

EMS SYSTEM GUIDELINES
PART III
EMS SYSTEM PLANNING GUIDELINES



JUNE 1994

EMS SYSTEM GUIDELINES

Part III: EMS System Planning Guidelines

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**EMS SYSTEM GUIDELINES
PART III:
EMS SYSTEM PLANNING GUIDELINES**

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June 1994
Second Edition

LIST OF ACRONYMS

ADA	-	Average Daily Attendance
ALS	-	Advanced Life Support
ARN	-	Authorized Registered Nurse (also see MICN)
BLS	-	Basic Life Support
CISD	-	Critical Incident Stress Debriefing
CCP	-	Casualty Collection Point
CPR	-	Cardio-Pulmonary Resuscitation
DMAT	-	Disaster Medical Assistance Team
DMS	-	Disaster Medical Services
EMD	-	Emergency Medical Dispatcher
EMS	-	Emergency Medical Services
EMSA	-	Emergency Medical Services Authority
EMT-I	-	Emergency Medical Technician-I
EMT-ID	-	EMT-I Defibrillation
EMT-II	-	Emergency Medical Technician-II
EMT-P	-	Emergency Medical Technician-Paramedic
EOA	-	Exclusive Operating Area
FY	-	Fiscal Year
H&SC	-	Health and Safety Code
HazMat	-	Hazardous Materials
ICS	-	Incident Command System
ICU	-	Intensive Care Unit
JTPA	-	Job Training Partnership Act
LALS	-	Limited Advanced Life Support
LEMSA	-	Local Emergency Medical Services Agency
MCI	-	Multi-Casualty Incident
MICN	-	Mobile Intensive Care Nurse (also see ARN)
OASIS	-	Operational Area Satellite Information System
OES	-	Office of Emergency Services
OTS	-	Office of Traffic Safety
PHHS	-	Preventive Health and Health Services [Block Grant]

LIST OF ACRONYMS

PLN -	Prehospital Liaison Nurse
PSAP -	Public Service Answering Point
QA -	Quality Assurance
QI -	Quality Improvement
RACES -	Radio Amateur Civil Emergency Service
RDMHC-	Regional Disaster Medical/Health Coordinator
SB -	Senate Bill
SEMS -	Standardized Emergency Management System
TNC -	Trauma Nurse Coordinator

INTRODUCTION

The *EMS System Planning Guidelines* are Part III of the California Emergency Medical Services (EMS) Authority's *EMS System Guidelines*. Part I, *EMS Systems Standards and Guidelines*, identifies minimum standards and recommended goals for local EMS systems. Part II, *Implementation Resource*, is intended to provide additional information and assistance to local EMS agencies in planning and developing their systems.

These *Planning Guidelines* define the specific required contents and format of the local EMS plans required by Section 1797.250, et seq. of the Health and Safety Code (H&SC). They also provide mechanisms to:

- ! Incorporate the specific standards and guidelines from Part I into local system development activities;
- ! Conduct structural system evaluation and quality assurance processes on the local and state levels; and
- ! Prioritize local system funding needs.

1. PLANNING TECHNIQUES

A. SYSTEM PLANNING

One of the primary tasks of local EMS agencies is development of an EMS system plan. Section 1797.254 of the H&SC calls for each Local Emergency Medical Services Agency (LEMSA) to submit an EMS plan annually to the EMS Authority. The purpose of the plan, however, is more than to merely meet the requirement of the law. The plan should also:

- ! Provide a framework for the planning and implementation of LEMSA;
- ! Demonstrate that LEMSA meets minimum state standards;
- ! Demonstrate that LEMSA complies with various state laws and regulations;
- ! Demonstrate that LEMSA is planning, implementing, and evaluating a system which provides well managed, patient-oriented emergency health care, taking into consideration the coordination of resources with neighboring EMS systems;
- ! Be a useful tool to LEMSA in development of long-range goals and annual workplans; and
- ! Be the primary mechanism to collect system information to avoid duplication and streamline the information collection process.

The plan should set overall goals for the optimal EMS system. It should identify the financial, technical, and political opportunities that would facilitate attaining an optimal EMS system as well as constraints which prevent the system from attaining this optimum. Based on these goals, constraints, and opportunities, attainable objectives can be established. The plan should identify the resources which are needed for system development, establish annual and long-range work plans for achieving the objectives, and determine the roles and responsibilities of system participants.

B. PLANNING PROCESS

Emergency Medical Services system planning begins with the question "What need will the system meet?" The answer to this question establishes the overall goals of the system. The goals identify the targets of the system, such as patients within the clinical target groups. The system's boundaries are defined in this initial step.

The second step of the planning process is to define the optimal system. The planner answers the question "If I could start this system totally from scratch, without any limitations or constraints caused by past practices or decisions, how would I design it?" This approach allows the planner to consider the optimal system prior to determining limiting factors. The optimal system is based on national, state, and local standards for emergency medical care and operations, legal minimums, and demands which are placed on the system through the public policy arena.

After determining the optimal system, the planner can then look at the environment in which the system operates. At this stage, system opportunities, (e.g. legal, financial, political, technological) and system constraints can be identified. The result is the system design: the optimal system which is realistically possible, given the opportunities and constraints which are present.

The existing system is then examined and compared to the system design. Problem areas are identified and objectives are developed for overcoming these problems. With consideration of the resources which are available for system development, the objectives are prioritized into immediate and long-range. The result becomes part of the annual workplan for the agency.

For each system need, an objective should be stated which explains what the need is and how it will be met. All areas in which the current system does not meet the system design should be identified. A timeline for meeting each objective should also be identified. A flow chart depicting the inputs, processes, and outputs of the planning process is on the following page.

In planning, the process is often more important than the resulting document. The plan can be a tool to focus attention on system needs and to involve appropriate parties--both provider (e.g. emergency medical care committees, public safety agencies, hospitals, ambulance services, professional associations, and managed care providers) and consumer (e.g. Area Agency on Aging & elected officials)--in the system. The value of an open planning process should be self-evident.

flow chart goes here - pg. 4

2. EMS PLAN FORMAT AND CONTENTS

EMS plans will include a combination of:

- ! Narrative descriptions of the system's compliance with the state's *EMS Systems Standards and Guidelines*,
- ! Specific numbers describing the system's resources and operations, and
- ! Directories, identifying specific resources available within the system.

The EMS Plan is intended to be both a workplan and a long-range plan. A full plan is required every five years (although some agencies may elect to submit a revised plan more often). In each year following the development of the EMS Plan, an annual workplan shall be submitted, providing updated information on the status of the system and the EMS agency's progress in meeting its long-range plans.

Plans should be submitted in loose leaf format, permitting updating of sections which have been changed. The initial five-year plan is due by March 1, 1995. The annual updates are due October 1 of each year, beginning with 1996. The five-year plan should include the following sections:

SECTION 1. Executive Summary

This section provides a brief overview of the plan. It should identify the major needs which have been found and an abstract of the proposed program solutions.

SECTION 2. Assessment of System

This section provides a specific evaluation of how the system currently meets the state's *EMS Systems Standards and Guidelines*. It identifies system needs and provides a mechanism for planning of activities necessary to comply with the state standards.

The section should begin with the Summary Table (Table 1). Then, for each standard identified beginning on page 12 of Part I of the *EMS System Standards and Guidelines*:

- ! Describe the current status of the system as it relates to the individual standard; Describe efforts to coordinate resources and/or services with other EMS agencies, (only required for those standards on Table 1 identified with an asterisk);
- ! If the minimum is not met, provide a "needs statement";
- ! Provide specific objective(s) for meeting the minimum standard or upgrading toward the recommended guideline; and
- ! Assign each objective to either the Annual Workplan or the Long-Range Plan

The format for the aforementioned assessment of each standard, along with a completed example, is provided in Appendix 1.

SECTION 3. System Resources and Operations

This section describes the resources available within the EMS system and provides certain indicators of system operation. The checklist and fill-in-the-blank formats replace much of what was provided by narrative in previous years. These items are subject to an annual update and should be provided on Tables 2 to 7. The table included in Table 2 replaces the current process of collecting this information through a separate salary survey.

SECTION 4. Resource Directories

This section identifies specific resources within the system. These items are subject to an annual update and should be provided on Tables 8 to 11b. These tables are not intended to duplicate information currently collected at the EMSA. They will become the new mechanism for updating existing lists and data bases (e.g. Provider List, Approved Prehospital Care Training Programs, *Designated Trauma Centers in California*, and disaster information listings.)

SECTION 5. Description of Plan Development Process

This section consists of a narrative description of the process of developing the plan. It should demonstrate that interested parties, both provider and consumer, had an opportunity to provide input on the plan and that the plan was approved by the appropriate governing body.

Include a resolution adopting the plan from the EMS agency's governing body.

SECTION 6. Annex

In this section, agencies which have elected to develop a trauma care system, grant exclusive operating permits, and/or develop a pediatric emergency medical and critical care subsystem shall provide specific subsystem plans. The information required and specific format are specified in the guidelines provided in Appendices 2-4.

1. Trauma Care System Plan

The trauma plan will incorporate the existing planning guidelines which have been provided in Appendix 2.

2. AB 3153 Compliance (implementation of Section 1797.224, H&SC)

The exclusive operation permits will be granted in accordance with the guidelines provided in Appendix 3.

3. Pediatric Subsystem Plan

The pediatric subsystem plan will incorporate the planning guidelines which are provided in Appendix 4.

The following table lists the format and time frame for updating each of the six sections of the local EMS plan.

**LOCAL EMS PLAN and ANNUAL UPDATES
CONTENT and FORMAT**

SECTION	FORMAT	FIVE-YEAR PLAN*	ANNUAL UPDATE
1. Executive Summary	Narrative	x	
Description of Changes	Narrative		x
2. Assessment of System	Table 1	x	x
	Narrative/Data (in prescribed format)	x	x (as needed)
3. System Resources & Operations	Tables 2-7	x	x (as needed)
4. Resource Directories	Tables 8-11b	x	x (as needed)
5. Description of Plan Development Process	Narrative	x	
6. Annex	Narrative & data (in prescribed format)	x	x (as needed)

*If any area of the Plan deviates significantly from the Five-Year Plan, the changes must be submitted as part of the annual update.

3. ANNUAL WORKPLAN FORMAT AND CONTENTS

The annual update will consist of the following three sections:

SECTION 1: Summary of Changes

SECTION 2: Updates of Specific Information

The information provided in Sections 3, and 4 of the EMS plan are to be updated annually. This should be provided on the appropriate forms (Tables 2 to 11b). The EMS Authority will seek to have a computer reporting format available in the future.

SECTION 3: Progress from Previous Year

This section should describe changes in the EMS system and progress toward the objectives identified in the Plan. Changes and updates to Section 2 of the EMS Plan should be included in this section. Include updates to Table 1.

1. Major Changes: Provide a narrative description of any major changes which have occurred in the system since the long-range plan was adopted. Major changes would include changes such as changing providers, designating new centers, changing key personnel, etc.
2. Specific Objectives: Assess the progress made in meeting the objectives which were identified in the previous year's workplan.
3. Objectives: Identify the objectives from the long-range plan on which the agency plans to work during the current year.
4. Timeline/Actions: Provide a specific description of the agency's plan, including time frames, to implement the above objectives.

4. DATA/SYSTEM EVALUATION

The Emergency Medical Services Authority (EMSA) believes that with technological advances and dwindling resources meaningful prehospital data collection by EMS agencies is a prerequisite for cost-effective and reliable EMS system analysis. It is difficult for EMS to compete in the funding arena or to truly validate system needs without the purposeful collection and analysis of data. In addition, federal funding agencies are emphasizing statewide data collection and linkage projects which require the development of standardized and compatible local data systems.

A uniform core data set is key to the aggregation of data at the state level, for prehospital research, and to the performance of a statewide EMS system. The EMSA realizes that standardized statewide data collection is a long-term proposal. The document, *Emergency Medical Services Data System Standards*, November 1993, EMSA #161, will provide initial guidance. Prehospital data collection using the standardized core data is promoted via the *EMS Systems Guidelines* as a required activity. The EMSA will continue to support local data efforts by providing technical assistance and by making data collection efforts a special funding priority.

To comply with data reporting requirements to the EMSA, follow the standards and format set forth in the *Data System Standards* EMSA #161. If you would like a copy of the *Data System Standards*, you may contact the EMSA.

Below is the time frame for submitting data:

EMS Data Standards (H&SC 1797.254)	June 1
for 1st quarter (Jan., Feb., March)	
September 1 for 2nd quarter	
December 1 for 3rd quarter	
March 1 for 4th quarter	
Defibrillation Data (CCR 100064)	March 1
EMT-I and Public Safety for previous calendar year	
Trauma System Costs (H&SC 1798.164)	January 1
for previous fiscal year	
EMS Fund Report (H&SC 1797.98b)	January 1
for previous fiscal year	
Poison Control Centers (H&SC 1798.180)	March 1
for previous calendar year	

TABLES

NOTE: THESE TABLES ARE TO BE INCLUDED IN THE EMS PLAN AND UPDATED EACH YEAR AS NECESSARY IN THE ANNUAL WORKPLAN.

TABLE 1: Summary of System Status

Place an "x" in the appropriate boxes for each standard. Complete a System Assessment form (Attachment 1) for each standard. For those items from Table 1 that are followed by an asterisk, describe on the Assessment form how resources and/or services are coordinated with other EMS agencies in meeting the standards. Table 1 and the System Assessment form are to be reported by agency.

The last two columns of Table 1 refer to the time frame for meeting the objective. Put an "x" in the "Short-range Plan" column if the objective will be met within a year. Put an "x" in the "Long-range Plan" column if the objective will take longer than a year to complete. If the minimum or recommended standard is currently met no "x" is required in either column.

A. SYSTEM ORGANIZATION AND MANAGEMENT

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:					
1.01 LEMSA Structure					
1.02 LEMSA Mission					
1.03 Public Input					
1.04 Medical Director					
Planning Activities:					
1.05 System Plan					
1.06 Annual Plan Update					
1.07 Trauma Planning*					
1.08 ALS Planning*					
1.09 Inventory of Resources					
1.10 Special Populations					
1.11 System Participants					
Regulatory Activities:					

1.12	Review & Monitoring					
1.13	Coordination					
1.14	Policy & Procedures Manual					
1.15	Compliance w/ Policies					
System Finances:						
1.16	Funding Mechanism					

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Medical Direction:					
1.17	Medical Direction*				
1.18	QA / QI				
1.19	Policies, Procedures, Protocols				
1.20	DNR Policy				
1.21	Determination of Death				

1.22	Reporting of Abuse					
1.23	Interfacility Transfer					
Enhanced Level: Advanced Life Support:						
1.24	ALS Systems					
1.25	On-Line Medical Direction					
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan					
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan					
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan					

B. STAFFING / TRAINING

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:					
2.01 Assessment of Needs					
2.02 Approval of Training					
2.03 Personnel					
Dispatchers:					
2.04 Dispatch Training					
First Responders (non-transporting):					
2.05 First Responder Training					
2.06 Response					
2.07 Medical Control					
Transporting Personnel:					
2.08 EMT-I Training					
Hospital:					
2.09 CPR Training					
2.10 Advanced Life Support					

Enhanced Level: Advanced Life Support:					
2.11	Accreditation Process				
2.12	Early Defibrillation				
2.13	Base Hospital Personnel				

C. COMMUNICATIONS

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

D. RESPONSE / TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01 Service Area Boundaries*					
4.02 Monitoring					
4.03 Classifying Medical Requests					
4.04 Prescheduled Responses					
4.05 Response Time Standards*					
4.06 Staffing					
4.07 First Responder Agencies					
4.08 Medical & Rescue Aircraft*					
4.09 Air Dispatch Center					
4.10 Aircraft Availability*					
4.11 Specialty Vehicles*					
4.12 Disaster Response					
4.13 Intercounty Response*					

4.14 Incident Command System					
4.15 MCI Plans					
Enhanced Level: Advanced Life Support:					
4.16 ALS Staffing					
4.17 ALS Equipment					

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Enhanced Level: Ambulance Regulation:					
4.18	Compliance				
Enhanced Level: Exclusive Operating Permits					
4.19	Transportation Plan				
4.20	"Grandfathering"				
4.21	Compliance				
4.22	Evaluation				

E. FACILITIES / CRITICAL CARE

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

5.10	Pediatric System Design					
5.11	Emergency Departments					
5.12	Public Input					
Enhanced Level: Other Speciality Care Systems:						
5.13	Speciality System Design					
5.14	Public Input					

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				
6.02	Prehospital Records				
6.03	Prehospital Care Audits				
6.04	Medical Dispatch				
6.05	Data Management System*				

6.06	System Design Evaluation					
6.07	Provider Participation					
6.08	Reporting					
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit					
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation					
6.11	Trauma Center Data					

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					
7.02 Injury Control					
7.03 Disaster Preparedness					
7.04 First Aid & CPR Training					

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*					
8.02 Response Plans					
8.03 HazMat Training					
8.04 Incident Command System					
8.05 Distribution of Casualties*					
8.06 Needs Assessment					
8.07 Disaster Communications*					
8.08 Inventory of Resources					
8.09 DMAT Teams					
8.10 Mutual Aid Agreements*					
8.11 CCP Designation*					
8.12 Establishment of CCPs					
8.13 Disaster Medical Training					
8.14 Hospital Plans					
8.15 Interhospital Communications					

8.16	Prehospital Agency Plans					
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies					
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles					
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity					

TABLE 2: SYSTEM RESOURCES AND OPERATIONS
System Organization and Management

EMS System: _____
 Reporting Year: _____

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

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

County: _____

- | | |
|---|---------|
| a. Basic Life Support (BLS) | _____ % |
| b. Limited Advanced Life Support (LALS) | _____ % |
| c. Advanced Life Support (ALS) | _____ % |

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

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

4. Indicate the non-required functions which are performed by the agency
- | | |
|---|-------|
| Implementation of exclusive operating areas (ambulance franchising) | _____ |
| Designation of trauma centers/trauma care system planning | _____ |
| Designation/approval of pediatric facilities | _____ |
| Designation of other critical care centers | _____ |
| Development of transfer agreements | _____ |
| Enforcement of local ambulance ordinance | _____ |
| Enforcement of ambulance service contracts | _____ |
| Operation of ambulance service | _____ |

Table 2 - System Organization & Management (cont.)

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

5. EMS agency budget for FY _____

A. EXPENSES

Salaries and benefits (all but contract personnel)	\$ _____
Contract Services (e.g. medical director)	_____
Operations (e.g. copying, postage, facilities)	_____
Travel	_____
Fixed assets	_____
Indirect expenses (overhead)	_____
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

TOTAL EXPENSES \$ _____

Table 2 - System Organization & Management (cont.)

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]

Preventive Health and Health Services (PHHS) Block Grant \$ _____

Office of Traffic Safety (OTS) _____

State general fund _____

County general fund _____

Other local tax funds (e.g., EMS district) _____

County contracts (e.g. multi-county agencies) _____

Certification fees _____

Training program approval fees _____

Training program tuition/Average daily attendance funds (ADA)
Job Training Partnership ACT (JTPA) funds/other payments _____

Base hospital application fees _____

Base hospital designation fees _____

Trauma center application fees _____

Trauma center designation fees _____

Pediatric facility approval fees _____

Pediatric facility designation fees _____

Table 2 - System Organization & Management (cont.)

Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	_____
Contributions	_____
EMS Fund (SB 12/612)	_____
Other grants: _____	_____
Other fees: _____	_____
Other (specify): _____	_____
TOTAL REVENUE	\$ _____

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.
IF THEY DON'T, PLEASE EXPLAIN BELOW.*

Table 2 - System Organization & Management (cont.)

6. Fee structure for FY _____

_____ We do not charge any fees

_____ Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	_____
EMT-I certification	_____
EMT-I recertification	_____
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
EMT-II certification	_____
EMT-II recertification	_____
EMT-P accreditation	_____
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	_____
MICN/ARN recertification	_____
EMT-I training program approval	_____
EMT-II training program approval	_____
EMT-P training program approval	_____
MICN/ARN training program approval	_____
Base hospital application	_____
Base hospital designation	_____
Trauma center application	_____
Trauma center designation	_____
Pediatric facility approval	_____
Pediatric facility designation	_____

Table 2 - System Organization & Management (cont.)

Other critical care center application

Type: _____

Other critical care center designation

Type: _____

Ambulance service license \$ _____

Ambulance vehicle permits _____

Other: _____

Other: _____

Other: _____

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of _____.

Table 2 - System Organization & Management (cont.)

EMS System: _____

Reporting Year: _____

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./Dir.					
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./Trng Coord.					
Program Coord./Field Liaison (Non-clinical)					
Trauma Coord.					
Med. Director					
Other MD/Med. Consult./Trng. Med. Dir.					
Disaster Med. Planner					

Include an organizational chart of the local EMS agency and a county organizational chart(s) indicating how the LEMSA fits within the county/multi-county structure.

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor					
Data Evaluator/ Analyst					
QA/QI Coordinator					
Public Info. & Ed. Coord.					
Ex. Secretary					
Other Clerical					
Data Entry Clerk					
Other					

Include an organizational chart of the local EMS agency and a county organizational chart(s) indicating how the LEMSA fits within the county/multi-county structure.

TABLE 3: SYSTEM RESOURCES AND OPERATIONS -- Personnel/Training

EMS System: _____

Reporting Year: _____

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total certified					
Number newly certified this year					
Number recertified this year					
Total number of accredited personnel on July 1 of the reporting year					
Number of certification reviews resulting in:					
a) formal investigations					
b) probation					
c) suspensions					
d) revocations					
e) denials					
f) denials of renewal					
g) no action taken					

1. Number of EMS dispatchers trained to EMSA standards: _____

2. Early defibrillation:

a) Number of EMT-I (defib) certified _____

b) Number of public safety (defib) certified (non-EMT-I) _____

3. Do you have a first responder training program? **9** yes **9** no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: _____

County: _____

Reporting Year: _____

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

1. Number of primary Public Service Answering Points (PSAP) _____
2. Number of secondary PSAPs _____
3. Number of dispatch centers directly dispatching ambulances _____
4. Number of designated dispatch centers for EMS Aircraft _____
5. Do you have an operational area disaster communication system? yes ____ no ____
 - a. Radio primary frequency _____
 - b. Other methods _____
 - c. Can all medical response units communicate on the same disaster communications system?
yes ____ no ____
 - d. Do you participate in OASIS? yes ____ no ____
 - e. Do you have a plan to utilize RACES as a back-up communication system?
yes ____ no ____
 - 1) Within the operational area? yes ____ no ____
 - 2) Between the operational area and the region and/or state? yes ____ no ____

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: _____

Reporting Year: _____

Note: Table 5 is to be reported by agency.

TRANSPORTING AGENCIES

- 1. Number of exclusive operating areas _____
- 2. Percentage of population covered by Exclusive Operating Areas (EOA) _____ %
- 3. Total number responses _____
 - a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren) _____
 - b) Number non-emergency responses (Code 1: normal) _____
- 4. Total number of transports _____
 - a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren) _____
 - b) Number of non-emergency transports (Code 1: normal) _____

Early Defibrillation Providers

- 5. Number of public safety defibrillation providers _____
 - a) Automated _____
 - b) Manual _____
- 6. Number of EMT-Defibrillation providers _____
 - a) Automated _____
 - b) Manual _____

Air Ambulance Services

- 7. Total number of responses _____
 - a) Number of emergency responses _____
 - b) Number of non-emergency responses _____
- 8. Total number of transports _____
 - a) Number of emergency (scene) responses _____

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

Revision #1 [2/16/95]

EMS System: _____

County: _____

Reporting Year: _____

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name

Contact Person telephone no.

Address

<p>Student Eligibility: *</p>	<p>Cost of Program</p> <p>Basic _____</p> <p>Refresher _____</p>	<p>**Program Level: _____</p> <p>Number of students completing training per year:</p> <p>Initial training: _____</p> <p>Refresher: _____</p> <p>Cont. Education _____</p> <p>Expiration Date: _____</p> <p>Number of courses: _____</p> <p>Initial training: _____</p> <p>Refresher: _____</p> <p>Cont. Education: _____</p>
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Training Institution Name

Contact Person telephone no.

Address

<p>Student Eligibility: *</p>	<p>Cost of Program</p> <p>Basic _____</p> <p>Refresher _____</p>	<p>**Program Level: _____</p> <p>Number of students completing training per year:</p> <p>Initial training: _____</p> <p>Refresher: _____</p> <p>Cont. Education _____</p> <p>Expiration Date: _____</p> <p>Number of courses: _____</p> <p>Initial training: _____</p> <p>Refresher: _____</p> <p>Cont. Education: _____</p>
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* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Facilities

Revision #1 [2/16/95]

EMS System: _____ County: _____ Reporting Year: _____

NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone:		Primary Contact:			
Written Contract	9 yes 9 no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	9 9 9 9	Base Hospital: 9yes 9 no	Pediatric Critical Care Center: * 9 yes 9 no
EDAP:**	9 yes 9 no	PICU:*** 9 yes 9 no	Burn Center: 9 yes 9 no	Trauma Center: 9yes 9 no	If Trauma Center what Level:****

Name, address & telephone:		Primary Contact:			
Written Contract	9 yes 9 no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	9 9 9 9	Base Hospital: 9yes 9 no	Pediatric Critical Care Center: * 9 yes 9 no
EDAP:**	9 yes 9 no	PICU:*** 9 yes 9 no	Burn Center: 9 yes 9 no	Trauma Center: 9yes 9 no	If Trauma Center what Level:****

- * Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*.
- ** Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*.
- *** Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*.
- **** Levels I, II, III and Pediatric.

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #2 [9/14/95]

EMS System: _____ County: _____ Reporting Year: _____

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name, address & telephone:			Primary Contact:
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone:			Primary Contact:
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

APPENDICES

APPENDIX 1: System Assessment Form

APPENDIX 2: Trauma Planning Guidelines

APPENDIX 3: Exclusive Operating Area Guidelines

APPENDIX 4: Pediatric Subsystem Planning Guidelines

APPENDIX 1: System Assessment Form

An example of a completed System Assessment form follows this page.

STANDARD:

(THE STANDARDS FROM THE EMS SYSTEM STANDARDS AND GUIDELINES ARE AVAILABLE ON DISK.)

CURRENT STATUS:

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

SYSTEM ASSESSMENT (example)

STANDARD

2.xx Public safety telephone operators shall have emergency medical orientation and all medical dispatch personnel shall receive emergency medical dispatch training.

Public safety telephone operators should have emergency medical orientation and all medical dispatch personnel should be trained and certified in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

CURRENT STATUS:

No local program exists for training of telecommunications personnel, other than on-the-job training provided by employers.

The County EMS Dispatch Center interrogates reporting parties and uses dispatch triage, but does not provide pre-arrival instructions.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

A pre-service training program for EMS dispatchers.

OBJECTIVE:

OBJECTIVE 2-1:

The LEMSA, in conjunction with the Community College should develop and present an EMS Dispatch course meeting the standards of the U.S. Department of Transportation.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

APPENDIX 2:

Trauma Planning Guidelines

If you need a copy contact the EMS Authority.

APPENDIX 3: Exclusive Operating Area Guidelines

EMSA #141
under revision

If you need a copy of the existing EMSA #141 dated July 1985, contact the EMS Authority.

APPENDIX 4: Pediatric Subsystem Planning Guidelines

EMSA #181
Under development

The pediatric planning guidelines will be mailed under separate cover when they become available.