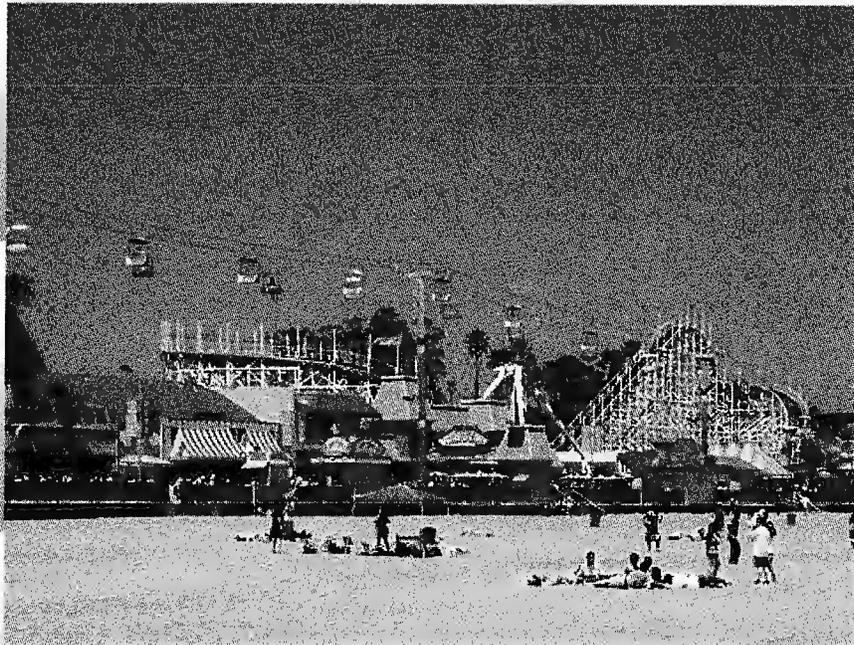


Santa Cruz County

EMS Plan Update - 2010



Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.07	Trauma Planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The Santa Cruz County Trauma Plan is approved contingent upon an agreement with Santa Clara County addressing cross-county trauma transportation issues. Santa Cruz County however continues to actively participate in the regional trauma planning effort that includes Santa Clara County.</p>	<p>The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.</p>
1.26	Trauma System Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Current needs for trauma care are met through transportation of major trauma victims, primarily by air, to trauma centers in Santa Clara County. Criteria for ground transports are being considered and will likely be developed within the next 12 months. Trauma patient outcome is evaluated annually to adjust the system as needed. Recent data for 2009 indicates that the Santa Cruz County system is performing well. Trauma triage criteria continues to be adjusted.</p>	<p>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.</p>

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.13	Intercounty Response	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>With the change in ambulance provider for Santa Clara County, this issue will become a higher priority for Santa Cruz County. Previously, both counties had the same 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>The Emergency Medical Care Commission will need to establish an RFP committee to assist the EMS office with preparing for an RFP.</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
8.11	CCP Designation		<input checked="" type="checkbox"/>		<p>CCPs are not pre-designated in Santa Cruz County but are event-dependent. The current effort is to pre-designate field treatment sites.</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>

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	__242,361__
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees	__21,000__
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	__1,100__
Contributions	_____
EMS Fund (SB 12/612)	__134,000__
Other grants: _____	__0__
Other fees: __fine for late ambulance response__	__35,000__
Other (specify): __Ambulance Trust Fund_____	__7,298__
TOTAL REVENUE	\$ 440,759__

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

Table 2 - System Organization & Management (cont.)

EMS System: Santa Cruz County

Reporting year 09/10

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		\$95/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	.4	\$34.17/hr	33.33%	
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical	Typist Clerk III	.65	\$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: 09/10

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	370			38
Number newly certified this year	106			12
Number recertified this year	262			0
Total number of accredited personnel on July 1 of the reporting year			138	
Number of certification reviews resulting in:				
a) formal investigations				
b) probation	1			
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: 09/10

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 Regional 911
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: 09/10

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

- a) Number of patients meeting trauma triage criteria 3,033
- b) Number of major trauma victims transported directly to a trauma center by ambulance 348 air and ground
- c) Number of major trauma patients transferred to a trauma center 31
- d) Number of patients meeting triage criteria who weren't treated at a trauma center 2,685

Emergency Departments

- Total number of emergency departments 2
- a) Number of referral emergency services 0
- b) Number of standby emergency services 0
- c) Number of basic emergency services 2
- d) Number of comprehensive emergency services 0

Receiving Hospitals

- 1. Number of receiving hospitals with written agreements 2
- 2. Number of base hospitals with written agreements 2

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Santa Cruz County

County: Santa Cruz

Reporting Year: 09/10

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

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Not pre-designated
 - b. How are they staffed? Reg 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 no X
 - b. For each team, are they incorporated into your local response plan? yes no X
 - c. Are they available for statewide response? yes no X
 - 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? _____
 - 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? 5

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Santa Cruz County Reporting Year: 09/10_____

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 _____

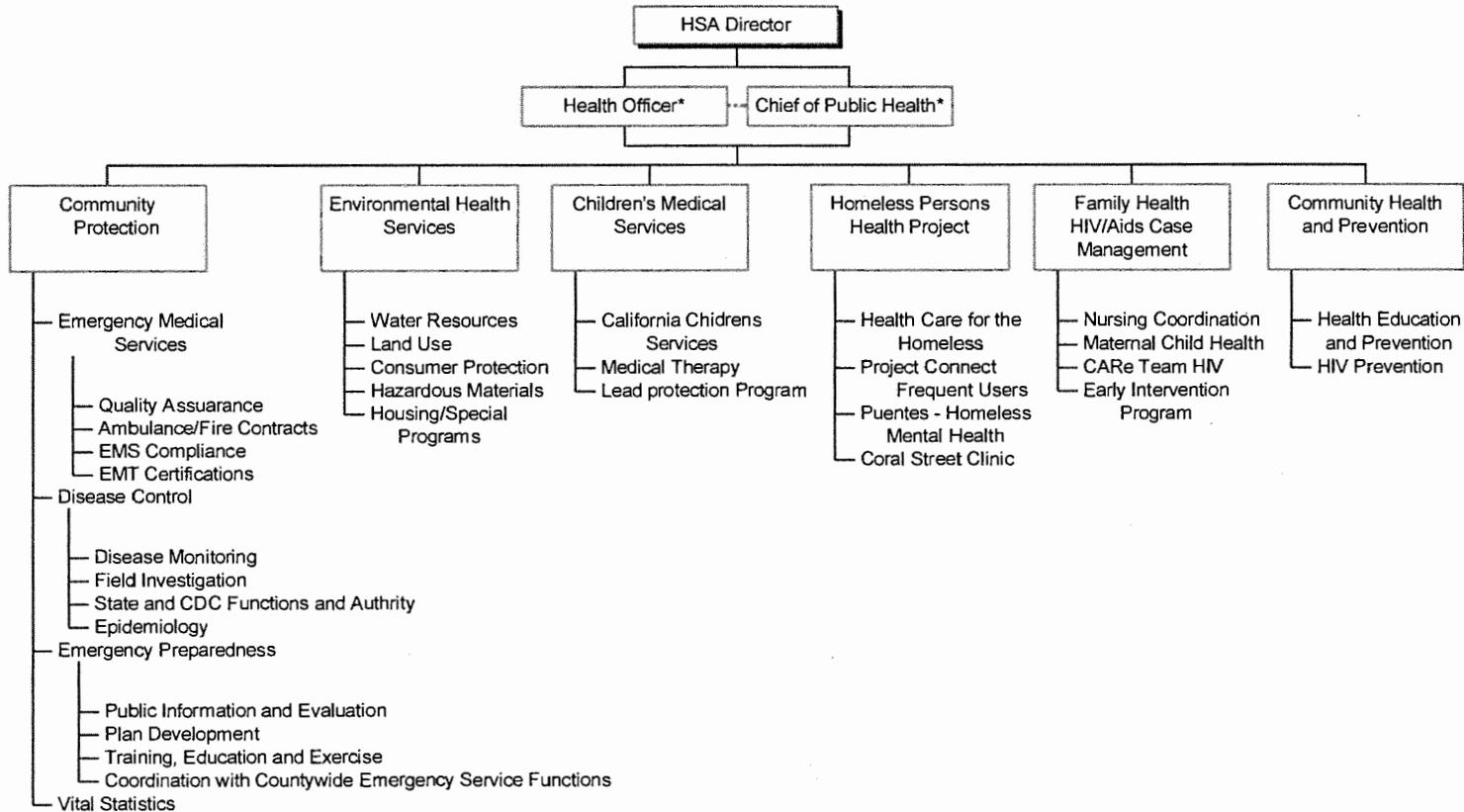
Reporting Year: 07/08__

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

Name, address & telephone: Santa Cruz Regional 911, 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

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.

**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

FEB 17 2011

EMERGENCY MEDICAL SERVICES AUTHORITY

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



February 17, 2011

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 2010 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*. Following are comments on your EMS plan update:

Trauma System Status Report

The EMS Authority approved Santa Cruz County's last Trauma System Status Report in November 2008 and requested your next report be submitted with the 2009 submission of your EMS plan update. The 2008 approval letter is attached. In accordance with the regulations, Section 100253, "The local EMS agency shall submit a trauma system status report as part of its annual EMS plan update." The last Trauma System Status Report from Santa Cruz County is dated 2007. While in the past the Trauma System Status Reports have been requested separate from the EMS plan updates, the EMS Authority is working with all local EMS agencies to submit both documents on the same schedule. Since the submittal of Santa Cruz County's Trauma System Status Report is significantly overdue please expedite the submission of your Trauma System Status Report. Unless a Trauma System Status Report is received within 60 days, Santa Cruz County's Trauma Plan approval status may be in jeopardy. The template to be used is attached.

Your annual update will be due on February 17, 2011. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 431-3688, extension 423.

Sincerely,

A handwritten signature in black ink that reads "Daniel R. Smiley".

Daniel R. Smiley
Interim Director

DRS:ss

EMERGENCY MEDICAL SERVICES AUTHORITY

30 9th STREET
SACRAMENTO, CA 95811-7043
(916) 322-4336 FAX (916) 324-2875



November 5, 2008

Celia Barry
EMS Administrator
Santa Cruz County EMS Agency
PO Box 962
1080 Emeline Avenue
Santa Cruz, CA 95061-0962

Dear Ms Barry:

The EMS Authority (EMSA) has completed its review of Santa Cruz County's 2007 Trauma Care System Plan. I apologize for the delay which was unavoidable due to staffing issues. As Santa Cruz County provided a Trauma Care System Plan, the review by the EMS Authority was in accordance with EMSA #151 *Trauma Plan Development Guidelines*. The Santa Cruz County Trauma Care System Plan is in compliance with California Code of Regulations, Title 22 Trauma Care Systems. In accordance with the regulations, Section 100253, "The local EMS agency shall submit a trauma system status report as part of its annual EMS Plan update." In order to provide you with an appropriate schedule, Santa Cruz County's next Trauma System Status Report shall be included with its EMS Plan Update. According to our files, Santa Cruz County's next EMS Plan Update is due January 29, 2009. To allow for an appropriate timeframe, the next Trauma System Status Report will be due with the 2010 EMS Plan Update.

In reviewing the 2007 Trauma Care System Plan, the following comments, recommendations, and/or actions are provided for consideration/inclusion in your Trauma System Status Report:

Summary of the Plan – The Plan states there was a Needs Assessment completed in 2001 showing a major trauma patient volume of 0.9 per 1,000 population which is lower than the predicted patient load based on California's Department of Finance data.

Recommendation: Consider completing an updated assessment of the volume of critical trauma patients for Santa Cruz County. EMSA can assist you in obtaining Office of Statewide Health Planning and Development data if necessary.

Santa Cruz County is to be commended for implementing a mechanism for simultaneous dispatch of air transport for high priority trauma patients. This is especially critical due to the long transport times to the closest designated trauma center.

Organizational Structure – The Plan states “currently, Santa Cruz EMS has no approved trauma system.” ~~Santa Cruz County in fact does have a trauma system.~~ While Santa Cruz has no designated trauma centers within the county boundaries, a system is in place to ensure major trauma victims are transported directly or secondarily transferred to an out-of-county trauma center. In addition, the Santa Cruz County Trauma 2003 Plan was approved by the EMS Authority. As with any system, improvements can be made and recommendations/actions are included in this letter.

Needs Assessment – Under “findings”, the Plan states there are no trauma registry data collected regularly for trauma patients transported to Santa Cruz hospitals. However, on page 3 you note a “significant change” as there has been implementation of a trauma registry process to capture data for critical trauma patients who remain in county. In addition, Policy #7010 states that trauma receiving facilities complete a trauma registry form for all patients who are determined in the field to have met trauma triage, etc.

Action: *In the Trauma System Status Update, please provide details on the trauma registry requirements for non-trauma centers in Santa Cruz County. Please attach data collection forms used and reports generated by Santa Cruz County EMS.*

2001 data reflect 29% of critical trauma patients were taken to one of the local hospitals. Data received from non-trauma centers in Santa Cruz County is critical to the assessment of trauma care within the county. This data should be updated annually and be part of the quality improvement process.

Action: *Develop a mechanism for ongoing review of EMS and non-trauma center data to ensure critical trauma patients are either appropriately triaged directly to a trauma center or secondarily transferred to a trauma center in a timely manner. This should be part of the quality improvement process. Provide a data collection tool and QI indicators/process used.*

Recommendation: *As many of the trauma patients transported directly to Santa Cruz hospitals are secondarily transferred to out-of-county trauma centers, consider developing transfer protocols. This may be facilitated by the new Bay Area Regional Trauma Coordinating Committee. This recommendation was also provided in the 2003 Trauma Plan approval letter to Santa Cruz EMS.*

Trauma System Design – The Plan states that the two local hospitals are willing to participate to the “extent of their capabilities”. The Plan also states that hospitals are currently participating in the trauma registry by providing data on trauma patients. Policy #7080 states that Dominican Hospital accepts isolated head injured patients because of the availability of a neurosurgeon. This information suggests the need to reassess Dominican Hospital’s capabilities for level IV trauma center designation.

Recommendation: *Level IV trauma center designation should be explored for Dominican Hospital. The EMS Authority is available to assist with this process. State participation may facilitate hospital consideration.*

Celia Barry
November 5, 2008
Page 3

Intercounty Agreements – The 2003 and 2007 Plan language regarding the development of intercounty agreements shows no progress. Title 22 requires “trauma care coordination with neighboring jurisdictions, including EMS agency system agreements.” This is especially true with Santa Cruz County as you are dependent on Santa Clara County for trauma center level care.

Action: Please provide an explanation as to why there has been no progress in developing an Intercounty Agreement with Santa Clara County. An Intercounty Agreement is necessary for the cross-county transportation of trauma patients from the field. The development of the Bay Area Regional Trauma Coordinating Committee may provide the appropriate vehicle for these discussions. I have attached previous correspondence from EMSA regarding Intercounty Agreement options.

Objectives and Implementation Timeline – The Plan does not provide updated system objectives or status of objectives provided in the 2003 Plan.

Action: Provide current trauma system objectives designed to enhance Santa Cruz County's Trauma System and improve trauma care. The standard composition of an objective should be "SMART": Specific (well defined), Measurable (numbers), Achievable (feasible), Realistic (resources dependent) and Time-bound (defined time line).

Thank you again for submitting Santa Cruz County's Trauma Plan. Your Trauma System Status Report will be due on January 29, 2010 as part of your Annual EMS Plan Update. If you have any questions, please contact Johnathan Jones at (916) 322-4336 extension 415.

Sincerely,



R. Steven Tharratt, MD, MPVM
Director

Attachment

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: February 6, 2004
TO: All Local Emergency Medical Services Agencies
FROM: Richard E. Watson, Interim Director
SUBJECT: TRAUMA PLANS – INTERCOUNTY AGREEMENTS

It has come to the Emergency Medical Services Authority's (EMSA) attention that there may be confusion regarding Section 100255 and 100256 of the trauma regulations. This is to clarify the intent of the regulations.

The language in the regulations indicates that there shall be "agreements" with neighboring jurisdictions regarding trauma. This was added to the trauma regulations to ensure coordination between LEMSAs. For instances where trauma patients are transported directly from the field to another jurisdiction's trauma center, the regulations require that there is an agreement between the jurisdictions.

Although the regulations use the term "agreement", it was never envisioned as a formal agreement or MOU, although that would be acceptable. The intent is to provide for coordination and show that both agencies accept the use of the specified trauma centers. This could be accomplished through cosigned policies or letters between the counties which indicate that patients are transported directly from the field. These letters should include: communication and cooperation regarding diversion, quality improvement participation when appropriate, and data sharing.

I hope this helps to clarify the intent of the regulations and provide you with some helpful examples. Cooperation among all jurisdictions is essential for good trauma care within the state and takes us one step closer to a statewide trauma system. I strongly encourage everyone to fully participate. If you have any questions, please contact Donna Nicolaus at (916) 322-4336, extension 412.

Emergency Medical Services Authority



Trauma System Plan Revision & Annual Trauma System Status Report Guidelines

November 2006

This document is intended to provide Emergency Medical Services (EMS) Agencies with instructions and minimum guidelines for preparing Trauma System Plan Revisions and Annual Trauma System Status Reports.

TRAUMA SYSTEM PLAN

California statute, Health and Safety Code Section 1798.162, allows local emergency medical services (EMS) agencies to implement a trauma system if the system meets the minimum standards set forth in the regulations. For preparation of the Trauma System Plan, refer to EMSA #151 - Trauma Plan Development Guidelines, January 2000. The guideline is available on the EMS Authority website: www.emsa.ca.gov/emsddivision/trauma_plan_cover.asp.

TRAUMA SYSTEM PLAN - SIGNIFICANT CHANGES

If significant changes to the trauma system occur after the Trauma System Plan has been approved, the Trauma System Plan must be revised and submitted to the EMS Authority for review and approval prior to the implementation of the changes. The California Code of Regulations outlines the requirements for significant changes to a Trauma System Plan.

- ✚ **Section 100253 (i):** After approval of a trauma system plan, the local EMS agency shall submit to the EMS Authority for approval any significant changes to that trauma system plan prior to the implementation of the changes. In those instances where a delay in approval would adversely impact the current level of trauma care, the local EMS agency may institute the changes and then submit the changes to the EMS Authority for approval within thirty (30) days of their implementation.

Significant changes would include designation or de-designation of trauma care facilities, changes in use of outside trauma care systems, change of trauma care system design, or major policy changes. Two copies of the revised Trauma System Plan should be submitted to the EMS Authority with a cover letter that clearly outlines the major changes.

Generally, significant changes will require the entire Trauma System Plan to be revised. However, specific section changes will be accepted only if they clearly fit within the old plan (i.e., page numbering remains the same, new sections are complete). A letter clearly outlining the changes must accompany two copies of

the section changes. Please contact the EMS Authority Trauma Coordinator to determine if section changes would be appropriate at (916) 322-4336.

The EMS Authority should be notified immediately upon **any** changes to the number of trauma centers. If a trauma center is added, a letter should be sent to the EMS Authority that includes the name of the trauma center, the street address, whether the trauma center is a public or private facility, the phone number for the hospital and the trauma office, the trauma center designation level, and the date it was designated.

The local EMS Agency should immediately contact the EMS Authority to alert them as to any possible de-designation or reduction in designation level of a trauma center and update the Authority as additional information becomes available. If the trauma center is ultimately de-designated or the designation level is reduced, a letter should be sent to the EMS Authority indicating the name, address and the level of the trauma center, and the date of de-designation or designation level reduction. The trauma plan should also be updated to indicate the addition or deletion of the trauma center and show how trauma patients will be cared for.

ANNUAL TRAUMA SYSTEM STATUS REPORT

Local EMS Agencies are required to include a trauma system status report as part of the annual EMS Plan update according to the California Code of Regulations.

- ✚ **Section 100253 (j):** The local EMS agency shall submit a trauma system status report as part of its annual EMS Plan update. The report shall address, at a minimum, the status of trauma plan goals and objectives.

The report is to be a separate chapter of the EMS Plan and is due one year from the approval of the most current EMS Plan. The report should include a summary of the trauma system, a description of any changes to the trauma system, the number and designation level of the trauma centers, an update of the status of the Trauma System Plan's goals and objectives and any modifications, progress toward or changes to the implementation schedule, and progress toward addressing any comments made in the EMS Authority's review of the Trauma System Plan. Any changes and/or additions to the Trauma System Plan should also be enclosed with the status report and clearly marked for incorporation into the trauma plan. A general format for the trauma system status report follows.

EMS Plan: TRAUMA SYSTEM STATUS REPORT

Trauma System Summary – Brief summary of trauma care system.

Changes in Trauma System – Describe any changes in the trauma care system and/or progress toward implementation.

Number and Designation Level of Trauma Centers – List the designated trauma centers and indicate any potential problems or possible changes in designation.

Trauma System Goals and Objectives – Provide update on progress toward meeting goals and objectives listed in the Trauma System Plan. Modify goals and objectives as appropriate.

Changes to Implementation Schedule – Indicate completion of activities and modify schedule as appropriate.

Progress on Addressing EMS Authority Trauma System Plan Comments – Trauma System Plan approval letters may include issues to be addressed or commented upon by the local EMS Agency. The status report should include an update of progress toward completion of these items along with any required changes accomplished as required in the approval letter. Changes should be accompanied by a cover letter which clearly indicates where the changes should be added to the Trauma System Plan.

Other Issues – Local EMS Agencies may include any other relevant issues as deemed appropriate.