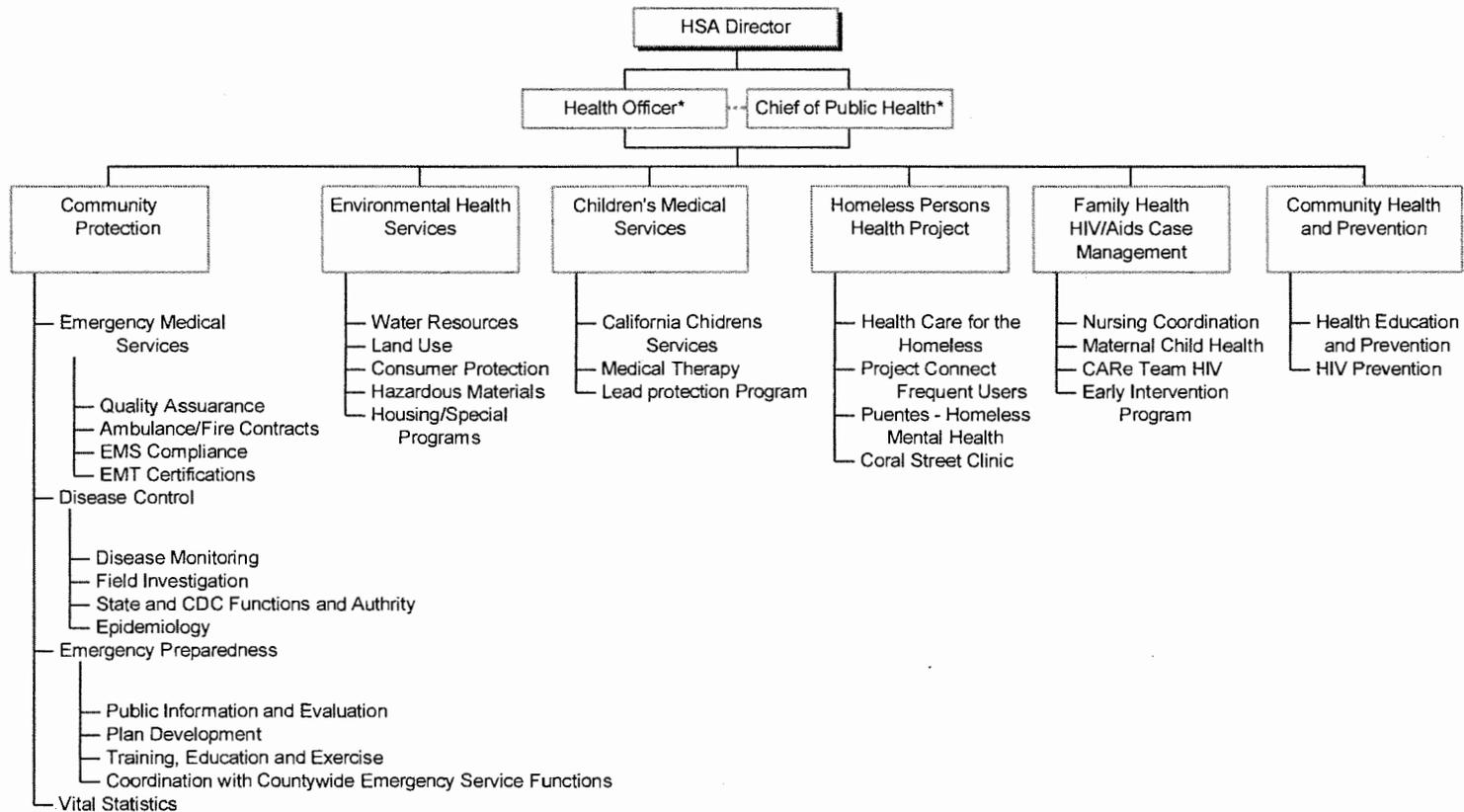


Santa Cruz County
EMS Plan Update - 2008

Public Health



*Public Health is co-managed by the Health Officer and the Chief of Public Health. The Chief of Public Health has primary responsibility for all administrative, budget, environmental health areas, whereas the Health Officer has primary responsibility for all clinical, CD, prevention, and medical delivery areas of Public Health.

179.40 FTE

SANTA CRUZ

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.07	Trauma Planning	☑	☐	☐	The Santa Cruz County Trauma Plan is approved contingent upon an agreement with Santa Clara County addressing cross-county trauma transportation issues.	The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.
1.09	Inventory of Resources	☑	☐	☑	The EMS agency annually licenses all ambulances and collects information from employers of EMS staff regarding the number of personnel certified or licensed.	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
1.26	Trauma System Plan	☑	☐	☑	Hospitals within Santa Cruz County have never expressed interest in becoming a trauma center due to the relatively low volume of major trauma victims. Current needs for trauma care are met through transportation of major trauma victims, primary by air, to trauma centers in Santa Clara County. Trauma patient outcome is evaluated annually to adjust the system as needed. Recent data for 2006 and the forum held locally for the trauma centers, local hospitals, prehospital providers and surrounding county EMS agencies indicated that the Santa Cruz County system is performing well. Some triage criteria may be adjusted.	The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines: a) the optimal system design for trauma care in the EMS area, and b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.13	Intercounty Response				<p>Santa Cruz and Santa Clara Counties have had very preliminary discussions about this issue. Further, in the agreement with the ALS ambulance provider, the provider is obligated to render mutual aid to providers of emergency medical services within adjacent areas. The County agrees to assist the ambulance provider in seeking reimbursement for costs related to disaster response. County has no financial obligation to the ambulance provider.</p>	<p>The local EMS agency shall develop agreements permitting intercounty response of emergency medical transport vehicles and EMS personnel.</p>
4.22	Evaluation				<p>The Emergency Medical Care Commission established a subcommittee to study the "Future of EMS" in Santa Cruz County. The subcommittee has met twice and is evaluating system design and funding issues. The fire services area also evaluating the feasibility of becoming a transport service in the next 5 years.</p>	<p>The local EMS agency shall periodically evaluate the design of exclusive operating areas.</p>

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.02	Triage & Transfer Protocols		☐		Prehospital trauma triage protocols are in place. The two local hospitals are required by EMS policy to have written transfer agreements with the trauma facilities in Santa Clara County and to have established policies and protocols necessary to facilitate transfers.	The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.
5.08	Trauma System Design		☐		Trauma system performance is evaluated annually at a forum with representation from the three trauma centers in Santa Clara County, the air ambulance provider, the ground ambulance provider, fire ALS providers, and the neighboring EMS agencies. Outcome data is sought for all trauma patients transported to out of county trauma centers as well as those patients who were treated locally. Triage policies are modified based on this evaluation. The two primary air ambulance providers (CALSTAR and LifeFlight) each have catchment areas, based on response times and balancing patient census for facilities.	Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to: a) the number and level of trauma centers (including the use of trauma centers in other counties), b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix, c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers, d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and e) a plan for monitoring and evaluation of the system.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.11	CCP Designation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>CCPs are not predesignated in Santa Cruz County but are event-dependent. The MCI plan is currently undergoing revisions based on recent local exercises and experiences.</p>	<p>The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).</p>



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.

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: Santa Cruz County
 Reporting Year: 2007/08

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

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

County: SANTA CRUZ

- | | |
|---|--------------|
| A. Basic Life Support (BLS) | _____ % |
| B. Limited Advanced Life Support (LALS) | _____ % |
| C. Advanced Life Support (ALS) | <u>100</u> % |

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

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

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

Implementation of exclusive operating areas (ambulance franchising)	<u>X</u>
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	<u>X</u>
Designation of other critical care centers	_____
Development of transfer agreements	<u>X</u>
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	_____
Operation of ambulance service	_____

Table 2 - System Organization & Management (cont.)

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$ _____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	<u> 350,570 </u>
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees	<u> 22,865 </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	_____
Contributions	_____
EMS Fund (SB 12/612)	_____
Other grants: HRSA/HPP _____	<u> 80,340 </u>
Other fees: <u> </u> fine for late ambulance response <u> </u>	<u> 14,094 </u>
Other (specify): <u> Ambulance Trust Fund </u>	<u> 57,823 </u>
TOTAL REVENUE	\$ <u>525,692</u>

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

Table 2 - System Organization & Management (cont.)

6. Fee structure for FY 07/08

 We do not charge any fees

 X Our fee structure is:

First responder certification	\$ <u> 75 </u>
EMS dispatcher certification	<u> 50 </u>
EMT-I certification	<u> 75 </u>
EMT-I recertification	<u> 75 </u>

EMT-defibrillation certification

EMT-defibrillation recertification	<u> </u>
EMT-II certification	<u> </u>
EMT-II recertification	<u> </u>
EMT-P accreditation	<u> N/A </u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u> 75 </u>
MICN/ARN recertification	<u> 25 </u>
EMT-I training program approval	<u> 200 </u>
EMT-II training program approval	<u> </u>
EMT-P training program approval	<u> 200 </u>
MICN/ARN training program approval	<u> </u>
Base hospital application	<u> </u>
Base hospital designation	<u> </u>
Trauma center application	<u> </u>
Trauma center designation	<u> </u>
Pediatric facility approval	<u> 400 </u>
Pediatric facility designation	<u> </u>

Other critical care center application

Type:

Other critical care center designation

Type:

Ambulance service license	\$ <u> </u>
Ambulance vehicle permits	<u> 100 </u>
Other: <u> </u> Late Fee/Out of County/No Appt: Duplicate Card	<u> 25 </u>
Other: <u> </u> EMT-P Re-Accredit	<u> 75 </u>
Other: Out of County EMT-I	<u> 150 </u>

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 07/08 .

Table 2 - System Organization & Management (cont.)

EMS System: Santa Cruz County

Reporting year 07/08

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Administrator	1.0	\$47.40/hr	33.33%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./ Training Coordinator					
Program Coordinator/ Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	EMS Medical Director		\$80/hr		Contracted services
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

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					
Data Evaluator/Analyst	Departmental Systems Analyst	1.0	\$34.17/hr	33.33%	
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical	Typist Clerk III	.95	\$21.90/hr	33%	
Data Entry Clerk					
Other					

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 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Revision #4 (4/20/07)

EMS System: Santa Cruz County

Reporting Year: 07/08

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	516			34
Number newly certified this year	80			0
Number recertified this year	218			0
Total number of accredited personnel on July 1 of the reporting year			135	
Number of certification reviews resulting in:				
a) formal investigations				
b) probation	2			
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: Santa Cruz County

County: Santa Cruz

Reporting Year: 07/08

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
6. Who is your primary dispatch agency for day-to-day emergencies? Santa Cruz Consolidated Emergency Communications Center
7. Who is your primary dispatch agency for a disaster? Same

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care**

EMS System: Santa Cruz County

Reporting Year: 07/08

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

- | | |
|--|----------------|
| a) Number of patients meeting trauma triage criteria | <u> 2,231 </u> |
| b) Number of major trauma victims transported directly to a trauma center by ambulance | <u> unk </u> |
| c) Number of major trauma patients transferred to a trauma center | <u> 345 </u> |
| d) Number of patients meeting triage criteria who weren't treated at a trauma center | <u> 1,886 </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> 2 </u> |
| d) Number of comprehensive emergency services | <u> 0 </u> |

Receiving Hospitals

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Santa Cruz County Reporting Year: 07/08_____

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

Training Institution Name Emergency Training Services (ETS) **Contact Person telephone no.** Priscilla Leighton 831/477-4910

Address: 3050 Paul Sweet
Road, Santa Cruz, CA 95065

Student Eligibility: * General Public	Cost of Program Basic __\$500____ Refresher __\$165____	**Program Level: I__ Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: 4/30/12 Number of courses: _____ Initial training: 6_____ Refresher: 4_____ Cont. Education: _____
--	---	--

Training Institution Name Cabrillo Community College **Contact Person telephone no.** Kris Hurst 831/430-9669

Address 6500 Soquel Dr., Aptos, CA 95003

Student Eligibility: * General Public	Cost of Program Basic __\$300 - 375__ Refresher __\$300-375__	**Program Level: I__ Number of students completing training per year: Initial training: 150__ Refresher: 20__ Cont. Education _____ Expiration Date: 12/31/12 Number of courses: __ Initial training: 2_____ Refresher: 2_____ Cont. Education: _____
--	---	---

- Open to general public or restricted to certain personnel only.
- ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Santa Cruz County _____

County: Santa Cruz _____

Reporting Year: 07/08_

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

Name, address & telephone: Santa Cruz Consolidated Emergency Communications Center, 95 Upper Park Road, Santa Cruz, CA 95065, 831/471-1000		Primary Contact: Scotty Douglass, Director	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _26_ 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 checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: joint powers authority	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

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

**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
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 Resposne
Area or subarea (Zone) Geographic Description: Santa Cruz County
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 (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). ALS
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. Competitive RFP, current agreement is 09/01/03 – 12/31/13, 89 pages long, available on-line at http://www.santacruzhealth.org/pdf/amrcc.pdf

EMERGENCY MEDICAL SERVICES AUTHORITY

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



August 11, 2009

Celia Barry
Santa Cruz County EMS Agency
1080 Emeline Avenue
Santa Cruz, CA 95061

Dear Ms. Barry:

We have completed our review of *Santa Cruz County's 2008 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*.

Your annual update, utilizing the attached guidelines, will be due on August 11, 2010. 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