

A. SYSTEM ORGANIZATION AND MANAGEMENT

2001-02

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

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

B. STAFFING / TRAINING

2001-02

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

C. COMMUNICATIONS

2001-02

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

D. RESPONSE / TRANSPORTATION

2001-02

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

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

E. FACILITIES / CRITICAL CARE

2001-02

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
5.01 Assessment of Capabilities		X	X		
5.02 Triage & Transfer Protocols*		X			
5.03 Transfer Guidelines*		X			
5.04 Specialty Care Facilities*		X			
5.05 Mass Casualty Management		X	X		
5.06 Hospital Evacuation*		X			
Enhanced Level: Advanced Life Support:					
5.07 Base Hospital Designation*		X			
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			
5.11 Emergency Departments		X	X		
5.12 Public Input		X			
Enhanced Level: Other Speciality Care Systems:					
5.13 Speciality System Design		N/A			
5.14 Public Input		N/A			

F. DATA COLLECTION / SYSTEM EVALUATION

2001-02

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

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

H. DISASTER MEDICAL RESPONSE

2001-02

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

Table 2 - System Organization & Management (cont.)

2001-02

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

5. EMS agency budget for FY 2001-02

A. EXPENSES

Salaries and benefits (all but contract personnel)	<u>\$ 189,689</u>
Contract Services (e.g. medical director)	<u> 78,000 </u>
Operations (e.g. copying, postage, facilities)	<u> 7,483 </u>
Travel	<u> 1,500 </u>
Fixed assets	<u> </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> </u>
Other: _____	<u> </u>
Other: _____	<u> </u>

TOTAL EXPENSES \$ 284,589

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]

Preventive Health and Health Services (PHHS) Block Grant	\$ -
Office of Traffic Safety (OTS)	-
State general fund	-
County general fund	169,774
Other local tax funds (e.g., EMS district)	-
County contracts (e.g. multi-county agencies)	-
Certification fees	42,215
Training program approval fees	-
Training program tuition/Average daily attendance funds (ADA) Job Training Partnership ACT (JTPA) funds/other payments	-
Base hospital application fees	-
Base hospital designation fees	-
Trauma center application fees	-
Trauma center designation fees	-
Pediatric facility approval fees	-
Pediatric facility designation fees	-

Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	_____ 600
Contributions	_____ -
EMS Fund (SB 12/612)	_____ 72,000
Other grants: _____	_____ -
Other fees: _____	_____ -
Other (specify): _____	_____ 6,000
TOTAL REVENUE	\$ _____ 284,589

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

6. Fee structure for FY 2001-02

 We do not charge any fees

 x Our fee structure is:

First responder certification	\$ 50
EMS dispatcher certification	50
EMT-I certification	50
EMT-I recertification	25
EMT-defibrillation certification	50
EMT-defibrillation recertification	25
EMT-II certification	Ø
EMT-II recertification	Ø
EMT-P accreditation	75
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	75
MICN/ARN recertification	25
EMT-I training program approval	200
EMT-II training program approval	-
EMT-P training program approval	200
MICN/ARN training program approval	-
Base hospital application	-
Base hospital designation	-
Trauma center application	-
Trauma center designation	-
Pediatric facility approval	400
Pediatric facility designation	-

Other critical care center application

Type: _____

Other critical care center designation

Type: _____

Ambulance service license \$ - _____

Ambulance vehicle permits _____ 100 _____

Other: _____ _____

Other: _____ _____

Other: _____ _____

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 2001-02

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./Dir.					
Asst. Admin./Admin. Asst./Admin. Mgr.	EMS Program Manager	1.0	\$37.31	32%	
ALS Coord./Field Coord./Trng Coord.					
Program Coord./Field Liaison (Non-clinical)					
Trauma Coord.					
Med. Director	EMS Medical Dir.	.33	\$80.00		
Other MD/Med. Consult./Trng. Med. Dir.					
Disaster Med. Planner					

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

Table 2 - System Organization & Management (cont.)

2001-02

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor					
Data Evaluator/Analyst	Departmental Data Analyst	1.0	\$26.49	32%	
QA/QI Coordinator					
Public Info. & Ed. Coord.					
Ex. Secretary					
Other Clerical	Typist Clerk III	1.0	\$17.10	32%	
Data Entry Clerk					
Other					

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

EMS System: Santa Cruz County Health Services Agency

Reporting Year: 2001-02

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total certified	691	-	138	39	22
Number newly certified this year	683	-	19	8	6
Number recertified this year	8	-	0	0	1
Total number of accredited personnel on July 1 of the reporting year	-	-	-	-	-
Number of certification reviews resulting in:					
a) formal investigations	-	-	-	-	-
b) probation	-	-	-	-	-
c) suspensions	-	-	-	-	-
d) revocations	-	-	-	-	-
e) denials	-	-	-	-	-
f) denials of renewal	-	-	-	-	-
g) no action taken	-	-	-	-	-

1. Number of EMS dispatchers trained to EMSA standards: 24

2. Early defibrillation:

a) Number of EMT-I (defib) certified 3

b) Number of public safety (defib) certified (non-EMT-I) 25

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: Santa Cruz County Health Services Agency

County: Santa Cruz

Reporting Year: 2001-02

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

1. Number of primary Public Service Answering Points (PSAP) 1
2. Number of secondary PSAPs 2
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of designated dispatch centers for EMS Aircraft. 2
5. Do you have an operational area disaster communication system? yes no
 - a. Radio primary frequency 154.325
 - b. Other methods _____
 - c. Can all medical response units communicate on the same disaster communications system?
yes no
 - d. Do you participate in OASIS? yes no
 - e. Do you have a plan to utilize RACES as a back-up communication system?
yes no
 - 1) Within the operational area? yes no
 - 2) Between the operational area and the region and/or state? yes no

TABLE 5: SYSTEM RESOURCES AND OPERATIONS -- Response/Transportation (cont'd.) Revision #1 [2/16/95]

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE) 2001-02

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1. BLS and CPR capable first responder.				
2. Early defibrillation responder.				
3. Advanced life support responder.	6.5	12.7	25	7.4
4. Transport Ambulance.	9.8	18.5	22.6	12.5

TABLE 6: SYSTEM RESOURCES AND OPERATIONS

Facilities/Critical Care

EMS System: Santa Cruz County Health Services Agency

Reporting Year: 2001-02

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma triage criteria	<u>152</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>148</u>
c) Number of major trauma patients transferred to a trauma center	<u>n/a</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center	<u>4</u>

Emergency Departments

Total number of emergency departments	<u>2</u>
a) Number of referral emergency services	<u>0</u>
b) Number of standby emergency services	<u>0</u>
c) Number of basic emergency services	<u>0</u>
d) Number of comprehensive emergency services	<u>2</u>

Receiving Hospitals

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Santa Cruz County Health Services Agency

County: Santa Cruz

Reporting Year: 2001-02

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? not predesignated
- b. How are they staffed? Region II Bay Area DMAT, mutual aid partners
- c. Do you have a supply system for supporting them for 72 hours? yes X no

2. CISD

Do you have a CISD provider with 24 hour capability? yes X no

3. Medical Response Team

- a. Do you have any team medical response capability? yes X no
- b. For each team, are they incorporated into your local response plan? yes X no
- c. Are they available for statewide response? yes X no
- d. Are they part of a formal out-of-state response system? yes X no

4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams? yes X no
- b. At what HazMat level are they trained? Technician Specialist
- c. Do you have the ability to do decontamination in an emergency room? yes X no
- d. Do you have the ability to do decontamination in the field? yes X no

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes X no
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 3

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Santa Cruz County Health Services Agency

County: Santa Cruz

Reporting Year: 2001-02

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

American Medical Response - West, 116 Hubbard St., Santa Cruz CA 96060

Name, address & telephone:			Primary Contact: Dave Zenker		
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 ____ BLS ____ EMT-D ____ LALS ____ ALS
Ownership: <input type="checkbox"/> Public <input 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>6</u>

Name, address & telephone:			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input 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 ____ BLS ____ EMT-D ____ LALS ____ ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _____

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Santa Cruz County Health Services Agency

County: Santa Cruz

Reporting Year: 2001-02

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

Life Flight, 300 Pasteur Dr., Stanford CA 94305 - 650/498-6931

Name, address & telephone:			Primary Contact: Judi Wilson		
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>14</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: _____

CalStar, 20876-B Corsair Blvd., Hayward CA 94545 - 510/887-3063

Name, address & telephone:			Primary Contact: Shatasha		
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>35</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: _____

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

Training Institution Name

Emergency Training Services (ETS)

Contact Person telephone no.

Dave Barbin, 831/476-8813

Address

3050 Paul Sweet Rd., Santa Cruz CA 95060

<p>Student Eligibility: *</p> <p>EMT & EMT Refresher open to general public; CE open to in-house licensed staff</p>	<p>Cost of Program</p> <p>Basic <u>\$435</u></p> <p>Refresher <u>\$140-150</u></p>	<p>**Program Level: <u>EMT, EMT Refresher & CE</u></p> <p>Number of students completing training per year:</p> <p>Initial training: _____</p> <p>Refresher: _____</p> <p>Cont. Education _____</p> <p>Expiration Date: _____</p> <p>Number of courses: <u>46</u></p> <p>Initial training: <u>10</u></p> <p>Refresher: <u>12</u></p> <p>Cont. Education: <u>24</u></p>
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Training Institution Name

Dominican Santa Cruz Hospital

Contact Person telephone no.

Rayette Andrews, 831/462-7642

Address

1555 Soquel Ave., Santa Cruz CA 96065

<p>Student Eligibility: *</p> <p>open to licensed paramedics and EMTs</p>	<p>Cost of Program</p> <p>Basic <u>0</u></p> <p>Refresher <u>0</u></p>	<p>**Program Level: <u>Paramedic CEs</u></p> <p>Number of students completing training per year:</p> <p>Initial training: _____</p> <p>Refresher: _____</p> <p>Cont. Education <u>150</u></p> <p>Expiration Date: _____</p> <p>Number of courses: <u>6</u></p> <p>Initial training: _____</p> <p>Refresher: _____</p> <p>Cont. Education: <u>6</u></p>
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* Open to general public or restricted to certain personnel only.

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

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

Training Institution Name

Watsonville Community Hospital

Contact Person telephone no.

Lisa Angell, 831/724-4741

Address

75 Nielsen, Watsonville CA 95076

<p>Student Eligibility: *</p> <p>open to licensed paramedics and EMTs</p>	<p>Cost of Program</p> <p>Basic <u> 0 </u></p> <p>Refresher <u> 0 </u></p>	<p>**Program Level: <u>CE</u></p> <p>Number of students completing training per year:</p> <p>Initial training: _____</p> <p>Refresher: _____</p> <p>Cont. Education <u>40</u></p> <p>Expiration Date: _____</p> <p>Number of courses: _____</p> <p>Initial training: _____</p> <p>Refresher: _____</p> <p>Cont. Education: <u>2</u></p>
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Training Institution Name

Aptos/LaSelvaBeach Fire District

Contact Person telephone no.

Jeff Terpstra, 831/685-6690

Address

6934 Soquel Dr., Aptos, CA 95003

<p>Student Eligibility: *</p> <p>open to licensed paramedics, EMTs, and MICNs</p>	<p>Cost of Program</p> <p>Basic <u> 0 </u></p> <p>Refresher <u> 0 </u></p>	<p>**Program Level: <u>Paramedic & EMT Refresher & CEs</u></p> <p>Number of students completing training per year:</p> <p>Initial training: _____</p> <p>Refresher: <u>80</u></p> <p>Cont. Education <u>50</u></p> <p>Expiration Date: _____</p> <p>Number of courses: _____</p> <p>Initial training: _____</p> <p>Refresher: <u>1</u></p> <p>Cont. Education: <u>12</u></p>
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* Open to general public or restricted to certain personnel only.

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

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

Dominican Santa Cruz Hospital, 1555 Soquel Ave., Santa Cruz CA 95065 - 831/462-7700

Name, address & telephone:			Primary Contact: Terry Lapid, M.D. ED Medical Director		
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:*
EDAP:**	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

Watsonville Community Hospital, 75 Nielsen, Watsonville CA 95076 - 831/724-4741

Name, address & telephone:			Primary Contact: Scott Johnson ED Director		
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:*
EDAP:**	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

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

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

<p>Name, address & telephone: Santa Cruz Consolidated Emergency Communications Center 495 Upper Park Rd., Santa Cruz CA Primary Contact: 831/471-1000</p>			
<p>Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p><input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster</p>	<p>Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS <u>26</u> Other</p>
<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>		<p>If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: <u>Joint Powers</u> Authority</p>	<p>If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal</p>

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

EOA ANALYSIS SHEET

County: Santa Cruz County – Plan Update 2001/02

Zone	Exclusivity	Type Exclusivity	Analysis/Comment	Reviewer Comment
Entire Santa Cruz Area	RFP	ALS Emergency Ambulance (911 only)	Zone was grandfathered and now county is going out for bid.	New ambulance zone form submitted. OK.

File Review:

8/16/90 – Letter from Edward Vincent King (EVK) law firm to Santa Cruz county re: operation of BLS service in county. Indicates that county can't regulate BLS.

9/4/90 – Letter from Santa Cruz to EVK regarding authority to control BLS. Contends that county has legal authority to control the EMS system.

9/20/90 – Letter from EVK to EMSA public records request re: Santa Cruz's exclusion of BLS competition.

10/18/90 – Letter from EMSA to EVK re: public records request – no such information in file.

Note: Dan questioned "Aptos Fire". According to the county, Aptos Fire provides 1st responder service only...no transport. This should not affect the above EOA.

**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:

SANTA CRUZ COUNTY EMERGENCY MEDICAL SERVICE

Area or subarea (Zone) Name or Title:

SANTA CRUZ COUNTY

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

AMERICAN MEDICAL RESPONSE WEST 1978-present

Area or subarea (Zone) Geographic Description:

ENTIRE SANTA CRUZ COUNTY AREA

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action. Request for Proposal for Emergency Ambulance Transportation released by Board of Supervisors April 2002.

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.).

ADVANCED LIFE SUPPORT
911 CALLS ONLY

Method to achieve exclusivity (HS 1797.224)

Prior to 1981 three ambulance services existed in the county:

- Valley Ambulance (Scotts Valley)
- Santa Cruz Ambulance (Santa Cruz)
- A-1 Ambulance (Watsonville)

- 1978 Santa Cruz Ambulance bought Valley ambulance
- 1985 ALS services now provided by Santa Cruz and A-1 Ambulances
- 1988 Santa Cruz Ambulance purchased A-1 Ambulance
- 1989 Santa Cruz Ambulance changed name to PACMED (both Santa Cruz Ambulance and A-1 operated under this name)
- 1994 PACMED changed its name to American Medical Response West
- 1996 American Medical Response West acquired by Laidlaw but name & scope of service did not change
- 1997 Current 5-year contract between AMRW and County of Santa Cruz began
- 2002 RFP for Emergency Ambulance Transportation released by Board Of Supervisors



January 17, 2002

Donna Nicholas
California EMS Authority
1930 9th Street
Sacramento, CA 95814

Dear Donna:

Here is the Santa Cruz County RFP for Emergency Ambulance Services. I realize this is not the best time for you to look at this, but of course, we need it as soon as possible.

I have tried to make this as easy as I can. Using the Guidelines, I flagged and highlighted the areas. I did not include some of the Attachments.

Please call or e-mail me with any questions you might have. It is probably easier for me to locate the information.

Good luck with all of the things on your plate. I will e-mail you in 3 weeks to see how you are coming. We just need to plan our timeline based on your return and suggestions.

Thank you,

A handwritten signature in black ink, appearing to read "Diane", written in a cursive style.

Diane

**County of Santa Cruz
Health Services Agency**

**Request for Credentials/Proposals
Emergency
Ambulance Services**
Service beginning September 1, 2003

**Request for Credentials
Due no later than: May 31, 2002 at 1300 hours
To
Vol Ranger, EMS Administrator
1080 Emeline Avenue Building D
Santa Cruz, CA 95060**

**Bidder's Conference
June 27, 2002 from 900 to 1100 hours
At
Conference Room
1080 Emeline Avenue Building D
Santa Cruz, CA 95060**

Official Contacts Only:

This RFP contains restrictions on contact with public officials, County's consultants or others working on behalf of the County. Official contact policy is on pages 9 and 10 of this document. Violation of policy may lead to disqualification.

AMBULANCE RFP TIMELINE

- April 23, 2002
 - RFP approved by Board of Supervisors (If not then will push to May 7)
 - RFC/RFP Issued by Health Services Agency
- May 31, 2002
 - Credentials from prospective bidders due
- June 7, 2002
 - Prospective bidders notified of credentials status
- June 18, 2002
 - Deadline for receipt of all questions regarding the RFP by 1:00 p.m.
- June 27, 2002
 - Bidders' Conference, amendments to RFP released (if any)
- September 12, 2002
 - Deadline for submission of proposals due by 1:00 p.m.
 - Bidder Bond due
- September 26, 2002
 - Proposal Review Committee Presentations
- September 27, 2002
 - Public announcement of HSA Administrator's recommendation
- October 4, 2002
 - Final date for submission of Award protests due by 1:00 p.m.
- October 22, 2001
 - Final recommendation of award to B/S by HSA Administrator and Declaration of Intent to Contract by B/S (Performance security due)
- November 1 – February 11, 2003
 - Contract negotiations
- February 25, 2003
 - Presentation of final negotiated contract to B/S and approval of contract by B/S
- September 1, 2003
 - Implementation of Service by Contractor

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EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9TH STREET
SACRAMENTO, CALIFORNIA 95814-7043
(916) 322-4336 FAX: (916) 324-2875



May 8, 2003

Vol Ranger
Santa Cruz County EMS Agency
P.O. Box 962
1080 Emeline Avenue
Santa Cruz, CA 95061

Dear Ms. Ranger:

We have completed our review of *Santa Cruz EMS Agency's Emergency Medical Services Plan Update 2001/2002*, and have found it to be in compliance with the *EMS System Standards and Guidelines and the EMS System Planning Guidelines*.

Our reviewers raised some concerns regarding certain sections of the plan. I have listed those sections along with the specific comment below.

SECTION	COMMENT
1.09 Inventory of Resources 1.19 Policies, Procedures, Protocols	Update states these standards are being "addressed", please explain in detail how these standards are currently being met.
8.11 & 8.12 CCP Designation & Establishment	The designation of casualty collection points was a long-term goal. Need information on the agency's progress toward meeting this standard.

The above comments are for your information and may be addressed in your annual update. On your next update please follow the Standard and Guidelines format (information packet included). Your next EMS Plan update will be due one year from your approval date. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

A handwritten signature in cursive script that reads "Richard E. Watson".

Richard E. Watson
Interim Director

REW:SS

Enclosure