

INTRODUCTION

This Emergency Medical Services (EMS) plan has been developed for Merced County following an analysis of the EMS delivery system. The analysis followed a process that elicited input from multiple participants in the EMS system. The Merced County EMS Agency engaged the assistance of an EMS consultant, The Abaris Group, to facilitate the process.

The analysis and ultimate plan development was kicked off by an EMS Plan Development Vision Retreat, held in Santa Nella. Multiple system participants were involved in a facilitated, structured visioning process lead by Diane Akers, Consultant. Their input was invaluable towards establishing a comprehensive plan that would meet the diverse needs and challenging environment encompassed by Merced County.

The Merced County EMS System Plan approval process stipulates a period for review and comment to the draft plan prior to its presentation to the Merced County Board of Supervisors. The ultimate goal of the Merced County EMS System Plan is to define an effective and efficient EMS system that can assure consistent, high-quality emergency medical services to the residents and visitors of Merced County within available resources. Other considerations are also important. These include the establishment of a fiscally stable and responsible system, provision for community involvement in defining the level of emergency medical services, and development of a system that can withstand challenges and thrive into the future.

SECTION I – EXECUTIVE SUMMARY/OVERVIEW

The Merced County Emergency Medical Services (EMS) system has undergone significant development since its initiation as a free-standing EMS Agency on July 1, 1993. It originally was part of the then Alpine, Mother Lode, San Joaquin EMS Agency (Mountain-Valley). The move to free-standing EMS agency status has allowed the County to involve the many agencies responsible for the delivery of prehospital EMS within Merced County with the planning, development, and evolution of the EMS system to a greater extent than previously possible.

Merced County EMS is situated in a primarily rural, agriculturally based area of the California central valley. Due to the rural nature of the area, access to routine health care is a problem. The EMS system is often used as a safety net for these needs. The Merced County EMS Agency continues to enhance the system and look for ways to meet the needs of its communities.

Purpose

The Merced County EMS System Plan is a description of the current capabilities and future goals of the EMS system in the County. The purpose of this plan is to comply with the California Health and Safety Code and provide direction for the EMS system. It is intended to provide an organized and logical guide towards assuring the highest quality of emergency care to all in Merced County. This plan recognizes that a vast partnership of organizations, institutions, and individuals form the nucleus of a quality EMS system. It is only through this partnership and adherence to the highest standards of care that the goals of this plan will be achieved.

Background

During 1966, the so-called EMS “White Paper” titled “Accidental Death and Disability: The Neglected Disease of Modern Society,” identified deficiencies in providing emergency medical care in the country.¹ This paper was the catalyst to spurring federal leadership towards an organized approach to EMS. Through the enactment of the 1966 Highway Safety Act, the states’ authority to set standards and regulate EMS was further reinforced and encouraged. This Act also provided highway-safety funds to buy equipment and train personnel.

During 1973, the Emergency Medical Services Act (PL-93-154) was enacted to promote the development of regional EMS systems. Fifteen program components were recognized as essential elements of an EMS system. During 1981, this program ended and was folded into the Preventive Health and Human Services (PHHS) Block Grant Program. The original “White Paper,” the accompanying Highway Safety Act, the Emergency Medical Services Act and subsequent block-grant programs have

¹ National Committee of Trauma and Committee on Shock. “Accidental Death and Disability: The Neglected Disease of Modern Society,” Washington D.C., National Academy of Sciences/National Research Council, 1966.

contributed significantly to the improvement of EMS across the country. Recently, National Highway Traffic Safety Administration (NHTSA) published The EMS Agenda for the Future (1996)² and its companion guide, The EMS Agenda for the Future – Implementation Guide (1998)³. These documents seek to give EMS programs guidance and direction on EMS vision for the future. Key recommendations of these reports have been incorporated into the Merced County EMS plan.

Early in California, EMS program improvement took the form of increasing the standards for vehicle licensing and personnel certification. Emergency Medical Technician (EMT) training was required for ambulance personnel, as were ambulance inspections by the California Highway Patrol. Unbridled growth of ambulance services and the difficulty of monitoring ambulance providers and their personnel led some communities to limit the number of transporting ambulance services serving their communities. These communities relied on licensing ambulance services into designated service areas and limited new licensees. For the most part, this regulation was limited to monitoring equipment and controlling patient charges and did not begin to address the broad-ranged needs of an EMS system.

Significant state EMS direction and a leadership component for the development of EMS systems began occurring in 1981 with the establishment of State law and the California EMS Authority. After considerable debate, the California State Legislature enacted the “Emergency Medical Services System and Prehospital Emergency Medical Care Personnel Act” (Health and Safety code 1797, et seq.). This law specifically authorized local EMS agencies to “...*plan, implement and evaluate an emergency medical services system...consisting of an organized pattern of readiness and response services...*” (Health and Safety Code 1797.204). The Act further authorized local EMS agencies to plan, implement, and monitor limited advanced life support and advanced life support programs.

During 1985 and pursuant to Section 1797.103 of the California Health and Safety Code, the California EMS Authority promulgated the document Emergency Medical Services System Standards and Guidelines. These guidelines (subsequently revised in 1994) describe the basic components and general function of an EMS system. The following component titles are provided.

1. Staffing/Training
2. Communication
3. Response/Transportation
4. Facilities/Critical Care
5. System Organization and Management
6. Data Collection/System Evaluation)
7. Public Information and Education
8. Disaster Medical Response

² Emergency Medical Services Agenda for the Future. NHTSA, Washington DC, August 1996.

³ Emergency Medical Services Agenda for the Future – Implementation Guide. NHTSA, Washington DC, May 1998.

Local EMS Agency Functions

The principal functions of a local EMS agency are specified in the California State Health & Safety Code. These include but are not limited to:

- Planning, implementing, and evaluating the provision of emergency medical services.
- Approving and monitoring EMT-1, paramedic, and Mobile Intensive Care Nurse (MICN) training programs.
- Conducting certification, accreditation and authorization of EMT-Is, EMT-Ps, and MICNs and training program approval.
- Authorizing advanced life support (ALS) programs.
- Establishing policies and procedures for medical control of the EMS system, including dispatch, patient destination, patient care, and quality improvement.
- Establishing ordinances and/or exclusive operating areas for the regulation of ambulance services.
- Developing and implementing a trauma system plan.
- Developing standards for and authorizing base and ambulance receiving hospitals.

Overall Program Priorities/Direction

Overview

The Merced County EMS Agency is responsible for planning, administering, monitoring, and evaluating the EMS system in Merced County. This plan identifies key expectations, needs, program priorities, objectives and actions for each of the eight EMS system components. It is the intent of this plan to provide a clear and orderly framework for reviewing and revising the EMS system in Merced County.

New Direction/Philosophy

The overall philosophy in this plan is to proactively map a strategy for the future of this EMS system. This will involve challenging the basic assumptions of EMS system delivery, validating appropriate systems, and recommending revised approaches when the historical method cannot be documented as the most effective method for achieving quality and efficiency. To that end, the recommendations from the recent California Commission on EMS Vision Project, which brought together over 120 EMS leaders from around the State to review and make recommendations on the future of EMS in California, will be reviewed for possible incorporation into this local system.

One significant area to be explored is the existing prehospital delivery model. The health care industry and payers have been stressing the need for more accountability and documentation as to the outcome of current methods for responding to requests for emergency assistance. Other counties in the state are developing models for alternative response and treatment approaches to EMS patients that may be more appropriate for a

patient's specific needs, thereby keeping emergency medical resources available for the high-risk patients.

The method to achieve this effort will be through participatory planning with extensive use of advisory committees, steered by the Emergency Medical Care Committee. All planning and potential alternatives evaluated and implemented will be tied to a comprehensive management information system (MIS) and continuous quality improvement (CQI) process. Collaborative planning with all system participants, including health care providers and payers, will be encouraged. The premise will be quality and efficiency, with outcomes and validation based on parameters defined by the advisory groups.

Key ingredients to this effort are outlined below and are based on the objectives, goals and recommendations compiled following the EMS Plan Development Vision Retreat held on November 5, 1998.

System Organization and Management

Overview

To achieve the goals of this plan and obtain broad-based input, it will be necessary to review and reinforce the advisory structure for the EMS system. This review should include endorsing the role of the Emergency Medical Care Committee (EMCC) membership, mission, and expectations. The EMCC should continue in its oversight function but expand its charge to include broad-based planning steps as called for in this plan. To accomplish this task, advisory task forces would be formed under the umbrella of the EMCC, with active charges to accomplish the specific goals of this plan. Medical audit committees would be the responsibility of the Medical Director. The EMCC and its task forces should continue to be advisory to the County Public Health Director and the Board of Supervisors through the Merced County EMS Agency.

One key ingredient is the need to review Merced County EMS Agency staff functions and assignments. A reassessment of staff service lines with a view towards realignment, relative to the priorities and goals of this plan, may be needed.

Changes have already occurred in Merced County EMS over the past years to enhance the provision of ALS ground and air transportation, first responder roles, EMS dispatch center operations, public access, trauma system, data collection and evaluation and prevention activities.

Needs

This section represents areas of need or direction for Merced County EMS: bureaucracy needs to be minimized to ensure the effectiveness of the system; authority must be matched with accountability; assessment of funding/reimbursement options needs to be completed; increase participant involvement in issues and recommendations; investigate an option for an EMS Tax District; research the effects of patient out-migration on the

EMS and health care system; implement a complaint process whereby EMS providers can address their concerns; and standardize data collection.

Staffing/Training

Overview

Substantive standardization of training will require a coordinated effort between a variety of constituent groups at the State level. The State EMS Authority is reviewing the current Federal Department of Transportation Paramedic Curriculum for incorporation into the California system. The State is not, however, prepared to assume responsibilities for EMT-1 programs, certification, etc. Merced County should, nonetheless, coordinate with other EMS agencies, through the EMS Administrator's Association of California (EMSAAC) to develop guidelines for EMT programs that might be adopted by all systems in the state, moving us toward standardization. Access to continuing education opportunities is very limited and often requires substantial travel on the part of local personnel.

Needs

Merced County EMS needs to implement standard training, terminology, and procedures for personnel at all levels; train personnel from different EMS providers together; assess the efficiency of the staffing at all levels and research if consolidation is beneficial; encourage national registry of EMS personnel; train the weakest link in the system; evaluate discipline issues at jurisdictional levels; assess the integration of EMS and Public Health Services programs; assess funding issues for staffing/training personnel; and assess medical direction oversight.

Communications

Overview

EMS communications systems were established with federal grant funding, which was made available in the late 70's and early 80's. The radio system used by Merced County is the original medical network system distributed throughout the State of California with federal financial assistance. Much of the radio equipment in the EMS system is quite old and is nearing or at the end of its useful service life. Due to the age of the equipment, Motorola no longer supports the product. With hospital closures in this system (West Side and Bloss Hospitals) the County has been able to obtain spare parts from the unused radios for repairs. The ambulance providers have replaced most of the field radios in the system, however, only the Base Hospital has replaced any of the original hospital radio equipment.

MEDNET Channel 8 is used for Medical Control, MEDNET Channel 9 is used for dispatch, and there is a Fire White Frequency available for disasters. EMS providers operate on the VHF communications system, and some units have access to cellular phones. All three dispatching centers operate as Level II EMD centers, use CAD, have

pre-arrival instructions, and perform tiered response based on EMS protocols that are approved by the LEMSA.

With all primary and secondary PSAPs using enhanced 9-1-1 characteristics and with the implementation of freeway call boxes on State Highway 99, Interstate 5, and State Highway 152, Merced County has greatly expanded its public access system.

Needs

Merced County EMS Agency needs to research new technology to improve and upgrade the communications system; assess communication system compatibility among EMS providers; implement a global access frequency among law, fire and EMS that will result in increased communication abilities among providers for resource and scene coordination; and implement a cohesive PSAP system. In addition, expand MEDNET channels or alternative frequencies to area hospitals; assess the availability of translation services; and try to maintain local control of the communications equipment.

Response/Transportation

Overview

The EMS system in Merced County handled over 12,000 EMS 9-1-1 responses during calendar year 1997 and performed over 8,000 transports. There are three ground ambulance providers within the EMS system: American Medical Response, Riggs Ambulance, and West Side Ambulance. ALS ambulance providers operating under contracts with the county deliver all EMS patient transports. Air ambulances performed over 800 responses during calendar year 1997 and have become an integral part of the critical care component of EMS transportation services. Air ambulances are simultaneously dispatched to incidents within the County that meet pre-established criteria.

A significant scope of this component is the review and potential conceptual redesign of the current model used for response to emergency requests. An evaluation will be conducted to determine whether or not different models or approaches will be taken on issues of call triage, method and type of response, and alternatives for a patient destination and their potential effect on improving care, quality, outcome, and efficiency. Only those program concepts that are able to meet the scrutiny of these parameters and others established by the advisory committees will be recommended for implementation. Improved air medical coordination and an analysis of appropriate utilization patterns will be conducted.

Needs

Merced County EMS Agency needs to centralize dispatch to increase the efficiency of its EMS responses; have medically driven standards for response; assess the possibility of treat and release capabilities, assess deployment techniques for ultimate effectiveness; assess the quality and location of receiving facilities; research various cost controls/saving mechanisms, evaluate tiered response for cost-based analysis; use evidence based determinations; research alternative service delivery models and

franchise rights/opportunities; and assess the impact of managed care on the EMS system.

Facilities/Critical Care

Overview

Formal agreements exist between the EMS providers and facilities. Merced County recently initiated a trauma plan to contract for Major Trauma patient Receiving Centers in Modesto. The trauma plan calls for the future participation of local hospitals within Merced County at the EDAT level (for those not seeking trauma center designation).

Needs

Merced County EMS Agency needs to continue to identify the capabilities of facilities; attract the participation of key players when designing/partnering with facilities; obtain help from hospital administrators in instances where physicians tend to drive issues; decrease the duplication of services/consolidate these services; assess the technology and communications ability at the receiving facilities; train all staff, not just those at the base hospital, in understanding their role in EMS; enhance system-wide data collection through integration of the receiving facilities data with existing prehospital data and evaluate EMS for Children program enhancement opportunities.

Data Collection/System Evaluation

Overview

Tracking of EMS incidents has become greatly enhanced with the revision of the EMS Grid System several years ago. It documents the location of a particular event and helps in data collections and system refinement.

With near completion of the PCReporter Data System, Merced County will greatly enhance its data collection capability and quality. Standard definitions are established in "pick-lists" to limit individual interpretation. Free-text fields are all but eliminated, leaving nearly all data accessible to data queries and comprehensive reports.

The previous paper-based ambulance logs maintained by the receiving facilities will soon be replaced by a computer-based ambulance receiving database, which will allow for much greater access to comparative data for quality improvement purposes.

Needs

There is a need to establish a seamless link between prehospital and hospital data to facilitate outcome evaluations for various system policies and procedures. System-wide implementation of the PCReporter system will correct many of the inconsistencies noted in the data system and improve the quality improvement feedback loop timeframes. Coordination with all providers for trauma data has been recently implemented and will need to be monitored. Finally, with the move state-wide to develop standardized data

and quality improvement processes, we will review the recommendations from the State Vision Project for possible implementation.

Public Information and Education

Overview

There are public CPR classes offered at a variety of locations throughout the county. They are sponsored by hospitals, the community college, ambulance and fire services, as well the traditional American Heart Association and American Red Cross classes. The Merced County EMS Agency has endorsed Citizen CPR, which is a two-hour multi-media CPR and First Aid class, as a method of providing the public an opportunity to learn the mechanics of CPR without the necessity of an eight-hour commitment. With the implementation of an early defibrillation program in targeted areas of the County, coordination with local fire and ambulance services within these targeted areas increased the percentage of the local population trained in CPR.

In the prevention arena, the EMS agency has recently undertaken the "Every 15 Minutes" program, sponsored by the State Department of Alcoholic Beverage Control, and will be looking to expand that program county-wide. It is also our intent to integrate the Senior Citizen Fall Prevention program with programs within the Health Department to increase the impact and outreach capacity of that program.

Needs

There exists a need to educate the public about injury and illness prevention, wellness education, and the EMS system. In educating the public about the EMS system, attention needs to be concentrated on how/when/why to access the 9-1-1 system, expected response times of first responders and the ambulance, and the distinction of EMS as a separate category of health services. The public also needs to be educated about the benefits of an EMS Tax District.

Disaster Medical Response

Overview

Personnel within the Merced County EMS system have been trained by the Office of Emergency Services Region IV Multi-casualty Incident Plan as part of Merced County's obligation as a former member of Mountain-Valley EMSA. While the field operations component of this plan has been utilized with success, the disaster control facility component has not been fully implemented.

CACORD frequency is available to providers in case of a disaster. Hospital to hospital communications utilize standard telephone landlines for the vast majority of their communications needs. Typically during multi-casualty incidents/disasters, the hospital call-downs, bed count, etc. are conducted over phone lines, to keep the radio (Med. 8) free to receive on-scene updates on patient counts, etc. There is no immediate conference calling capability and the Base Hospital must contact each hospital one at a time.

The current Multi-Hazard Functional Plan is outdated and does not serve as a useful document for managing medical/health disaster needs. To address the issue, Merced County EMSA submitted for disaster plan development grant funding for FY 99-2000.

Needs

Implement a secondary/alternative communications routing system; update the communications technology available at the Base Hospital to improve coordination during a disaster; adoption of the Hospital Emergency Incident Command System (HEICS) and the Incident Command System (ICS) for EMS agencies is needed, and assess funding to perform disaster exercises for all EMS system participants. Develop a comprehensive disaster medical/health plan for this system.

Conclusions

While it is apparent that there remains much work to be done within the Merced County EMS system, the residents within the County are well served during emergency medical incidents. This Merced County EMS System Plan has a set course for improvement that is comprehensive, attainable, and financially feasible. This will result in the continuous improvement of the provisions of emergency medical services and secures the Merced County EMS system in a solid position for the 21st century.

SECTION II – GEOGRAPHY AND PHYSICAL CHARACTERISTICS

A. Geographic Description:

Merced County lies in the heart of the San Joaquin Valley in central California, the agricultural hub of the state. The County's abundant flat land and nearby sources of water (i.e., the San Joaquin River and its tributaries, O'Neil Forebay and San Luis Reservoir) support the County's agricultural economy. According to the California Department of Commerce, Merced County is predominantly rural, consists of 1,234,490 acres of land, and had a January 1998 population of 204,400 (representing six percent of California's population).

B. Topography:

The topography of Merced County is defined by largely flat terrain. The only exceptions are the Diablo Mountain Range along the western border of the County and the entrance to the Sierra Nevada Foothills and Mountain Range along the eastern border. As noted above, the San Joaquin River and its tributaries, including the Merced River, and two major off-stream water storage facilities are nearby sources of water. The soil ranges from heavy clay to sandy-loam.

C. Transportation:

The automobile is the predominant form of transportation in Merced County. Within the county there are 2,381 miles of roadway. State highways account for 255 miles, city roadways account for 358 miles and county roadways account for 1,769 miles. The two major traffic arteries that bisect the county in a north-south direction are I-5 (in the western part of the county) and State Highway 99 (in the eastern part of the county). State Highway 140 runs in an east-west direction from I-5 to the east county line, through Mariposa County and eventually to Yosemite National Park. State Highway 152 crosses the County in an east-west direction toward the California Coast. During the prime travel and harvest seasons of spring, summer and early fall, Merced County's population can grow by as much as 40,000 people as travelers and migrant farm workers pass through the county.

D. Climate:

Weather conditions and rainfall are generally moderate. The temperature rarely falls below freezing and rarely rises above 100 degrees. Rainfall averages about 12 inches per year.

SECTION III – DEMOGRAPHIC INFORMATION

A. Demographic Mix:

The population of Merced County as of January 1998 (Department of Finance, 1999) was 204,400, and is not evenly distributed. Approximately 62,100 people live in Merced, the largest city in the county. According to the 1990 Census, the largest age groups in the county were those individuals between 5 and 17 years of age (23.8 percent of the population) and those individuals between 25 and 34 years of age (17.4 percent of the population). The population is relatively young. Indeed, individuals between the ages of 5 and 44 comprise 65.2 percent of the population.

The 204,400-population breakdown by city is shown in Table 1, according to January 1998.

Table 1

City	Population January 1, 1998
Merced	62,100
Atwater	21,900
Los Banos	21,400
Livingston	10,600
Dos Palos	4,450
Gustine	4,210
Unincorporated	79,800

Source: Department of Finance, 1999

Merced County's population is fairly diverse. Anglos and Latinos are the largest racial/ethnic groups within the County, but there is a growing Asian American population. Specifically, the Southeast Asian Refugee/American community is growing. In 1992, it was estimated that 52.2 percent of the County's population was white, 33.8 percent was Latino, 9.2 percent Asian/Native American and 4.4 percent African American.

Merced County has a high rate of poverty and unemployment. The poverty rate for children under 6 years of age is extremely high. The number of Aid to Families with Dependent Children (AFDC) recipients is twice that of the State, as is the unemployment rate. The 1997 civilian labor force was 83,700, civilian unemployment was 70,800, and the number unemployed was 12,900. This was a 15.5 percent unemployment rate.

Merced County has below statewide averages for educational levels. According to the California Department of Finance, 1990 data, the median years a child spends in school was 12.6 years. During 1996-1997, spending on education was 296.5 million for school districts and 31.6 million for community colleges (not including community college districts).

B. Major Industry:

Agriculture is the main economic activity in Merced County. According to Department of Commerce, during 1997 approximately 21,000 (29 percent) resident civilians were employed in the agricultural sector. The figure, however, is likely much higher once migrant and seasonal farm workers (who are usually not included in official census data) are taken into account. It has been estimated that they comprise approximately 20 percent of Merced County's population. Most farm workers earn annual incomes that are below the federal poverty level.

According to the California Department of Finance (1997 data), most industries employed between one and four people. After agriculture, services was the second largest employer, trade was third, mining/construction was fourth, finance/insurance/and real estate was fifth, transportation/communication/and public utilities was sixth, and manufacturing was sixth.

C. Income

Personal income, according to 1996 data from the California Department of Finance, was 3,294.10 million for Merced County. This represents 0.4 percent of personal income in California and ranks Merced County as the 30th top personal income earner in California counties. Table 2 shows the increase in income in Merced County during 1979 to 1989.

Table 2

Income	1979	1989
Median Family Income	\$16,563	\$28,269
Median Household Income	\$14,701	\$25,548

Per capita income during 1996 was 17,064, which was 67.3 percent compared to other counties per capita income and ranked Merced County 48 out of all California counties.

Average earning per job in 1996, also from the California Department of Finance, was \$26,165.

D. Epidemiological Characteristics:

The population of Merced County is thankfully not plagued by some of the major diseases striking other parts of the state and nation. In particular, when compared to California, Merced County has a lower incidence of:

- ◆ deaths from cardiovascular disease;
- ◆ deaths from breast cancer;
- ◆ incidence of AIDS;
- ◆ incidence of tuberculosis;
- ◆ incidence of measles; and,
- ◆ incidence of syphilis.

Merced County already meets the Year 2000 National Health Objectives for deaths from cardiovascular disease and breast cancer and incidence of AIDS and syphilis.

Merced County does, however, have some major health issues that need to be addressed. There are numerous health care access needs due to the rural nature of the county and therefore routine health care is not sought and EMS is used as a safety net. Most of these ailments can be prevented through proper preventative care. The health issues of greatest concern to Merced County are:

- ◆ late prenatal care;
- ◆ children under the age of 18 years living in poverty;
- ◆ deaths from lung cancer;
- ◆ deaths from motor vehicle collisions;
- ◆ unintentional injuries;
- ◆ teenage pregnancy; and,
- ◆ Asian infant mortality.

The County has significantly higher rates of death from motor vehicle collisions, unintentional injuries and late prenatal care than the goals established by the Year 2000 National Health Objectives.

SECTION IV – EMS SYSTEM OVERVIEW

A. Delivery of EMS Services:

The service area of the Merced County EMS providers include the cities and communities of Merced, Atwater, Livingston, Winton, Planada, Le Grand, Los Banos, Dos Palos, Gustine, Stevenson, Ballico, Cressey, Delhi, Hilmar, and El Nido.

EMS services in Merced County are typically provided in response to a medical emergency reported through the enhanced (E) 9-1-1 emergency telephone system. An E- 9-1-1 call placed from a telephone is automatically routed to a designated Public Safety Answering Point (PSAP). A dispatcher at the PSAP determines the nature of the emergency and, for medical emergencies, transfers the caller to one of three level II emergency medical dispatch centers.

EMS providers currently do not have access to a statewide medical coordination channel or calling channel. Merced County does have a local medical coordination channel and CALCORD may be used in disaster situations.

B. EMS System Goals:

Ambulance delivery systems are but one component of an EMS system. This system, when fully implemented, is designed to assure high-quality emergency care to all residents of Merced County. The basic components of an EMS system and their goals are as follows.

1. System Organization and Management

Overall Goal: Endorse the role of the Emergency Medical Care Committee (EMCC) membership, mission, and expectations. Form subcommittees of the EMCC with active charges to accomplish the specific goals of this plan.

2. Staffing and Training

Overall Goal: Implement standard training, terminology, and procedures for personnel and assess the efficiency of staffing at all levels.

3. Communications

Overall Goal: Increase communication capabilities among all EMS personnel and assess new technologies to upgrade the current communications system.

4. Response and Transportation

Overall Goal: Review the current model used for response to emergency requests and assess the benefits of a centralized/consolidated dispatch center.

5. Facilities and Critical Care

Overall Goal: Increase quality of services provided while decreasing duplication of services and training all staff to understand their role in EMS.

6. Data Collection and System Evaluation

Overall Goal: Perform standard system evaluation by having all providers assess system using standardized forms.

7. Public Information and Education

Overall Goal: Educate the public about the EMS system and the benefits of an EMS Tax District.

8. Disaster Medical Response

Overall Goal: Implement an alternative communications routing system and the availability of funding for increased technology and disaster funding to training EMS providers.

C. Prehospital:

There are four basic life support first responder fire departments (all with early defibrillation enhancement) and three advanced life support ground ambulance providers serving throughout Merced County. The four basic life support first responder fire departments are Atwater Fire Department, Los Banos Fire Department, Merced City Fire Department, and Merced County Fire/CDF. The three advanced life support ground ambulance providers are Riggs Ambulance, American Medical Response, and Westside Ambulance.

Riggs Ambulance Service is the primary ground provider, serving 80% of the geography and 90 percent of the population of the county. American Medical Response (Turlock) and West Side Ambulance Service provide ground ambulance service for the North-Central and North-Western regions of the County, respectively.

First responder cities include Atwater, Merced and Los Banos. The County of Merced/CDF Fire Department serves the remainder of the unincorporated areas of the county and specific cities under contract.

There is no air medical service located within the County. Air medical services are provided primarily through an exclusive operating area agreement between the County and Medi-Flight of Northern California, a service of Memorial Medical Center in Modesto. CALSTAR and SkyLife provide air medical services to the remainder of the County through separate non-exclusive response zone agreements. An AirMed Team, a service of Doctor's Medical Center, provides mutual aid and interfacility transports.

D. Hospital/Physicians:

There are approximately 85 residential and special needs homes that provided non-acute care within Merced County and there are four acute-care hospitals. The four acute-care hospitals

are: Sutter Merced Medical Center, Mercy Hospital and Health Services (in Merced), Memorial Hospital of Los Banos and Dos Palos Memorial Hospital. All four hospitals have emergency departments. Sutter Merced Medical Center, Mercy Hospital and Health Services and Memorial Hospital provide basic emergency medical services. Dos Palos Memorial Hospital provides standby emergency services. Sutter Merced Medical Center is the base hospital for the County.

Merced County EMS agency initiated a trauma plan to contract for Major Trauma Patient Receiving Centers and the future participation of local hospitals (those not seeking trauma center designation) within Merced County at the EDAT level. Critical to the success of a trauma system is the availability of physician specialists. The first line of physician capability for Level III, EDAT and participating EDs are emergency medicine physicians. Merced County has sufficient emergency medicine experienced physicians for the needs of the county. More critical is the availability of physician specialists. The county has six general surgeons and seven orthopedic surgeons. There are no neurosurgeons in the community. Other specialists are available for the needs of the current patient population, but not necessarily for trauma centers.

Table 1 - System Standards and Guidelines (Checklist)

All sections where the standard and/or guideline have been completed have a reference to "time frame for completion" and are checked for either "Long Range," or "Short Range," indicating an intent to review and revise, as needed. Sections not meeting the minimum standard are checked as required, depending on their anticipated time for completion.

EMSA TABLE 1: SUMMARY OF SYSTEM STATUS

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.01 LEMSA Structure		X		X	
1.02 LEMSA Mission		X			X
1.03 Public Input		X		X	
1.04 Medical Director		X	X		X

Planning Activities

1.05 System Plan		X		X	
1.06 Annual Plan Update		X			X
1.07 Trauma Planning*		X	X	X	
1.08 ALS Planning*		X	X		X
1.09 Inventory of Resources		X			X
1.10 Special Populations		X			X
1.11 System Participants		X	X		X

Regulatory Activities	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.12 Review & Monitoring		X			X
1.13 Coordination		X			X
1.14 Policy & Procedures Manual		X			X
1.15 Compliance w/Policies		X			X

System Finances

1.16 Funding Mechanism		X			X
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Medical Direction

1.17 Medical Direction*		X			X
1.18 QA/QI		X			X
1.19 Policies, Procedures, Protocols		X	X		X
1.20 DNR		X			X
1.21 Determination of Death		X			X
1.22 Reporting of Abuse		X		X	
1.23 Interfacility Transfer		X		X	

Enhanced Level: Advanced Life Support

1.24 ALS System		X	X		X
1.25 On-Line Medical Direction		X	X		X

Enhanced Level: Trauma Care System	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.26 Trauma System Plan		X			X

Enhanced Level: Pediatric Emergency Medical and Critical Care System

1.27 Pediatric System Plan	X				X
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**Enhanced Level:
Exclusive Operating
Areas**

1.28 EOA Plan		X	X		X
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B. STAFFING/TRAINING

Local EMS Agency	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
2.01 Assessment of Needs		X			X
2.02 Approval of Training		X			X
2.03 Personnel		X			X

Dispatchers

2.04 Dispatch Training		X	X		X
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First Responder (non-transporting)

2.05 First Responder Training		X			X
2.06 Response		X			X
2.07 Medical Control		X			X

Transporting Personnel

2.08 EMT-1 Training		X	X		X
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Hospital

2.09 CPR Training		X			X
2.10 Advanced Life Support		X			X

Enhanced Level: Advanced Life Support

2.11 Accreditation Process		X			X
2.12 Early Defibrillation		X			X
2.13 Base Hospital Personnel		X		X	

C. COMMUNICATIONS

Communications Equipment	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
3.01 Communications Plan*		X		X	
3.02 Radios		X		X	
3.03 Interfacility Transfer*		X		X	
3.04 Dispatch Center		X			X
3.05 Hospitals*		X	X		X
3.06 MCI/Disasters		X			X

Public Access

3.07 9-1-1 Planning/Coordination		X	X		X
3.08 9-1-1 Public Education		X		X	X

Resource Management

3.09 Dispatch Triage		X	X		X
3.10 Integrated Dispatch		X	X		X

D. RESPONSE/TRANSPORTATION

Universal Level		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.01	Service Area Boundaries*		X	X	X	
4.02	Monitoring		X	X	X	
4.03	Classifying Medical Requests		X			X
4.04	Pre-scheduled Responses		X			X
4.05	Response Time Standards*		X		X	
4.06	Staffing		X			X
4.07	First Responder Agencies		X			X
4.08	Medical & Rescue Aircraft*		X			X
4.09	Air Dispatch Center		X			X
4.10	Aircraft Availability*		X			X
4.11	Specialty Vehicles*		X	X		X
4.12	Disaster Response		X			X
4.13	Intercounty Response*		X	X		X
4.14	Incident Command System		X		X	
4.15	MCI Plans		X		X	

Enhanced Level: Advanced Life Support	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.16 ALS Staffing		X	X	X	
4.17 ALS Equipment		X			X

Enhanced Level: Ambulance Regulation

4.18 Compliance		X			X
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**Enhanced Level:
Exclusive Operating
Permits**

4.19 Transportation Plan		X			X
4.20 Grand fathering		X			X
4.21 Compliance		X			X
4.22 Evaluation	X			X	

E. FACILITIES/CRITICAL CARE

Universal Level		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
5.01	Assessment of Capabilities		X			X
5.02	Triage & Transfer Protocols*		X			X
5.03	Transfer Guidelines*		X			X
5.04	Specialty Care Facilities*	X ⁴				X
5.05	Mass Casualty Management		X			X
5.06	Hospital Evacuation*	X				X

Enhanced Level: Advanced Life Support

5.07	Base Hospital Designation*		X			X
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Enhanced Level: Trauma Care System

5.08	Trauma System Design		X		X	
5.09	Public Input		X			X

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.10	Pediatric System Design	X				X
5.11	Emergency Departments	X				X
5.12	Public Inputs	X				X

Enhanced Level: Other Specialty Care Systems

5.13	Specialty System Design	X				X
5.14	Public Input	X				X

⁴ Written agreements are in place, however, a formal review process is currently being developed
 Merced County EMS Plan
 Draft

F. DATA COLLECTION/SYSTEM EVALUATION

Universal Level		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
6.01	QA/QI Program		X			X
6.02	Prehospital Records		X		X	
6.03	Prehospital Care Audits		X			X
6.04	Medical Dispatch		X			X
6.05	Data Management System*		X			X
6.06	System Design Evaluation		X			X
6.07	Provider Participation		X			X
6.08	Reporting		X			X

Enhanced Level: Advanced Life Support

6.09	ALS Audit		X			X
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Enhanced Level: Trauma Care System

6.10	Trauma System Evaluation		X			X
6.11	Trauma Center Data		X	X		X

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

Universal Level		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.01	Disaster Medical Planning*		X			X
8.02	Response Plans		X			X
8.03	HAZMAT Training	X			X	
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			X
8.08	Inventory of Resources	X			X	
8.09	DMAT Teams	X				X
8.10	Mutual Aid Agreements*		X			X
8.11	FTS Designation*	X			X	
8.12	Establishment of FTSS	X			X	
8.13	Disaster Medical Training	X			X	
8.14	Hospital Plans		X			X
8.15	Inter-hospital Communications		X			X
8.16	Prehospital Agency Plans		X			X

Enhanced Level: Advanced Life Support	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.17 ALS Policies		X			X

Enhanced Level: Specialty Care Systems

8.18 Specialty Center Roles		X			X
8.19 EOA/Disasters		X			X

Table 1 – System Standards & Guidelines

The following Section describes the California EMS Authority minimum standard (listed as "standard") for each of the eight components of the EMS Plan along with recommended guideline. The "standard" is listed following the section number, and if a recommended guideline exists for that particular standard, it is listed after the standard. Time frames are listed as Short (one year or less) or Long Range. In some cases, where the standard and guideline have already been met, the time frame for completion is checked for "Long Range," indicating an on-going review.

The State language is in "Times New Roman" text, while the County's response is in "Arial" for ease of reading.

Table 1 – System Standards & Guidelines

SECTION A. SYSTEM ORGANIZATION AND MANAGEMENT

ALTHOUGH THEY ARE USUALLY INDEPENDENT ORGANIZATIONS, PROVIDERS WITHIN THE LOCAL EMS SYSTEM HAVE HIGH DEGREES OF INTERDEPENDENCE. THE EMERGENCY MEDICAL SERVICES SYSTEM SHOULD BE COORDINATED IN ORDER TO ENSURE CLOSE COOPERATION, TO LIMIT CONFLICT, AND TO ENSURE THAT THE INTERESTS OF THE PATIENTS ARE PRIMARY IN THE SYSTEM.

UNIVERSAL LEVEL

MINIMUM STANDARDS - AGENCY ADMINISTRATION

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

CURRENT STATUS:

The Merced County Board of Supervisors designated the Public Health Department as the local EMS agency. The EMS Agency is a program within the Department of Public Health Administration. Merced EMS Agency has the agency staff required for the technical and clinical expertise to plan, implement and evaluate the local EMS system. The agency is already active as an advocate with governmental entities and system participants.

NEED(S):

Bureaucracy needs to be minimized to ensure the effectiveness of EMS. Accountability with authority needs to be ensured and job descriptions need to be reviewed and modified to keep with the mission and goals of the EMS Agency and this plan.

OBJECTIVE:

Enhance functional and personnel components of the EMS Agency to address goals.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

A moderate level of EMS system monitoring occurs through a continuous quality improvement (CQI) model.

NEED(S):

All planning and potential alternatives evaluated and implemented will be tied to a CQI process and comprehensive information system (MIS). A written plan is needed with specific outcomes and quality indicators of the quality improvement process defined. The plan should also list the quality circle participants and their roles. The EMS Agency should utilize various participant resources, establish

working groups, and develop comprehensive procedures and policies for the system participants. System participants include the receiving hospitals, base hospitals, first responders, dispatch, training programs, ambulance service providers and other system components. The Emergency Medical Care Committee (EMCC) should continue in its oversight but expand its role to include a medical audit committee that would be the responsibility of the Medical Director. The current Statewide System Evaluation Project report shall be reviewed and evaluated for implementation in this system.

OBJECTIVE:

Establish a system-wide CQI plan. Implement the plan with the provision of appropriate feedback to individual providers and system participants. Use the information developed in this process to identify and implement needed system changes. EMS providers also need to be informed about new policies (e.g. Do Not Resuscitate Order) that will affect the type of care given by EMS providers. Standardizing data collection and evaluation will aid in the continuous quality improvement monitoring.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.03 Each local EMS agency shall have a mechanism (including the emergency medical care committee(s) and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described throughout this document.

CURRENT STATUS:

The EMS Agency utilizes the Emergency Medical Care Committee (EMCC) and multiple advisory committees to garner input and provide advice for the EMS system. Committee memberships and charters need to be revisited. Linkage between the EMCC and the various advisory committees is presently in place. However, there has been limited definition of the specific roles and responsibilities of each of the committees and inadequate specification of authority and responsibilities.

NEED(S):

Evaluate the current committee structure and roles for the EMS Agency. Develop specific linkages between the EMCC and the various advisory committees to meet the needs of this plan as appropriate. Establish a complaint agency as a means by which EMS personnel can deliver input to the EMS Agency.

OBJECTIVE:

Establish and maintain strong permanent committees for oversight of the operational and administrative functions of the EMS system and for monitoring and directing the clinical care aspects of the system. Expand the roles of the advisory committees to respond to the ongoing needs of the EMS system and as required for this plan. Develop limited term task forces to address specific objectives such as the development of system-wide CQI and the development of performance standards for various EMS system components. Implement a complaint agency for EMS personnel.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.04 Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine. The local EMS agency medical director should have administrative experience in emergency medical services systems.

Recommended Guideline

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

CURRENT STATUS:

The agency has contracted for an EMS medical director that is residency-trained and Board Certified in Emergency Medicine. The agency has routinely contracted for consulting services for specialty service areas such as trauma, prevention, etc.

NEED(S):

Develop additional EMS physician leadership and time commitment to the EMS Agency. Continue specialty resources including advisory groups or specialty medical consultants to provide input into system issues regarding specialized areas of medicine. The Medical Director will be responsible for the medical audit committees of the EMCC.

OBJECTIVE:

Develop an organization structure to provide strong, specialized EMS system clinical oversight of EMS system activities. Acquire input from the general EMS physician community particularly in regard to specific medical specialty areas.

TIME FRAME FOR MEETING OBJECTIVE:

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

Minimum Standard - Planning Activities

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

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

CURRENT STATUS:

This EMS Plan is the foundation for a process of ongoing planning and implementation for Merced County EMS. Many of the activities directed by this plan will focus on target issues and evaluation of the system's performance outcomes. Accountability for the EMS Plan should rest with the County.

NEED(S):

Develop an ongoing process for monitoring the implementation of plan activities and modifying the plan to meet changing needs. Develop a specific action plan for each system component with time-frame and accountability for plan implementation. Respond to the complex and changing health care field with defined parameters of accountability, performance and cost efficiency. Performance should be measured through management reports and annual reports.

OBJECTIVE:

Implement plan activities on a timely basis. Provide mechanisms to modify plans as needed. Evaluate all plan components for response to the health care industry changes through the development of a framework of accountability, performance and cost efficiency.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

This plan represents the initial attempt to meet the new EMS system guidelines, which were implemented after submission of the agency’s plan in 1993. Therefore, there have been no current annual updates.

NEED(S):

Develop a comprehensive process to solicit input and provide updates and modification to the existing EMS plan through the EMCC. Report EMS system progress to the County Board of Supervisors and submit an updated plan to the State EMS Authority every 12 months from acceptance of the initial plan.

OBJECTIVE:

Provide annual reports to the County Board of Supervisors and update the EMS plan each year.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

Recommended Guideline

The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

CURRENT STATUS:

Formal agreements exist between the EMS providers and facilities. Merced County recently initiated a trauma plan to contract for Major Trauma Patient Receiving Centers (Level II) for this system. The trauma plan calls for the future participation of local hospitals (those not seeking trauma designation) within Merced County at the EDAT level.

COORDINATION WITH OTHER EMS AGENCIES:

The agency met on several occasions to coordinate the trauma planning efforts with the Mountain-Valley EMS Agency. It is understood between the agencies that should Mountain-Valley establish formal trauma facility designations in the future, Merced County will review those designations for possible adoption in this system.

NEED(S):

The EMS System CQI process will need to be incorporated in the trauma system-wide procedures as identified in Standard 1.02 including specialized reviews and focused audits.

OBJECTIVE:

To enhance the trauma system for the County of Merced with ongoing program evaluation and linkages to the EMS system quality improvement plan as it is developed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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

CURRENT STATUS:

Merced County routinely provides ALS services through three ground ambulance providers and has contracts with Medi-Flight, Air Med Team, CALSTAR and Skylife of Central California for air medical transports.

COORDINATION WITH OTHER EMS AGENCIES:

Merced County has an agreement with the Mountain-Valley EMS Agency regarding shared providers, personnel accreditation, certification, incident investigation, etc.

NEED(S):

No needs identified.

OBJECTIVE:

None identified.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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

CURRENT STATUS:

Inventories exist for personnel, vehicles (air and ground), facilities, and agencies within the jurisdiction of Merced County.

NEED(S):

No needs identified.

OBJECTIVE:

Provide for routine update to resource database.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

Recommended Guideline

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

CURRENT STATUS:

The agency has, in coordination with Public Health Services, developed and is implementing an injury prevention program for the elderly. The agency is also involved with the "Every 15 Minutes" program which is targeted at high school children. We will be applying for funding for an EMS for Children's project for a mid-year grant from the EMS Authority. Translation services are available through the Enhanced 911 system for the non-English speaking population.

NEED(S):

Merced EMS Agency needs to research the effects of population out-migration on the EMS system and determine from this analysis identify specific population groups requiring specialized services. Work with other programs with specialized data. Develop plans to enhance service delivery to the groups.

OBJECTIVE:

Assure appropriate access to the EMS system by all individuals and groups, and coordinate for the development of enhancements for the special populations.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

Recommended Guideline

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

CURRENT STATUS:

Procedures, policies and performance standards have been developed for the system participants. Formal agreements exist between the agency and the ALS providers, First Responders and receiving facilities.

NEED(S):

Review, update responsibilities, EMS system linkages and performance standards for all system participants. Reassess the roles of system participants to optimize the services available to the communities served.

OBJECTIVE:

Perform period evaluation of the system standards and update as a need is identified or technology facilitates.

TIME FRAME FOR MEETING OBJECTIVE:

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

Regulatory Activities

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

CURRENT STATUS:

The agency routinely monitors and reviews system operations and reports through the EMCC. There is a significant need for improved prospective and retrospective medical quality review processes.

NEED(S):

Complete a system-wide, comprehensive quality improvement program involving all of the system stakeholders.

OBJECTIVE:

Provide ongoing direct review and monitoring of the EMS system's operational components. Provide a mechanism to document compliance with system protocols and procedures. Develop enforceable penalties for noncompliance. Complete a system-wide quality improvement program involving all of the stakeholders.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.13 Each local EMS agency shall coordinate EMS system operations.

CURRENT STATUS:

Substantial coordination exists between the EMS Agency and the system providers. System coordination is currently provided through a network of the Emergency Medical Care Committee. However, this EMCC needs to be expanded to include advisory committees that would be formed as subcommittees of the EMCC with active charges to accomplish the specific goals of this plan. These subcommittees would operate with varying missions and meeting schedules based on needs.

NEED(S):

The Emergency Medical Care Committee with its revised, system-wide representation, shall lead coordination efforts through establishment of permanent and limited-term subcommittees and task forces to address specific issues and components of the EMS system plan. The EMS Agency will also regularly communicate through multiple avenues with system participants. This shall include periodic site visits, telephone communications, and written communications via letters and facsimile transmissions.

OBJECTIVE:

Revise the EMCC and advisory committee network. Provide regular contact with all EMS system participants and promptly respond to all requests for information or assistance.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

EMS Agency policies and a prehospital care manual are available to all the EMS system providers within the system. These are reviewed on a regular basis.

NEED(S):

No needs identified.

OBJECTIVE:

None identified.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

The County of Merced currently has an ordinance in place and formal agreements which provide the framework for enforcement of the established system standards.

NEED(S):

Compliance monitoring should be integrated into the CQI plan.

OBJECTIVE:

Integrate policy and procedural review into the CQI plan to, in particular, address issues prospectively rather than retrospectively.

TIME FRAME FOR MEETING OBJECTIVE:

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

System Finances

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

CURRENT STATUS:

The EMS Agency receives the majority of its revenue through the EMS Fund, licensing and County General Fund. Training and dispatch is financed by individual agencies. The prehospital area is financed and resources purchased by individual providers.

NEED(S):

The existing funding sources are subject to substantial annual variation, due primarily to the complexities of the penalty assessment process. The EMS Agency needs to have secure funding, and should investigate new finance methods including the establishment of an EMS Tax District within Merced County. The agency should also investigate the financial impact of managed care on EMS.

OBJECTIVE:

Develop a comprehensive EMS system financial plan and continue ongoing monitoring of EMS funding needs. Ensure the financial viability of EMS services within Merced County through the establishment of an EMS Tax District.

TIME FRAME FOR MEETING OBJECTIVE:

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

Medical Direction

THE LOCAL EMS SYSTEM SHALL INCLUDE APPROPRIATE MEDICAL DIRECTION. THIS IMPLIES INVOLVEMENT OF THE MEDICAL COMMUNITY AND ENSURES MEDICAL ACCOUNTABILITY IN ALL STAGES OF THE SYSTEM.

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

CURRENT STATUS:

The County has one designated base hospital. The roles and responsibilities of the base hospital and the Mobile Intensive Care Nurses (MICNs) are identified in the County's policies, procedures and protocols manual. ALS providers and first responder agencies participating in the first responder defibrillation program are required to report on medical issues to the County EMS Medical Director. Medical control occurs with EMS personnel through written protocols and on-line communications.

COORDINATION WITH OTHER EMS AGENCIES:

The formal agreement with MVEMSA articulates the use of Base Hospitals by our shared providers. In addition, Mariposa County uses the Merced County Base Hospital for Disaster coordination.

NEED(S):

The role and responsibilities of base hospitals are being reviewed state-wide. The diminishing needs for day to day oversight may allow for a revision in the mission, scope and configuration of the base hospital. Coordination on time frames is needed to reflect the multiple issues being addressed concurrently.

OBJECTIVE:

Conduct an evaluation on the base hospital mission, scope and configuration and alternate vehicles for ensuring medical control.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

Recommended Guideline

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

CURRENT STATUS:

As indicated under Standard 1.02, there are moderate quality improvement activities currently functioning within the system. The base hospital and ambulance providers have encompassed quality improvement programs and these will be tied into a more aggressive county-wide CQI program.

NEED(S):

The County should take the lead in system design, establishment and training of a county-wide CQI program.. Initial development should include the identification of appropriate outcome measures, indicators, a common data set of information to be collected, individual Agency responsibilities, and the appropriate mechanism for feedback to EMS system participants. After the development of this basic quality improvement/assurance plan, the EMS Agency needs to establish related policies and procedures for all system participants. The requirements for system participants would include the designation of the individuals responsible for quality improvement activities at the base hospital, specialty centers and ambulance service providers. Each provider should have its own internal CQI program which interfaces with the system CQI plan. Results of the quality improvement components, as permissible, should be communicated to the EMCC and its appropriate advisory committees. A linkage should be required with all first responder defibrillator and ambulance providers.

OBJECTIVE:

Establish a comprehensive system-wide CQI plan and define specific clinical indicators and outcome measures to monitor the performance of the EMS system.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

- a) triage,
- b) treatment,
- c) medical dispatch protocols,
- d) transport,

- e) on-scene treatment times
- f) transfer of emergency patients,
- g) standing orders,
- h) base hospital contact,
- i) on-scene physicians and other medical personnel, and
- j) local scope of practice for prehospital personnel.

Recommended Guideline

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

CURRENT STATUS:

All three dispatching centers operate as Level 2 EMD centers, use CAD, have pre-arrival instructions, and perform tiered response based on EMS protocols that are approved by the LEMSA. All areas are addressed by written policies, procedures and/or protocols.

NEED(S):

County-wide policies should be developed for the various public safety answering points and communication centers which are directly responsible for call-taking and transfer of medical 911 calls. Development of new and modifications to original EMS policies should be based on findings of the CQI program. There is a need for the review and potential redesign of the current model used for responding to emergency requests. Treat and release capability needs to be assessed, as well as alternatives to transport to an emergency department.

OBJECTIVE:

Continue to provide comprehensive guidelines, policies, procedures and protocols for all individuals and agencies functioning within the EMS system. Incorporate specific policies and procedures to address commonly occurring circumstances. Perform a study to evaluate different models of responding and treating emergency requests. Conduct all processes including changes consistent with the CQI plan.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

A do-not-resuscitate policy exists within the EMS system and has so since 1991.

NEED(S):

None

OBJECTIVE:

None identified

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

A policy regarding determination of death exists. Occasional issues surface with law enforcement agencies regarding pronouncement.

NEED(S):

Provide for revision of existing policy as the need is identified. Coordinate a CQI review of this policy for possible reduction of issues related to its application.

OBJECTIVE:

As noted above.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

A mechanism for reporting child and elder abuse currently exists, however there is a strong need for continuing education in this area to ensure that recognition occurs.

NEED(S):

Conduct a workshop with field personnel regarding the recognition, intervention, communication technique and reporting of suspected abuse.

OBJECTIVE:

As noted above.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.23 The local EMS medical director shall establish policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers.

CURRENT STATUS:

Policies and procedures have been developed and are in place for identifying the scope of practice for prehospital medical personnel during interfacility transfers.

NEED(S):

Review the performance and application of interfacility transfers in coordination with the recommendations of the California Vision project.

OBJECTIVE:

Coordinate revision to the practice of interfacility transfers consistent with the recommendations from the EMS Vision project, once released.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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Enhanced Level: Advanced Life Support

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

Recommended Guideline

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

CURRENT STATUS:

There are currently three ground ALS ambulance providers within Merced County, all of which have written contracts with the County. There are four ALS air ambulance providers outside of Merced County that are contracted to provide services within Merced County. Exclusive operating areas exist within Merced County for both air and ground services.

NEED(S):

Update the written contracts if the CQI program identifies any problem areas.

OBJECTIVE:

Complete and update agreements and conduct ambulance program analysis.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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

Recommended Guideline

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

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

CURRENT STATUS:

The base hospital within the County is providing on-line medical control by physicians or certified mobile intensive care nurses. The role of the base hospital staff will need to be updated as will the policies and procedures as more facilities offer more services. The standards for and process of selecting base hospitals has been established.

NEED(S):

Assess medical direction oversight and how it can be best utilized.

OBJECTIVE:

Study the base hospital system to validate its mission, scope and configuration as per 1.17.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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Enhanced Level: Trauma Care System

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

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

CURRENT STATUS:

Merced County recently implemented a trauma system. The trauma plan calls for the future participation of local hospitals (those not seeking trauma center designation) within Merced County at the EDAT level. The optimal design has been established in the plan, and the process for facility application and designation exists.

NEED(S):

Establish linkages with designated trauma center and trauma receiving hospitals within the County.

OBJECTIVE:

Coordinate with all hospitals for the capture of trauma data to ensure a comprehensive picture of injury in Merced County.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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Enhanced Level: Pediatric Emergency Medical and Critical Care System

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

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

CURRENT STATUS:

Currently, most seriously injured children are transferred to a designated trauma center. Pediatric treatment, advanced airway and other prehospital procedures for children have been implemented in the county. While the seriously injured child component has been partially addressed, the EMS Agency has not fully addressed the total pediatric emergency medical and critical care system needs. With the implementation of the trauma system plan, participants have patient transfer policies and protocols, agreements with specialty centers, and agreements with rehabilitation centers for pediatric patients. As identified previously, the agency will be applying for funding to implement and EMS for Children project.

NEED(S):

A comprehensive pediatric emergency medical and critical care system plan needs to be developed. The components of the plan would include the criteria for designation of pediatric receiving facilities, and the drafting and execution of agreements between the EMS Agency and the designated facilities.

OBJECTIVE:

Implementation of a comprehensive pediatric emergency medical and critical care system plan for Merced County, consistent with the standards promulgated by the Emergency Medical Services for Children project.

TIME FRAME FOR MEETING OBJECTIVE:

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

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Enhanced Level: Exclusive Operating Areas

1.28 The local EMS agency shall develop, and submit for state approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines:

- a) the optimal system design for ambulance service and advanced life support services in the EMS area, and
- b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

CURRENT STATUS:

All residents of Merced County have access to ALS services through both ground and air ambulance. Exclusive operating areas exist for both services.

NEED(S):

No needs identified.

OBJECTIVE:

Conduct a review and redesign the EOA system, if necessary.

TIME FRAME FOR MEETING OBJECTIVE:

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

SECTION B. STAFFING/TRAINING

THE LOCAL EMS SYSTEM SHOULD INCLUDE AN ADEQUATE NUMBER OF HOSPITAL AND PREHOSPITAL HEALTH PROFESSIONALS TO PROVIDE EMERGENCY MEDICAL SERVICES ON A TWENTY-FOUR HOUR PER DAY BASIS.

PROVISION SHOULD BE MADE FOR THE INITIAL AND ONGOING TRAINING OF THESE PERSONNEL UTILIZING CURRICULA CONSISTENT WITH STATE AND NATIONAL STANDARDS.

Universal Level

Local EMS Agency - Minimum Standards

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

CURRENT STATUS:

The EMS Agency has no formal program to routinely assess personnel and training needs. Multiple training programs are available to the County. The agency actively coordinates with participant agencies through the continuing education provider and training program approval processes.

NEED(S):

The Agency should develop a written process to receive input from the various providers with regard to personnel shortages and training needs including prehospital (ground and air) and hospital participants. The Agency should be creative in assisting and supporting various system participants in providing local training programs and continuing education. The development of standards for curriculum, competencies and continuing education programs at all EMS provider levels should occur. Liaison with law enforcement agencies is needed regarding mutual aid and ongoing policy clarification. Once a system-wide CQI program is established, continuing education should be focused on identified needs through that program.

OBJECTIVE:

To monitor training and continuing education opportunities throughout the County that will, in turn, assure orientation to the critical pathways defined in the CQI plan. Develop a standardized curriculum, competency list and continuing education program format for all EMS provider levels to assist the providers and meet the intent of new State defined programs.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

Procedures and mechanisms are in place to approve EMS education programs.

NEED(S):

Activities devoted to approval and monitoring of training programs should be implemented. Periodic on-site monitoring of teaching activities and training program outcomes should take place. Encourage national registry of EMS personnel.

OBJECTIVE:

Assure the training programs approved by the County comply with regulations and that the outcome of the programs results in appropriately trained personnel.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

State licensing is required for EMT-Ps and County authorization for first responder defibrillation, certification for EMT-I, authorization for MICNs and accreditation for EMT-Ps. Procedures, policies and requirements are in place to authorize first responder defibrillation, EMT-I, EMT-P personnel, and MICNs. Provisions are included for the Agency to be notified in the event of unusual occurrences that could impact EMS certification.

NEED(S):

No definable needs other than ongoing monitoring are necessary.

OBJECTIVE:

Continue to develop policies and procedures that assure that qualified personnel are operating within the system and link needs to the outcomes identified in the CQI plan.

TIME FRAME FOR MEETING OBJECTIVE:

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

Dispatchers

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

Recommended Guideline

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

CURRENT STATUS:

First responders are dispatched by designated dispatch agencies. There are currently six primary PSAPs, all of which are law enforcement based. There are three secondary PSAPs for Medical calls that prioritizes calls, determines need and provide on-line instructions to calling parties. All three medical dispatching agencies are Level II EMD centers. All EMD personnel are trained, at a minimum, to the EMS Authority standard.

NEED(S):

No needs have been identified.

OBJECTIVE:

There are no needs other than ongoing monitoring.

TIME FRAME FOR MEETING OBJECTIVE:

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

First Responders (non-transporting)

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

CURRENT STATUS:

The first responders within the county are trained, at a minimum in first aid and CPR. Not all first responders are EMT-D. All first responders are required to having training to administer first aid and CPR within the previous three years.

NEED(S):

All four first response agencies, covering the entire county, are early defibrillation providers and all citizens have access to this critical service. No needs identified relative to this standard.

OBJECTIVE:

None identified.

TIME FRAME FOR MEETING OBJECTIVE:

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

2.06 Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies. At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

Recommended Guideline

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

CURRENT STATUS:

All areas of the County are covered by early defibrillation-enhanced first responder services. No formal coordination or liaison exists with regard to industrial response teams.

NEED(S):

In conjunction with the first response agencies, coordinate and establish liaison with industry to enhance the pre-arrival services provided to the industrial sites.

OBJECTIVE:

Establish a linkage between the industrial community and EMS through a task force to develop guidelines for industrial responses.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

The County EMS Agency has a policy and procedure manual that provides BLS medical protocols for EMS first responders.

NEED(S):

Include first responders in the proposed CQI plan. Insure that they have been trained to administer first aid and CPR within the previous three years as dictated in sections 2.05 and 2.09. Develop a standard data set and form for first responder use to collect needed information.

OBJECTIVE:

Incorporate first responder activities into a system-wide CQI program. Ensure that adequate call data is collected from first responders for CQI purposes.

TIME FRAME FOR MEETING OBJECTIVE:

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

Transport Personnel

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

Recommended Guideline

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

CURRENT STATUS:

ALS service is provided throughout Merced County. ALS vehicles are staffed at the paramedic level.

NEED(S):

There are no needs relative to this standard.

OBJECTIVE:

Continue to monitor staffing efficiency.

TIME FRAME FOR MEETING OBJECTIVE:

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

Hospital

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

CURRENT STATUS:

All first responders, ambulance personnel and hospital personnel who provide direct emergency patient care are trained in CPR.

NEED(S):

None identified.

OBJECTIVE:

None.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

Recommended Guideline

All emergency department physicians should be certified by the American Board of Emergency Medicine.

CURRENT STATUS:

At this time, all base hospital emergency physicians and MICNs are required to maintain current ACLS certification (unless certified by ABEM), and Board eligibility or certification with the American Board of Emergency Medicine (ABEM) is strongly encouraged. All hospitals require that licensed critical care nursing staff possess current ACLS certification.

NEED(S):

Conduct a survey to determine ACLS requirements for licensed emergency department staff. Revise receiving hospital criteria to encourage ACLS certified personnel to be available at all times (for non-ABEM staff). Encourage ABEM for all emergency physicians.

OBJECTIVE:

Ensure that adequate numbers of emergency department physicians and registered nurses who provide direct emergency patient care will be trained in advanced cardiac life support (if not ABEM) and encourage emergency physicians to be ABEM. Encourage cross familiarization of jobs (i.e., ride-alongs, clinical experience).

TIME FRAME FOR MEETING OBJECTIVE:

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

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Enhanced Level: Advanced Life Support

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

CURRENT STATUS:

Procedures have been implemented for the credentialing and licensing of advanced life support personnel which includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, and evaluation of optional scopes of practice.

NEED(S):

The inclusion of policies and procedures to link advanced life support personnel in the quality improvement process. Revise and update current orientation process.

OBJECTIVE:

Link advanced life support personnel and their providers to the proposed CQI program and the goal of 1.02.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

Authorization policies and procedures for early defibrillation technicians and the development of first responder defibrillation programs are in place. All first response agencies perform early defibrillation.

NEED(S):

Integration of the first responder program, including early defibrillation, into the CQI program.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

All base hospital personnel who provide medical direction to prehospital personnel are informed of local EMS agency policies and procedures and trained in radio communications techniques.

NEED(S):

All staff need to be trained in understanding their role in EMS, not just those at the base hospital. A formal orientation, conducted by agency staff, needs to be established for all hospital personnel and conducted routinely.

OBJECTIVE:

Establish and conduct a formal orientation for all hospital personnel with direct EMS patient responsibilities.

TIME FRAME FOR MEETING OBJECTIVE:

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

SECTION C. COMMUNICATIONS

THE LOCAL EMS SYSTEM SHOULD MAKE PROVISION FOR TWO-WAY COMMUNICATIONS BETWEEN PERSONNEL AND FACILITIES WITHIN COORDINATED COMMUNICATIONS SYSTEM(S).

THE COMMUNICATIONS SYSTEM SHOULD INCLUDE PUBLIC ACCESS TO THE EMS SYSTEM, RESOURCE MANAGEMENT, AND MEDICAL DIRECTION ON BOTH THE BASIC LIFE SUPPORT AND ADVANCED LIFE SUPPORT LEVELS.

Universal Level

Communications Equipment

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

Recommended Guideline

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

CURRENT STATUS:

The existing system is near the end of its useful service life and is in need of replacement. Field providers have routinely replaced original equipment, however most of the hospital system is the original equipment. Mountaintop repeaters need to be reviewed for upgrading to reduce dead spots. No coordinated cellular plan exists. Specific disaster capabilities, especially redundant capabilities, do not exist with health care providers.

COORDINATION WITH OTHER EMS AGENCIES:

The existing system is used in coordination with Mariposa County, part of the Mountain-Valley EMS system.

NEED(S):

Study and refine the current county-wide EMS communications system and increase communication capabilities among law, fire, and EMS personnel. Development of a comprehensive communications plan is in need. Assess new technology to upgrade the current communication system and increase communications between providers.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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

Recommended Guideline

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

CURRENT STATUS:

Medical transport vehicles are required to have radio capability to communicate with dispatch and hospitals. While the system is in place, there are not adequate redundancies and the existing system is quite old and subject to failure.

NEED(S):

Develop enhanced EMS communications capability. Identify funding for replacement of core components of the radio system. Collaborate with providers to identify alternatives for redundant capabilities.

OBJECTIVE:

Develop enhanced EMS communications capability and identify sources for funding of same.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

All licensed ambulances providing emergency interfacility transfer services have communications capability with sending and receiving facilities through the VHF radio frequencies.

COORDINATION WITH OTHER EMS AGENCIES:

None

NEED(S):

Identify areas in the County where radio communication is ineffective and incorporate remedies into an EMS communication plan of action. Assess new technology and funding sources to meet the needs defined in this plan.

OBJECTIVE:

Identify areas in the County where radio communication is ineffective and incorporate remedies into an EMS communication plan of action.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

County-wide EMS radio communication capabilities already exists. There is a need to update the current equipment that will improve this county-wide coverage.

NEED(S):

Assess communication needs of EMS provider services for dead spots and equipment reliability in the county.

OBJECTIVE:

Ongoing assessment of EMS communication needs.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

Recommended Guideline

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

CURRENT STATUS:

The hospitals within the system have direct communications with one another via the MedNet radio system and land-line.

NEED(S):

Update the communication system equipment at the hospitals and explore the possibility for immediate teleconferencing capability.

OBJECTIVE:

Continue to assess and address EMS communications needs. Conduct inquiries with telecommunications companies regarding teleconferencing options.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

The CALCORD channel is available to providers in case of a disaster, however hospital communications utilize standard telephone landlines for the majority of their communications. The current Multi-Hazard Functional Plan is outdated and does not serve as a useful document for managing medical/health disaster needs. Merced County EMSA submitted for a disaster plan development grant funding for fiscal year 1999-2000.

NEED(S):

Implement a secondary/alternative communications routing system and assess fund availability for disaster training among providers. Upgrade communication capabilities at the hospitals and add the CALCORD capability to all private ambulance operations within the County.

OBJECTIVE:

Develop EMS disaster communication capability among providers and hospitals and a common frequency capability among all field responders.

TIME FRAME FOR MEETING OBJECTIVE:

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

Public Access

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

Recommended Guideline

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

CURRENT STATUS:

The EMS agency actively participates on the 911 PSAP Committee and is involved with planning activities for the 911 system.

NEED(S):

Assess the benefits of a centralized/consolidated dispatch center.

OBJECTIVE:

Consolidate all medical 911 dispatch, at a minimum, in a single site.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

All field providers conduct 911 awareness classes and public awareness of the 911 system and its access is well known. Non-English speaking populations have a limited understanding of the system.

NEED(S):

The EMS Agency should include 9-1-1 educational information when developing its public relations services and update literature where needed, particularly with non-English speaking populations. Work with managed care organizations should take place to identify and promote appropriate policies on emergency 911 usage with the subscribers of the plans.

OBJECTIVE:

Assist with the provision of public information regarding appropriate use of 9-1-1. Link with statewide and/or regional 9-1-1 cellular access planning. Coordinate and promote access to the 911 system with managed care organizations.

TIME FRAME FOR MEETING OBJECTIVE:

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

Resource Management

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

Recommended Guideline

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

CURRENT STATUS:

All three medical dispatch agencies use CAD, have pre-arrival instructions, and perform tiered response based on EMS protocols that have been approved by Merced County EMS Agency.

NEED(S):

No needs identified relative to the stated goal.

OBJECTIVE:

Review the current model used for response to emergency requests and research cost controls/saving mechanisms for response and transportation.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

Recommended Guideline

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

CURRENT STATUS:

Backup and mutual aid coverage currently exists.

NEED(S):

The ongoing needs for radio and resource coordination should be evaluated in EMS communication planning.

OBJECTIVE:

Evaluate and continue to integrate dispatch and emergency response through the development and implementation of EMS communication planning and appropriate procedures. A comprehensive EMS Communications Plan needs to be developed.

TIME FRAME FOR MEETING OBJECTIVE:

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

SECTION D. RESPONSE/TRANSPORTATION

THE LOCAL EMS SYSTEM SHOULD INCLUDE ADEQUATE GROUND, AIR, AND WATER VEHICLES MEETING APPROPRIATE STANDARDS REGARDING LOCATION, DESIGN, PERFORMANCE, EQUIPMENT, PERSONNEL, AND SAFETY.

Universal Level

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

Recommended Guideline

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

CURRENT STATUS:

An enabling ambulance ordinance has been enacted. Boundaries for EMS transport agencies have been defined. Exclusive operating areas are in place, as appropriate.

COORDINATION WITH OTHER EMS AGENCIES:

Through the previously referenced agreement with MVEMSA, the agencies coordinates for provision of services across geographic boundaries to ensure the closest available provider.

NEED(S):

A review of the exclusive operating area (EOA) and emergency response zone (ERZ) boundaries needs to be conducted for both air and ground.

OBJECTIVE:

Evaluate and revise EOAs and ERZs within the County as deemed appropriate.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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

Recommended Guideline

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

CURRENT STATUS:

The County currently monitors emergency medical transportation services through ordinance, contract requirements and quality improvement mechanisms. All emergency transportation services are licensed by the agency.

NEED(S):

Revise contract and ordinance specifications as necessary to comply with this plan and legislative/technological changes.

OBJECTIVE:

Revise contracts and ordinances as necessary to comply with this plan.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

The urgency of current medical requests is largely dependent upon the means of access to the system. E9-1-1 calls are all prioritized. All medical dispatch agencies within Merced County perform tiered response based on EMS protocols approved by the LEMSA. However, the prehospital system has not been studied for the needs and direction for the future.

NEED(S):

A study is needed to assess the benefits of a centralized/consolidated dispatch center and review the current model used for the response to emergency requests. This study should also include a review of contemporary planning efforts in similar counties. Assess the impact of managed care on the system and possibility of "treat and release or refer" protocols.

OBJECTIVE:

Over the long term, conduct a comprehensive study of the prehospital care system and its positioning for the health care delivery system of the future.

TIME FRAME FOR MEETING OBJECTIVE:

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

4.04 Service by emergency medical transport vehicles which can be pre-scheduled without negative medical impact shall be provided only at levels which permit compliance with local EMS agency policy.

CURRENT STATUS:

The current medical transportation system works well, however it needs to be reviewed for maximum performance, cost, and resource efficiency. Pre-scheduled transports may not reduce the level of service of the 911 units below an agency-specified minimum.

NEED(S):

Assess deployment techniques for ultimate effectiveness. Evaluate and adopt procedures that allow the efficient and effective use of all ambulance resources to achieve a contemporary medical transportation system, consistent with the other objectives of this plan and the future needs of the county.

OBJECTIVE:

Evaluate the overall medical transportation method currently used and future needs of the county and incorporate these needs and other objectives into a coordinated county-wide ALS and [possibly] BLS ambulance network.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

Recommended Guideline

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergent responses,:

- a. the response time for a basic life support and CPR capable first responder does not exceed:
Metro/urban--5 minutes
Suburban/rural--15 minutes
Wilderness--as quickly as possible
- b. the response time for an early defibrillation-capable responder does not exceed:
Metro/urban--5 minutes
Suburban/rural--as quickly as possible
Wilderness--as quickly as possible
- c. the response time for an advanced life support capable responder (not functioning as the first responder) does not exceed::
Metro/urban--8 minutes
Suburban/rural--20 minutes
Wilderness--as quickly as possible
- d. the response time for an EMS transportation unit (not functioning as the first responder) does not exceed:
Metro/urban--8 minutes
Suburban/rural--20 minutes
Wilderness--as quickly as possible.

CURRENT STATUS:

The EMS Agency specifies that response times comply with contractually established standards. These standards are based on underlying demographics and tracked within one mile grids. The recommended guideline articulated in the Authority's document needs to be reviewed for consistency with the current environment.

COORDINATION WITH OTHER EMS AGENCIES:

Response times for shared providers are coordinated as described previously.

NEED(S):

As part of the CQI, establish committee representatives to evaluate response time standards and propose effective performance standards that are reasonable for the county. Response zones (e.g., urban, suburban, and rural) should be established with regard to the constraints of geography and resource availability. Performance standards may be set for Code 1, 2, and 3 calls at the urban, suburban, rural and wilderness levels. Maximum performance and response times should also be considered.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

Regulations, policies and procedures exist to assure that ambulances are staffed and equipped according to current state and local standards. ALS services are available throughout the county and have at least one paramedic on each unit.

NEED(S):

Adequate policies and monitoring mechanisms are in place to assure that this level is met and maintained.

OBJECTIVE:

Ongoing monitoring and analysis.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

The EMS Agency has been integrally involved with first responder agencies in both first responder coordination, training, and elevation of programs to the first responder defibrillation level of care. All four first response agencies within the County are active participants in the system at the early defibrillation level.

NEED(S):

Develop processes by which first responders can participate in the CQI program of the EMS Agency including the establishment of outcome expectations and measurements. Evaluate first responder ALS needs.

OBJECTIVE:

Integrate first responder agencies and functions within the framework of the county EMS CQI program.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

- a) authorization of aircraft to be utilized in prehospital patient care,
- b) requesting of EMS aircraft,
- c) dispatching of EMS aircraft,
- d) determination of EMS aircraft patient destination,
- e) orientation of pilots and medical flight crews to the local EMS system, and
- f) addressing and resolving formal complaints regarding EMS aircraft.

CURRENT STATUS:

The County currently contracts with four outside air ALS ambulance providers. Key policies are already in place that monitor each of the areas noted above.

COORDINATION WITH OTHER EMS AGENCIES:

As no air ambulance services reside within Merced County, the agency coordinates with the agency of jurisdiction for air ambulance classification purposes.

NEED(S):

None.

OBJECTIVE:

Continue to monitor the CQI process and the policies and procedures used.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

The Merced County Designated EMS Dispatch Center (at Riggs Ambulance) dispatches for air medical emergencies.

NEED(S):

None.

OBJECTIVE:

None.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

The EMS Agency has contracts with each of the four air ambulance operations serving the County.

COORDINATION WITH OTHER EMS AGENCIES:

None required.

NEED(S):

None identified.

OBJECTIVE:

Assure ongoing adequate resources for air medical responses for EMS in Merced County.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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

Recommended Guideline

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

CURRENT STATUS:

The County has addressed applicable areas.

COORDINATION WITH OTHER EMS AGENCIES:

None identified at this time.

NEED(S):

None.

OBJECTIVE:

None.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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

CURRENT STATUS:

The current Multi-Hazard Functional Plan addresses transportation needs, however it is outdated and does not serve as a useful document for disaster needs. The Agency has been funded to develop a medical/health disaster plan for FY 1999-2000.

NEED(S):

An updated medical/health disaster plan needs to be developed.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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

Recommended Guideline

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

CURRENT STATUS:

Back-up and mutual aid coverage exists within Merced County for the various EMS provider agencies.

COORDINATION WITH OTHER EMS AGENCIES:

Not formally addressed in agreement with surrounding agencies. Mutual aid is addressed in each provider agreement.

NEED(S):

As a part of the EMS ordinance and agreements between EMS providers and the EMS Agency, there should be a clear definition of mutual and automatic aid response requirements. Such understandings should be incorporated into the medical/health disaster plan.

OBJECTIVE:

Address mutual aid issues in the medical/health disaster plan.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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

CURRENT STATUS:

While there is a multi-casualty incident (MCI) procedure, it has proven less than effective and is currently undergoing a re-write with a committee of system participants.

NEED(S):

Complete the re-write of the MCI policy, incorporate into the medical/health disaster plan and perform field exercises to fine-tune.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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

CURRENT STATUS:

Existing state guidelines are utilized as a basis for the county's multi-casualty procedure.

NEED(S):

Addressed in 4.14.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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Enhanced Level: Advanced Life Support

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

Recommended Guideline

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew members. On any emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

CURRENT STATUS:

Currently all ALS ambulances are staffed with at least one paramedic.

NEED(S):

No formal needs are identified.

OBJECTIVE:

Continue to study and update this staffing policy consistent with the goals of this plan.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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

CURRENT STATUS:

Adequate regulations, policies and procedures exist to assure that ALS ambulances are appropriately equipped for the scope of practice of its level of staffing.

NEED(S):

No needs have been identified.

OBJECTIVE:

Ongoing review and monitoring.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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Enhanced Level: Ambulance Regulation

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

CURRENT STATUS:

Currently there are ambulance (ground and air) providers that have contracts with Merced County that defines and requires compliance with the EMS policies and procedures.

NEED(S):

Revision of the current ordinance to comply with this plan may be needed. Review/revise agreements for all providers as needed.

OBJECTIVE:

Ongoing review and monitoring.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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Enhanced Level: Exclusive Operating Permits

4.19 Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&SC, shall develop an EMS transportation plan which addresses:

- a) minimum standards for transportation services,
- b) optimal transportation system efficiency and effectiveness, and
- c) use of a competitive process to ensure system optimization.

CURRENT STATUS:

A coordinated EMS transportation plan is available for the prehospital care system. Exclusive operating areas are used and have been determined to meet the state requirements.

NEED(S):

Review and revise the transportation operations as needed and discussed elsewhere in this plan.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

Medical transportation entities are designated for EOAs are appropriately selected or awarded the privilege of serving the specified area.

NEED(S):

Review as described previously.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

All exclusive providers have contracts in place requiring their compliance with all policies, procedures and other requirements.

NEED(S):

Performance-based agreements with providers and exclusive operating zones should be reviewed and updated as needed.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

The design of the ambulance response areas have not been reviewed for effectiveness for several years.

NEED(S):

A comprehensive review of the current transportation zones needs to be accomplished.

OBJECTIVE:

Establish a task force to begin a comprehensive review of the current transportation zones.

TIME FRAME FOR MEETING OBJECTIVE:

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

SECTION E. FACILITIES/CRITICAL CARE

THE LOCAL EMS SYSTEM SHOULD HAVE PROVISION FOR AN APPROPRIATE NUMBER AND LEVEL OF HEALTH FACILITIES TO RECEIVE AND TREAT EMERGENCY PATIENTS. IT SHALL HAVE A SYSTEM OF IDENTIFYING, UNDER MEDICAL DIRECTION, THE MOST APPROPRIATE FACILITY TO MANAGE A PATIENT'S CLINICAL PROBLEM AND ARRANGING FOR TRIAGE AND/OR TRANSFER OF THE PATIENT TO THIS FACILITY.

Universal Level

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

Recommended Guideline

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

CURRENT STATUS:

Criteria has been developed by the EMS Agency regarding trauma receiving hospitals evaluations, and the same process needs to be developed for medical patients.

NEED(S):

Prepare and review criteria for each emergency receiving hospital with the participation of the hospital and prehospital providers. Develop a self-assessment tool to assure capability of receiving hospitals. Include the receiving hospitals in the EMS Agency's quality improvement program and data collection activities. Assess the quality and location of receiving facilities.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

5.02 The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

CURRENT STATUS:

Prehospital triage protocols have been established and the agency assists hospitals with the establishment of transfer protocols and agreements, as requested.

COORDINATION WITH OTHER EMS AGENCIES:

No coordination with surrounding agencies has occurred relative to the existing triage protocol.

NEED(S):

A formal process for distribution of medical patients, relative to a facilities ability to manage their care, needs to be established.

OBJECTIVE:

Establish a task force to develop self-assessment and evaluation tools and an on-site consultation process for formally designating receiving facility categories for medical emergencies.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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

CURRENT STATUS:

The EMS Agency has developed guidelines establishing criteria to identify patients who should be considered for transport or transfer to trauma facilities.

COORDINATION WITH OTHER EMS AGENCIES:

None to date.

NEED(S):

Continue to develop, monitor and refine criteria to identify patients who should be considered for transfer to other specialty facilities of higher capability and develop guidelines and assist the facilities in developing transfer agreements. Follow up data is needed from destination hospitals including policies to facilitate the access to such data. In conjunction with the EMS for Children's project, develop these tools for pediatric emergencies.

OBJECTIVE:

Continue to monitor and refine criteria to identify patients who should be considered for transfer to facilities of higher capability and develop guidelines and assist the facilities in developing transfer agreements.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

Such evaluation occurs for trauma patients, however no formal process is in place for general ambulance receiving facilities or other specialty care centers.

COORDINATION WITH OTHER EMS AGENCIES:

None to date.

NEED(S):

Consistent with the findings of the California Vision Project, develop and review criteria for receiving hospital designation and conduct needs analysis on specialty designation needs. In developing the criteria, procedures and policies, incorporate activities into the quality improvement program for Merced County EMS.

OBJECTIVE:

To establish a formal process for the designation and evaluation of both receiving and specialty care centers.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

Recommended Guideline

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

CURRENT STATUS:

Hospitals are encouraged to prepare for mass casualty incidents and have been provided with the HEICS program for their review. With the Disaster planning funded for FY 99-2000, hospitals will be directly involved with each step of the planning process.

NEED(S):

Ensure that hospital disaster plans are in sync with the emerging medical/health disaster plan to be developed over the next two years.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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

CURRENT STATUS:

No formal hospital evacuation plan exists.

COORDINATION WITH OTHER EMS AGENCIES:

Will occur as part of the disaster planning project.

NEED(S):

The agency needs to coordinate the development of a formal hospital evacuation plan.

OBJECTIVE:

As part of the disaster planning process, a plan for hospital evacuation needs to be developed and incorporated into the overall medical/health disaster plan.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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Enhanced Level: Advanced Life Support

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

CURRENT STATUS:

A policy regarding the application, requirements and designation of Base Hospitals exists.

COORDINATION WITH OTHER EMS AGENCIES:

See previous reference to MVEMSA agreement.

NEED(S):

The number and configuration of Base Hospitals should be reviewed, and should take into consideration the on-line medical control needs of the system and changes to the management of prehospital care.

OBJECTIVE:

Provide a mechanism for the periodic review of medical control needs within the system.

TIME FRAME FOR MEETING OBJECTIVE:

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

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Enhanced Level: Trauma Care System

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

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

CURRENT STATUS:

Merced County recently initiated a trauma system, including contracts for major trauma patient centers in Modesto, at essentially the Level II level. The plan calls for the identification of patients triaged, transferred, role of trauma and non-trauma centers, and monitoring of the system. It also calls for the future participation of EDATs within Merced County.

NEED(S):

Continue to monitor the new trauma system and ensure adequate vehicles to initiate changes to the system are available, as required.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

The current plan and system was developed using a broad-based task force which had representatives from all disciplines at the table.

NEED(S):

None identified.

OBJECTIVE:

None identified.

TIME FRAME FOR MEETING OBJECTIVE:

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

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Enhanced Level: Pediatric Emergency Medical and Critical Care System

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

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

CURRENT STATUS:

Prehospital treatment guidelines have been implemented specifically for the treatment of seriously ill or injured pediatric patients. Currently there is no specific pediatric emergency medical system plan to deal with conditions that are less serious than the critically ill or injured child. Formal agreements exist with hospitals for the transfer of pediatrics.

NEED(S):

There is a need for an EMS for Children's program within this system to address each of the components of this guideline.

OBJECTIVE:

Submit to the EMS Authority for funding to develop an EMSC program in Merced County.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

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

Recommended Guideline

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

CURRENT STATUS:

The EMS Agency has not developed criteria and standards for pediatric capability in emergency departments.

NEED(S):

In conjunction with the development of an EMSC program, it will be necessary to identify the capability of existing emergency departments.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

The EMS Agency has not developed criteria and standards for pediatric capability in emergency departments, outside the pediatric standards established through the trauma planning process.

NEED(S):

In conjunction with the development of an EMSC program, it will be an integral component of the planning process to utilize the input and expertise for our system participants, as well as providing for public forums.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

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

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Enhanced Level: Other Speciality Care Systems

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

- a) the number and role of system participants,
- b) the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
- c) identification of patients who should be triaged or transferred to a designated center,

- d) the role of non-designated hospitals including those which are outside of the primary triage area, and
- e) a plan for monitoring and evaluation of the system.

CURRENT STATUS:

The agency has not develop a formal process for the systematic evaluation or designation of specialty centers, other than the existing trauma system and the proposal for the development of an EMSC program.

This will be integral to the development of specifications for other specialty services, as there is no capacity in the County for their local provision at this time.

NEED(S):

In conjunction with the recommendation to focus on the specialty care area of pediatrics, other targeted patient groups may be identified which should be specifically addressed through protocols and procedures to provide a coordinated response, delivery or transfer by secondary means to the most appropriate facilities.

OBJECTIVE:

Identify and provide coordinated EMS services to targeted patient groups.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.14 In planning other speciality care systems, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

CURRENT STATUS:

Comprehensive specialty patient planning has not occurred.

NEED(S):

The development of the system-wide specialty plan system will require input from all receiving hospitals, specialty hospitals, the EMS Agency, and various EMS providers.

OBJECTIVE:

Obtain wide input into development of the specialty patient plans.

TIME FRAME FOR MEETING OBJECTIVE:

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

SECTION F. DATA COLLECTION/SYSTEM EVALUATION

THE LOCAL EMS SYSTEM SHOULD HAVE MECHANISMS TO COLLECT DATA REGARDING OPERATIONAL AND CLINICAL ASPECTS OF THE SYSTEM, COVERING ALL STAGES OF THE SYSTEM. BOTH DAY-TO-DAY QUALITY ASSURANCE/QUALITY IMPROVEMENT AUDITS AND OVERALL EVALUATIONS OF SYSTEM OPERATIONS ARE NECESSARY.

Universal Level

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

Recommended Guideline

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

CURRENT STATUS:

Continuous quality improvement programs are in place within Merced County at a rudimentary level.

NEED(S):

EMS Agency and provider philosophy and commitment to the total quality continuum concept will need to be developed. Based on this philosophical endorsement, the development and establishment of a comprehensive system-wide and provider-wide continuous quality improvement program (CQI) for Merced County EMS should occur. Providing needed resources to the CQI plan will require various system participants to accomplish in-house quality improvement activities. An extensive management information system will need to be developed to support the CQI program.

OBJECTIVE:

Develop and establish a comprehensive continuous quality improvement plan for Merced County EMS activities.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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

CURRENT STATUS:

The EMS Agency has established a prehospital care paper-based logs that are maintained by the receiving facility. Merced County is near completion of the PCReporter Data System that will greatly enhance its data collection capability and quality. The paper-based logs will be replaced by a computer-based ambulance receiving database, which will allow for much greater access to comparative data for quality improvement purposes.

NEED(S):

A standardized first responder patient intervention form needs to be integrated into the ALS paperwork and disseminated among the first responder agencies. A MIS system needs to be established to support the information and evaluation needs of the EMS system. Implement and monitor the PCReporter Data System.

OBJECTIVE:

An EMS MIS plan needs to be developed and integrated into the CQI program, linked to the state data set, to accomplish the tasks listed in the needs statement.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

6.03 Audits of prehospital care, including both system response and clinical aspects, shall be conducted.

Recommended Guideline

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

CURRENT STATUS:

Current audits of prehospital care are done largely at the base hospital and the provider levels. Currently the only mechanism to link prehospital records with dispatch and emergency department inpatient and discharge records is by a case-by-case request for information.

NEED(S):

Establish a comprehensive audit/review program for all aspects of EMS system as part of the MIS and CQI plans. As a part of the CQI program, clinical indicators and outcome measurements should be identified and studied. Patient confidentiality and disclosure issues should be protected.

OBJECTIVE:

Establish an effectively linked MIS and CQI program in conjunction with objective 6.02.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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

CURRENT STATUS:

Monitoring by Merced EMS Agency occurs to review medical dispatching and is conducted on a monthly basis.

NEED(S):

An overall evaluation plan, tied to the CQI effort, needs to be included with EMD programs county-wide to enhance medical dispatch within the County. Evaluation of current deployment methods needs to be analyzed for more effective methods and cost controls/saving mechanism.

OBJECTIVE:

Include medical dispatch monitoring in the CQI program.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

Recommended Guideline

The local EMS agency should establish an integrated data management system which includes system response and clinical (both prehospital and hospital) data. The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

CURRENT STATUS:

The previous paper-based ambulance logs maintained by the receiving facilities will soon be replaced by a computer-based ambulance receiving database, which will allow for much greater access to comparative data for quality improvement purposes.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination in this area will involve adoption of statewide data and CQI standards, once completed.

NEED(S):

Develop a comprehensive MIS which supports the EMS Agency CQI program. The system should be compatible with the larger EMS providers so that information can be electronically transferred to the system. It will be necessary to establish a common patient identifier and data set for the transportation providers, receiving hospitals, base hospitals, dispatch centers and trauma centers. This common data set will then be able to be utilized for tracer studies, outcome studies and to monitor the system's performance.

OBJECTIVE:

Establish a comprehensive MIS that integrates data from various EMS system participants.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

The EMS Agency consistently evaluates its program components but lacks a regular comprehensive review. Manual collection of information is required. Achievement of comprehensive system analysis would be time and resource consuming.

NEED(S):

Development and implementation of the EMS plan, the establishment of comprehensive MIS and CQI programs, and creation of various policies and procedures will allow overall EMS system program evaluation. A review of other program models should be conducted including the potential of a co-reviewer program with neighboring counties.

OBJECTIVE:

The EMS Agency will regularly evaluate and report on the status of the EMS system operations through the tools of the MIS system and CQI program.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

Merced County has the resources and authority for a system-wide evaluation program.

NEED(S):

Specific funding sources will be identified and tapped to support evaluation processes. Expertise within the EMS Agency should be developed for the MIS plan.

OBJECTIVE:

Provide adequate resources to enable system-wide EMS program evaluation.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

The EMS Agency reports to the Board of Supervisors, the EMCC and the advisory committees on a regular basis. These reports define milestones and measurable EMS Agency and provider performance.

NEED(S):

Provide ongoing information regarding performance of the Merced County EMS system's performance with coordination to the proposed CQI plan.

OBJECTIVE:

Provide regular reports on the performance and accomplishments of the Merced County EMS System.

TIME FRAME FOR MEETING OBJECTIVE:

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

* * * * *

Enhanced Level: Advanced Life Support

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

Recommended Guideline

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

CURRENT STATUS:

Most of the treatment evaluation for providers is done by the base hospital or internal agency review. There is little global or system evaluation or outlier review of non Base Hospital cases. Evaluation of the base hospitals themselves has occurred on an isolated basis and is not linked to needs or a CQI plan.

NEED(S):

As addressed in previous standards, the integrated MIS plan should include prehospital, base hospital, and receiving hospital data. An ongoing process for evaluation of performance of base station hospitals and prehospital activities is a key function of the quality improvement program proposed previously. These standards should be developed locally based on experience in other counties.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

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

* * * * *

Enhanced Level: Trauma Care System

6.10 The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including:

- a) a trauma registry,
- b) a mechanism to identify patients whose care fell outside of established criteria, and
- c) a process of identifying potential improvements to the system design and operation.

CURRENT STATUS:

The trauma system is established and the collection of trauma registry data is occurring. As this is a new system, the Trauma Audit Committee will be monitoring all processes for improvement opportunities.

NEED(S):

As part of the MIS plan, meet with trauma center and non-trauma center providers, rectify data needs and procedures and ensure appropriate collection methodology.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

Recommended Guideline

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

CURRENT STATUS:

As part of the trauma and receiving facility contracts, all non-designated hospitals are required to collect a minimum data set to ensure the ability to track over and under triage.

NEED(S):

Continue to monitor the quality of trauma data from non-designated facilities and incorporate changes as necessary.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

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

SECTION G. PUBLIC INFORMATION AND EDUCATION

THE LOCAL EMS SYSTEM SHOULD PROVIDE PROGRAMS TO ESTABLISH AN AWARENESS OF THE EMS SYSTEM, HOW TO ACCESS THE SYSTEM AND HOW TO USE THE SYSTEM. PROGRAMS TO TRAIN MEMBERS OF THE PUBLIC IN FIRST AID AND CPR SHOULD BE AVAILABLE.

Universal Level

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

- a) understanding of EMS system design and operation,
- b) proper access to the system,
- c) self help (e.g., CPR, first aid, etc.),
- d) patient and consumer rights as they relate to the EMS system,

- e) health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- f) appropriate utilization of emergency departments.

Recommended Guideline

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

CURRENT STATUS:

The EMS Agency is involved with the development of information and materials for dissemination to the public. Staffing limitations and program priorities have limited the efforts in this area.

NEED(S):

Develop target needs, public information materials, and coordinate and assist the various provider groups in developing information for the public regarding EMS activities. This program should be specifically tied to the CQI plan, with clear and measurable outcomes and linked to the health care delivery analysis defined in this plan.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

Recommended Guideline

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

CURRENT STATUS:

The EMS Agency has promoted public education for targeted populations (senior falls, etc.) and intended to continue those efforts through collaborative efforts with other agencies.

NEED(S):

The EMS Agency needs to work with the local resources and Public Health, and supply resources in order to support programs developed by other facilities and agencies within the County to promote preventive medicine and to continue the injury control efforts.

OBJECTIVE:

Coordinate with Public Health and system participants in the development and distribution of public education information.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

Recommended Guideline

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

CURRENT STATUS:

The local EMS Agency is not currently involved with the County's Office of Emergency Services in promoting citizen disaster preparedness activities.

NEED(S):

Ongoing participation in promoting citizen awareness of emergency preparedness activities.

OBJECTIVE:

Through the disaster planning process, develop a public awareness program in coordination with the Office of Emergency Services.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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

Recommended Guideline

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

CURRENT STATUS:

There are public CPR classes offered at a variety of locations throughout the county. They are sponsored by hospitals, the community college, ambulance and fire services, as well as the American Heart Association and the American Red Cross. Merced County has endorsed Citizen CPR, which is a two-hour multi-media CPR and First Aid class.

NEED(S):

The EMS Agency should pursue supporting first aid and CPR program information availability in the EMS public education plan.

OBJECTIVE:

Continue to evaluate the CPR and first aid classes and determine if high risk groups are receiving the training. Coordinate with established programs to include mass training such as the "CRP Saturday" program.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SECTION H. DISASTER MEDICAL RESPONSE

THE LOCAL EMS SYSTEM MUST BE CAPABLE OF EXPANDING ITS STANDARD OPERATIONS TO MEET THE NEEDS CREATED BY MULTI-CASUALTY INCIDENT AND MEDICAL DISASTERS, INCLUDING INTEGRATION OF OUT-OF- AREA RESOURCES.

Universal Level

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

CURRENT STATUS:

The current Multi-Hazard Functional Plan is outdated and does not serve as a useful document for managing medical/health disaster needs. To address this issue, Merced County EMSA submitted for and was granted disaster plan development funding for fiscal year 1999-2000. All components of disaster planning and preparation will be included in the medical/health disaster plan, when completed.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with the OES Region V RDMHC will occur as part of the disaster planning process.

NEED(S):

Develop a comprehensive disaster medical/health plan for this system. An increase in communication and training of the plan components with participant groups is needed. Adopt the Hospital Emergency Incident Command System (HEICS) and the Incident Command System (ICS) for EMS agencies, and assess funding to perform disaster exercises for all EMS system participants.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

Recommended Guideline

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

CURRENT STATUS:

See Section 8.01

NEED(S):

See Section 8.01

OBJECTIVE:

See Section 8.01

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

There are currently personnel within the fire service designated to handle incidents involving hazardous materials. Funding for training has been included in the disaster plan grant.

NEED(S):

Prehospital and hospital personnel need to be trained, at a minimum, to a "Basic Concepts" level in HazMat and terrorism training.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

Recommended Guideline

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

CURRENT STATUS:

Awareness level training in ICS has occurred with prehospital personnel and this will be expanded as part of the disaster planning process.

NEED(S):

A more thorough and comprehensive level of training in ICS needs to be provided for all field personnel.

OBJECTIVE:

Establish training as provided in the disaster plan development grant.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

Recommended Guideline

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

CURRENT STATUS:

Disaster patient distribution procedures have not been established or tested. These procedures need to be part of the medical/health disaster plan. Currently, hospitals within the system have direct communication access to relevant services in other hospitals (poison, chemical, etc.)

COORDINATION WITH OTHER EMS AGENCIES:

See 8.01.

NEED(S):

Develop plans to include resources outside of the County and expand procedures for the distribution of disaster patients. Evaluate and designate special receiving facilities for specific hazardous materials incidents.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

Recommended Guideline

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

CURRENT STATUS:

No formal needs assessment process has been established.

NEED(S):

A formal medical resource needs assessment process should be established to allow for coordination with the RDMHC and the State.

OBJECTIVE:

As part of the disaster planning process, develop a needs assessment tool.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

See Section 3.06.

COORDINATION WITH OTHER EMS AGENCIES:

Merced County shares MedNet hardware with Mariposa County (MVEMSA jurisdiction) and coordinates the use of that equipment.

NEED(S):

See Section 3.06.

OBJECTIVE:

See Section 3.06.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

Recommended Guideline

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

CURRENT STATUS:

No formal agreements are in place for disaster medical assistance.

NEED(S):

The identification and contracting for disaster medical resources should occur prospectively to improve the likelihood of their availability in the event of a disaster.

OBJECTIVE:

The first year of the disaster planning grant focuses on the identification and development of agreements for medical/health resources. Complete the grant process.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

Recommended Guideline

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

CURRENT STATUS:

Formal relationships have not been established with DMAT sponsoring agencies.

NEED(S):

The EMS Agency should establish a more formal linkage with DMAT teams as needed and support their activities.

OBJECTIVE:

Establish EMS Agency involvement with and support of DMAT teams in the region as needed. Identify ongoing needs and rationale for an in-county team, if necessary.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

Inter-county medical mutual aid planning is occurring, however no agreements have been forwarded by the RDMHC.

COORDINATION WITH OTHER EMS AGENCIES:

None to date.

NEED(S):

Continue to develop and negotiate mutual aid contracts with surrounding counties. Develop policies and procedures to address provider mutual aid response from outside the County. Continue to monitor and develop, if necessary, standardized procedures to be followed during a multi-casualty incident which require more resources than are immediately available locally.

OBJECTIVE:

Establish agreements and procedures to acquire adequate response resources in the event of significant medical incidents and extraordinary system demand.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.11 The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).

CURRENT STATUS:

Field Treatment Sites have not been designated by EMS Agency, but will be evaluated and completed as part of the disaster planning process. The fairgrounds in both Los Banos and Merced were previously identified as CCPs in the Multi-Hazard Functional Plan.

COORDINATION WITH OTHER EMS AGENCIES:

None to date.

NEED(S):

Assess and establish adequate Field Treatment Sites distributed appropriately throughout the County.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

8.12 The local EMS agency, in coordination with the local OES, shall develop plans for establishing CCPs and a means for communicating with them.

CURRENT STATUS:

Field Treatment Sites have not been designated by EMS Agency, but will be evaluated and completed as part of the disaster planning process. The fairgrounds in both Los Banos and Merced were previously identified as CCPs in the Multi-Hazard Functional Plan.

NEED(S):

Assess and establish adequate Field Treatment Sites (FTS) distributed appropriately throughout the County. Establish the best method for communication between the FTS and providers.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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

Recommended Guideline

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

CURRENT STATUS:

See Section 8.03.

NEED(S):

See Section 8.03.

OBJECTIVE:

See Section 8.03.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

Recommended Guideline

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

CURRENT STATUS:

All hospitals are encouraged to ensure that their internal disaster plans are consistent with ICS (HEICS). There is currently little coordinated disaster exercise planning occurring.

NEED(S):

Hospital disaster planners need to be at the table during the development of the medical/health disaster plan to ensure consistency in our planning efforts. Once established, routine exercises need to be conducted to test the effectiveness of the plans and their level of consistency.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

CURRENT STATUS:

Typically, during a disaster the hospital uses phone lines to keep the radio free to receive on-scene updates on patient counts, etc. There is no immediate conference calling capability and the Base Hospital must contact each hospital one at a time.

NEED(S):

The current inter-hospital and EMS system disaster communication system has limitations and does not meet all of the resource identification and coordination roles needed. There is also a need to include in EMS communication planning components to address communication among and between the county's hospitals. Implement procedures to accomplish inter-hospital communication. Adopt the Hospital Emergency Incident Command System.

OBJECTIVE:

Contemporary and redundant capability and procedures for hospitals to communicate with each other and to allow resource identification and coordination should be built into the EMS communication planning.

TIME FRAME FOR MEETING OBJECTIVE:

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

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

Recommended Guideline

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

CURRENT STATUS:

Hospitals have developed guidelines for the management of medical incidents, however training has not been consistent. No annual disaster drill has occurred. HEICS training has not been offered.

NEED(S):

The EMS Agency should actively support and encourage multi-agency disaster drills. HEICS should be identified and endorsed as the standard for hospital disaster plans in the county.

OBJECTIVE:

Conduct periodic multi-agency disaster drills. The Hospital Emergency Incident Command System (HEICS) should be actively pursued as the hospital EMS command structure in the county.

TIME FRAME FOR MEETING OBJECTIVE:

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

* * * * *

Enhanced Level: Advanced Life Support

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

CURRENT STATUS:

Current policies waive restrictions on responders during disasters. There are reciprocal agreements with other county EMS agencies.

NEED(S):

Review current policies and revise to ensure access to outside ALS resources in the event of significant medical incidents. Include waiver of restrictions in mutual aid agreements.

OBJECTIVE:

Continue to eliminate policies and procedures that restrict access to outside ALS resources in the event of a significant medical incident. Continue education efforts.

TIME FRAME FOR MEETING OBJECTIVE:

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

* * * * *

Enhanced Level: Specialty Care Systems

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

CURRENT STATUS:

Trauma contracts and policies address the issue of patient distribution, however, this needs to be evaluated and updated for large scale incidents.

NEED(S):

Develop guidelines for distributing patients of significant medical incidents in conjunction with disaster patient distribution plans (Standard 8.05). Establish policies and procedures for maintaining ongoing EMS patient distribution during significant medical incidents, as appropriate.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

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

Enhanced Level: Exclusive Operating Areas/Ambulance Regulation

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

CURRENT STATUS:

Current policies and the County's contract with ambulance providers allow an exclusivity waiver in the event of disaster and mutual aid requests.

NEED(S):

There are no current needs.

OBJECTIVE:

Ongoing review and analysis.

TIME FRAME FOR MEETING OBJECTIVE:

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

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: Merced County

Reporting Year 1998

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) %	<u>0</u>
b. Limited Advanced Life Support (LALS) %	<u>0</u>
c. Advanced Life Support (ALS) %	<u>100</u>
2. Type of agency	
a - Public Health Department	<u>X</u>
b - County Health Services Agency	<u> </u>
c - Other (non-health) County Department	<u> </u>
d - Joint Powers Agency	<u> </u>
e - Private Non-profit Entity	<u> </u>
f - Other: _____	<u> </u>
3. The person responsible for day-to-day activities of EMS agency reports to	
a - Public Health Officer	<u> </u>
b - Health Services Agency Director/Administrator	<u> </u>
c - Board of Directors	<u> </u>
d - Other: Public Health Director	<u>X</u>
4. Indicate the non-required functions which are performed by the agency	
Implementation of exclusive operating areas (ambulance franchising)	<u>X</u>
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	<u> </u>
Designation of other critical care centers	<u> </u>
Development of transfer agreements	<u>X</u>
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	<u>X</u>
Operation of ambulance service	<u> </u>

Table 2 - System Organization & Management (cont.)

Continuing education	<u> X </u>
Personnel training	<u> X </u>
Operation or oversight of EMS dispatch center	<u> X </u>
Non-medical disaster planning	<u> </u>
Administration of critical incident stress debriefing (CISD) team	<u> X </u>
Administration of disaster medical assistance team (DMAT)	<u> </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u> </u>
Other:	<u> </u>
Other:	<u> </u>
Other:	<u> </u>
5. EMS agency budget for FY 98-99	
A. EXPENSES	
Salaries and benefits	\$ <u> 158,354 </u>
(all but contract personnel)	.
Contract Services	\$ <u> 43,309 </u>
(e.g. medical director)	
Operations (e.g. copying, postage, facilities)	\$ <u> 28,520 </u>
Travel	\$ <u> 10,625 </u>
Fixed assets	\$ <u> 4,374 </u>
Indirect expenses (overhead)	\$ <u> </u>
Ambulance subsidy	\$ <u> </u>
EMS Fund payments to physicians/hospital	\$ <u> </u>
Dispatch center operations (non-staff)	\$ <u> </u>
Training program operations	\$ <u> </u>
Other: <u> Insurance </u>	\$ <u> 623 </u>
Other: <u> Special Department Expense </u>	\$ <u> 19,799 </u>
Other: <u> </u>	\$ <u> </u>
TOTAL EXPENSES	\$ <u> 265,604 </u>

Table 2 - System Organization & Management (cont.)

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	\$ 32,188
Preventive Health and Health Services (PHHS) Block Grant \$	\$ 0
Office of Traffic Safety (OTS)	\$ 0
State general fund	\$ 0
County general fund	\$ 52,904
Other local tax funds (e.g., EMS district)	\$ 0
County contracts (e.g. multi-county agencies)	\$ 0
Certification fees	\$ 18,412
Training program approval fees	\$ 0
Training program tuition/Average daily attendance funds (ADA)	\$ 0
Job Training Partnership ACT (JTPA) funds/other payments	\$ 0
Base hospital application fees	\$ 0
Base hospital designation fees	\$ 0
Trauma center application fees	\$ 0
Trauma center designation fees	\$ 25,000
Pediatric facility approval fees	\$ 0
Pediatric facility designation fees	\$ 0

Table 2 - System Organization & Management (cont.)

Other critical care center application fees		\$ <u>0</u>
Type: _____		
Other critical care center designation fees		\$ <u>0</u>
Type: _____		
Ambulance service/vehicle fees		\$ <u>41,600</u>
Contributions		\$ <u>0</u>
EMS Fund (SB 12/612)		\$ <u>86,532</u>
Other grants:		\$ _____
Other Fees:	<u>Fines/Forfeits</u>	\$ <u>1,000</u>
Other (specify):	<u>Communications fees</u>	\$ <u>5,428</u>
Other (specify):	<u>State dated warrants</u>	\$ <u>40</u>
Other (specify):	<u>Donations</u>	\$ <u>2,500</u>
TOTAL REVENUE \$		\$ <u>265,604</u>

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

Table 2 - System Organization & Management (cont.)

6. Fee structure 98-99

_____ We do not charge any fees

_____ Our fee structure is:

First responder certification	\$	<u>0</u>
EMS dispatcher certification	\$	<u>30</u>
EMT-I certification	\$	<u>30</u>
EMT-I recertification	\$	<u>30</u>
EMT-defibrillation certification	\$	<u>0</u>
EMT-defibrillation recertification	\$	<u>0</u>
EMT-II certification	\$	<u>0</u>
EMT-II recertification	\$	<u>0</u>
EMT-P accreditation	\$	<u>75</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	\$	<u>40</u>
MICN/ARN recertification	\$	<u>40</u>
EMT-I training program approval	\$	<u>250</u>
EMT-II training program approval	\$	<u> </u>
EMT-P training program approval	\$	<u> </u>
MICN/ARN training program approval	\$	<u> </u>
Base hospital application	\$	<u> </u>
Base hospital designation	\$	<u> </u>
Trauma center application	\$	<u>12,500</u>
Trauma center designation	\$	<u>12,500</u>
Pediatric facility approval	\$	<u> </u>
Pediatric facility designation	\$	<u> </u>

Table 2 - System Organization & Management (cont.)

Other critical care center application	\$ <u>0</u>
Type: _____	
Other critical care center designation	\$ <u>0</u>
Type: _____	
Ambulance service license \$	\$ <u>Variable</u>
Ambulance vehicle permits	\$ <u>0</u>
Other: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 98-99.

Table 2 - System Organization & Management (cont.)
 EMS System: Merced County

Reporting Year: 98-99

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% OF SALARY)	COMMENTS
EMS Admin./Coord./Dir.	EMS Coordinator	1	25.91	44%	
Asst. Admin./Admin. Asst./Admin. Mgr.	EMS Specialist	1	15.34	44%	
ALS Coord./Field Coord./Trng Coord.					
Program Coord./Field Liaison (Non-clinical)					
Trauma Coord.	Specialty Services Operations Nurse	0.5	23.26	44%	
Med. Director		0.1	67.00		
Other MD/Med. Consult./Trng. Med. Dir.					
Disaster Med. Planner					

Table 2 - System Organization & Management (cont.)

Revision #1 [2/16/95]

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	EMS Technician	1	14.60	44%	

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

EMS System: **Merced**

Reporting Year: **98-99**

NOTE: Table 3 is to be reported by agency.

	EMT-1s	EMT-IIs	EMT-Ps	MICN	EMS Dispatchers
Total Certified	219	0	na	24	13
Number newly certified this year	59	0	na	1	2
Number recertified this year	78	0	na	13	6
Total number of accredited personnel on July 1 of the reporting year	na	na	36	na	na
Number of certification reviews resulting in:					
a) formal investigations	2	0	2	1	0
b) probations	1	0	0	0	0
c) suspensions	0	0	0	0	0
d) revocations	0	0	0	0	0
e) denials	1	0	0	0	0
f) denials of renewal	0	0	0	0	0
g) no action taken	0	0	Open at EMSA	1	0

1. Number of EMS dispatchers trained to EMSA standards: 13

2. Early defibrillation:

a) Number of EMT-I (defib) certified: 61

b) Number of public safety (defib) certified (non-emt-I): 173

3. Do you have a first responder training program? Yes No

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: Merced County

County: Merced

Reporting Year: 98-99

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

1. Number of primary Public Service Answering Points (PSAP) 6
2. Number of secondary PSAPs 1 (in county)
3. Number of dispatch centers directly dispatching ambulances 3
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? Yes No
 - a. Radio primary frequency _____
 - b. Other methods MedNet 9 for dispatch, MedNet 8 for hospitals
 - 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: Merced County

Reporting Year: 98-99

Note: Table 5 is to be reported by agency.

TRANSPORTING AGENCIES

1.	Number of exclusive operating areas	<u>4</u>
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	<u>90%</u>
3.	Total number responses	
	a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	<u>8676</u>
	b) Number non-emergency responses (Code 1: normal)	<u>2285</u>
4.	Total number of transports	
	a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	<u>6259</u>
	b) Number of non-emergency transports (Code 1: normal)	<u>1843</u>

Early Defibrillation Providers

5.	Number of public safety defibrillation providers	
	a) Automated	<u>4</u>
	b) Manual	<u>0</u>
6.	Number of EMT-Defibrillation providers	
	a) Automated	<u>0</u>
	b) Manual	<u>0</u>

Air Ambulance Services

7.	Total number of responses	
	a) Number of emergency responses	<u>1273</u>
	b) Number of non-emergency responses	<u>0</u>
8.	Total number of transports	
	a) Number of emergency (scene) transports	<u>253</u>
	b) Number of non-emergency transports	<u>0</u>

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

EMS System: Merced County

Reporting Year: 98-99

Note: Table 6 is to be reported by agency.

TRAUMA

Trauma Patients

- | | |
|--|-------------------|
| a) Number of patients meeting trauma triage criteria | <u>Not Avail.</u> |
| b) Number of major trauma victims transported directly to a trauma center by ambulance | <u>Not Avail.</u> |
| c) Number of major trauma patients transferred to a trauma center | <u>Not Avail.</u> |
| d) Number of patients meeting triage criteria who weren't treated at a trauma center | <u>Not Avail.</u> |

EMERGENCY DEPARTMENTS

Total number of emergency departments

- | | |
|---|----------|
| a) Number of referral emergency services | <u>0</u> |
| b) Number of standby emergency services | <u>1</u> |
| c) Number of basic emergency services | <u>3</u> |
| d) Number of comprehensive emergency services | <u>0</u> |

Receiving Hospitals

- | | |
|--|----------|
| 1. Number of receiving hospitals with written agreements | <u>2</u> |
| 2. Number of base hospitals with written agreements | <u>1</u> |

TABLE 7: SYSTEM RESOURCES AND OPERATIONS - Disaster Medical

EMS System: Merced County

County: Merced

Reporting Year: 98-99

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

SYSTEM RESOURCES

1. Casualty Collection Points (CCP)
 - a. Where are your CCPs located? Merced and Los Banos Fairgrounds
 - b. How are they staffed? Not determined at this time
 - c. Do you have a supply system for supporting them for 72 hours? Yes No
2. CISD

Do you have a CISD provider with 24 hour capability? Yes No
3. Medical Response Team
 - a. Do you have any team medical response capability? Yes No
 - b. For each team, are they incorporated into your local response plan? Yes No
 - c. Are they available for statewide response? Yes No
 - d. Are they part of a formal out-of-state response system? Yes No
4. Hazardous Materials
 - a. Do you have any HazMat trained response teams? Yes No
 - b. At what HazMat level are they trained? Technician
 - c. Do you have the ability to do decontamination in an emergency department? Yes No
 - d. Do you have the ability to do decontamination in the field? Yes No

Operations

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 6
3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes No
 - b. exercise? Yes No

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

None

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes No
6. Do you have formal agreements with community clinics in your operational area to participate in disaster planning and response? Yes No
7. Are you part of a multi-county EMS system for disaster response? Yes No
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **Health Dept. - Not Applicable** Yes No

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 98-99

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

Name: <u>Air Med Team</u> Address: <u>1441 Florida Ave. Modesto, Ca., 95350</u> Telephone: <u>(209) 576-3939</u>						Primary Contact: _____					
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water		<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-transport		Air Classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue		If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed wing		Number of personnel providing services: _____ PS _____ PS-defib _____ BLS _____ EMT-D _____ LALS <u>12</u> ALS	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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		System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Number of ambulances: <u>1</u>	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 98-99

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

Name: <u>American Medical Response</u>		Primary Contact: <u>Cindy Woolston</u>			
Address: <u>212 Campus Wy. Modesto, Ca., 95352</u>					
Telephone: <u>(209) 524-8001</u>					
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed wing	Number of personnel providing services: _____ PS _____ PS-defib <u>6</u> BLS _____ EMT-D _____ LALS _____ 6 ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: <u>2</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 98-99

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

Name: <u>Los Banos City Fire Department</u>		Primary Contact: <u>Capt. Tim Marrison</u>			
Address: <u>333 7th St., Los Banos, Ca., 93635</u>					
Telephone: <u>(209) 827-7025</u>					
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed wing	Number of personnel providing services: PS <u>19</u> PS-defib <u>14</u> BLS <u> </u> EMT-D LALS <u>0</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: <u>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 98-99

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

Name: <u>Medi-Flight</u>		Primary Contact: <u>Frank Erdman</u>	
Address: <u>1700 Coffee Rd., Modesto, Ca., 95355</u>			
Telephone: <u>(209) 572-7050</u>			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue
			If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed wing
			Number of personnel providing services: PS _____ PS-defib _____ BLS _____ EMT-D _____ LALS _____ 32 ALS _____
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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
			System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			Number of ambulances: <u>2</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 98-99

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

Name: <u>Merced City Fire Department</u> Address: <u>99 E. 16th St., Merced, Ca., 95340</u> Telephone: <u>(209) 958-6891</u>						Primary Contact: <u>Chief Brian Donnelly</u>					
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water		<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-transport		Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue		If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed wing		Number of personnel providing services: PS <u>42</u> PS-defib BLS <u> </u> EMT-D LALS <u>0</u> ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____		If Public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Number of ambulances: <u>0</u>	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 98-99

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

Name: <u>Merced County Fire</u>		Address: <u>735 Martin Luther King Jr. Way, Merced, Ca., 95340</u>		Telephone: <u>(209) 385-7344</u>		Primary Contact: <u>Chief Pat Kerrigan</u>	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed wing	Number of personnel providing services: PS <u>195</u> PS-defib 38 BLS <u>38</u> EMT-D LALS <u>5</u> ALS		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: <u>0</u>		

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 98-99

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

Name: <u>Riggs Ambulance Service</u>		Primary Contact: <u>Greg Bonifay</u>			
Address: <u>100 Riggs Ave., Merced, Ca., 95340</u>					
Telephone: <u>(209) 725-7011</u>					
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed wing	Number of personnel providing services: PS _____ PS-defib _____ 23 BLS _____ EMT-D _____ LALS _____ 25 ALS _____
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: <u>17</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 98-99

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

Name: <u>SkyLife/ROAM</u>		Primary Contact: _____			
Address: <u>911 Sante Fe, Fresno, Ca., 93721</u>					
Telephone: <u>(559) 292-5248</u>					
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed wing	Number of personnel providing services: PS _____ PS-defib _____ BLS _____ EMT-D _____ LALS _____ 8 ALS _____
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: _____ 1 _____

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 98-99

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

Name: <u>West Side Community Ambulance</u>		Primary Contact: <u>Chuck Coehlo</u>			
Address: <u>151 S. Hwy 33, Newman, Ca.</u>					
Telephone: <u>(209) 862-2951</u>					
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed wing	Number of personnel providing services: ____ PS PS-defib <u>7</u> BLS EMT-D ____ LALS <u>14</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: <u>2</u>

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Merced County County: Merced Reporting Year: 98-99

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

Training Institution Name Merced College Contact Person Telephone no. Joanne Wyatt 384-6130

Address 3600 M Street, Merced CA 95348

Student Eligibility:* Open to the Public EMT-1	Cost of Program Basic <u>\$50.00</u> Refresher <u>\$50.00</u>	**Program Level Number of students completing training per year: Initial: <u>110-120</u> Refresher: <u>60</u> Cont. Education: <u>30</u> Expiration Date: <u>6/30/01</u> Number of courses: <u>3</u> Initial training: <u>2</u> Refresher: <u>1</u> Cont. education: <u>1*</u>
--	---	---

* CE offered concomitantly with primary class

Training Institution Name _____ Contact Person Telephone no. _____

Address _____

Student Eligibility:*	Cost of Program Basic _____ Refresher _____	**Program Level Number of students completing training per year: Initial: _____ Refresher: _____ Cont. Education: _____ Expiration Date: _____ Number of courses: _____ Initial training: _____ Refresher: _____ Cont. education: _____
-----------------------	---	--

* 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

EMS System: Merced County: Merced Reporting Year: 98-99

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

Name: <u>Sutter Merced Medical Center</u>		Primary Contact: <u>Karren Striplin, RN, MICN</u>		
Address: <u>301 East 13th Street Merced, CA 95340</u>				
Telephone: <u>(209) 385-7201</u>				
Written Contract <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center:* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP:** <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU:*** <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center what level:****

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Merced County: Merced Reporting Year: 98-99

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

Name: <u>Mercy Hospital & Health Services</u>		Primary Contact: <u>Shirley Ziskovsky</u>		
Address: <u>2740 M Street Merced, CA 95340</u>				
Telephone: <u>(209) 384-6444</u>				
Written Contract <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center:* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP:** <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU:*** <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center what level:****

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Merced County: Merced Reporting Year: 98-99

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

Name: <u>Memorial Hospital of Los Banos</u>		Primary Contact: <u>Rich Cruse</u>		
Address: <u>520 W. I St., Los Banos, Ca., 93635</u>				
Telephone: <u>(209) 826-0591</u>				
Written Contract <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center:* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP:** <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU:*** <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center what level:****

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Merced County: Merced Reporting Year: 98-99

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

Name: <u>Dos Palos Memorial Hospital</u>		Primary Contact: <u>Darryl Henley</u>		
Address: <u>2118 Marguerite St. Dos Palos, CA 93620</u>				
Telephone: <u>(209) 392-6121</u>				
Written Contract <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center:* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP:** <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU:*** <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center what level:****

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Merced County: Merced Reporting Year: 98-99

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

Name: <u>Riggs Dispatch Center</u>		Primary Contact: <u>Kevin Daniel</u>	
Address: <u>100 Riggs Ave. Merced, Ca., 95340</u>			
Telephone: <u>(209) 725-7011</u>			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 12 EMD Training EMT-D ALS BLS LALS Other
Ownership: <input type="checkbox"/> Public <input checked="" 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"/> other;

ANNEX 2
COMPLIANCE WITH AB 3153
Summary

That which follows summarizes the process that was followed several years ago when the County of Merced established ambulance zones and assigned grandfather privileges to some of the existing providers. Much of this information was submitted in 1993 with the original Five Year EMS Plan for the County, following Merced's withdrawal from the then Alpine, Mother Lode, San Joaquin EMS Agency (Mountain-Valley). It has been only slightly modified from its original language, as the County has not formally reviewed this establishment nor the ambulance zones since the original submission.

It should be noted that one of the priorities for the coming year will be to establish a task force to conduct a thorough analysis of existing zones and report on any recommended changes to the EMS agency, through the EMCC.

ANNEX 2

COMPLIANCE WITH AB 3153

(Establishment of Exclusive Operating Areas)

Methodology for the Establishment of Ambulance Zones

Following the implementation of Merced County Ordinance 1301 (1988), regarding ambulance regulations, the Health Department, in coordination with the Emergency Medical Care Committee (EMCC), was tasked with the evaluation and development of ambulance service planning areas, and the eventual establishment of ambulance response zones, both exclusive and non-exclusive. A sub-committee of the EMCC was established to carry out that directive, and after several organizational meetings, established the following criteria for consideration in the development of these ambulance response zones:

1. Use of the historical, existing emergency response zones as a beginning reference for this process.
2. EMS System demands and transportation patterns.
3. Desired pre-hospital standard of care.
4. Data collection using existing grid designations.
5. Hospital locations.
6. First responder locations.
7. Traffic patterns.
8. Demographics County-wide, and within each zone.
9. State EMS Guidelines.

The existing ambulance provider's emergency response zones were determined to be distributed in a fashion that provided for effective emergency response coverage. These zones provided service to an adequate population base, for the most part, to support service in the more populated areas of the County as well as the sparsely populated regions. They were then recommended for designation as either an Emergency Response Zone (ERZ) or an Exclusive Operating Area (EOA), depending on the existing ambulance provider's historical length of service to a particular zone as well as the manner and scope of the provision of prehospital care to this particular zone. As a result of this evaluation process, Riggs Ambulance Service and Turlock Ambulance Service were determined to be qualified for grandfathering as exclusive providers in four (4) of the seven (7) designated ambulance response zones. The remaining three zones have been designated as ERZ's, as the provision of care within these zones has substantively changed since January 1, 1981.

These ERZs encompass very sparsely populated areas and have historically been underserved by the EMS system. In an effort to ensure the quality of prehospital care in these areas, two of the zones were included in the performance-based provider agreement with Riggs Ambulance Service. Without their inclusion in this provider agreement, it would be impossible to attract a viable ambulance provider to service this area, due to their population base and isolated location. While some grids within these zones are allowed longer response times, due to their isolated locations, the populated areas retain stringent response time requirements. In addition, all other standards for staffing, scope of practice, public education, etc., found in the provider agreement apply to these ERZs as well as the EOAs. The third ERZ is under a performance-based contract with the WestSide Hospital District Ambulance Service, which retains that provider since it is receiving District tax dollars to subsidize their operating costs. Again, this contract has stringent response time requirements for the populated areas within this ERZ, as discussed above. The established response zones are depicted on the map labeled as Exhibit - Annex 1, at the end of this Section.

*WestSide
Hospital
District
Ambulance
Service
subsidy*

On July 1, 1991, Riggs Ambulance Service (RAS) signed a performance-based, ALS ambulance provider agreement with the County, which identifies their role and responsibilities to their EOA's and ERZ's within this County, as discussed above. This agreement is reviewed and amended, as needed, annually.

On September 1, 1991, Turlock Ambulance Service (TAS) signed a performance-based ALS ambulance provider agreement for their EOA, and this agreement is also reviewed and amended annually.

On May 1, 1993, the County entered into a performance-based contract with West Side District Ambulance Service for their ERZ and a portion of Stanislaus County, which the Merced County EMS Agency oversees through a MOU with Stanislaus County.

All ground providers have undergone both monthly and annual reviews by the Agency, and are in compliance with all required standards, as set forth in their respective provider agreements. Each of these performance-based ALS ambulance provider agreements was negotiated and executed without any provision for general County subsidy for any of these operations.

Applicability of Grandfathered EOA Providers

During the latter part of 1989, phone conversations and written correspondence occurred between the County of Merced and the State EMS Authority, regarding the applicability of grandfathering the currently contracted EOA ambulance providers without a competitive process, due to the fact that a third ambulance provider had been in operation (on a rotational-call basis) in two of the proposed areas for approximately one and one-half years, between February, 1986 and July, 1987.

In a letter dated September 5, 1989, addressed to Barbara Green, the then Director of the Alpine, Mother Lode, San Joaquin EMS Agency, from John Huntley of the State EMS Authority, Mr. Huntley suggests that the intent of the County to grandfather the above referenced providers into specific areas of the County without a competitive process may be in conflict with the statutes regarding EOAs.

On October 17, 1989, Dr. Richard Welch, then Merced County Director of Public Health wrote a letter to Dr. Bruce Haynes of the State EMS Authority, in an effort to clarify the issues regarding the establishment of EOAs and the methodology by which the County arrived at its conclusions.

These ERZs encompass very sparsely populated areas and have historically been under-served by the EMS system. In an effort to ensure the quality of prehospital care in these areas, two of the zones were included in the performance-based provider agreement with Riggs Ambulance Service. Without their inclusion in this provider agreement, it would be impossible to attract a viable ambulance provider to service this area, due to their population base and isolated location. While some grids within these zones are allowed longer response times, due to their isolated locations, the populated areas retain stringent response time requirements. In addition, all other standards for staffing, scope of practice, public education, etc., found in the provider agreement apply to these ERZs as well as the EOAs. The third ERZ is under a performance-based contract with the West Side Healthcare District Ambulance Service, which retains that provider since it is receiving District tax dollars to subsidize their operating costs. Again, this contract has stringent response time requirements for the populated areas within this ERZ, as discussed above. The established response zones are depicted on the map labeled as Exhibit - Annex 1, at the end of this Section.

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*per Chuck -
other providers
operated in
ALL 4 AREAS.*

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In a letter of response dated December 11, 1989, again from John Huntley, the following is noted:

"Of importance in your situation, where an additional provider shared, on a rotational basis, prehospital response privileges, is the need to determine whether the county approved this action as an intentional aim to increase ambulance coverage within the affected area. If true, this would indicate that a planned change occurred and should require a competitive process to select an exclusive provider at this time."

In reviewing the events surrounding the brief inclusion of this third ambulance provider, it is clear that there was no intent on the part of the County to increase ambulance coverage within these specific areas, but rather, it was the opinion of the County that there was not a mechanism, at the time this provider applied for an ambulance license, to disallow the application as long as the applicant met the licensing requirements. Additionally, the rotational dispatching mechanism was instituted to avoid legal action on the part of this third provider, relative to an equitable share of emergency calls in their areas of operation. The County specifically avoided any re-zoning of response areas, even though such re-zoning would have provided a better guarantee of responding the closest ambulance for any particular call. Clearly the County intended to preserve their option of future EOA development, and was convinced that this third provider would not be a long-term player in this future development. As stated previously, this provider discontinued operations after only one and one-half years.

Of greater importance, are the results of this EOA process by the County. Approximately 85% of Merced County residents reside within areas served by an EOA, and those which do not reside within these EOAs have benefited from the significant improvements in the delivery of prehospital care over the past several years, which is a direct result of the financial stability of the exclusive providers. The performance-based ALS ambulance provider agreements have improved the staffing levels of these providers and significantly reduced response times for all areas of the County (70% of all emergencies fall within a ten minute response time requirement, and 96% of all emergencies fall within a response time requirement of twelve minutes or less). The equipment standards have been improved dramatically, and the primary provider within the County regularly purchases new and improved diagnostic equipment. This same provider is under contract for the EMS dispatch center operations for the County, provides a Level Two EMD function and is designated as the secondary PSAP for medical emergencies for the County. This function alone saves the County hundreds of thousands of dollars annually for dispatching operations, which the County had to abandon in 1988 due to fiscal constraints.

In addition, this provider has trained over 40,000 elementary school children as "Junior Paramedics", signifying EMS system awareness and system access orientation. We believe that the long-term commitment and the public-private cooperation and coordination that has resulted from these exclusive provider agreements has greatly benefited the residents of this County and the EMS system as a whole.

Description of the Number and Type of Areas to be Covered

Ground Ambulance Service

As described above, the County has been divided into seven distinct ground ambulance service areas based on the criteria previously listed. As a mandatory component of the exclusive

operating agreements, all ground ambulance services within the County are paramedic-level ALS transportation services. In fact, the only area that is allowed limited BLS back-up service is the West Side Hospital District (WSHD). This allowance was made due to: their isolated location; an area that supports only one ALS ambulance (with local tax subsidy); and regular patient transportations to the Modesto area approximately 35 miles from their area of responsibility. It should also be noted that WSHD is not an exclusive operating area. The allowed use of a BLS ambulance response by this provider does not stop the ALS clock, relative to their response time compliance requirements, and they must concomitantly dispatch the closest ALS ambulance from an adjacent provider for transportation.

These traditional service areas incorporate both urban population centers (some of modest total population) and more sparsely populated rural areas, which attempts to provide both an adequate population-base to support the service, as well as Paramedic-level ALS transportation to rural areas that otherwise could not support such service.

Air Ambulance Service

Air Ambulance Service became available to Merced County in 1979 through Medi-Flight of Northern California, operated by Memorial Medical Center in Modesto. Over the course of the last 14 years, Medi-Flight has been a very responsible, effective and efficient partner to the County of Merced in the management and transportation of critically injured and ill patients from this County, to critical care centers in Modesto, Fresno, Sacramento and the Bay Area. Due to the limited ability of the local hospitals to manage these critical patients, helicopter service has been crucial to the effective management of these patients.

On May 1, 1994, the Agency implemented an exclusive air ambulance operating agreement with Medi-Flight of Northern California, for the majority of Merced County, following the establishment of an air EOA through a task force of the EMCC.

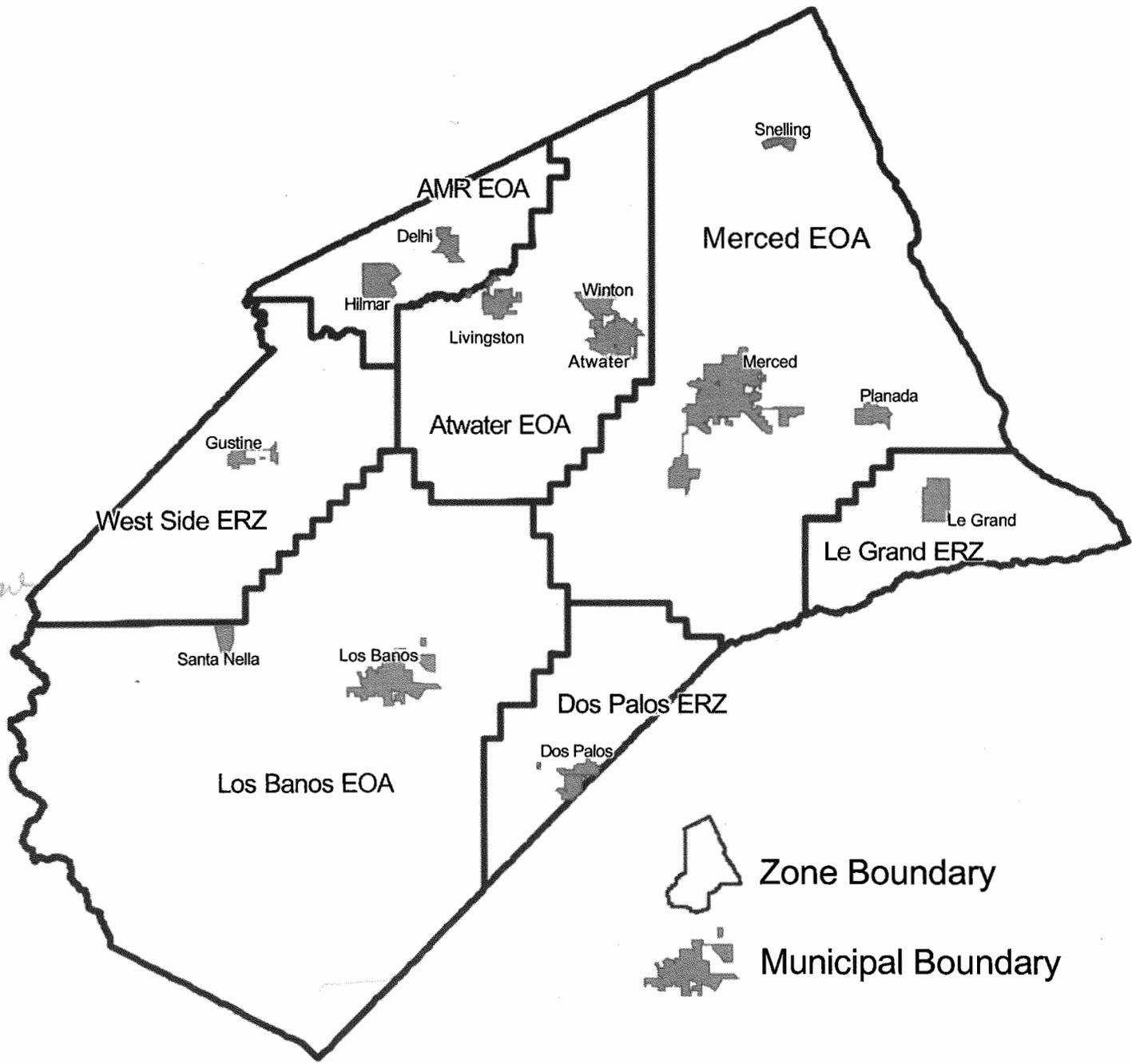
Agency staff met with a task force of the Merced County Emergency Medical Care Committee on September 15, 1993 to review the provision of air ambulance services within this system and to develop possible zones for said services. There was discussion among the group regarding the use of more than one primary air ambulance provider within any specific response area, and for the reasons listed below, it was felt that more than one primary provider for each response area, whether exclusive or non-exclusive, was undesirable:

- ❖ Low Transport Volume (~ 14 / Month)
- ❖ Logistics of multiple providers
 - Cumbersome and potentially delayed dispatching arrangements
 - Rotation of Services creates an environment of hostility (rotation breeds complaints of abuse by the competing providers)
 - Lack of familiarity/orientation of multiple ships and personnel (smooth transition of care, potential risk to local personnel with unfamiliar equipment)
- ❖ Historical perspective - Competing hospital-based air ambulance services drive up the cost of service, degrade the level and quality of service, and can potentially cause failure of one or both of the services (Jackson, Mississippi [both services closed]; Reno,

Nevada; Kalamazoo, Michigan; Spokane, Washington; Portland, Or.; Columbus, Ohio; Los Angeles, Ca.; Chicago Ill., etc.)

- ❖ Dividing the limited number of transports per month among more than one primary provider per area creates an environment in which no single provider has a vested interest in this EMS system, relative to transport volumes, and can potentiate a reduction in their willingness to participate and comply with the standards in this system (e.g. simultaneous dispatching)

The Merced County Emergency Medical Care Committee met on November 10, 1993 and approved the task force report and recommendation regarding the establishment of one EOA and two ERZs for air ambulance



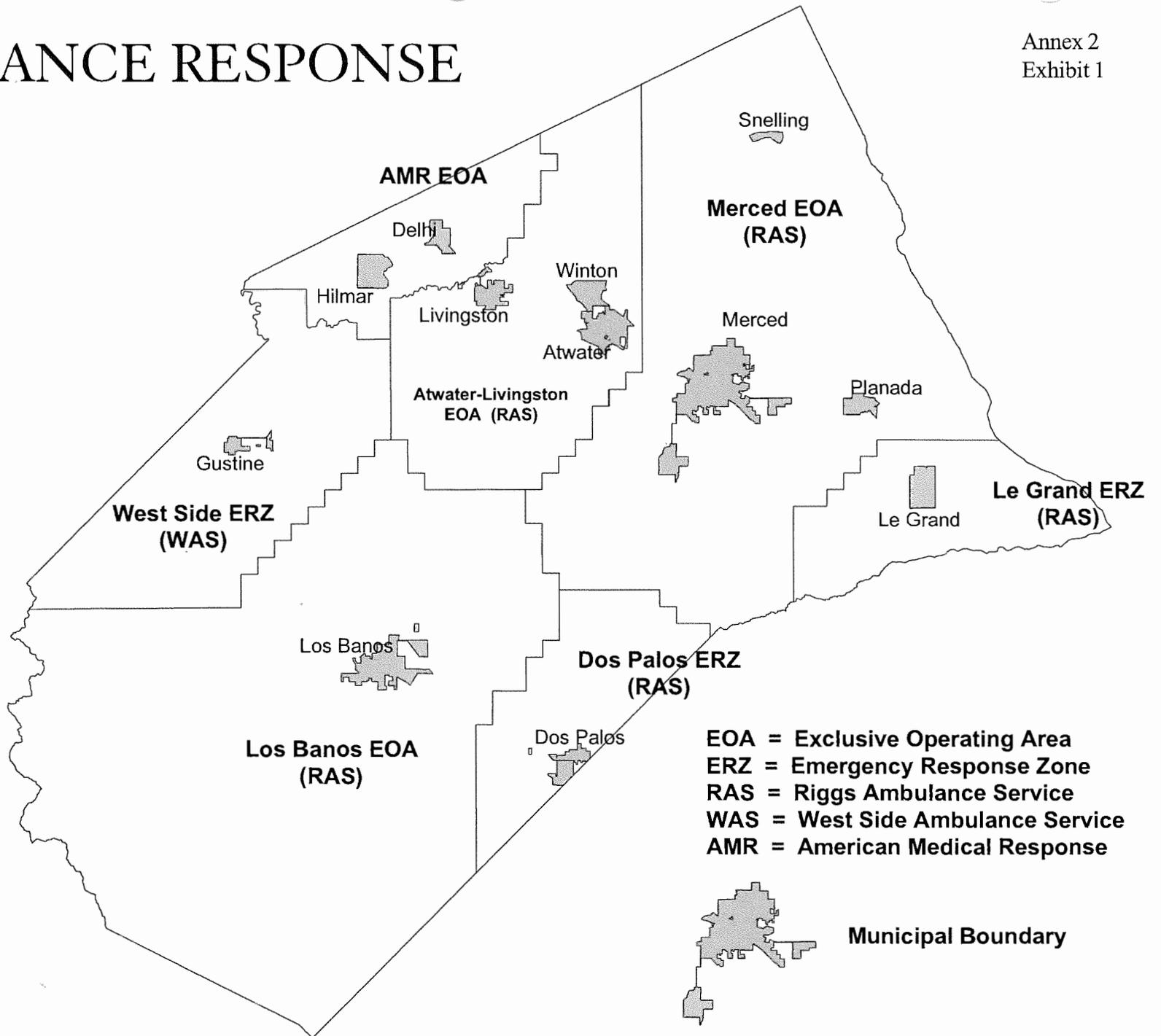
*mandi
1981 -
merced/atwater
- Le Grand + 1 zone*

*Stiffest amb.
zones*

 Zone Boundary
 Municipal Boundary

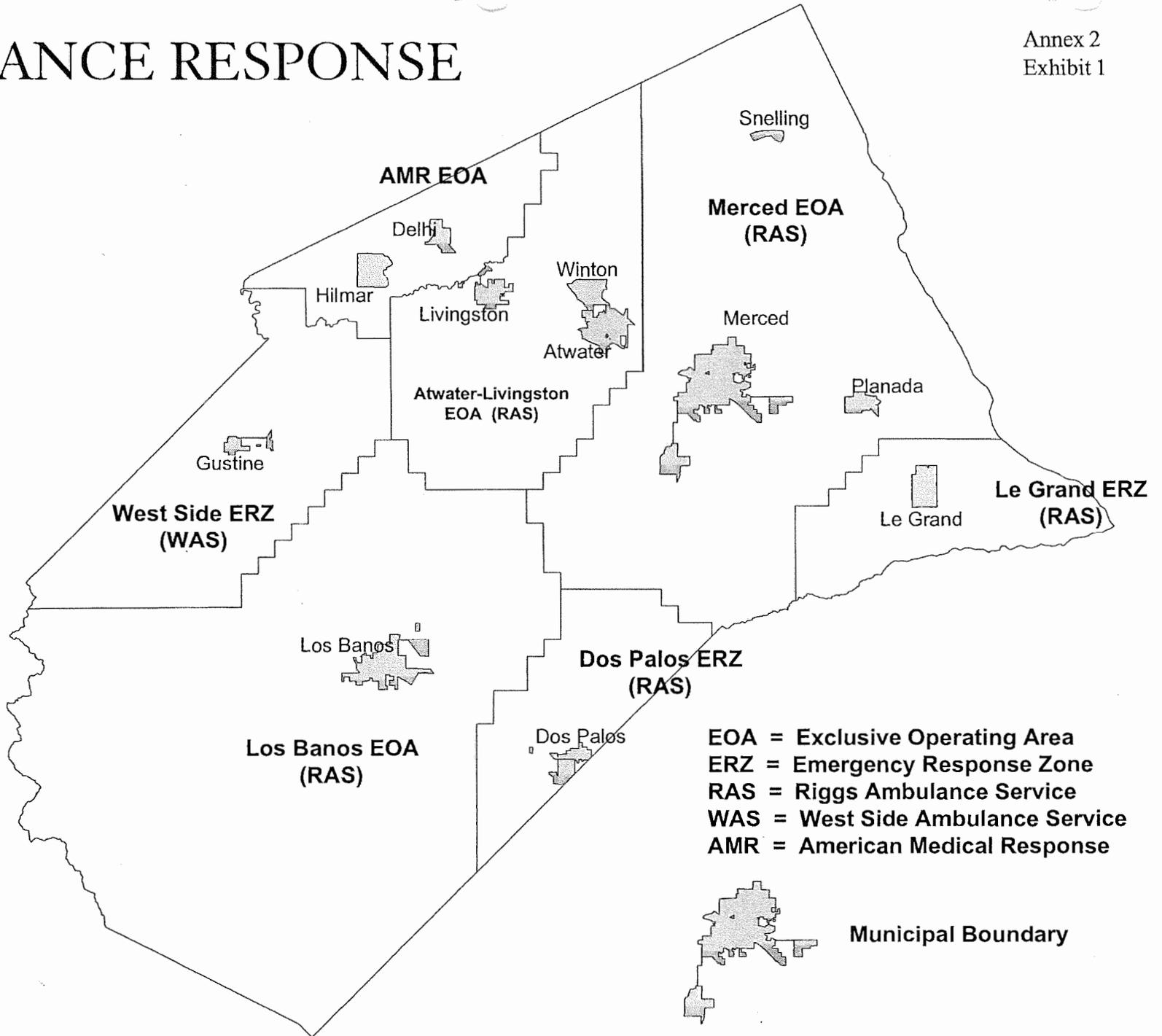
AMBULANCE RESPONSE ZONES

Annex 2
Exhibit 1



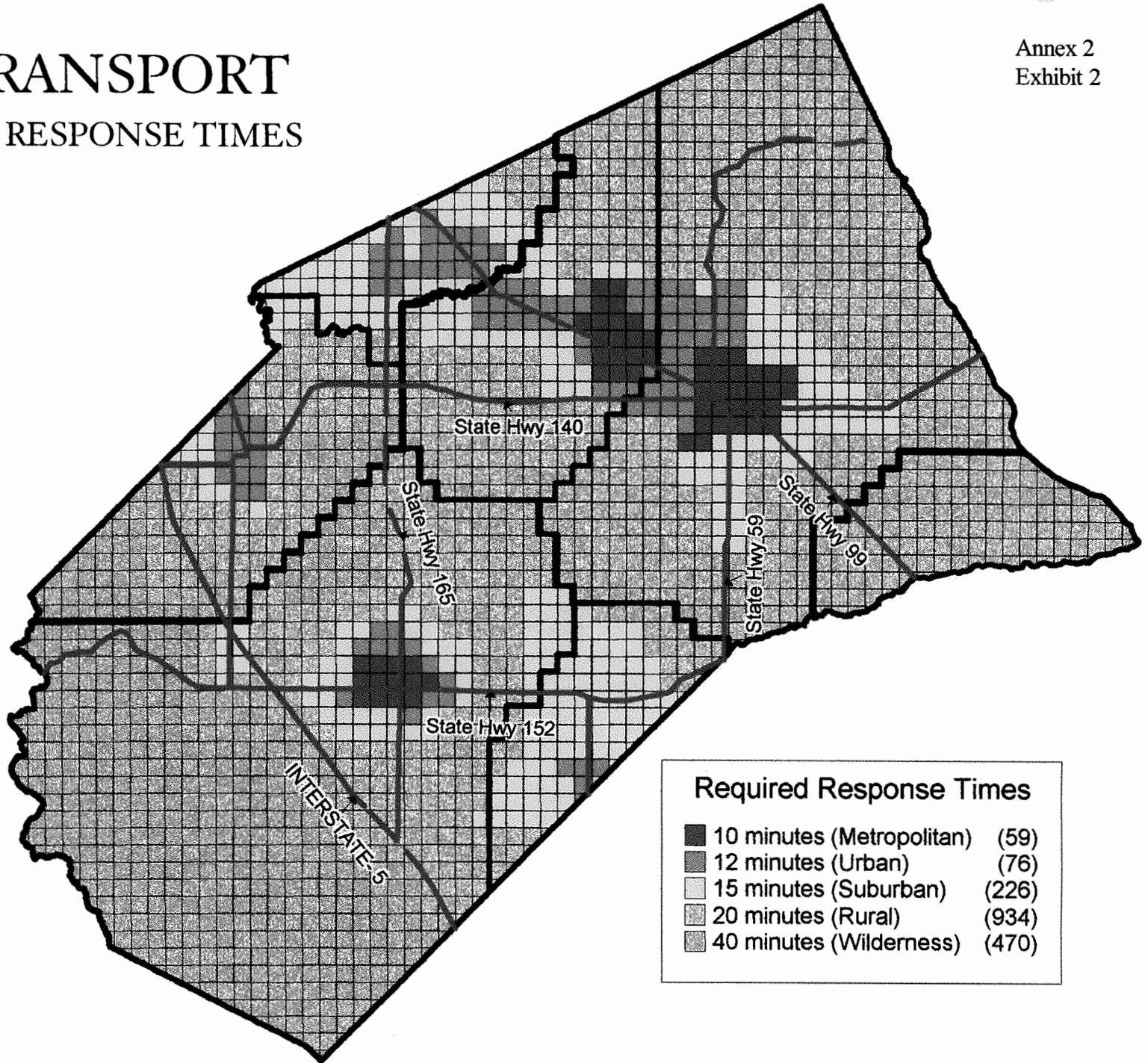
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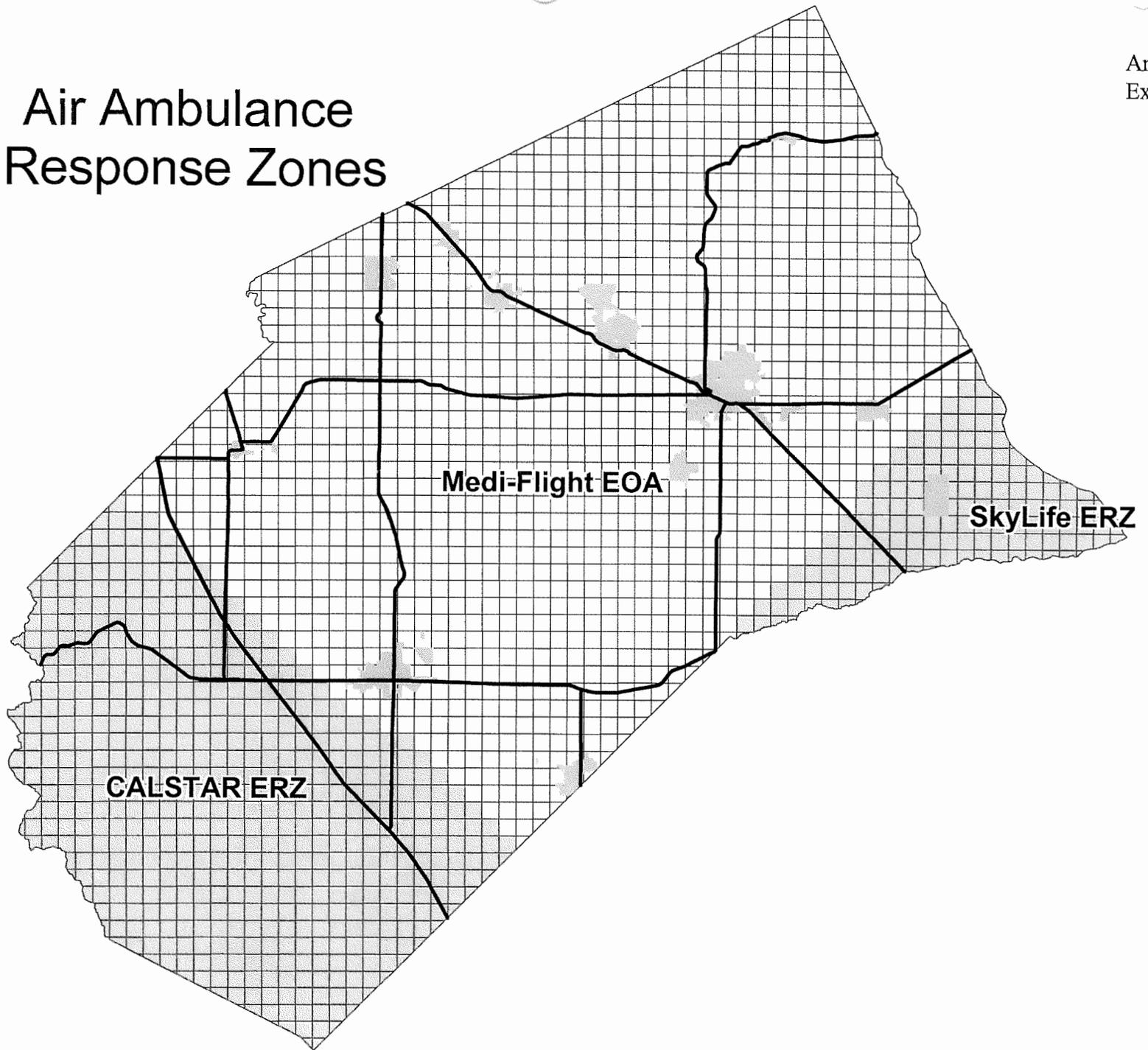


ALS TRANSPORT REQUIRED RESPONSE TIMES

Annex 2
Exhibit 2



Air Ambulance Response Zones



**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Merced County
Area or subarea (Zone) Name or Title: Dos Palos Emergency Response Zone (ERZ)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Riggs Ambulance Service – operating in zone since 1985
Area or subarea (Zone) Geographic Description: The Dos Palos ERZ incorporates the City of Dos Palos and the adjacent township of South Dos Palos and surrounding unincorporated areas (see map attachment)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Non-exclusive area, contracted provider required to respond to all requests for service under a performance-based contract.
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. Not Applicable

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AMBULANCE ZONE SUMMARY FORM**

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Local EMS Agency or County Name: Merced County
Area or subarea (Zone) Name or Title: Le Grand Emergency Response Zone (ERZ)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Riggs Ambulance Service – operating in zone since 1991
Area or subarea (Zone) Geographic Description: The Le Grand ERZ incorporates the township of Le Grand and surrounding unincorporated areas (see map attachment)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Non-exclusive area, contracted provider required to respond to all requests for service under a performance-based contract.
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Local EMS Agency or County Name: Merced County
Area or subarea (Zone) Name or Title: West Side Emergency Response Zone (ERZ)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. West Side Ambulance Service – operating since 1984
Area or subarea (Zone) Geographic Description: The West Side ERZ incorporates the City of Gustine and surrounding unincorporated areas (see map attachment)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Non-exclusive area, contracted provider required to respond to all requests for service under a performance-based contract.
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Local EMS Agency or County Name: Merced County
Area or subarea (Zone) Name or Title: Atwater Exclusive Operating Area
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Riggs Ambulance Service – operating since 1948
Area or subarea (Zone) Geographic Description: The Atwater EOA incorporates the Cities of Atwater and Livingston and the adjacent townships of Winton and Cressey and surrounding unincorporated areas (see map attachment)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive NON EXCLUSIVE
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All calls requiring emergency ambulance service
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AMBULANCE ZONE SUMMARY FORM**

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Local EMS Agency or County Name: Merced County
Area or subarea (Zone) Name or Title: Los Banos Exclusive Operating Area
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Riggs Ambulance Service – operating since 1948
Area or subarea (Zone) Geographic Description: The Merced EOA incorporates the City of Los Banos, inclusively, and the adjacent township of Santa Nella and surrounding unincorporated areas (see map attachment)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <u>Exclusive</u> <i>NON-EXCLUSIVE</i>
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.). All calls requiring emergency ambulance service
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Local EMS Agency or County Name: Merced County
Area or subarea (Zone) Name or Title: AMR Exclusive Operating Area
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. American Medical Response – Purchased the operation of Turlock Ambulance Service (TAS) in 1996. TAS had been serving as an exclusive provider in this area under contract since 1991.
Area or subarea (Zone) Geographic Description: The AMR EOA incorporates the townships of Hilmar, Dehi and Ballico and surrounding unincorporated areas (see map attachment)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive <i>NON-EXCLUSIVE</i>
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Area or subarea (Zone) Name or Title: Merced Exclusive Operating Area
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Riggs Ambulance Service – operating since 1948
Area or subarea (Zone) Geographic Description: The Merced EOA incorporates the City of Merced, inclusively, and the adjacent townships of Planada, Snelling, El Nido and surrounding unincorporated areas (see map attachment)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive- NON-EXCLUSIVE
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All calls requiring emergency ambulance service
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Merced County Department of Public Health
Emergency Medical Services Agency
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Renee' Teague
Specialty Operations Nurse

Ron Duran
EMS Specialist

Frank Kelly
EMS Specialist

August 8, 2001

Mr. Richard Watson, Interim Director
California EMS Authority
1930 9th Street
Sacramento, CA 95814-7043

RE: EMS Plan Review

Dear Mr. *Richard* Watson:

I am in receipt of your letter dated August 2, 2001 regarding the Authority's review of the Merced County EMS Plan. I appreciate your feedback regarding our plan. With regard to the review of the specific sections of the plan, we are in the process of completing an annual update, and will address each of those areas in the update.

With regard to the grandfathered EOAs, we are currently conducting a review of the existing zones with a task force established by the Merced County EMCC. As I had previously discussed this matter with Dan Smiley and knew the State's opinion regarding these zones, we are entering into this zone review with the knowledge that the end product will be a revision to the appropriate sections of the EMS Plan, indicating a competitive process which will be followed for the future designation of EOAs.

While we are not disputing the State's opinion in this matter, at the time the County established these zones there was a poor understanding of the "scope and manner" issue statewide, and no case law upon which to base these decisions. Based on our current understanding, we concur that this system should have a thorough review and an appropriate competitive process established.

We are hoping to conclude this task force review by January, 2002, which will then allow time for the development and State approval of the competitive process to be utilized, as well as submission of the changes to the EMS Plan and the Ambulance Zone Summary Forms. We would like to complete the competitive process such that a new contract for service could become affective on July 1, 2003.

Thanks to you and your staff for your review and feedback, and please contact me should you have any questions.

Sincerely,

Chuck Baucom
EMS Administrator

Cc: Supervisor Jerry O'Banion
Michael Ford, MPH
County Counsel

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9TH STREET
 SACRAMENTO, CALIFORNIA 95814-7043
 (916) 322-4336 FAX: (916) 324-2875



August 2, 2001

Chuck Baucom
 Merced County EMS Agency
 260 East 15th Street
 Merced, CA 95340

Dear Mr. Baucom:

We have completed our review of *Merced EMS Agency's Emergency Medical Services Plan*, and have found it to be in compliance with the *EMS System Standards and Guidelines and the EMS System Planning Guidelines*, with the exception of certain elements of Section 4.20 "Grandfathering". This section does not meet the "grandfathering" criteria.

Our reviewers, also raised some concerns regarding certain sections of the plan. I have listed those sections along with the specific comment below.

SECTION	COMMENT
1.22 Reporting of Abuse	A mechanism for reporting child and elder abuse exists, but not one for the reporting of suspected SIDS deaths. Need to create a mechanism for the reporting of suspected SIDS deaths.
1.27 Pediatric System Plan	Need to develop a comprehensive pediatric emergency medical and critical care system plan.
2.05-2.07 First Responders	Four, first responders are referred to in these sections, but in Table 8 only three, first responders are listed. Need a table for the fourth first responder.
5.10-5.12 Pediatric Emergency Medical & Critical Care System	These sections need to be rewritten to reflect the work that has been accomplished as a result of the EMSC Grant.
5.13-5.14 Other Speciality Care Systems	Need to develop a formal process for the evaluation or designation of specialty centers and specialty patient planning.
3.06, 4.12, 4.14, 7.03, 8.01, 8.02, 8.05-8.08, 8.10, 8.12,, 8.14, 8.16	Disaster Medical Response portions are addressed through the disaster grant. Need to send updated sections in your annual update.

The above comments are for your information and may be addressed in your annual update.

Chuck Baucom
August 2, 2001
Page 2

Section 2. Annex - AB 3153 Compliance, the information you submitted to EMSA indicates that Delhi/Hilmar, Los Banos, Atwater/Livingston, and Merced are exclusive operating areas that have been grandfathered pursuant to 1797.224. After reviewing the methodology for establishment of ambulance zones (included in the EMS plan), the department files (12.23.93 letter enclosed), and receiving clarification from the local EMS agency, the EMS Authority has determined that because an additional provider served each of these areas for a time, that the requirement of providing service in the same scope and manner, as required by H&S code section 1797.224, has not been met. These 4 zones will be listed as non-exclusive on the department's official ambulance zone listing until such a time as the EMS plan is modified to set them up as exclusive via the competitive process or additional information is provided to the contrary. Copies of the ambulance zone forms are attached for your convenience. This section cannot be approved until these documents are submitted.

If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,



Richard E. Watson
Interim Director

REW:SS

Enclosures