,000
Other:	0

7. CVEMSA Staff Positions

Category	Actual Title	FTE Positions (EMS only)	Top Salary by hourly equivalent	Benefits (% of salary)	Comments
EMS Admin./Coord. /Director	EMS Administrator	1.0	\$147,753	\$96,672	
Executive Secretary	Admin Aide	1.0	\$83,557	\$60,849	Credentialing
ALS Coord. /Field Coord. /Training Coordinator	ALS Coordinator	1.0	\$111,214	\$71,264	Specialty Care/MHOAC
Program Coordinator/Field Liaison	EMS Coordinator	3.0	\$116,969	\$89,501	Sonoma County Primary Mendocino County Primary
Specialty Care Coordinator	EMS Coordinator	1.0	\$116,969	\$71,876	CARES Coordinator
Medical Director	Regional EMS Med. Dir.	0.5	\$ 92,092	n/a	Contract position, no benefits
Data Evaluator/Analyst					Biostatistician
Disaster Medical Planner					

Coastal Valleys EMS Agency



Communications

County: **Sonoma**

Reporting Year: **2024**

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
7. Who is your primary dispatch agency for a disaster?	REDCOM
8. Do you have an operational area disaster communication system?	Yes
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?	Yes
d. Do you participate in the Operational Area Satellite Information System (OASIS)?	Yes
e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	Yes
f. Within operational area, region, and the State	Yes

County: **Mendocino**

Reporting Year: **2024**

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?	CAL FIRE Howard Forrest (HFECC)
7. Who is your primary dispatch agency for a disaster?	HFECC & REDCOM
8. Do you have an operational area disaster communication system?	Yes
a. Radio primary frequency:	155.985
b. Other methods:	Cell, Numerous VHF, UHF Med-Net
c. Can all medical response units communicate on the same disaster communications system?	Yes
d. Do you participate in the Operational Area Satellite Information System (OASIS)?	Yes
e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	Yes
f. Within operational area, region, and the State	Yes

Response Time Requirements

Reporting Year: **2024**

Enter the response times in the appropriate boxes:

Category	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)	See chart below	See Chart below	As quickly as possible
EMS Transportation Unit (not functioning as first responder)	See Chart below	See chart below	As quickly as possible

Response Time Requirements

ALS Response: Ambulance, FRALS or QRV	
Urban Response 90% of Calls Each Month	
Charlie, Delta, and Echo	6:59
Alpha & Bravo	11:59
Semi-Rural Response 90 percent of calls each month	
Charlie, Delta, and Echo	13:59
Alpha & Bravo	17:59
Rural Response 90 percent of calls each month	
Charlie, Delta, and Echo	28:59
Alpha & Bravo	32:59
Wilderness Response	
Charlie, Delta, and Echo	ASAP – audit each call
Alpha & Bravo	ASAP – audit each call

ALS Ambulance <u>with</u> QRV Response or FRALS Agreement	
Urban Response Transport Unit 90% of Calls Each Month	
Delta, and Echo	10:59
Alpha, Bravo & Charlie	15:59
Semi-Rural Response Transport unit 90 percent of calls each month	
Delta, and Echo	17:59
Alpha, Bravo & Charlie	21:59
Rural Response Transport unit 90 percent of calls each month	
Delta, and Echo	32:59
Alpha, Bravo & Charlie	37:59
Wilderness Response	
Charlie, Delta, and Echo	ASAP – audit each call
Alpha & Bravo	ASAP – audit each call

CVEMSA has established various response times in the system based on the medical needs of the caller utilizing CVEMSA approved EMD policies and population density based on State recommendations, that best meet the needs of the communities served. The table above represents the majority of the population served with CVEMS system.

Facilities and Critical Care

Reporting Year: **2024**

County: **Sonoma and Mendocino**

Sonoma County has seven hospitals, one is designated as a base hospital providing medical direction to EMS in the field. Redwood Coast Medical Services is a clinic providing medical services in the rural and remote areas of the county and has been authorized by the State and CVEMSA as an ambulance receiving facility pursuant to H & S Code 1798.101. Mendocino County has three hospitals, all three are designated as base hospitals providing medical direction to EMS in the field. CVEMSA has written agreements with all hospitals. All hospital specialty care data is uploaded to the CEMSIS database.

Hospitals	Emergency Department Level	Base Hospital	Burn Center	Pediatric Critical Care	Trauma Center	STEMI Center	Stroke Center
Santa Rosa Memorial Hospital 1165 Montgomery Dr. Santa Rosa, CA 95402 707.525.5207	Basic	X			Level II	X	X
Sutter Medical Center – Santa Rosa 3325 Chanate Rd. Santa Rosa, CA 95404 707.576.4000	Basic					X	X
Petaluma Valley Hospital 400 North McDowell Blvd. Petaluma, CA 94952 707.778.1111	Basic						X
Sonoma Valley Hospital 347 Andrieux Street Sonoma, CA 95476 707.935.5000	Basic						X
Healdsburg District Hospital 1375 University Ave. Healdsburg, CA 95448 707.431.6500	Standby						X
Kaiser Permanente-Santa Rosa 401 Bicentennial Way Santa Rosa, CA 95403 707.571.4800	Basic						X
Redwood Coast Medical Services 46900 Ocean Dr. Gualala, CA 95445 707.884.4005	Referral						

Adventist Health Ukiah Valley Medical Center 275 Hospital Drive Ukiah, CA 95482 707.463.7535	Basic	X			Level IV		X
Adventist Health Howard Memorial Hospital 1 Marcela Dr. Willits, CA 95490 707.459.6801	Basic	X			Level IV		X
Mendocino Coast District Hospital 700 River Dr. Fort Bragg, CA 95437 707.961.1234	Basic	X					X

Disaster Medical

Reporting Year: **2024**

County: **Sonoma**

SYSTEM RESOURCES

1. Casualty Collection Points (CCP)

- | | |
|--|---------------------------------|
| a. Where are your CCPs located? | Veterans buildings and schools. |
| b. How are they staff? | MRC, Red Cross, PH and EMS |
| c. Do you have a supply system for supporting them 72-hours? | Yes |

2. CISD

- | | |
|---|-----|
| a. Do you have a CISD provider with 24-hour capability? | Yes |
|---|-----|

3. Medical Response Team

- | | |
|--|-----|
| a. Do you have any team medical response capability? | Yes |
| b. For each team, are they incorporated into your local response plan? | Yes |
| c. Are they available for statewide response? | Yes |
| d. Are they part of a formal out-of-state response system? | Yes |

4. Hazardous Materials

- | | |
|--|-----|
| a. Do you have any HazMat trained medical response teams? | Yes |
| b. At what HazMat level are they? | n/a |
| c. Do you have the ability to do decontamination in an emergency room? | Yes |
| d. Do you have the ability to do decontamination in the field? | Yes |

OPERATIONS

- | | |
|---|------------|
| 1. Are you using a Standardized Emergency Management System (SEMS) that incorporated a form of Incident Command System (ICS) structure? | Yes |
| 2. What is the maximum number of local jurisdictions EOC's you will need to interact with in a disaster? | 10 |
| 3. Have you tested your MCI Plan this year in a:
a. exercise?
b. real event? | Yes
Yes |
| 4. List all counties with which you have a written medical mutual aid agreement. | Region II |
| 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? | Yes |

- | | |
|--|--------------------------------|
| 6. Do you have a formal agreement(s) with community clinics in your operational areas to participate in disaster planning and response? | Yes |
| 7. Are you part of a multi-county EMS system for disaster response? | Yes |
| 8. Are you a separate department or agency? | No |
| 9. If not, to whom do you report? | Department. of Health Services |
| 10. 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 |

Reporting Year: **2024**

County: **Mendocino**

SYSTEM RESOURCES

1. Casualty Collection Points (CCP)

- a. Where are your CCPs located? Veterans buildings and schools.
- b. How are they staff? MRC, Red Cross, PH and EMS
- c. Do you have a supply system for supporting them 72-hours? Yes

2. CISD

- a. Do you have a CISD provider with 24-hour capability? Yes

3. Medical Response Team

- a. Do you have any team medical response capability? Yes
- b. For each team, are they incorporated into your local response plan? n/a
- c. Are they available for statewide response? n/a
- d. Are they part of a formal out-of-state response system? n/a

4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams? Yes
- b. At what HazMat level are they? n/a
- c. Do you have the ability to do decontamination in an emergency room? Yes
- d. Do you have the ability to do decontamination in the field? Yes

OPERATIONS

- 1. Are you using a Standardized Emergency Management System (SEMS) that incorporated a form of Incident Command System (ICS) structure? Yes
- 2. What is the maximum number of local jurisdictions EOC's you will need to interact with in a disaster? 4
- 3. Have you tested your MCI Plan this year in a:
 - a. exercise? Yes
 - b. real event? Yes
- 4. List all counties with which you have a written medical mutual aid agreement. Region II
- 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes
- 6. Do you have a formal agreement(s) with community clinics in your operational areas to participate in disaster planning and response? Yes

- | | |
|--|-----------------------------------|
| 7. Are you part of a multi-county EMS system for disaster response? | Yes |
| 8. Are you a separate department or agency? | No |
| 9. If not, to whom do you report? | Department. of
Health Services |
| 10. 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 |

Resource Directory

Approved Training Programs

Reporting Year: **2024**

County: **Sonoma and Mendocino**

CVEMSA approved and certified through 2026.

Training Institution	Emergency Medical Responder	Emergency Medical Technician	Paramedic
Santa Rosa Junior College 5743 Skylane Blvd. Windsor CA, 95492 707-836-2917	X	X	X
Mendocino College 1000 Hensley Creek Road Ukiah, CA 95482 707.468.3000		X	
Coast Life Support 38901 Ocean Drive Gualala, CA 95445 707.884.1829		X	

Dispatch Agencies

Reporting Year: **2024**

County: **Sonoma and Mendocino**

CVEMSA approved and certified through 2026.

Agency	EMD Trained Personnel	Public	Written Contract with CVEMSA
REDCOM 2796 Ventura Ave. Santa Rosa, CA 95403 Evonne Stevens 707-568-5992	30	JPA	YES
CAL FIRE Sonoma/Lake/Napa Unit ECC 2796 Ventura Ave. Santa Rosa, CA 95403 Kirk Van Wormer 707-568-5992	30	FIRE	NO
CAL FIRE Mendocino Unit (Howard Forest) ECC 17501 N. Highway 101, Willits, CA 95490 Jennifer Scales 707- 459-7403	21	FIRE	YES

EMS Providers

Reporting Year: **2024**

County: **Sonoma and Mendocino**

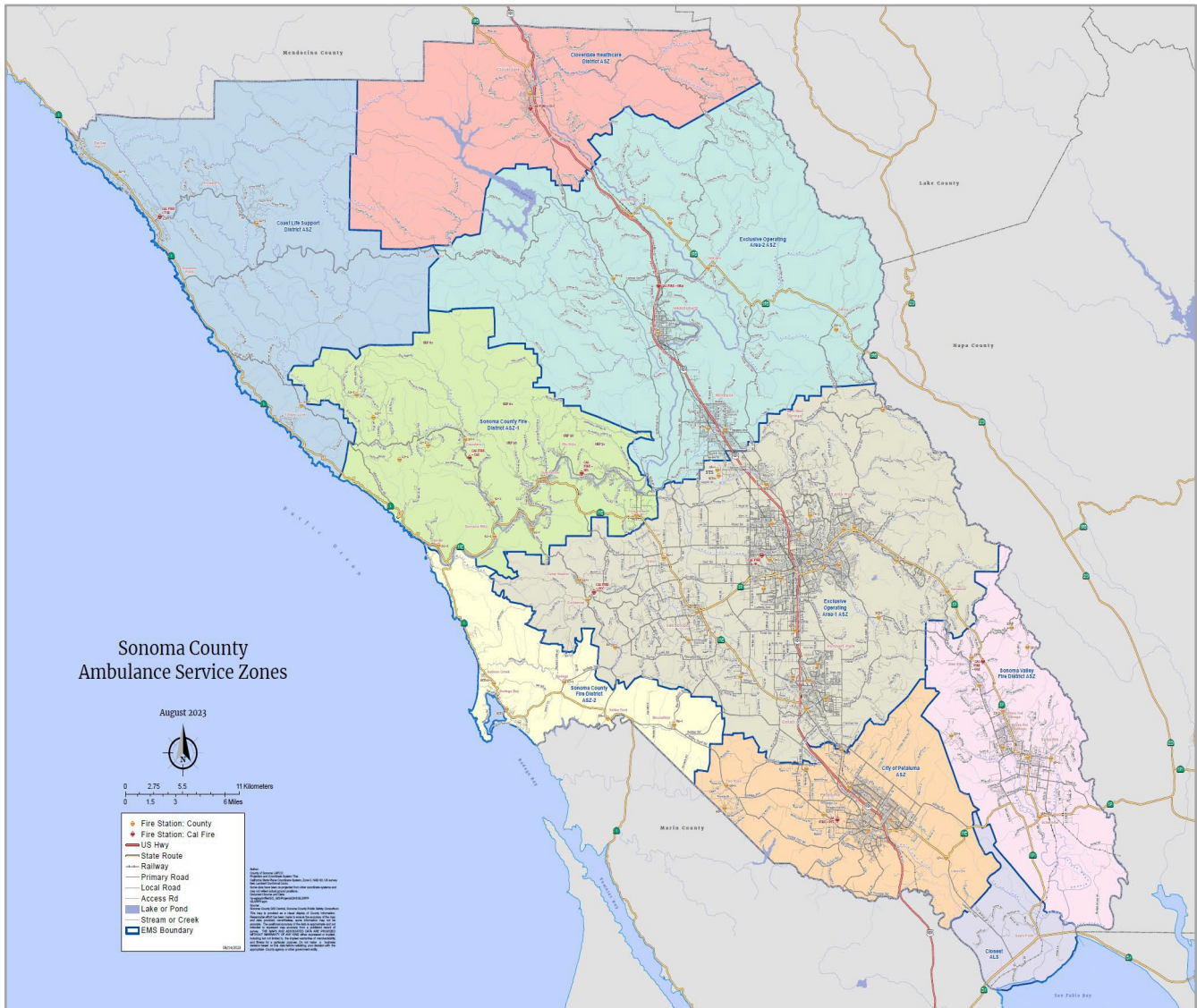
As reported in CEMSI Data Base

Agency Name	Agency Organizational Type	Level	Non-Trans	Trans	24 Hour	Agreement
Adventist Health Mendocino Coast 700 River Drive, Fort Bragg, CA 95437 707-961-1234	Private	ALS		X	Yes	Yes
AMR/Sonoma Life Support 930 South A Street, Santa Rosa, CA 95430 707-536-0400	Private	ALS		X	Yes	Yes
Anderson Valley Fire Department 14281 Hwy 128, Boonville, CA 95415 707-895-2020	Public	BLS		X	Yes	No
Bell's Healdsburg Ambulance Service 438 Powell Ave. Healdsburg, CA 95448 707-433-1408	Private	ALS		X	Yes	Yes
California Highway Patrol 3500 Airport Rd. Napa, CA 94558 707-699-6270	Public	ALS		X	Yes	No
Cloverdale Health Care District Ambulance 209 N. Main Street, Cloverdale, CA 95425 707-894-5862	Public	ALS		X	Yes	Yes
Coast Life Support District Ambulance 38901 Ocean Dr. Gualala, CA 95445 707-884-1829	Public	ALS		X	Yes	Yes
Covelo Fire Ambulance 75900 Covelo Rd, Covelo, CA, 95428 707-272-3099	Public	BLS		X	Yes	No

Dry Creek Band (Rancheria) 3250 Hwy 128, Healdsburg, CA 95441 707-565-1152	Public	BLS	X		Yes	No
Elk Community Services District Pox 151 Elk, CA 95432 707-977-3558	Public	BLS		X	Yes	No
Gold Ridge Fire Protection District 7618 Valley Ford Rd, Petaluma, CA 94952 707-832-1084	Public	BLS	X		Yes	No
Graton Fire Protection District 3750 HWY 116 N. Graton, CA 95472 707-823-8400	Public	BLS	X		Yes	No
Healdsburg Fire Department 601 Healdsburg Ave, Healdsburg, CA 95448 707-431-3360	Public	BLS	X		Yes	No
Kenwood Fire Protection District 9045 Sonoma Hwy, Kenwood CA 94552 707-833-2042	Public	BLS	X		Yes	No
Laytonville Ambulance 44950 Willis Ave, Willis California, 95454	Public	ALS		X	Yes	Yes
LIFWest 2180 South McDowell Blvd. Petaluma, CA 94952 800-222-8669	Private	ALS		X	Yes	Yes
MedStar Ambulance of Mendocino County 3 Lewis Ln, Ukiah, CA, 95482 707-462-3808	Private	ALS		X	Yes	Yes
Monte Rio Fire Protection District 9870 Main St, Monte Rio, CA 95462 707-823-1085	Public	BLS	X		Yes	No
Northern Sonoma County FPD 20975 Geyserville Ave, Geyserville CA, 95441 707-857-3535	Public	BLS	X		Yes	No

Petaluma Fire Department 198 D Street, Petaluma CA, 94952 707-778-4390	Public	ALS		X	Yes	Yes
Rancho Adobe Fire Protection District 11000 Main Street, Penngrove, CA 94951 707-795-6011	Public	BLS	X		Yes	No
REACH Air Ambulance 451 Aviation Blvd. Santa Rosa, CA 95403 707-324-2400	Private	ALS CCT IFT		X	Yes	Yes
Rohnert Park Department of Public Safety 500 City Center Drive, Rohnert Park CA, 94928 707-584-2650	Public	BLS	X		Yes	No
Santa Rosa Fire Department 2373 Circadian Way, Santa Rosa, CA, 95407 707-543-3500	Public	ALS	X		Yes	Yes
Sonoma County Fire District 8200 Old Redwood Hwy, Windsor CA, 95492 707-828-1170	Public	ALS		X	Yes	Yes
Sonoma County Regional Parks 2300 County Center Dr. Suite A120, Santa Rosa, CA 95403 707-565-2041	Public	BLS	X		Yes	No
Sonoma County Sheriff Department 600 Administration Dr. Santa Rosa CA 95403 707-565-7195	Public	ALS	X		Yes	Yes
Sonoma Valley Fire District 630 2nd Street West, Sonoma CA, 95476 707-996-2102	Public	ALS		X	Yes	Yes
Ukiah Valley Fire District 300 Seminary Ave, Ukiah, CA, 95482 707-462-6570	Public	ALS		X	Yes	Yes

Sonoma County Ambulance Zone Map



Sonoma County Ambulance Zone Summary Forms

AMBULANCE ZONE SUMMARY FORM – EOA 1

<p>Local EMS Agency or County Name: <u>Coastal Valleys EMS Agency – Sonoma</u></p>
<p>Area or subarea (Zone) Name or Title: EOA 1</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Sonoma County Fire District has served as the exclusive provider since January 16, 2024</p>
<p>Area or subarea (Zone) Geographic Description: From Larkfield to the north, Kenwood to the east, Sebastopol and Occidental to the west and Cotati to the south.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>Exclusive, effective 2024. Exclusivity was established through a competitive RFP process consistent with 1797.224. A competitive RFP was released in the Spring of 2023 and a contract was awarded and signed with Sonoma County Fire District.</p>
<p>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.).</p> <p>Type of Exclusivity is Emergency Ambulance Service Level of exclusivity includes 9-1-1 Emergency Response, 7-digit Emergency Response, ALS Ambulance, ALL ALS Ambulance Services, and Ambulance Emergency Standby and Special Event Ambulance Standby Service. Exclusivity does not include non- emergency interfacility transports</p>
<p>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.</p> <p>If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>EOA-1 and contract awarded following a competitive RFP process in compliance with 1797.224.</p> <ul style="list-style-type: none"> • The Sonoma County Board of Supervisors approved RFP on October 18, 2022. • EMSA approved RFP on November 1, 2022. • Two proposers submitted proposals by March 1, 2023, deadline. • An Independent Proposal Review Committee (PRC) comprised of five subject matter experts reviewed and scored proposals; the PRC recommended the Sonoma County Fire District because it submitted the highest scoring proposal. • On April 24, 2023, County issued Notice of Intent to Award to Sonoma County Fire District • On May 26, 2023, County denied bid protests from the other proposer and a non-proposer. • Contract intent to award was approved by the Sonoma County Board of Supervisors on June 6, 2023, with the contract fully executed on October 27, 2023. • SCFD began service to EOA 1 January 16, 2024

AMBULANCE ZONE SUMMARY FORM – EOA 2

<p>Local EMS Agency or County Name: <u>Coastal Valleys EMS Agency – Sonoma</u></p>
<p>Area or subarea (Zone) Name or Title: EOA 2</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Bell’s Healdsburg Ambulance Service, Inc.</p>
<p>Area or subarea (Zone) Geographic Description: 101 corridor from Larkfield in the south to Geyserville in the north. Napa County line to the east and mid-point to the coast in the west.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>Exclusive Ambulance Services Agreement authorized by the Sonoma County Board of Supervisors recognizing Bells Ambulance Services qualifying as a “grandfathered” 1797.224 ambulance provider.</p>
<p>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.).</p> <p>Exclusivity of Emergency ALS and BLS Ambulance service.</p>
<p>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.</p> <p>If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Bells Ambulance service has operated since the 1950’s and has provided emergency BLS and ALS since prior to January 1, 1981. The County of Sonoma entered into a 1797.224 agreement with Bells Ambulance Service on August 15, 2022.</p>

AMBULANCE ZONE SUMMARY FORM – Closest ALS – Sonoma Raceway Ambulance Service Zone

<p>Local EMS Agency or County Name: <u>Coastal Valleys EMS Agency – Sonoma</u></p>
<p>Area or subarea (Zone) Name or Title: Closest ALS - Sonoma Raceway Ambulance Service Zone</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>City of Petaluma Fire Department - The Petaluma Fire Department has provided ambulance services continuously in the Closest ALS - Sonoma Raceway Ambulance Service Zone since 1942. The city upgraded its ambulance services from basic life support services to advanced life support services on September 1, 1981. The Petaluma Fire Department has provided advanced life support ambulance services continuously in the Closest ALS - Sonoma Raceway Ambulance Service Zone for approximately 42 years.</p> <p>Sonoma Valley – The Sonoma Valley Fire District, successor to the Valley of the Moon Fire Protection District, Glen Ellen Fire Protection District, and the Mayacamas Volunteer Fire Company, has operated continuously in the Closest ALS - Sonoma Raceway Ambulance Service Zone for more than 43 years. The Sonoma Valley Fire District was formed through a consolidation of the Valley of the Moon and Glen Ellen Fire Protection Districts as well as the Mayacamas Volunteer Fire Company service area on July 1, 2020. The Valley of the Moon and Glen Ellen Fire Protection Districts, along with the City of Sonoma and Schell Vista Fire Protection District, have been providing fire protection, emergency medical services, and pre-hospital emergency medical services, including advanced life support, basic life support, and limited advanced life support continuously within the Closest ALS - Sonoma Raceway Ambulance Service Zone since before June 1, 1980, and continuously thereafter.</p> <p>LIFWest – LIFWest has provided advanced life support ambulance services in the Closest ALS - Sonoma Raceway Ambulance Service Zone continuously since January 1, 2020.</p>
<p>Area or subarea (Zone) Geographic Description: Sonoma Raceway in the southeast portion of the County including Highway 37 to the Napa County line and Lakeville Highway up to the Petaluma Ambulance Response Zone.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>CVEMSA has not taken any action pursuant to 1797.224, for this zone.</p>
<p>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.).</p>
<p>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.</p> <p>If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>

AMBULANCE ZONE SUMMARY FORM – Cloverdale Ambulance Service Zone

<p>Local EMS Agency or County Name: <u>Coastal Valleys EMS Agency – Sonoma</u></p>
<p>Area or subarea (Zone) Name or Title: Cloverdale Ambulance Service Zone</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Cloverdale Healthcare District Ambulance</p>
<p>Area or subarea (Zone) Geographic Description: Northern portion of Sonoma County from Geyserville in the south to the Sonoma Mendocino County line in the north.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. CVEMSA has not taken any action pursuant to 1797.224, for this zone.</p>
<p>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.).</p>
<p>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.</p>

AMBULANCE ZONE SUMMARY FORM – Coast Life Support District (CLSD)

Local EMS Agency or County Name: <u>Coastal Valleys EMS Agency – Sonoma</u>
Area or subarea (Zone) Name or Title: Coast Life Support 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: Sonoma’s northern half of the county on the coast.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. CVEMSA has not taken any action pursuant to 1797.224, for this 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.).
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.

AMBULANCE ZONE SUMMARY FORM – Petaluma Ambulance Service Zone

<p>Local EMS Agency or County Name: <u>Coastal Valleys EMS Agency – Sonoma</u></p>
<p>Area or subarea (Zone) Name or Title: Petaluma Ambulance Service Zone</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>City of Petaluma Fire Department</p> <p>The Petaluma Fire Department has operated continuously in the Petaluma Ambulance Service Zone for approximately 166 years, since 1857. The Petaluma Fire Department has provided ambulance services continuously in the Petaluma Ambulance Service Zone for approximately 81 years, since 1942. The city acquired its first ambulance in 1942 and began providing ambulance transport services at that time. The city upgraded its ambulance services from basic life support services to advanced life support services on September 1, 1981. The Petaluma Fire Department has provided advanced life support ambulance services continuously in the Petaluma Ambulance Service Zone for approximately 42 years.</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Southern portion of Sonoma County, Sonoma Marin County line in the south to Penngrove in the north.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>CVEMSA has not taken any action pursuant to 1797.224, for this zone.</p>
<p>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.).</p>
<p>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.</p> <p>If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>

AMBULANCE ZONE SUMMARY FORM – Sonoma County Fire District Ambulance Service Zone 1

<p>Local EMS Agency or County Name: <u>Coastal Valleys EMS Agency – Sonoma</u></p>
<p>Area or subarea (Zone) Name or Title: Sonoma County Fire District Ambulance Service Zone 1</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Sonoma County Fire District</p>
<p>Area or subarea (Zone) Geographic Description: Forestville extending west to the coast.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. CVEMSA has not taken any action pursuant to 1797.224, for this zone.</p>
<p>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.).</p>
<p>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.</p>

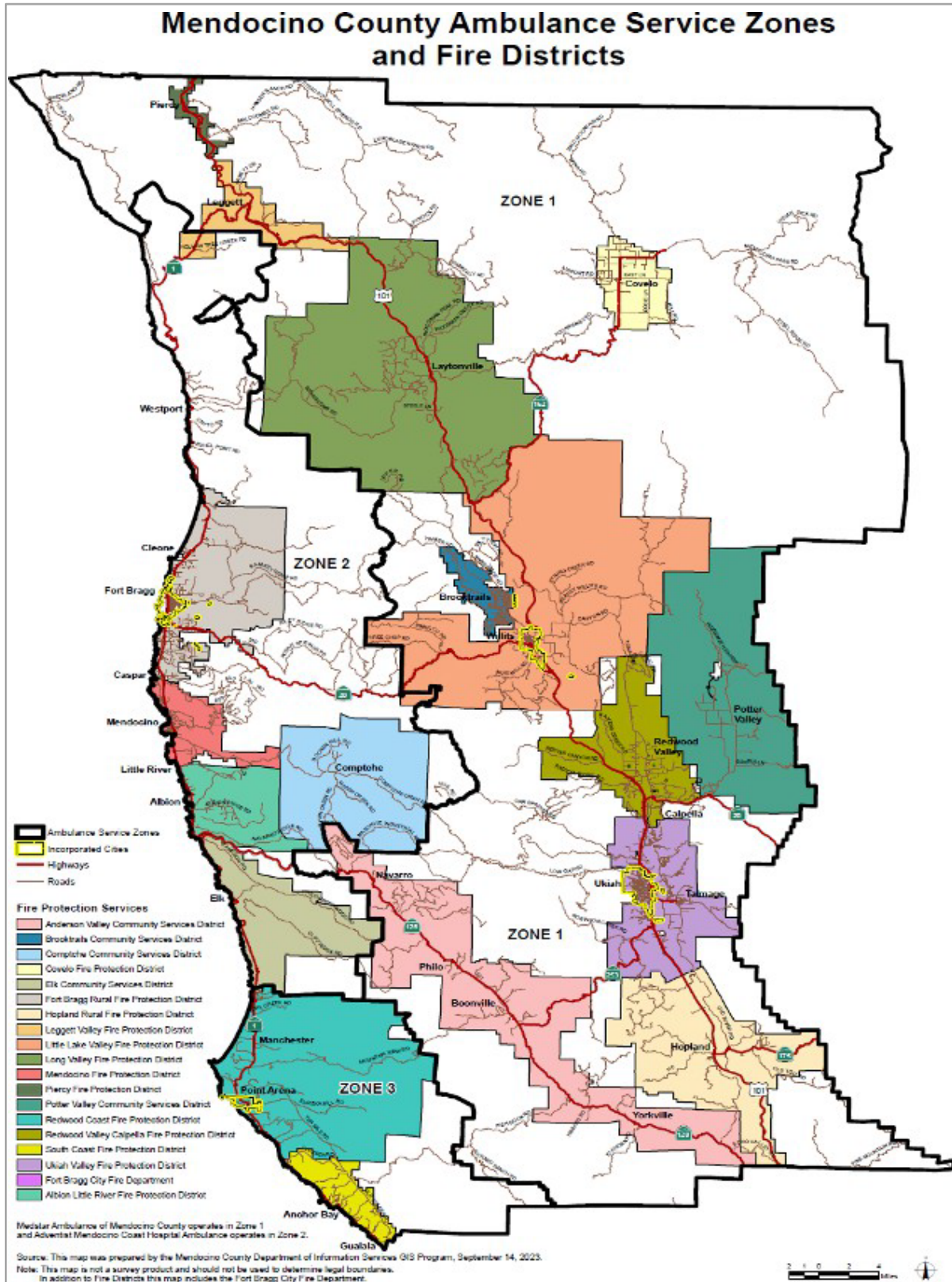
AMBULANCE ZONE SUMMARY FORM – Sonoma County Fire District Ambulance Service Zone 2

<p>Local EMS Agency or County Name: <u>Coastal Valleys EMS Agency – Sonoma</u></p>
<p>Area or subarea (Zone) Name or Title: Sonoma County Fire District Ambulance Service Zone 2</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Sonoma County Fire District</p>
<p>Area or subarea (Zone) Geographic Description: Southern half of Sonoma County on the coast, extending east along Sonoma Marin County line to Bloomfield.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. CVEMSA has not taken any action pursuant to 1797.224, for this zone.</p>
<p>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.).</p>
<p>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.</p>

AMBULANCE ZONE SUMMARY FORM – Sonoma Valley Fire District Zone

<p>Local EMS Agency or County Name: <u>Coastal Valleys EMS Agency – Sonoma</u></p>
<p>Area or subarea (Zone) Name or Title: Sonoma Valley Fire District Zone</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Sonoma Valley Fire District</p> <p>The Sonoma Valley Fire District, successor to the Valley of the Moon Fire Protection District, Glen Ellen Fire Protection District, and the Mayacamas Volunteer Fire Company, for more than 43 years. The Sonoma Valley Fire District was formed through a consolidation of the Valley of the Moon and Glen Ellen Fire Protection Districts as well as the Mayacamas Volunteer Fire Company service area on July 1, 2020. The Valley of the Moon and Glen Ellen Fire Protection Districts, along with the City of Sonoma and Schell Vista Fire Protection District, have been providing fire protection, emergency medical services, and pre-hospital emergency medical services, including advanced life support, basic life support, and limited advanced life support continuously within their respective jurisdictions, which together constitute the Sonoma Valley Fire District Zone since before June 1, 1980 and continuously thereafter.</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Southeast portion of Sonoma County from San Pablo Bay and the Napa County line up Highway 12 to Kenwood to the top of the Sonoma Mountain range to the west.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>CVEMSA has not taken any action pursuant to 1797.224, for this zone.</p>
<p>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.).</p>
<p>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.</p> <p>If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>

Mendocino County Ambulance Zone Map



Mendocino County Ambulance Zone Summary Forms

AMBULANCE ZONE SUMMARY FORM – Zone 1 – Inland County Ambulance Service Zone

<p>Local EMS Agency or County Name: <u>Coastal Valleys EMS Agency – Mendocino</u></p>
<p>Area or subarea (Zone) Name or Title: Zone 1 – Inland County Ambulance Service Zone</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Medstar Ambulance of Mendocino County.</p> <p>Covelo Fire Protection District Ambulance – Covelo Fire Protection District, formed in 1951 to provide Fire and EMS/Ambulance services. The first ambulance was purchased in 1967 and has continued to provide at least BLS ambulance service since then.</p> <p>Laytonville Fire Department: Laytonville Fire Dept. was officially started in 1954 when the Long Valley Fire Protection District was legally formed with Mendocino County. From its conception it has responded to all risk types of incidents. In the 1970’s we began providing medical transport and have continually provided emergency medical services. Laytonville also provides ambulance services to a good portion of the community of Leggett to the north and Covelo to the east of our district.</p> <p>Ukiah Valley Fire Authority; Anderson Valley Community Services District.</p>
<p>Area or subarea (Zone) Geographic Description: The 101 corridors from the Sonoma - Mendocino County line in the south and Mendocino – Humboldt County line in the North.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>CVEMSA has not taken any action pursuant to 1797.224, for this zone.</p>
<p>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.).</p>
<p>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.</p> <p>If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>

AMBULANCE ZONE SUMMARY FORM – Zone 2 – Adventist Health Mendocino Coast and Elk Community Services District Service Zone

<p>Local EMS Agency or County Name: <u>Coastal Valleys EMS Agency – Mendocino</u></p>
<p>Area or subarea (Zone) Name or Title: Zone 2 – Adventist Health Mendocino Coast and Elk Community Services District Service Zone</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Adventist Health Mendocino Coast Ambulance.</p> <p>Elk Community Services District Ambulance - Elk Community Services District, formed in 1990 for Fire and EMS/Ambulance services, subsumed and without interruption provided basic life support (BLS) ambulance services staffed by Elk Volunteer Fire Department personnel since before June 1, 1980, and continuously thereafter. Upon formation, the Elk CSD was successor to the Elk County Water District’s authority under which the Elk Volunteer Fire Department and ambulance had functioned. For more than 50+ years, BLS ambulance services have been provided by the “Elk Ambulance” in the subarea of zone 2 south of the Navarro River shown on Mendocino County’s 2023 Ambulance Zone map.</p>
<p>Area or subarea (Zone) Geographic Description: Mendocino’s northern half of the county on the coast.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>CVEMSA has not taken any action pursuant to 1797.224, for this zone.</p>
<p>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.).</p>
<p>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.</p> <p>If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>

AMBULANCE ZONE SUMMARY FORM – Zone 3 – South Coast Ambulance Service Zone

Local EMS Agency or County Name: <u>Coastal Valleys EMS Agency – Mendocino</u>
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 e Support District (CLSD)
Area or subarea (Zone) Geographic Description: Mendocino’s southern half of the county on the coast.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. CVEMSA has not taken any action pursuant to 1797.224, for this 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.).
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.

Attachments 1 – Trauma System Plan

Attachments 2 – STEMI System Plan

Attachments 3 – CQI Plan



Coastal Valleys EMS Agency Trauma System Plan 2024

Trauma System Summary

The Coastal Valleys Emergency Medical Services Agency (CVEMSA) is comprised of Sonoma County and Mendocino County. This two county EMS system began in 1993. 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 trauma system began in the 1980's prior to the formation of the multi-county EMS system.

Sonoma County - Santa Rosa Memorial Hospital is a Level II trauma center serving Sonoma, Mendocino, Marin, Napa, Lake, Humboldt, and Del Norte counties. Santa Rosa Memorial Hospital completed an ACS re-verification in April 2021 and was re-designated by CVEMSA in 2022.

Mendocino County – Adventist Health Ukiah Valley and Adventist Health Howard Memorial are designated as Level IV Trauma Centers. Both Mendocino County facilities will be completing a Level 4 Trauma Center review in the next 12 months conducted by EMS Agency staff and trauma system experts from other trauma centers.

1. **Trauma Policies & Procedures** - Coastal Valleys EMS Agency Policies and Procedures are available online to EMS responders for quick look up and reference. [2021 CVEMSA Treatment Guidelines with Links.pdf \(coastalvalleysems.org\)](#)

Trauma Triage:

Trauma patients are identified in the prehospital setting according to CVEMSA Trauma Triage Criteria as defined in Policy 7001

Trauma Center Point of Entry:

Trauma patient destination is defined in the CVEMSA Point of Entry Policy 8005.

Trauma Center Bypass:

Trauma Center Bypass is defined in CVEMSA Policy 8006.

Prehospital Treatment Guidelines for Traumatic injuries

Treatment Guidelines for prehospital management of trauma patients can be found in CVEMSA Policies 7802 through 7805.

2. **Trauma Center Designation**

Trauma Center designation and compliance with Statute and Regulations are 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.



3. Number and Designation Level of Trauma Centers

There are three designated Trauma Centers in the CVEMSA region.

- a. Santa Rosa Memorial Hospital - Level II Adult Trauma Center
- b. Adventist Health Ukiah Valley - Level IV Trauma Center
- c. Adventist Health Howard Memorial - Level IV Trauma Center

4. Trauma System Goals and Objectives

a. Continue to support the Regional Trauma Audit Committee

Coastal Valleys Regional Trauma Audit Committee meets on a quarterly basis with stakeholders from all counties in our region including Lake County. The mission of this committee is to optimize the quality of care and outcomes for all trauma patients and reducing injury severity and death. This committee performs confidential trauma case study, education, data analysis and regional studies. The committee provides recommendations to EMS regarding the care provided within the trauma system. Our meeting agenda also consists of updates from our trauma centers as well as any updates from the EMS Agency. Progress on our current goals and CQI projects are reported on. This meeting is well attended by participants from all facilities in our region as well as surrounding LEMSAs.

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.

b. Develop and maintain a trauma registry system to better collate, collect and review data from each trauma center.

Coastal Valleys EMS Agency staff will collect and maintain accurate and reliable data from all trauma centers. The data will be validated and submitted to the California Trauma Data System. The EMS Agency will provide aggregate data to other EMS committees for review and analysis. The trauma registry data will be utilized to help identify trends of injury, areas of improvement, and benchmarking to enhance the care provided to trauma patients and to direct injury prevention activities. CVEMSA hopes to be able to provide bi-directional data sharing allowing outcomes to be shared with prehospital providers as both currently utilize the ImageTrend platform.

c. Explore and research the need for additional trauma resources (i.e., Level III or IV designated facilities) in the Coastal Valleys EMS Region

Adventist Health Ukiah Valley in Mendocino County is in the process of upgrading to a Level III trauma center designation. Coastal Valleys EMS Agency requires Level III ACS Verification prior to LEMSA designation. Adventist Health Ukiah is in the process of preparing for an ACS Consultation tentatively scheduled for some time in 2025. Coastal Valley's EMS Agency staff is participating in planning meetings and will continue to do so throughout the entire process.



- d. Improve coordination of local trauma activities with trauma services, in adjacent counties, through involvement in CQI activities with our region trauma centers and trauma systems.**

Coastal Valleys EMS Agency supports and participates in the North Regional Trauma Coordinating Committee (RTCC) resulting in improved communication among the North RTCC, our regional trauma centers and the EMS Agencies.

Coastal Valleys EMS Agency staff also routinely participates in North Coast EMS Agencies TAC meetings.

- e. Maintain a system-wide continuous quality improvement program to monitor, review, evaluate and improve the delivery of prehospital care services.**

Continue to routinely review the prehospital Trauma Triage Criteria to help identify the trauma patient and help prevent delays in transport of the critically injured patient to the closest most appropriate trauma center for definitive care.

The EMS Agency will conduct prehospital audits of trauma patients delivered to non-trauma centers and evaluate if this was based on paramedic judgement, base hospital consult or other extenuating circumstances. Ongoing audits of prehospital care and scene times will continue.



Coastal Valleys EMS Agency STEMI Plan 2024

STEMI System Summary

The Coastal Valleys EMS Agency (CVEMSA) region is comprised of Sonoma and Mendocino Counties. CVEMSA system began in 1993-94. The 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 in 2023 there were 322 STEMI cases. 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. There are currently no STEMI designated centers in Mendocino County.

STEMI System Specialty Care Staff

- ALS Coordinator- Carly Sullivan
- EMS Coordinator- Willow Farey
- Medical Director- Mark Luoto, MD
- Epidemiologist- Lucinda Hammond

STEMI Plan

STEMI Identification:

STEMI patients are identified in the prehospital setting according to CVEMSA Policy 7101 "Suspected Acute Coronary Syndrome (ACS). CVEMSA Policies & Procedures may be found online by going to:

[2021 CVEMSA Treatment Guidelines with Links.pdf \(coastalvalleysems.org\)](#)

STEMI Center Point of Entry:

STEMI patient destination is defined in the CVEMSA Point of Entry Policy 8005.

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 are attached as Exhibit A.

STEMI System Goals and Objectives

- 1) Continue to lead 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 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 is being 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 via an HIE.

3) Implement clinical performance standards for ALS field providers.

The EOA 1 and EOA 2 ambulance agreements require clinical performance standards. These clinical standards are being developed, and measures established through a collaborative process. Although only the EOA 1 and EOA 2 ambulance providers are required by contract to meet these standards, it is the goal of CVEMSA to include all field care providers in the region to implement and participate in the new clinical performance standards for STEMI.

4) Develop inter-county STEMI Center transfer agreements with neighboring EMS Agencies.

Review and Identify STEMI patient catchment patterns and determine the flow of STEMI patients into CVEMSA STEMI centers and work with Counties in neighboring jurisdictions to develop memorandum of understanding to ensure access to STEMI care.



Coastal Valleys EMS Agency Stroke Plan 2024

Coastal Valley EMS Agency

The Coastal Valleys EMS Agency (CVEMSA) region is comprised of Sonoma and Mendocino Counties. CVEMSA system began in 1993-94. The 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.

Stroke System Summary

The California Emergency Medical Service Authority (EMSA) developed stroke system of care regulations for California with the goal to reduce morbidity and mortality from acute cerebrovascular accidents by improving the delivery of emergency medical care within local communities in California. CVEMSA has developed a Stroke Critical Care System Plan in accordance with the California Code of Regulations. The primary focus of the plan is to provide guidelines to facilitate the early recognition of patients suffering from an acute stroke, and to expedite their transport to a center able to provide definitive care within an appropriate time window.

CVEMSA Stroke Critical Care System is based on current evidence-based guidelines, best of practices, and a shared commitment to excellence. A system approach to stroke care begins in the prehospital setting with rapid identification of stroke symptoms by EMS providers, continues into the Emergency Department (ED) of a stroke receiving center with rapid treatment, and throughout the patient's hospital stay and rehabilitation. Committed participation in the Stroke Critical Care System by all stakeholders is a key component to optimizing and improving patient outcomes.

This Stroke Critical Care System Plan seeks to identify and promote efforts of effective communication and collaboration, provide an inclusive organized approach to identifying performance measures, and create a consistent standard of high-quality patient care and continued performance improvements.

In 2022 there were 982 Stroke cases within the Coastal Valleys Region. The table below identifies the primary Stroke centers in Sonoma County and Mendocino County.



Hospital	Emergency Department Level	Primary Stroke Center
Santa Rosa Memorial Hospital	Basic	YES, Advanced
Sutter Medical Center – Santa Rosa	Basic	YES
Petaluma Valley Hospital	Basic	Acute Stroke Ready
Sonoma Valley Hospital	Basic	Acute Stroke Ready
Healdsburg District Hospital	Standby	YES
Kaiser Permanente- Santa Rosa	Basic	YES
Adventist Health Howard Memorial Hospital	Standby	Application pending
Adventist Health Ukiah Valley Medical Center	Basic	YES
Mendocino Coast District Hospital	Basic	No

Stroke Specialty Care Staff

ALS Coordinator- Carly Sullivan
EMS Coordinator- Willow Farey
Epidemiologist- Lucinda Hammond
EMS Medical Director- Mark Luoto, MD

Stroke Plan

Stroke Identification:

Stroke patients are identified in the prehospital setting according to CVEMSA Policy 7401 Suspected Acute Cerebrovascular Accident (Stroke). CVEMSA Policies & Procedures may be found online by going to:

[2021 CVEMSA Treatment Guidelines with Links.pdf \(coastalvalleysems.org\)](https://www.coastalvalleysems.org/2021-CVEMSA-Treatment-Guidelines-with-Links.pdf)

Stroke Center Point of Entry:

Stroke patient destination is defined in the CVEMSA Point of Entry Policy 8005.

Stroke Center Designation:

Stroke Center designation and compliance with Statute and Regulations is defined within the Receiving Hospital agreements between CVEMSA and our designated centers. Copies of current agreements are attached as Exhibit A

Stroke System Goals and Objectives

- 1) **Continue to lead the regional Stroke Committee within the Coastal Valleys Stroke System.**



The Coastal Valleys Regional Stroke Committee meets on a Biannual basis with stakeholders from all counties in our region including Lake County. Our meeting agenda consists of updates and data from our Stroke 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) Collect data for prehospital “Stroke Alert” that supports accurate notification to a Stroke Receiving Center.

EMS personnel advanced notice to hospitals of suspected Stroke may reduce the time to receiving diagnostics and therapy upon arrival to a primary stroke center. Data will be collected annually and submitted as part of CVEMSA submittal of Core Measures.

3) Implement Stroke assessment clinical performance standards for ALS field providers.

The EOA 1 and EOA 2 ambulance agreements require clinical performance standards. These clinical standards have been developed, and measures established through a collaborative process. Although only the EOA 1 & 2 ambulance providers are required by contract to meet these standards, it is the goal of CVEMSA to include all field care providers in the regions to implement and participate in the new clinical performance standards for Stroke.

4) Develop inter-county Stroke Center transfer agreements with neighboring EMS Agencies.

Review and Identify Stroke patient catchment patterns and determine the flow of Stroke patients into CVEMSA Stroke centers and work with Counties in neighboring jurisdictions to develop memorandum of understanding to ensure access to Stroke care.

5) Work with our system partners to facilitate Stroke training and educations with EMS Providers.

Our designated Primary Stroke centers have an obligation to provide outside education and we intend to assist with that education to prehospital providers facilitating classes and connecting stroke programs with EMTs and Paramedics for updates in best practices.



Continuous Quality Improvement Plan

Coastal Valleys EMS Agency

2024

I. Executive Summary

Overview

The Coastal Valleys EMS Agency's Continuous Quality Improvement (CQI) plan aims to elevate emergency medical services in the region by integrating future-focused EMS strategies. Leveraging FirstWatch/FirstPass and the ImageTrend CQI module, this plan focuses on performance enhancement and exceptional care delivery.

II. Introduction

Background

Recognizing the evolving landscape of emergency medical services, this CQI plan establishes a strategic and modernized approach to address current challenges and opportunities.

Purpose and Objectives

The plan's purpose is to create a systematic framework for continuous improvement, with objectives including the integration of future-focused EMS strategies, the continued application of the Deming model for improvement, and the utilization of FirstWatch/FirstPass and ImageTrend CQI modules.

CVEMSA Staff

The EMS Agency is staffed with seven (7) full-time equivalent positions assigned to 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. Coordinators 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.

COASTAL VALLEYS EMS AGENCY

SERVING MENDOCINO AND SONOMA COUNTIES



- *The Advanced Life Support (ALS) Coordinators - responsible for the Quality Improvement (QI)/data system, training, and special projects.*
- *Trauma Coordinator - oversees the one Level II trauma center in Sonoma County and two Level IV trauma centers in Mendocino County. The coordinator manages the development of the regional trauma system, which also includes 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.*

Under the authority of the EMS Administrator and clinical oversight of the EMS Agency Medical Director, CVEMSA facilitates and supervises the delivery of emergency medical services for the Counties of Sonoma and Mendocino, through several processes, including, but not limited to:

- A. Accreditation of EMS providers,
- B. Approval of EMS training programs,
- C. Development and approval of medical treatment protocols and policies,
- D. Designation of base/receiving hospitals and specialty care centers,
- E. Oversight of contracts and agreements with provider agencies,
- F. Collection, review, and submission of EMS data to the California EMSA for system evaluation,
- G. Surveillance and evaluation of EMS service quality, including CQI activities.

III. Framework and Models

EMS Agenda for the Future 2050

Integration of the EMS agenda for the future 2050 remains a priority, emphasizing adaptability, technology integration, community engagement, and a patient-centered approach. The six key goals of the EMS Agenda for the Future 2050 are:

1. **Integration of EMS into the Healthcare System:** Enhance collaboration between EMS and other healthcare providers to provide seamless, patient-centered care.
2. **Community Paramedicine/Public Health:** Develop and expand community paramedicine programs to address public health needs and preventive care.
3. **Data-Driven Performance Improvement:** Leverage data for continuous improvement, ensuring evidence-based practices and enhanced patient outcomes.



4. **Operational Excellence:** Optimize operational efficiency and resource management to deliver timely and effective emergency medical services.
5. **Provider Safety and Resilience:** Prioritize the safety and well-being of EMS providers through comprehensive training, support, and mental health resources.
6. **Innovation and Technology:** Embrace technological advancements and innovation to improve response times, communication, and overall service quality.

IV. Data Collection and Analysis

FirstWatch/FirstPass Software

Real-time data collection, monitoring, and analysis will be facilitated through FirstWatch/FirstPass software, ensuring a timely and data-driven approach to quality improvement.

ImageTrend CQI Module

The ImageTrend CQI module will provide a comprehensive tool for tracking and analyzing data related to patient care, incident response, and overall system performance.

Data Sources

Data from patient feedback, unusual occurrence reports, and base hospital and stakeholder involvement will offer a comprehensive view of EMS service quality.

V. Performance Metrics

Key Performance Indicators (KPIs)

Specific KPIs established to measure and track critical aspects of EMS performance, including response times, patient outcomes, and adherence to best practices through FirstWatch/FirstPass software.

Benchmarks

Benchmarking against national standards and best practices provides a basis for evaluating and improving performance metrics.

VI. Improvement Strategies

Root Cause Analysis

A structured process for root cause analysis will be employed to identify and address underlying issues affecting performance.



Quality Improvement Initiatives

In addition to targeted initiatives, the plan will incorporate the Deming model for improvement, emphasizing the continuous improvement cycle of Plan-Do-Study-Act to drive sustained excellence.

Training and Education

Monthly Advanced Life Support Update Class for Paramedics

To enhance the skills of Paramedics, a monthly Advanced Life Support update class will be continued. This class covers the latest advancements in ALS procedures, technologies, and best practices, ensuring Paramedics stay current with industry standards.

VII. Communication and Collaboration

Stakeholder Engagement

Stakeholders, including EMS providers, staff, and the broader community are actively engaged in the improvement process through regular communication and collaboration. Some of these opportunities include.

- 1) Emergency Medical Care Committee- Quarterly
- 2) Medical Advisory Committee- Quarterly
- 3) Trauma Advisory Committee- Quarterly
- 4) CQI Committee- Quarterly
- 5) Policy Advisory Committee- Quarterly
- 6) STEMI Advisory Committee- Biannually
- 7) Stroke Advisory Committee- Biannually

Feedback Mechanisms

Established feedback mechanisms enable continuous input from both internal and external sources, ensuring a dynamic and responsive approach to improvement.

VIII. Monitoring and Evaluation

Monitoring Process

The Coastal Valleys EMS Agency is committed to implementing a robust monitoring process designed to comprehensively assess the effectiveness of improvement initiatives and ensure continuous optimization of emergency medical services. The monitoring process involves a multi-faceted approach that encompasses several key components:



1. Real-Time Performance Monitoring:

- **Technology Integration:** Leveraging advanced monitoring tools and technologies, our agency conducts real-time performance monitoring to track key performance indicators (KPIs), response times, and other critical metrics.
- **FirstWatch/FirstPass Software:** The integration of FirstWatch/FirstPass software enables instant access to critical data, allowing for immediate identification of potential issues and prompt response to emerging trends.

2. Data Analysis and Trend Identification:

- **Data Analytics Team:** A dedicated data analytics team is responsible for conducting in-depth analysis of collected data. This team will identify trends, patterns, and potential areas for improvement, contributing to evidence-based decision-making.
- **Regular Data Review Meetings:** Regular meetings are scheduled to review data findings and discuss actionable insights. This collaborative approach ensures that all stakeholders are involved in the monitoring process.

3. Performance Dashboards and Reports:

- **Customized Dashboards:** The development of customized performance dashboards will provide a visual representation of key metrics, making it easier for stakeholders to grasp overall performance at a glance. This remains a work in progress.
- **Regular Reporting:** Periodic reports are generated to communicate key findings, progress, and challenges to internal and external stakeholders. These reports facilitate transparency and accountability.

4. Benchmarking and Comparative Analysis:

- **National Benchmarks:** Coastal Valleys EMS Agency will regularly benchmark its performance against national standards (NEMSQA) and best practices. Comparative analysis will provide valuable insights into how our agency compares to industry benchmarks and where improvements can be made.

5. Feedback Integration:

- **Stakeholder Feedback:** Continuous feedback from EMS providers, staff, and other stakeholders is integrated into the monitoring process. This feedback loop ensures that the experiences and insights of those directly involved in service delivery are considered in the evaluation.

6. Adaptive Metrics and Key Performance Indicators:

- **Dynamic Metrics Selection:** The agency will maintain an adaptive approach to metrics selection, ensuring that the monitoring process remains aligned with the evolving needs of the EMS landscape.



- Key Performance Indicator Adjustments: If required, adjustments to key performance indicators will be made based on industry advancements, changes in regulations, or emerging best practices.

IX. Reporting

Internal Reports

Regular internal reports communicate progress, challenges, and outcomes of CQI activities, fostering transparency and accountability within the organization.

External Reports

External stakeholders will be informed of improvements and achievements through clear and accessible reporting mechanisms.

NEMSQA Measures

Coastal Valleys EMS Agency encourages EMS providers to report biannually on their National EMS Quality Alliance (NEMSQA) measures. This reporting will contribute to the overall assessment of EMS service quality and assist in identifying areas for improvement.

X. Continuous Review and Revision

Periodic Review

The CQI plan will undergo periodic reviews to ensure its relevance and effectiveness in addressing emerging challenges and opportunities.

XI. Conclusion

Summary

The Coastal Valleys EMS Agency's updated CQI plan maintains its use of the Deming model for improvement, continues a monthly Advanced Life Support update class for Paramedics, and aligns with the six key goals outlined in the EMS Agenda for the Future 2050. Embracing future-focused strategies, this plan reflects our commitment to excellence, innovation, and the well-being of our community.