

Summary of Changes

During fiscal year 06-07 Alameda County EMS has renewed or extended all FRALS and ambulance transport provider contracts. All providers have remained the same.

06-07 also saw the implementation of Cardiac Receiving Centers (CRC) to receive confirmed or suspected STEMI patients utilizing prehospital 12-lead EKG tracings. In Alameda County there are 4 CRCs: ValleyCare in Pleasanton, Washington Hospital in Fremont, St. Rose Hospital in Hayward & Summit Hospital in Oakland. There have also been established 3 JCAHO certified Stroke Centers: Washington Hospital in Fremont, Summit Hospital in Oakland and Alta Bates Hospital in Berkeley. Guidelines for triage to these facilities were made in conjunction with the receiving centers as well as provider agency input. All of these specialty centers are facilities that are able to receive patients directly from the field, bypassing basic EDs unless patient condition warrants otherwise. Robust data reporting capabilities for QI/ QA are in place to ensure effectiveness.

Two Prehospital Care Coordinators (PHCCs) were added as well as an Assistant Medical Director. These positions were actually created in Fiscal Year 07-08, but their addition is noted in this report due to the date of submission.

Instructions for Completing the Annual Update:

The annual update will consist of the following:

Changes made on a Standard - any changes made on a standard that are different from the previous plan submission, need to be completed on the new format.

New Excel format:

Column A is a drop-down menu - choose what standard you are reporting on.

Column B type the Standard

Columns C, D, & E are check boxes

Columns F & G report your Progress and Objectives

Summary of Changes - a narrative describing any changes which have occurred in your system, such as changing providers, designating new centers, changing key personnel, etc.

Tables 2-9.

Ambulance Zone Summary Form

In order to evaluate the nature of each area or subarea, an Ambulance Zone Form needs to be completed for each zone, whether exclusive or non-exclusive. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.28	<p>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:</p> <p>a) The optimal system design for ambulance service and advanced life support services in the EMS area, and</p> <p>b) The process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<p>To update the EOA plan as needed. EOAs were updated as 7/1/04. This included the change in jurisdictions according to growth and population expansion patterns</p>
2.01	<p>The local EMS agency shall routinely assess personnel and training needs</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<p>1. To conduct training sessions regarding policy changes – done annually following</p>
2.02	<p>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.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<p>Continue auditing CE providers (began in 2001)</p>
2.04	<p>a) Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation;</p> <p>b) medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<p>(see 1.19) Implement a nationally recognized EMD training program countywide.</p>

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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	☑	☑	☑		Encourage adoption of public safety and industrial first aid programs, especially PAD
2.1	All emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support.	☑	☐	☑		The Hospital Council will not allow signed receiving hospital contracts therefore EMS cannot complete this objective. EMS will work collaboratively to seek these certifications
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	☑	☐	☑		Provide policies and mechanisms to ensure consistent communications between medical personnel and other field responders
3.07	The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service	☑	☐	☑		Work with the cities and police agencies to: <ul style="list-style-type: none"> • Improve dispatcher level of training, 9-1-1 access and turn-around time for calls that need a medical response. • Monitor dispatch times from first ring at the PSAP to on-scene. • Assist as needed with implementation of cell phone calls going to local jurisdictions if the jurisdictions so choose.
3.09	The local EMS agency shall establish guidelines for proper dispatch triage, which identifies the appropriate medical response	☑	☐	☑		(see 1.19) Facilitate process for agencies not currently providing EMD to either establish that process "in-house" or create agreements with agencies that already provide that level of service

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.01	The local EMS agency shall determine the boundaries of emergency medical transportation service areas	☑	☐	☑	completed	1. Review draft ordinance developed in 1992. 2. Develop a medical transportation ordinance. a. distribute for public comment b. present to the County Board of Supervisors and City Managers
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.	☑	☑	☑		1. Review Unusual Occurrence Reports filed as the result of a scheduled interfacility transfer. 2. Review patient care data entered into the EMS system data management system (currently under development)
4.07	The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies) into the system	☑	☐	☑		1. Establish an on-going monitoring process of first responder agreements and enforceable consequences for non-compliance. 2. Establish reporting requirements for data collection as part of the EMS data management system currently under development
4.22	The local EMS agency shall periodically evaluate the design of exclusive operating areas	☑	☐	☑		Reevaluate EOA design during the next contract negotiations. EOA areas were redesigned in collaboration with all fire and ambulance agencies to accommodate industrial and population expansions in specific areas of the County
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.01	The local EMS agency shall assess and periodically reassess the EMS-related capabilities of acute care facilities in the service area	☑	☐	☑		EMS Director to work collaboratively with each facility
5.02	The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements	☑	☐	☑	Completed. Four CRCs designated	Draft a policy for cardiac care centers as part of the policy review process in 2005
5.04	The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients	☑	☐	☑		(see 1.11) EMS Director to work collaboratively with each facility to accomplish goals

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.1	<p>pediatric emergency medical and critical care systems shall determine the optimal system, including:</p> <p>a) the number and role of system participants, particularly of emergency departments;</p> <p>b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix;</p> <p>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;</p> <p>d) identification of providers who are qualified to transport such patients to a designated facility;</p> <p>e) identification of tertiary care centers for pediatric critical care and pediatric trauma;</p> <p>f) the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area;</p> <p>g) a plan for monitoring and evaluation of the system</p>		<p>┌</p>			<p>To support integration of Pediatric disaster response SOPS in Alameda County emergency/disaster plans</p>

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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	☑	☐	☑		Contribute input to State EMS-C TAC on implementation of Pediatric Emergency Department, ED Guidelines through consultation site visits (Implement ED site surveys when State EMS-C completes updates to guidelines)
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: a) address the total EMS system, including all prehospital provider agencies, base hospitals, and receiving hospitals; b) address compliance with policies, procedures, and protocols and identification of preventable morbidity and mortality and shall utilize state standards and guidelines; c) use provider based QA/QI programs and shall coordinate them with other providers		☐			<ol style="list-style-type: none"> 1. Collect and manage data on all 9-1-1 patients. 2. Provide the QA/QI Coordinator with the necessary information to accurately evaluate patient care provided. 3. Provide the information necessary to analyze and evaluate all components of the 9-1-1- system.
6.03	Audits of prehospital care, including both system response and clinical aspects, shall be conducted		☐			Design an interface between the new Intergraph CAD system and first responders/transport providers that will automatically populate each system with critical dispatch data elements

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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 pre-arrival/post dispatch directions		<input checked="" type="checkbox"/>			1. Have readily available data to review dispatch response priority and pre-arrival/ post dispatch instructions. Insure an ongoing QA/QI feedback loop with dispatch agencies
6.05	The local EMS agency shall establish a data management system which supports its system wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards		<input checked="" type="checkbox"/>			Continue development of a central repository to collect system response data and clinical performance/outcome data from all provider agencies
6.07	The local EMS agency shall have the resources and authority to require provider participation in the system wide evaluation program		<input checked="" type="checkbox"/>			Have written agreements/contracts requiring participation from all service providers and hospitals
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)		<input checked="" type="checkbox"/>			Prepare an updated annual report to include the EMS System Plan. (See standard: 1.05 System Plan)
6.09	The process used to audit treatment provided by advanced life support providers shall evaluate both base hospitals and prehospital activities.		<input type="checkbox"/>			Extensive collaboration and commitment from receiving hospitals and the EMS Agency.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
7.01	<p>The local EMS agency shall promote the development and dissemination of information materials for the public which addresses:</p> <ul style="list-style-type: none"> 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. 	✓	✓	✓		<p>To continue with public education, awareness and information programs, adding new information on issues as they are identified through focus groups, community meetings, and input from partner agencies (proposed programs: in-home safety checks for the elderly, 1st responder falls referral programs, childhood safety and injury prevention areas, falls prevention discussion groups by EMS SIPP staff and peer counselors)</p>
7.02	<p>The local EMS agency in conjunction with other local health education programs, shall work to promote injury control and preventive medicine</p>	✓	✓	✓		<ul style="list-style-type: none"> 1. Program on Injury prevention needs of older adults 2. Program on injury and illness prevention that emphasize the special needs of the older adult, infant and childhood populations
8.01	<p>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 and Weapons of Mass Destruction (WMD)</p>	✓	☐	✓		<p>Develop a regional multi-hazard catastrophic disaster plan in conjunction with Region II</p>
8.03	<p>All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities</p>	✓	✓	✓		<p>On-going WMD training</p>

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Work with Region II to develop a mutual aid plan
8.07	A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Develop radio interoperability among Bay Area Counties
8.1	The local EMS agency shall ensure 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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Establish disaster medical mutual aid agreements for operational area
8.11	The local EMS agency, in coordination with the local OES and county Health Officer, and using state guidelines, shall designate casualty collection points (CCPs) or potential Field Treatment Sites (FTS)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Ensure all Alameda County Hospitals have identified Alternate Care Sites, and that hospitals in the same proximity have not identified the same locations
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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		HRSA funds to be used for disaster training for area hospitals/clinics
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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.	☑	☑	☐		Continue with the data collection from first responders and transport providers.
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: 1. Identify progress made in plan implementation 2. Changes to the planned system design	☐	☐	☐		Update the system plan yearly, or as prescribed, and submit to EMSA
1.07	The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction	☐	☑	☐		Re-assess the current trauma triage criteria with bi-county task force
1.08	The local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction	☐	☐	☐		Completed and second FRALS contract in place for all jurisdictions
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	☑	☑	☐		Update the resource directory annually and submit with the EMS System Plan

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.1	Each local EMS agency shall identify population groups served by the EMS system which require specialized services (e.g. elderly, special needs, handicapped, children, non-English speakers)		<input type="checkbox"/>			To work with identified pedestrian group(s) to develop and implement an overall pedestrian safety plan by convening focus groups, task forces, or committees as needed to review issues and concerns specific to the identified population to then implement appropriate activities.
1.11	Each local EMS agency shall identify optimal roles and responsibilities of system participants.		<input type="checkbox"/>			Coordinate with Alameda County receiving hospitals to acquire receiving hospital agreements. Due to Hospital Council intervention, signed contracts with receiving hospitals are not allowed but EMS Director meets with these hospitals on a monthly basis and has verbal agreement for data needed.
1.12	Each local EMS agency shall provide for review and monitoring of EMS system operations		<input checked="" type="checkbox"/>			1) Complete initial phase of county-wide data project 2) Apply data analysis to policy changes and educational venues
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		<input checked="" type="checkbox"/>			Yearly review of policy and procedure manuals

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.19	<p>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; j) local scope of practice for prehospital personnel.</p>		<input checked="" type="checkbox"/>			<ol style="list-style-type: none"> 1. Encourage dispatch centers to develop uniform dispatch protocols. 2. Implement EMD authorization and program approval policies
1.27	<p>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:</p> <ol style="list-style-type: none"> a) the optimal system design for pediatric emergency medical and critical care in the EMS system, and; b) the process for assigning roles to system participants, including a process which allows eligible facilities to apply 		<input checked="" type="checkbox"/>			<ol style="list-style-type: none"> 1. To continue to assess the local EDs for pediatric capability (pending EMS-C TAC review of ED guidelines) 2. To support hospitals and ALS providers in providing services to children

Table 2 - System Organization & Management (cont.)

Continuing education	<u> X </u>
Personnel training	<u> X </u>
Operation of oversight of EMS dispatch center	<u> </u>
Non-medical disaster planning	<u> X </u>
Administration of critical incident stress debriefing team (CISD)	<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 2006-2007

EXPENSES

Salaries and benefits	<u>\$3,130,016</u>
(All but contract personnel)	
Contract Services	<u>4,170,779</u>
(e.g. medical director)	
Operations (e.g. copying, postage, facilities)	<u>3,241,990</u>
Travel	<u> 13,400</u>
Fixed assets	<u> 700,000</u>
Indirect expenses (overhead)	<u> 741,599</u>
Ambulance subsidy	<u> 339,790</u>
EMS Fund payments to physicians/hospital	<u>10,645,051</u>
Dispatch center operations (non-staff)	<u>2,500,000</u>
Training program operations	<u> 13,200</u>
Other: _____	<u> </u>
Other: _____	<u> </u>
Other: _____	<u> </u>

TOTAL EXPENSES

\$25,495,825

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	<u>\$1,577,350</u>
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	<u>19,362</u>
Other local tax funds (e.g., EMS district)	<u>14,189,844</u>
County contracts (e.g. multi-county agencies)	_____
Certification fees	<u>18,750</u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application 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	<u>3,804,533</u>
Contributions	_____
EMS Fund (SB 12/612)	_____
Other grants: <u>SB 12</u> _____	<u>1,798,888</u>
Other fees: <u>Tobacco Tax</u> _____	<u>1,058,759</u>
Other (specify): <u>Other misc., plus use of EMS Trust Fund</u>	<u>3,028,339</u>
TOTAL REVENUE	<u>\$25,495,825</u>

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

Table 2 - System Organization & Management (cont.)

Fee structure for FY 06-07

We do not charge any fees

Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	_____
EMT-I certification	_____35_____
EMT-I recertification	_____35_____
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
EMT-II certification	_____
EMT-II recertification	_____
EMT-P accreditation	_____25_____
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	_____
MICN/ARN recertification	_____
EMT-I training program approval	_____
EMT-II training program approval	_____
EMT-P training program approval	_____
MICN/ARN training program approval	_____
Base hospital application	_____
Base hospital designation	_____
Trauma center application	_____
Trauma center designation	_____
Pediatric facility approval	_____
Pediatric facility designation	_____
Other critical care center application Type: _____	
Other critical care center designation Type: _____	
Ambulance service license	_____
Ambulance vehicle permits	_____
Other: <u>Field Manual</u>	_____8_____
Other: <u>Interfacility Transfer Permit</u>	_____10,000_____
Other: <u>Per transfer (after 200)</u>	_____50_____

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 06-07.

Table 2 - System Organization & Management (cont.)

EMS System: Alameda County EMS

Reporting year 2007

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Director	1	52.11	30%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Assistant Director	1	43.83	30%	
ALS Coord./Field Coord./ Training Coordinator	Prehospital Care Coordinator (PHCC)	1	43.65	30%	
Program Coordinator/ Field Liaison (Non-clinical)	Prehospital Care Coordinator (PHCC)	4	43.65	30%	
Trauma Coordinator	Prehospital Care Coordinator (PHCC)	1	43.65	30%	
Medical Director	Medical Director (Physician IV)	1	91.77	30%	
Other MD/Medical Consult/ Training Medical Director	Assistant Medical Director (Physician III)	1	84.01	30%	This position is actually part of 07-08 fiscal year.
Disaster Medical Planner	Supervising PHCC	1	46.27	30%	

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

Table 2 - System Organization & Management (cont.)

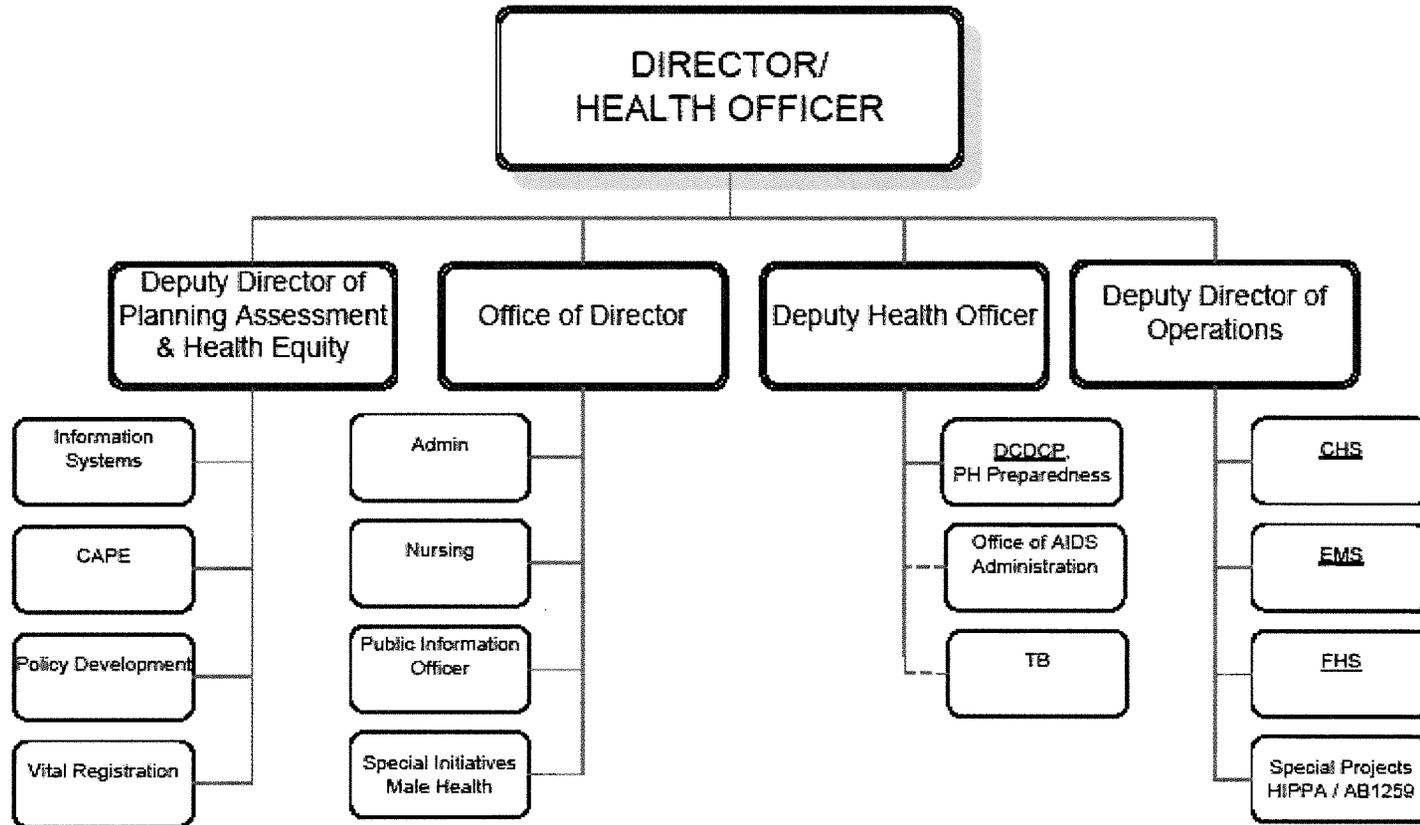
CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner	Prehospital Care Coordinator (PHCC)	1	43.65	30%	
Data Evaluator/Analyst	Information Systems Specialist	1	36.35	30%	
QA/QI Coordinator	Prehospital Care Coordinator (PHCC)	1	43.65	30%	
Public Info. & Education Coordinator	Program Specialist	6	40.07	30%	
Executive Secretary	Secretary I	1	23.92	30%	
Other Clerical	Specialist Clerk II	4	22.72	30%	
Data Entry Clerk	Program Technical Specialist II	1	25.00	30%	
Other	Program Financial Specialist	1	40.07	30%	
Other	Information Systems Analyst	1	45.97	30%	
Other	Facilities Manager	1	55.73	30%	

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

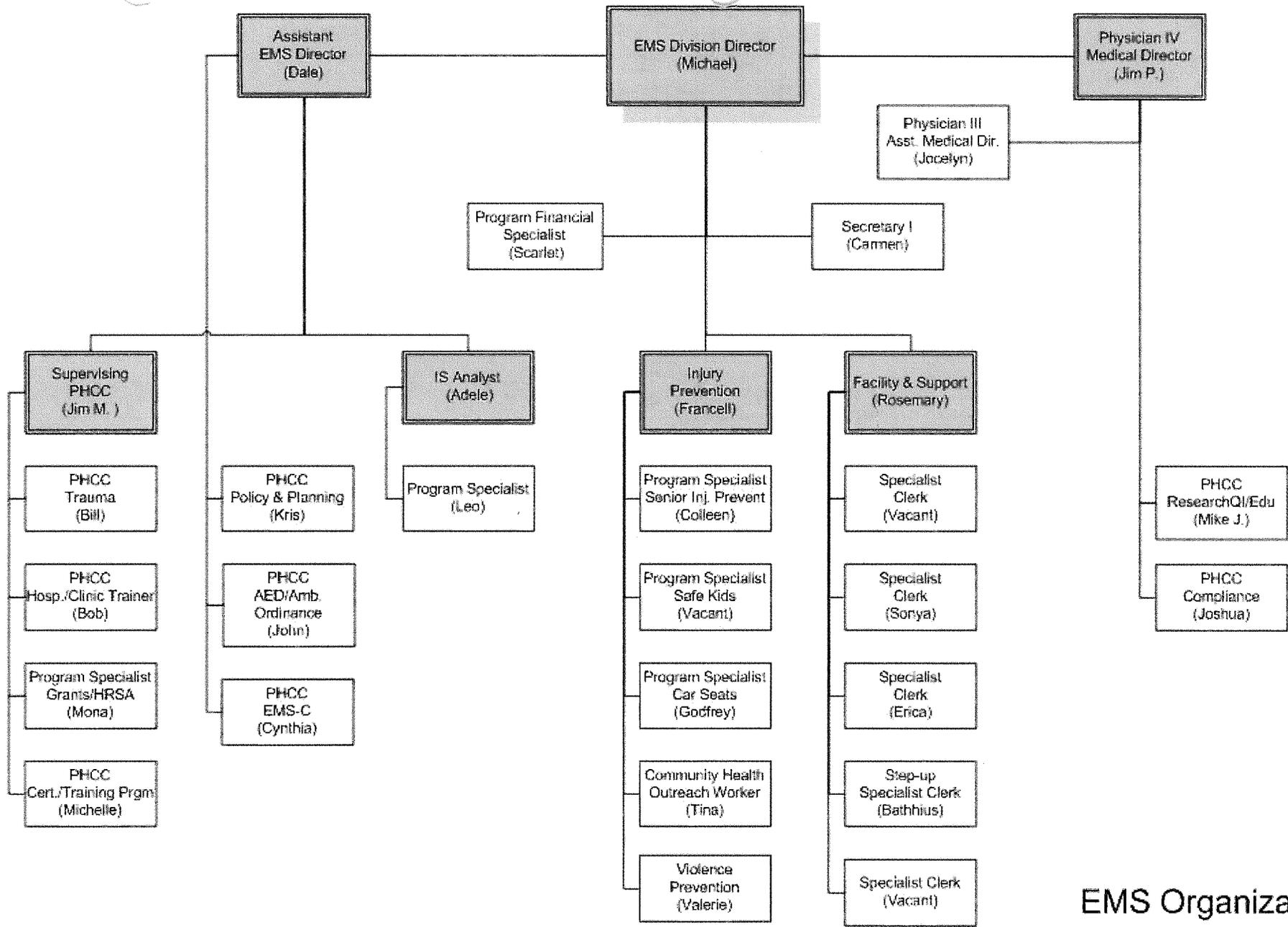


Alameda County Public Health Department

ORGANIZATION CHART



Rev: May 30, 2007



EMS Organizational Structure

Rev 01-14-08

Boxes with double borders indicate supervisors.

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Revision #4 (4/20/07)

EMS System: Alameda County EMS

Reporting Year: 2007

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	609			
Number newly certified this year	262			
Number recertified this year	347			
Total number of accredited personnel on July 1 of the reporting year			59	
Number of certification reviews resulting in:				
a) formal investigations	2			
b) probation				
c) suspensions				
d) revocations				
e) denials				
f) denials of renewal				
g) no action taken				

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 1
2. Early defibrillation:
 - a) Number of EMT=I (defib) certified
 - b) Number of public safety (defib) certified (non-EMT-I)
3. Do you have a first responder training program yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Alameda County EMS

County: Alameda

Reporting Year: 2007

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

1. Number of primary Public Service Answering Points (PSAP) 14
2. Number of secondary PSAPs 2
3. Number of dispatch centers directly dispatching ambulances 5
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 800 MHz Trunked
 - b. Other methods VHF, UHF
 - 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
6. Who is your primary dispatch agency for day-to-day emergencies?
Alameda County Regional Emergency Communications Center
7. Who is your primary dispatch agency for a disaster?
Alameda County Regional Emergency Communications Center

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: _____Alameda County EMS_____

Reporting Year: _____2007_____

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers All providers are required to have EMT-Is who have had an AHA (or equivalent) BCLS course that includes defibrillation with AED.

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	N/A	N/A	N/A	N/A
Early defibrillation responder	N/A	N/A	N/A	N/A
Advanced life support responder	8.5 mins.	8.5 mins.	8.5 mins.	8.5 mins.
Transport Ambulance <i>Albany, Berkeley & Piedmont FDs</i>	12 mins.	N/A	N/A	12 mins.
Transport Ambulance <i>Alameda FD</i>	10 mins.	N/A	N/A	10 mins.
Transport Ambulance <i>AMR – North Zone</i>	10.5 mins.	15 mins.	25 mins.	10.5 mins.
Transport Ambulance <i>AMR – South/ East Zones</i>	10.5 mins.	20 mins.	35 mins.	10.5 mins.

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

EMS System: _____Alameda County EMS_____

Reporting Year: _____2007_____

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

- a) Number of patients meeting trauma triage criteria _____5341_____
- b) Number of major trauma victims transported directly to a trauma center by ambulance _____5305_____
- c) Number of major trauma patients transferred to a trauma center _____268_____
- d) Number of patients meeting triage criteria who weren't treated at a trauma center _____N/A_____

Emergency Departments

- Total number of emergency departments _____13_____
- a) Number of referral emergency services _____0_____
- b) Number of standby emergency services _____0_____
- c) Number of basic emergency services _____13_____
- d) Number of comprehensive emergency services _____0_____

Receiving Hospitals

- 1. Number of receiving hospitals with written agreements _____0_____
- [There are 3 contracts in place for trauma centers (Eden, Highland, Children's)]
- 2. Number of base hospitals with written agreements _____1_____

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Alameda County EMS

County: Alameda

Reporting Year: 2007

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? 52 sites within Alameda county
 - b. How are they staffed? Staffed as needed from evacuating ED staff
 - 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 no X

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? yes X no
 - b. At what HazMat level are they trained? Enhanced
 - 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? 13 (cities)

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Alameda County EMS

County: Alameda

Reporting Year: 2007

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	<u>American Health Education</u>	Contact Person telephone no.	<u>Jack Neiman-Kimel</u>
Address	<u>7300 Amador Plaza Road Dublin, 94568</u>		<u>800-483-3615</u>

Student Eligibility: Open to the Public	Cost of Program	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: <u>85</u> Refresher: <u>80</u> Cont. Education _____ Expiration Date: <u>10-31-2011</u> Number of courses: <u>49</u> Initial training: <u>6</u> Refresher: <u>3</u> Cont. Education: <u>40</u>
	Basic <u>\$1195</u> Refresher <u>\$295</u>	

Training Institution Name	<u>Chabot College</u>	Contact Person telephone no.	<u>John McInnis</u>
Address	<u>25555 Hesperian Blvd. Hayward, CA 94545</u>		<u>510-723-6939</u>

Student Eligibility: Open to the Public	Cost of Program	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: <u>58</u> Refresher: <u>20</u> Cont. Education _____ Expiration Date: <u>4-30-2008</u> Number of courses: <u>4</u> Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: _____
	Basic <u>\$300</u> Refresher _____	

Training Institution Name Fast Response
Address 2075 Allston Way
Berkeley, CA 94704

Contact Person telephone no. Michael Frith
510-849-4009

Student Eligibility: Open to the Public	Cost of Program Basic <u>\$2500</u> Refresher <u>\$325</u>	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: <u>85</u> Refresher: <u> </u> Cont. Education <u> </u> Expiration Date: <u>12-31-2007</u> Number of courses: <u>6-8</u> Initial training: <u>6-8</u> Refresher: <u>As necessary; posted on website</u> Cont. Education: <u> </u>
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Training Institution Name Las Positas College
Address 3033 Collier Canyon Road
Livermore, CA 94550-9797

Contact Person telephone no. Sebastian Wong
925-373-5800, #1, #2046

Student Eligibility: Open to the Public	Cost of Program Basic <u>\$300</u> Refresher <u> </u>	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: <u>50</u> Refresher: <u>20</u> Cont. Education <u> </u> Expiration Date: <u>3-31-2008</u> Number of courses: <u>3</u> Initial training: <u>2</u> Refresher: <u>1</u> Cont. Education: <u> </u>
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Training Institution Name Alameda Fire Department
Address 1300 Park Street
Alameda, CA 94501

Contact Person telephone no. Robert Buell
510-337-2105

Student Eligibility: Employees only	Cost of Program Basic <u>No cost</u> Refresher <u>No cost</u>	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: _____ Refresher: <u>25-40</u> Cont. Education _____ Expiration Date: <u>12-31-2009</u> Number of courses: <u>As needed</u> Initial training: _____ Refresher: <u>As needed</u> Cont. Education: _____
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Training Institution Name Berkeley Fire Department
Address 997 Cedar Street
Berkeley, CA 94701

Contact Person telephone no. Rod Foster
510-981-5595

Student Eligibility: Employees only	Cost of Program Basic <u>No cost</u> Refresher <u>No cost</u>	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: <u>10-31-2008</u> Number of courses: <u>As needed</u> Initial training: _____ Refresher: <u>As needed</u> Cont. Education: _____
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Training Institution Name Hayward Fire Department

Contact Person telephone no. Bob Negri, RN
510-293-5049

Address 777 B Street
Hayward, CA 94541

Student Eligibility: Employees only	Cost of Program Basic <u>No cost</u> Refresher <u>No cost</u>	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: <u>2-28-2009</u> Number of courses: <u>As needed</u> Initial training: _____ Refresher: <u>As needed</u> Cont. Education: _____
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Training Institution Name Lawrence Livermore Fire Dept

Contact Person telephone no. Mike McLaughlin
925-423-1814

Address 7000 East Ave. L-388
Livermore, 94550

Student Eligibility: Employees only	Cost of Program Basic <u>No cost</u> Refresher <u>No cost</u>	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: _____ Refresher: <u>30-35</u> Cont. Education _____ Expiration Date: <u>8-31-2008</u> Number of courses: <u>As needed</u> Initial training: _____ Refresher: <u>As needed</u> Cont. Education: _____
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Training Institution Name Newark Fire Department
Address 6170 Thornton Ave, Bldg D
Newark, CA 94560

Contact Person telephone no. Marlene Rivers, RN
510-794-2306

Student Eligibility: Employees only	Cost of Program Basic <u>No cost</u> Refresher <u>No cost</u>	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: _____ Refresher: <u>30-40</u> Cont. Education _____ Expiration Date: <u>3-31-2008</u> Number of courses: <u>As needed</u> Initial training: _____ Refresher: <u>As needed</u> Cont. Education: _____
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Training Institution Name Oakland Fire Department
Address 47 Clay Street
Oakland, CA 94607

Contact Person telephone no. Jean A. English, EMS Chief
510-238-6957

Student Eligibility: Employees only	Cost of Program Basic <u>No cost</u> Refresher <u>No cost</u>	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: _____ Refresher: <u>60</u> Cont. Education _____ Expiration Date: <u>3-31-2008</u> Number of courses: <u>As needed</u> Initial training: <u>As needed</u> Refresher: <u>As needed</u> Cont. Education: _____
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Training Institution Name Union City Fire Dept
Address 34009 Alvarado-Niles
 Union City, CA 94587

Contact Person telephone no. Marlene Rivers, RN
 510-675-5429

Student Eligibility: Employees only	Cost of Program Basic <u>No cost</u> Refresher <u>No cost</u>	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: _____ Refresher: <u>80</u> Cont. Education _____ Expiration Date: <u>11-30-2008</u> Number of courses: <u>As needed</u> Initial training: _____ Refresher: <u>As needed</u> Cont. Education: _____
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Training Institution Name Camp Parks
Address 520 Mitchell Drive
 Dublin, CA 94568

Contact Person telephone no. Gail Porto, RN
 915-528-9180

Student Eligibility: Employees only	Cost of Program Basic <u>No cost</u> Refresher	**Program Level: <u>Paramedic</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: <u>6-30-2010</u> Number of courses: <u>One time</u> Initial training: <u>1</u> Refresher: _____ Cont. Education: _____
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- Open to general public or restricted to certain personnel only.
- ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Alameda County EMS

County: Alameda

Reporting Year: 2007

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

Name, address & telephone:		Primary Contact:	
LLNL Fire Department 7000 East Ave., L-388 Livermore, CA 94551		(925) 423-1803 Chuck Berdan	
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 type="checkbox"/> Disaster	Number of Personnel providing services: __4__ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" 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 checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal Regional Center

Name, address & telephone:		Primary Contact:	
Oakland Fire Department 250 Fallon Street Oakland, CA 94607		Jean English (510) 238-6725	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: __21__ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		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

Name, address & telephone:

Primary Contact:

American Medical Response
 640 143rd Ave
 San Leandro, CA 94577

Mike Turay (510) 895-7633

Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input 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"/> Federal

**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: Alameda County Emergency Medical Services
Area or Subarea (Zone) Name or Title: City of Alameda
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Alameda Fire Department
Area or Subarea (Zone) Geographic Description: City of Alameda including the property known as Coast Guard Island
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. 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 (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All calls requiring emergency ambulance service
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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. Uninterrupted service, in the same manner and scope, prior to 1/1/81 If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Not applicable

**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: Alameda County Emergency Medical Services
Area or Subarea (Zone) Name or Title: City of Albany
Name of Current Provider(s): Include company name(s) City of Albany Length of operation (uninterrupted) in specified area or subarea. Prior to 1/1/81
Area or Subarea (Zone) Geographic Description: City of Albany
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. 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 (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All calls requiring emergency ambulance service
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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. Uninterrupted service, in the same manner and scope, prior to 1/1/81 If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Not applicable

**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.

<p>Local EMS Agency or County Name: Alameda County Emergency Medical Services</p>
<p>Area or Subarea (Zone) Name or Title: City of Berkeley</p>
<p>Name of Current Provider(s): Include company name(s) Berkeley Fire Department</p> <p>Length of operation (uninterrupted) in specified area or subarea. Prior to 1/1/81</p>
<p>Area or Subarea (Zone) Geographic Description: City of Berkeley, including State property at UC Berkeley and Federal property at Lawrence Berkeley Lab</p>
<p>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive</p>
<p>Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All calls requiring emergency ambulance service.</p>
<p>Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, 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. Uninterrupted service, in the same manner and scope, prior to 1/1/81</p> <p>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Not applicable</p>

**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.

<p>Local EMS Agency or County Name: Alameda County Emergency Medical Services</p>
<p>Area or Subarea (Zone) Name or Title: City of Piedmont</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Piedmont Fire Department</p>
<p>Area or Subarea (Zone) Geographic Description: City of Piedmont</p>
<p>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive</p>
<p>Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All calls requiring emergency ambulance service</p>
<p>Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, 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. Uninterrupted service, in the same manner and scope, prior to 1/1/81</p> <p>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Not applicable</p>

**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.

<p>Local EMS Agency or County Name: Alameda County Emergency Medical Services</p>
<p>Area or Subarea (Zone) Name or Title: Lawrence Livermore National Lab</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Livermore Lab Fire Department</p>
<p>Area or Subarea (Zone) Geographic Description: Federal property known as Lawrence Livermore National Lab located south/east of the city of Livermore</p>
<p>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Not applicable, Federal property</p>
<p>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Not applicable, Federal property</p>
<p>Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, 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. Not applicable, Federal property</p> <p>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Not applicable, Federal property</p>

**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.

<p>Local EMS Agency or County Name: Alameda County EMS Agency</p>
<p>Area or subarea (Zone) Name or Title:</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. American Medical Response</p>
<p>Area or subarea (Zone) Geographic Description: The entire geographic area (including rural and wilderness) within the borders of Alameda county excluding the municipalities of Albany, Berkeley, Piedmont and Alameda as well as Lawrence Livermore National Laboratory.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive See attached ambulance provider agreement 'RECITALS OF AUTHORITY'</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All calls requiring emergency ambulance service See attached ambulance provider agreement Section 1 Definitions</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Method of competition: Competitive bid Intervals: Five years, with 1 extension to 10/2009. Selection process. Request for Proposal (RFP). The last contract was negotiated as a sole-source as AMR was the only qualified bidder, as determined through a Request for Qualification (RFQ) process.</p>

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9th STREET
SACRAMENTO, CA 95811-7043
(916) 322-4336 FAX (916) 324-2875



August 7, 2008

Michael King, EMS Director
Alameda County EMS Agency
1000 San Leandro Blvd., Suite 100
San Leandro, CA 94577

Dear Mr. King:

We have completed our review of *Alameda's 2007 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*.

Standard 6.05 - Data Management System - In your 2004 EMS plan update your objective was to "continue the development of a central repository to collect system response data and clinical performance/outcome data from all provider agencies." I encourage you to continue working towards the completion of a system wide data management system for Alameda County. The data system should be compliant with the California EMS Information System (CEMSIS) data standards.

Your annual update, utilizing the attached guidelines, 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 black ink, appearing to read "R. Steven Tharratt".

R. Steven Tharratt, MD, MPVM
Director

RST:ss