

Napa County Emergency Medical Services Agency



EMERGENCY MEDICAL SERVICES SYSTEM PLAN

2011-2012

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EXECUTIVE SUMMARY

The Napa County Emergency Medical Services Agency (NCEMSA) exclusively serves Napa County. The agency has recently changed to an independent local emergency medical services agency (LEMSA) from a Coastal Valleys Regional entity. This plan represents the first update of the Napa County Emergency Medical Services (EMS) plan as an independent LEMSAs. The agency's primary responsibility is to plan, implement and evaluate an emergency medical services (EMS) system which meets or exceeds the minimum standards developed by the California EMS Authority (EMSA).

State law requires EMS agencies to develop plans for the delivery of emergency medical services (paramedic treatment, ambulance transport, trauma services, etc.) to the victims of sudden illness or injury within the geographic area served by the EMS agency. These plans must be consistent with state standards and address the following components:

- System organization and management.
- Staffing and training.
- Communications.
- Response and transportation.
- Facilities and critical care.
- Data collection and evaluation.
- Public information and education (PIE).
- Disaster medical response.

Major changes have taken place since the last EMS Plan update. These changes include:

- The contractual EMS agreement with Coastal Valleys Emergency Medical Services Agency (CVEMSA) terminated as of July 1, 2011.
- An ambulance ordinance has been adopted for the County to insure high quality standards and compliance with federal, state and local regulations, statutes, ordinances, policies and procedures.
- A competitive ambulance franchise process for emergency 9-1-1 and all Advanced Life Support (ALS) transport was held and American Medical Response (AMR) was the successful bidder. AMR began operations on January 2012.
- Equipment purchasing, education/training and integration into local hospitals of patient tracking software through emergency preparedness planning.
- The development of the regional trauma system with Marin, Solano and Sonoma counties as well as with North Coast EMS Agency is continuing.
- A medical-health disaster preparedness effort through the HPP and CDC BT grant funding is highly functional.
- New and up to date clinical policies/treatment guidelines and procedures were introduced on February 1, 2012.

The process of assessing system needs and developing plan objectives revealed that major changes were necessary for improving the overall EMS system. The LEMSAs was created in the early 1980s and operated as an independent office. In the 1990s Napa County joined Mendocino and Sonoma counties to create a regional EMS agency. What was discovered is that the three (3) member counties never became an official regional entity. In 2010 a decision was made for Napa County EMS to separate from CVEMSA and become an independent LEMSAs. There are several target areas for updating and revision. These areas include, but are not limited to the following:

- Communications systems;
- Trauma system;
- Disaster planning and management;
- Data collection; and
- Continual quality improvement (CQI)

In order to accomplish the task of creating an "ideal" system, the individual stakeholders have utilized differing methods of collaboration and participation as well as timelines. All stakeholders have made tangible progress in transitioning to a positive vision of the Napa County EMS system. Despite NCEMSAs desire to operate as an independent LEMSA, we recognize the benefits of regionalization and believe in the concepts this partnership enables. We have maintained our regional trauma efforts and even expanded them to include Solano County. The patient flow between Napa and Solano counties is significant and the increased understanding of our mutual needs will help us to work collaboratively to utilize resources. Napa County stakeholders demonstrated their ability to be leaders in EMS through a robust and revamped County CQI Committee establishment. This committee is continually developing and implementing policies and processes that bring accountability, performance improvement opportunities and system evolution.

The "System Needs and Plan Objectives" section is the centerpiece of the EMS System Plan. This section describes the current status, needs, objectives and time line of each component of the EMS system. The needs and the objectives listed in the EMS System Plan were identified and developed by comparing our current EMS system with the California EMS Authority's EMS System Standards and Guidelines and commensurate evaluation and feedback from the EMS Authority. Some of the major objectives of the NCEMSA EMS System Plan include:

- Continued development of the Napa County LEMSA.
- Establishing and maintaining ALS service capability throughout the County.
- Continued development and refinement of the local County based CQI program and process.
- Revising and updating Emergency Medical Responder (EMR), Emergency Medical Technician (EMT) and paramedic field treatment guidelines.
- Developing an Advanced EMT (AEMT) training program.
- Developing an EMD QI process (AQUA).
- Continue refinement of triaging medical emergencies and dispatch of appropriate resources, both ground and air.
- Evaluating the county's EMS communications systems.
- Identifying the optimal roles and responsibilities of EMS system partners.
- Identifying opportunities for improvement through collaboration with neighboring counties.
- Evaluating roles of base and receiving hospitals in the County.
- Continue developing a regional trauma care system that includes non-historical partnerships to newly designated trauma care relationships.
- Continued development and refinement of pre-hospital triage and transfer protocols.
- Review and updating of the local Multiple Casualty Incident (MCI) plan and work with neighboring counties to develop regional approach.
- Increased participation and involvement with Medical Surge Preparedness planning and operation implementation.
- Updating of medical air transport policies and procedures.

The objectives listed in the EMS System Plan will be used to guide the LEMSA in monitoring and improving the EMS system over the next year.

ASSESSMENT OF SYSTEM

SUMMARY OF SYSTEM STATUS

This section provides a summary of how Napa County EMS system meets the State of California's EMS Systems Standards and Guidelines. An "X" placed in the first column indicates that the current system does not meet the State's minimum standard. An "X" placed in the second or third column indicates that the system meets either the minimum or recommended standard. An "X" is placed in one of the last two (2) columns to indicate the time frame the agency has established for either meeting the standard or revising the current status. A complete narrative description of each standard along with the objective for establishing compliance is included in the System Needs and Plan Objectives Section of this plan.

SYSTEM ORGANIZATION AND MANAGEMENT

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

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.17 Medical Direction		X	NA	X	X
1.18 QA/QI		X	X	X	X
1.19 Policies, Procedures, Protocols		X	X	X	X
1.20 DNR Policy		X	NA		X
1.21 Determination of Death		X	NA		X
1.22 Reporting of Abuse		X	NA		X
1.23 Inter-Facility Transfer		X	NA	X	X
1.24 ALS Systems		X	X	X	X
1.25 On-Line Medical Direction		X	X	X	X
1.26 Trauma System Plan		X	NA		X
1.27 Pediatric System Plan		X	NA		X
1.28 EOA Plan		X	X		X

STAFFING AND TRAINING

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
2.01 Assessment of Personnel Needs		X	NA	X	X
2.02 Approval of Training		X	NA	X	X
2.03 Personnel		X	NA		X
2.04 Dispatch Training		X		X	X
2.05 First Responder Training		X	X		X
2.06 Response		X	NA		X
2.07 Medical Control		X	NA		X
2.08 EMT/Paramedic Training		X	X		X
2.09 CPR Training		X	NA		X
2.10 Hospital ED ALS		X	X		X
2.11 ALS Accreditation Process		X	NA		X
2.12 Early Defibrillation		X	NA		X
2.13 Base Hospital Personnel		X	NA		X

COMMUNICATIONS

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
3.01 Communication Plan		X			X
3.02 Radios		X	X		X
3.03 Inter-Facility Transfer		X	NA		X
3.04 Dispatch Center		X	NA		X
3.05 Hospitals		X			X
3.06 MCI/Disasters		X	NA		X
3.07 9-1-1 Planning/Coordination		X			X
3.08 9-1-1 Public Information & Education (PIE)		X	NA		X
3.09 Dispatch Triage		X	X		X
3.10 Integrated Dispatch		X	X	X	X

RESPONSE AND TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.01 Service Boundaries		X	X		X
4.02 Monitoring		X	X		X
4.03 Classifying Medical Requests		X			X
4.04 Pre-Scheduled Responses		X	NA		X
4.05 Response Time Standards		X			X
4.06 Staffing		X	NA		X
4.07 First Responder Agencies		X	NA		X
4.08 Medical & Rescue Aircraft		X	NA	X	X
4.09 Air Ambulance Dispatch Center		X	NA		X
4.10 Aircraft Availability		X	NA	X	X
4.11 Specialty Vehicles		X			X
4.12 Disaster Response		X	NA	X	X
4.13 Inter-County Response		X		X	X
4.14 Incident Command		X	NA	X	X
4.15 MCI Plans		X	NA	X	X
4.16 ALS Staffing		X	X		X
4.17 ALS Equipment		X	NA	X	X
4.18 Transport Compliance		X	NA	X	X
4.19 Transportation Plan		X	NA		X
4.20 "Grandfathering"		X	NA		X
4.21 EOA Compliance		X	NA	X	X
4.21 EOA Evaluation		X	NA	X	X

FACILITIES AND CRITICAL CARE

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
5.01 Assessment of Capabilities		X	X		X
5.02 Triage & Transfer Protocols		X	NA	X	X
5.03 Transfer Guidelines		X	NA		X
5.04 Specialty Care Facilities		X	NA	X	X
5.05 Mass Casualty Incident Management		X	X	X	X
5.06 Hospital Evacuation		X	NA	X	X
5.07 Base Hospital Designation		X	NA		X
5.08 Trauma System Design		X		X	X
5.09 Public Input		X			X
5.10 Pediatric System Design		X	NA		X
5.11 ED Pediatric Capability		X			X
5.12 Public Input		X	NA		X
5.13 Specialty Care System Design		X			X
5.14 Specialty Care Public Input		X			X

DATA COLLECTION AND SYSTEM EVALUATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
6.01 QA/QI Program		X		X	X
6.02 Pre-hospital Records		X	NA	X	X
6.03 Pre-hospital Care Audits		X		X	X
6.04 Medical Dispatch		X	NA	X	X
6.05 Data Management System		X		X	X
6.06 System Evaluation		X	NA	X	X
6.07 Provider Participation		X	NA		X
6.08 Reporting		X		X	X
6.09 ALS Audit		X		X	X
6.10 Trauma System Evaluation		X		X	X
6.11 Trauma Center Data		X		X	X

PUBLIC INFORMATION AND EDUCATION

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

DISASTER MEDICAL RESPONSE

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.01 Disaster Planning		X	NA	X	X
8.02 Response Plans		X		X	X
8.03 Hazardous Materials (HazMat) Training		X	NA		X
8.04 Incident Command		X	X		X
8.05 Distribution of Casualties		Partial		X	X
8.06 Needs Assessment		X	X		X
8.07 Disaster Communications		X	NA		X
8.08 Resource Inventory		X		X	X
8.09 DMAT Teams		X			X
8.10 Mutual Aid Agreements		Partial	NA	X	X
8.11 CCP Designation		Partial	NA	X	X
8.12 CCP Establishment	X		NA	X	X
8.13 Disaster Training		X	X	X	X
8.14 Hospital Plans		X		X	X
8.15 Inter-hospital Communications		X	NA		X
8.16 Pre-hospital Preparedness Plans		X			X
8.17 ALS Policies		X	NA		X
8.18 Specialty Center Roles		X			X
8.19 Waiving Exclusivity		X	NA		X

SYSTEM NEEDS AND PLAN OBJECTIVES

This section of the EMS Plan lists each standard included in the State of California's EMS Systems Standards and Guidelines and describes the:

- Current status of the Napa County EMSA system as it relates to the individual standard;
- Efforts to coordinate resources and services with other LEMSAs as required by the California EMSA;
- Future needs of the Napa County EMS system as it relates to the individual standard;
- Objective(s) for meeting the minimum standard, upgrading toward the recommended guidelines, or improving the efficiency or effectiveness of the EMS system.
- Assignment of each objective to the annual work plan, long range plan, or both.

The needs and objectives of the EMS Plan are designed to address the EMS Systems Standards and Guidelines. Most of the objectives are written as general statements such as Objective 1.01, which states: "Develop secure funding sources to adequately finance agency operations and personnel requirements". Many of these objectives may need to be refined when they are included in the annual work plan, transportation plan or trauma plan.

SYSTEM ORGANIZATION AND MANAGEMENT

1.01 LEMSA STRUCTURE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Oversight of the EMS Agency is provided by the Public Health Officer and the EMS Administrator. The agency staff is comprised of a Medical Director and Deputy Medical Director, (who are both Board Certified in Emergency Medicine), an EMS Administrator and 1.0 FTE EMS Specialist and 1.0 FTE Senior Office Assistant. Other non-agency resources include the base hospital medical director, base hospital nurse coordinator/liaison, provider and first responder quality improvement QI coordinators, EMS educators and provider and first responder training coordinators.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

To identify staffing, review and modify job descriptions and employee classifications to keep with the mission and goals of this agency and plan.

To identify and fund at 0.2 FTE Trauma/STEMI/stroke Coordinator.

OBJECTIVE:

Develop secure funding sources to adequately finance agency operations and personnel requirements.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

1.02 LEMSA MISSION

MINIMUM STANDARDS:

Each local EMS Agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement (QA/QI) and evaluation processes to identify system changes.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

NCEMSA has recently separated from CVEMSA after ten (10) years of operating as part of a regional LEMSA. Nonetheless, Napa County has a comprehensive independent EMS system that recognizes the benefits to patient care concerning regionalization of specialty services. The agency will continue to participate in many regional programs with CVEMSA and other neighboring LEMSAs. The continuing evaluation of the system is being accomplished through the writing of the Napa County EMS Plan. Linkage and creation of an expanded region-wide wide QI program is in its initial stages and remains a priority objective.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure continued evaluation of system performance against established benchmarks. Fully develop and implement a system wide CQI plan and process. Develop quality reports based both on electronic data collection (MEDS, First Watch) and other stakeholder data source.

OBJECTIVE:

Use the long standing Emergency Medical Care Committee (EMCC), providers, the County CQI Committee, the public and other review bodies to identify needed system changes.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less) Partial.
- X Long-Range Plan (more than one (1) year) Full.

1.03 PUBLIC INPUT

MINIMUM STANDARDS:

Each local EMS Agency shall have a mechanism (including EMCCs and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans and policies/procedures as described in the State EMS Authority's EMS Systems Standards and Guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Napa County has a functioning Emergency Medical Care Committee (EMCC) that reviews local operations, policies and practices. Agency staff meets with system stakeholders on a bi-monthly basis to review and discuss issues affecting the EMS system. All meetings of the respective Board of Supervisors (BOS) and County EMCCs are open to the public with time allocated on each agenda for open public comment(s). Additionally, impacted groups are routinely notified and provided with an opportunity to provide input in advance of issues being brought before the respective groups. All policies and treatment guidelines are submitted to all stakeholders, on an annual basis for two (2) public comment draft periods. The agency solicits changes in policy/treatment guidelines from the public and particularly, field personnel.

COORDINATION WITH OTHER EMS AGENCIES:

None.

NEED(S):

Ensure that appropriate consumer and health care provider input is obtained regarding the development of plans, policies and procedures. Continue yearly public policy review/update procedures.

OBJECTIVE:

Monitor and amend, as needed, the structure of the agency's advisory committees to best meet the needs of the EMS system while continuing to provide a mechanism for public input concerning EMS system design and performance.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

1.04 MEDICAL DIRECTOR

MINIMUM STANDARDS:

Each local EMS Agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

RECOMMENDED GUIDELINES:

The local EMS Agency medical director should have administrative experience in emergency medical services systems.

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The agency medical directors possess Board Certification in Emergency Medicine. The medical directors have substantial administrative experience in EMS systems and continue to work closely with the base hospital and receiving hospital emergency department medical director, nurses and pre-hospital providers. The EMS medical directors provide medical oversight to providers in Napa County. The deputy medical director is the base hospital medical director and is an attending emergency physician at the base hospital.

The medical directors attend the respective meetings and also participate in weekly conference calls with the LEMSA staff. The medical directors are available to agency staff and field personnel for direct contact. The medical directors are actively involved in all clinical issues with the agency.

COORDINATION WITH OTHER EMS AGENCIES:

The medical directors work closely with neighboring EMS Agency medical directors and regularly attend EMDAC.

NEED(S):

Ensure medical direction of the EMS system.

OBJECTIVE:

Monitor and amend, as needed, the structure of the agency's medical advisory committees to best meet the needs of the EMS system. As resources allow, provide more time for medical director.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

1.05 SYSTEM PLAN

MINIMUM STANDARDS:

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

The plan shall:

- Assess how the current system meets these guidelines;
- Identify system needs for patients within each of the targeted clinical categories (as identified in Section II); and
- Provide a methodology and time line for meeting these needs.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Completion of this annual plan update fulfills the requirements of this standard.

COORDINATION WITH OTHER EMS AGENCIES:

As needed, particularly for development of trauma, STEMI and stroke centers.

NEED(S):

Ensure that the EMS System Plan meets community needs and provides for the appropriate utilization of resources. Meet the identified and prioritized standards contained within this plan.

OBJECTIVE

Monitor and amend the EMS System Plan, as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

1.06 ANNUAL PLAN UPDATE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Completion of this annual plan update fulfills the requirements of this standard.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Annually evaluate the EMS System Plan to determine progress in meeting EMS objectives and system changes.

OBJECTIVE:

Submit an annual update of the EMS system to the State EMS Authority, which reflects system changes and progress made in meeting plan objectives.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

1.07 TRAUMA PLANNING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

There is one (1) designated Level III Trauma Center in Napa County with Level II Trauma Centers in Sonoma and Contra Costa counties and Level III Trauma Centers in Solano County. The designated Level III Trauma Center's catchment area includes Napa, Sonoma, Solano and Lake counties. An updated and revised Trauma Plan was submitted to the State during FY 2010/2011. The actions/recommendations from EMSA concerning our Trauma Plan have been addressed by this plan. NCEMSA is working with EMSA to fine tune the Trauma Plan. A medical evaluation site visit was conducted by ACS of Queen of the Valley Medical Center (QVMC) in 2002, 2003, 2005, 2006 and 2010. A consultation and verification are currently scheduled for 2013. The LEMSA is working with QVMC and neighboring counties to develop a regional Trauma Advisory Committee (TAC). The LEMSA is negotiating with neighboring LEMSAs to share a 1.0 FTE Trauma Coordinator position.

COORDINATION WITH OTHER EMS AGENCIES:

The demographics and geography of Napa County requires all specialty care planning to consider adjoining systems when determining resource availability and catchment areas. Initial discussions for collaboration have been initiated with LEMSA administrators from Marin, Sonoma and Solano counties to establish a "regional" trauma system.

NEED(S):

Ensure the availability of trauma services for critically injured patients.

OBJECTIVE:

Continue refining a regional trauma care system. Share with Solano and Marin Counties, a 1.0 FTE Trauma/STEMI/stroke Coordinator.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

1.08 ALS PLANNING

MINIMUM STANDARDS:

Each local EMS Agency shall plan for eventual provision of ALS services throughout its jurisdiction.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

ALS ambulance services are provided as the minimum standard for 100% of the emergency (9-1-1) medical requests in the Napa County EMS system. Ground ambulances are backed up by air ALS. The ALS exclusive operating area (EOA) was awarded to AMR in January 2012. Napa City Fire provides first responder ALS services.

COORDINATION WITH OTHER EMS AGENCIES:

North Coast EMS Region, Solano and Sonoma County EMS provides ALS resource response coordination into certain portions of Napa County.

NEED(S):

Ensure the optimal provision of ALS services throughout the EMS system.

OBJECTIVE:

Study the feasibility of ALS first response services and other ALS alternatives as described in various EMS System Redesign models, including the development of exclusive operating areas for transport and non-transporting ALS service providers. Make changes as necessary to ensure the optimal provision of ALS services.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

1.09 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Completion of this plan fulfills the requirements of this standard.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

This requirement is being met through a collaborative effort between Emergency Preparedness, Office of Emergency Services (OES) and the LEMSA.

OBJECTIVE:

Periodically update the resource directories included in this plan.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

1.10 SPECIAL POPULATIONS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *PARTIALLY MEETS STANDARD*

Identification of special population groups has begun. NCEMSA is establishing an EMS for Children (EMS-C) program/system in 2012-2013. Additionally, the Agency is working with the respective County Public Health Preparedness groups which are in the process of identifying special populations through HPP and CDC grant funding programs. Efforts have begun to contact and recruit special population advocates along with special population care facilities in developing a coordinated disaster planning process.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue the process of identifying population groups served by the EMS system that may require special services. Ensure that all population groups know how to access and appropriately utilize the EMS system. The quality improvement system will collect and analyze data relevant to special population.

OBJECTIVE:

Identify population groups, other than pediatric, served by the EMS system, which require specialized services. Work with other agencies, both County and private, to identify and develop care plans for population groups requiring specialized services.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

1.11 SYSTEM PARTICIPANTS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The roles and responsibilities of many system participants are based primarily on historical involvement and willingness to cooperate with the agency. Formalization of roles and responsibilities through contracts and agreements has been conducted with Base Hospitals, Trauma Centers, STEMI Centers, stroke centers, receiving hospitals, franchise transport providers and the designated medical dispatch center. The LEMSA established a single EOA that includes the entire County.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Identify the optimal roles and responsibilities of all system participants based on comparative EMS system models and public input. Ensure that system participants conform to assigned EMS system roles and responsibilities. Revise funding mechanism for trauma, STEMI and stroke centers.

OBJECTIVE:

Continue the identification of the optimal roles and responsibilities of EMS system participants. Continue developing mechanisms, such as agreements, facility designations and EOAs to ensure compliance.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

1.12 REVIEW AND MONITORING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

There is a local CQI program in place. The program's participants include: agency staff, provider QI coordinators, EMS educators, hospital liaison QI coordinators and medical directors. A Management Information System (MIS) is now in place. Response time standards are in place. The Napa County EMCC continues to evaluate response, care and transport, and to constantly identify system problems and seek solutions. A Medical Advisory Committee (MAC), comprised of representatives of all system participants, QI coordinators from agencies and facilities from the whole County is monitoring and reviewing system operations with focus on CQI, and policy and treatment guideline review and development.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the continued review and monitoring of EMS system operations. Work with Emergency Medical Services Administrators Association of California (EMSAAC) and the State EMSA to develop standard statewide indicators for EMS system evaluation. Continue to refine system wide QI activities and linkage. Complete a seven (7) component quality management system.

OBJECTIVE:

Implement structural indicators and compliance mechanisms in conjunction with a regional QI program implementation. Continue refinement of the MIS to include Base Hospitals, ALS providers, BLS first responders, Emergency Medical Dispatch (EMD) Centers and Continuing Education (CE) providers. Modify the process of reviewing and monitoring of the EMS system, as needed to include a more active role for the MAC which is overseen by the EMCC.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

1.13 COORDINATION

MINIMUM STANDARDS:

Each local EMS Agency shall coordinate EMS system operations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

EMS system operations are coordinated through written agreements with providers, facilities and counties; policies and procedures; training standards; quality improvement programs and other review mechanisms. This plan identifies those components of the Napa County EMS system, upon which improvement efforts will be focused during the next one (1) to five (5) years.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure coordinated system operations.

OBJECTIVE:

Evaluate EMS system operations and make changes as needed to ensure optimal system performance.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

MINIMUM STANDARDS:

Each local EMS Agency shall develop a policy and procedures manual that 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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The Napa County Treatment Guidelines and Administrative Policies/Procedures Manuals have been developed and distributed. These manuals are available to the system providers via the agency web site. A local web site is maintained, and the LEMSAs Treatment Guidelines and Administrative Policies/Procedures are posted and available to our local stakeholders. The LEMSA has established a timeline for the annual review and update of treatment guidelines that includes multiple opportunities for stakeholder input.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to review, revise and synthesize the County administrative policy manual. Ensure the availability of a policy and procedure manual for system providers. Continue posting EMS policies on the agency web site. A pocket policy/procedure manual will be distributed by November 2012.

OBJECTIVE:

Maintain the schedule for review and update of the treatment guidelines on an annual basis to provide consistent updates for field providers. Monitor the process of policy and procedure manual availability and make changes as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less) (pocket manual).
- X Long-Range Plan (more than one (1) year).

1.15 COMPLIANCE WITH POLICIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Written agreements, County ordinances, inspections, unusual occurrence reporting, investigations and quality improvement programs have been established as mechanisms to review, monitor and enforce compliance with system policies. Not all provider agencies have written agreements with the agency. The MAC serves as the multi-disciplinary clinical advisory group that will consistently provide recommendations to the medical director.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure compliance with system policies through implementation of written agreements, QI program and MIS.

OBJECTIVE:

Continue to implement compliance mechanisms such as written agreements, QI program and MIS developed for Base Hospitals, Trauma/STEMI/stroke centers, ALS providers, BLS first responders, EMD Centers and CE providers. Evaluate and improve compliance with system policies.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

1.16 FUNDING MECHANISM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The NCEMSA relies on local/County contributions, PHHS project grants, user fees and SB12/612/2132 monies as a fund base for agency operations. A local certification fee schedule has been established and a centralized accreditation and/or certification process has been established.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to identify funding sources.

OBJECTIVE:

Maintain existing funding sources and continue to seek alternative or new funding sources. Administer SB12/612/2132 funding appropriately in compliance with State recommendations and guidelines. Continue to work with the Emergency Medical Services Administrators Association of California (EMSAAC), the Emergency Medical Services Medical Directors Association of California (EMDAC) and the State EMSA to maintain federal, state and local funding of EMS systems. Continue to investigate ways for the Napa County EMS Agency and system to function more cost effectively. Update specialty center fees.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

1.17 MEDICAL DIRECTION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Currently there are two (2) hospitals in the EMS system, of which one (1) has been designated as a base hospital. Base hospital physician consultation is available 24/7.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Maintain the current system of a single base hospital and identify possible alternate base hospital for medical control in case of disaster.

OBJECTIVE:

Implement base hospital policies and execute base hospital agreements as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

MINIMUM STANDARDS:

Each local EMS Agency shall establish a (QA/QI) program. This may include use of provider-based programs which are approved by the local EMS Agency and which are coordinated with other system participants.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

There is a local CQI process in place. Local QI representatives include: agency staff, provider QI coordinators, hospital QI coordinators, EMS educators and medical directors. The County EMCC is continuing to evaluate response, care and transport issues and to identify system problems as well as seek solutions to system issues. A seven (7)-component quality data collection analysis and management system is in process.

COORDINATION WITH OTHER EMS AGENCIES:

None.

NEED(S):

Ensure that the QA/QI process continues to meet system needs and State standards.

OBJECTIVE:

Continue efforts to refine the formal CQI program including specific clinical indicators and outcome measures. Continue to monitor the performance of the system and amend the QA/QI program and/or processes to meet system needs. Complete seven (7)-component QM system.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less - QM System).
- X Long-Range Plan (more than one (1) year).

1.19 POLICIES, PROCEDURES & PROTOCOLS

MINIMUM STANDARDS:

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

- Triage.
- Treatment.
- Medical dispatch protocols.
- Transport.
- On-scene treatment times.
- Transfer of emergency patients.
- Standing orders.
- Base hospital contact.
- On-scene physicians and other medical personnel, and
- Local scope of practice for pre-hospital personnel.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The ALS and BLS treatment guidelines, including sections on standing orders were updated in 2011 and implemented in 2012. Policies, protocols or policy statements regarding medical dispatch, transport, on-scene times, transfer of emergency patients, on-scene physicians and other medical personnel and local scope of practice were updated during 2011. Policies on triage and patient destination have been developed. A new air transport policy is in place. The County EMS dispatch center provides both pre-arrival and post dispatch instructions. The dispatch center utilizes Medical Priority Dispatch System protocols.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue development and revision of policies to meet state minimum standards and recommended guidelines.

OBJECTIVE:

Continue the review and revision of policies to meet minimum standards and the recommended guidelines. Continue development of local/regional policies for transport of patients to facilities appropriate for their injuries or illness. Evaluate and modify the ALS scope of practice as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

1.20 DNR POLICY

MINIMUM STANDARDS:

Each local EMS Agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the pre-hospital setting, in accordance with the EMS Authority's DNR guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

A comprehensive DNR policy based on the DNR State standard was created and implemented in 1993-1994 and was reviewed and updated in 2011 and implemented in 2012. The addition and use of the POLST form is transitioning to the predominant form.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the DNR policy continues to meet standards and system needs.

OBJECTIVE:

Monitor the utilization of the DNR policy and amend as needed. Improve the dissemination of DNR program materials throughout the EMS system.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

1.21 DETERMINATION OF DEATH

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

A determination of death policy was created and implemented with the concurrence of the County coroner during 1994-1996 was updated in 2011 and implemented in 2012.

NEED(S):

Coordinate determination of death with Napa County Sheriff's Office.

COORDINATION WITH OTHER EMS AGENCIES:

Ensure that the determination of death policy continues to meet local EMS system needs.

OBJECTIVE:

Review and update, as necessary, the criteria used for determining death in the field.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

1.22 REPORTING OF ABUSE

MINIMUM STANDARDS:

Each local EMS Agency shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected Sudden Infant Death Syndrome (SIDS) deaths.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Policies have been developed regarding the reporting of elder abuse along with child abuse and suspected SIDS.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Maintain mechanisms for the reporting of abuse or suspected SIDS deaths.

OBJECTIVE:

Review and update, as needed, EMS policies regarding the reporting of abuse or suspected SIDS deaths. Work with other public, private agencies to increase awareness of abuse cases and reporting among pre-hospital personnel.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

1.23 INTER-FACILITY TRANSFER

MINIMUM STANDARDS:

The local EMS medical director shall establish policies and protocols for scope of practice of pre-hospital medical personnel during inter-facility transfers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

A policy delineating the scene and interfacility transfer scope of practice of paramedics has been established and interfacility transfer guidelines have been completed. Established policies and procedures for use of heparin, blood products and nitroglycerin as an expanded scope for interfacility transfers are written and are contingent on individual transport provider training for implementation.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue development and revision BLS and ALS inter-facility scope of practice. Continue to evaluate the need to develop a Critical Care Transport–Paramedic (CCT-P) Program.

OBJECTIVE:

Maintain a local BLS and ALS inter-facility scope of practice that is compliant with State guidelines.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

1.24 ALS SYSTEMS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

All ALS services currently provided in the EMS system are provided with local agency approval. Written agreements, permits and/or contracts are utilized. An (EOA) that encompasses the entire County was established in 2011.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that ALS services are provided only as an approved part of the EMS system. Develop first responder ALS provider agreements.

OBJECTIVE:

Maintain written agreements with all ALS providers and monitor compliance.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

1.25 ON-LINE MEDICAL DIRECTION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Currently there is one (1) hospital designated as the base hospital in Napa County. The other receiving hospital downgraded from a Basic Emergency Department to a Standby in 2002.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

An alternate base hospital is under consideration as part of our disaster planning. We are communicating with neighboring counties and reviewing potential opportunities for collaboration, integration and standardization of systems as a method to provide alternative solutions to ensure 24/7 OLMC.

OBJECTIVE:

Maintain base hospital agreement. Develop a comprehensive medical control plan which meets standards and system needs.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

1.26 TRAUMA SYSTEM PLAN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

In Napa County, Queen of the Valley Medical Center (QVMC) has been designated as a Level III trauma center with 24/7 neurosurgical capability. The designation of QVMC was authorized by both Napa County and the State EMSA. The facility was reviewed 2005-2006 by site teams and deemed compliant. QVMC was re-designated in 2008 and 2010. We are developing a local Trauma Advisory Committee (TAC) and are currently in discussions with Marin and Solano counties to share a "Regional" Trauma Coordinator position. The time standard for direct transport, air or ground to the level III trauma center was changed from forty-five (45) minutes to thirty (30) minutes.

COORDINATION WITH OTHER EMS AGENCIES:

Marin and Solano County EMS Agencies.

NEED(S):

Continue local development and maintenance of the regional trauma system. Continue refinement of the trauma registry for the region. Establish and maintain a trauma audit process and a TAC that incorporates Napa, Solano and Marin counties. This committee will conduct/analyze/discuss all trauma related deaths, complications, transfers and quality related filters in a multi disciplinary, non-discoverable fashion. Ensure integration with existing CQI & MIS.

OBJECTIVE:

Establish, maintain and refine current trauma system.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan: Regional trauma system and regional trauma audit committee, inter-County trauma agreement,
- X Long-Range Plan: Full integrative with existing QM and MIS.

1.27 PEDIATRIC SYSTEM PLAN

MINIMUM STANDARDS:

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:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARDS*

When a part of the Coastal Valley's EMS region, a State funded grant EMS-C project during 2002 was established, for purposes of developing a formalized EMS for Children system. Pediatric treatment protocols were revised. Pediatric protocols were updated in 2007-2008 and again in 2011. Pediatric specialty centers were identified and transport procedures established. Pediatric related equipment guidelines were reviewed and updated in 2005. Pediatric equipment was purchased and distributed to transport providers and first responder agencies. PALS/PEPP classes were introduced for field providers and have been established at local training institutions. A pediatric training equipment library was established. Length-based resuscitation tape has been determined the standard.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to support EMS-C system development in an extremely challenging budget arena.

OBJECTIVE:

Review and revise, as necessary, pediatric treatment protocols.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

1.28 EOA PLAN

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The optimal system design for ALS ambulances and the process for assigning roles to system participants are based on the EMS system models examined by the agency. There is currently a single EOA encompassing all of Napa County.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that system design continues to meet community needs. Napa has recently completed a competitive process for exclusive ALS provider. AMR began the new contract on January 2, 2012. The exclusive contract is for five (5) years with a possible five (5) year extension.

OBJECTIVE:

Develop, using First Watch monitoring system for evaluation of EOA operational and clinical performance based measures.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

STAFFING AND TRAINING

2.01 ASSESSMENT OF NEEDS

MINIMUM STANDARDS:

The local EMS Agency shall routinely assess personnel and training needs.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Current training institutions and approved CE providers appear to be meeting system needs. ALS updates for all accredited paramedics have been established and the course content is provided by the LEMSA and delivered by the provider agencies to provide more training opportunities. Napa Valley College is the local paramedic training program and has graduated five (5) cohorts. Pediatric coursework (PALS/PEPP) is offered several times a year. MCI table top training sessions and functional exercises have also been offered in conjunction with the paramedic training institution and County wide exercises. CE provider programs were re-verified/updated in 2011 and will be reviewed on an on-going basis. CE providers are audited and reviewed regularly. All EMT training centers were re-verified concerning accreditation in 2012. The paramedic training facility has received approvals through the college to offer the AEMT course and will be submitting a packet to the LEMSA for approval in 2013.

COORDINATION WITH OTHER EMS AGENCIES:

Where practically possible to coordinate and reciprocate training opportunities with Sonoma, Solano and in the future, other adjacent jurisdictions.

NEED(S):

Ensure that a sufficient amount of personnel are trained to meet EMS system demands. Continue to refine consortium relationships with local colleges and education providers to capitalize on shared resources, funding and instructors. Further develop opportunities with neighboring counties.

OBJECTIVE:

Monitor and ensure system personnel and training needs, including continuing education.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year – ongoing).

2.02 APPROVAL OF TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

All EMRs EMTs and paramedic training programs in Napa County were re-approved in 2012. Monitoring of training programs is done by periodic auditing of courses and completion of course evaluation forms by students. EMS Agency staff for purposes of program compliance visited all training centers and will continue to conduct scheduled site visits. Napa County is fortunate to host a wide variety of excellent EMS training institutions.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to ensure that EMS education programs comply with State regulations and requirements for continued program approval.

OBJECTIVE:

Conduct random compliance evaluations of local programs. Monitor EMS education programs and ensure compliance to standards and other course requirements. Maintain standardized approval policies and compliance process. Initiate an "online" journal club. Provide access to important EMS literature to field personal.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

2.03 PERSONNEL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Policies have been adopted regarding EMD certification requirements within the County as well as EMR certification, EMT certification, and paramedic accreditation. Standardizing the EMT certification process was accomplished, including establishing a standardized fee schedule and developing a step-by-step procedure.

COORDINATION WITH OTHER EMS AGENCIES:

Where practical and important, develop reciprocal standards with neighboring counties.

NEED(S):

Review, modify and adopt the procedures and policies used for the certification in the individual member counties for local/regional use and practice to ensure compliance with EMT regulations by State EMSA.

OBJECTIVE:

Monitor all EMS personnel policies and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

2.04 DISPATCH TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Level II emergency medical dispatching, with pre-arrival instructions are currently provided. Coordinated dispatch via Napa Police Department (Napa Central Dispatch - PSAP) for first responder and transport EMS was established on January 2, 2012. Medical Priority Dispatch System (MPDS) with Pro-QA and AQUA modules (including EMD-Q) will begin in 2013.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Maintain MPDS as the minimum standard for EMD in Napa County. Phase in the quality management module (AQUA).

OBJECTIVE:

Encourage the passage of dispatcher immunity legislation. Complete the installations and integration of MPDS including AQUA and EMD-Q.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (one (1) year or less).

2.05 FIRST RESPONDER TRAINING

MINIMUM STANDARDS:

At least one (1) person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three (3) years.

RECOMMENDED GUIDELINES:

At least one (1) person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one (1) person on each non-transporting EMS first response unit should be currently certified at the EMT level and have available equipment commensurate with such scope of practice.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Napa County first responder agencies require "EMR" training certificates as a minimum condition of hire. All first responder agencies possess AEDs, which were acquired through EMSA grants and corporate donation programs. Napa County first responders are AED equipped.

EMT training is widely available within the EMS system and the staffing of first response units with at least one (1) certified EMT, since all first responder agencies require EMT certification for paid staff. 100% of the population (140,000 people) of the Napa County system is served by an early defibrillation first response provider.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure minimum training standards and encourage adherence to recommended guidelines.

OBJECTIVE:

Develop and implement standardized first response agreements or other mechanism with all providers that will specify minimum training, staffing and equipment standards.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

2.06 RESPONSE

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Formalization of roles and responsibilities has been conducted with the EOA ALS transport services in Napa County. County and State Park Rangers as well as certain law enforcement agencies are routinely dispatched to medical aids within their respective jurisdictions. BLS field protocols have been established for the County and were updated/revised in 2011 and implemented in 2012.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to identify the optimal roles and responsibilities of all system participants based on EMS system and models, public input and state standards. Ensure that system participants conform to assigned EMS system roles and responsibilities.

OBJECTIVE:

Identify the optimal roles and responsibilities of EMS system participants and develop mechanisms, such as agreements, to ensure linkage between public, private and industrial EMS stakeholders.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

2.07 MEDICAL CONTROL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

There is a revised and updated 2012 BLS field protocol manual for BLS first responders. The BLS protocols are available for review or downloading via the agency web site. ALS first responders utilize the agency's ALS protocols. Napa County retained a County medical director in July of 2011 and policies and procedures were significantly updated and implemented in February of 2012.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Review and modify on an annual basis all ALS and BLS field protocols to ensure compliance with new pending State EMT regulations and to meet highest evidentiary standards.

OBJECTIVE:

Continue to incorporate all responders under the EMS agency's medical director.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

2.08 EMT/PARAMEDIC TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

If ALS personnel are not available, at least one (1) person on each emergency medical transport vehicle should be trained to provide defibrillation.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The minimum staffing level of all ALS emergency medical transport vehicles (ambulances) is one (1) licensed paramedic and one (1) certified EMT. However, a BLS ambulance, staffed with a minimum of two (2) EMTs may be used to respond to emergency requests during times of disaster and system overload when all available ALS resources have been depleted or in remote areas where BLS is the primary responder. BLS ambulances are routinely backed by ALS resources (ALS engine companies, Quick Response Vehicles or air ambulances) when being incorporated into the 9-1-1 response system.

COORDINATION WITH OTHER EMS AGENCIES:

Where necessary or feasible in disaster or MCI situations.

NEED(S):

Ensure the availability of trained transport personnel to meet the needs of the EMS system. As resources and situations mandate, upgrade BLS response capability to Advanced Emergency Medical Technician (AEMT) or ALS.

OBJECTIVE:

Monitor and adjust ambulance staffing requirements to meet EMS system needs and the EMS system recommended guidelines.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

2.09 CPR TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Hospital employees working in the ED arena continue to be required to be certified in CPR. However, no mechanism exists to ensure compliance with this standard for personnel not under the jurisdiction of the Napa County EMS. CPR training opportunities are listed on the Agency's web site.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Encourage the training of allied health personnel in CPR.

OBJECTIVE:

Monitor EMS system personnel and take appropriate measures to ensure training in CPR.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

2.10 ADVANCED LIFE SUPPORT

MINIMUM STANDARDS:

All emergency department physicians and registered nurses that provide direct emergency patient care shall be trained in ALS.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Current base hospital agreements require base hospital physicians to be certified in board emergency medicine. The advanced cardiac life support (ACLS) requirement for registered nurses will become an employer choice and/or responsibility. Physicians are required medicolegally to respond to EMS radio requests.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure training in ALS for ED physicians and nurses who provide emergency patient care.

OBJECTIVE:

Continue to require board certification in emergency medicine in emergency physicians in medical control positions.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

2.11 ACCREDITATION PROCESS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Policies and procedures exist to accredit and orient ALS personnel. ALS updates are used as the platform to orient new ALS personnel entering the local system. Newly accredited paramedics are oriented to policies and procedures, given access to those policies and procedures via the agency web site and given an electronic copy of the manual. New paramedics are required to review, document and attend a six (6) hour orientation to current policy and procedures.

COORDINATION WITH OTHER EMS AGENCIES:

Where applicable/desirable coordinate accreditation with adjoining counties.

NEED(S):

Continue to ensure that ALS personnel are appropriately oriented to the EMS system and capable of performing the expanded scope of practice procedures.

OBJECTIVE:

Monitor and amend the ALS accreditation process as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

2.12 EARLY DEFIBRILLATION

MINIMUM STANDARDS:

The local EMS Agency shall establish policies for local accreditation of public safety and other BLS personnel in early defibrillation.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Policies, procedures and training venues exist to support personnel in Public Safety AED (PSAED) programs. The agency has established an AED program coordination (PSAED and PAD) to support AED usage. An AED programs link has been established on the agency's web site. The agency supports a PAD program based at QVMC. AED usage data is collected as part of the Utstein format in analysis of the care of cardiac arrest patients.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to ensure policies and procedures for early defibrillation training and certification meet EMS system needs.

OBJECTIVE:

Evaluate existing policies and procedures for early defibrillation training and certification to determine that system needs are being met. Collect and analyze all AED data.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

2.13 BASE HOSPITAL PERSONNEL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Napa County's policies and agreements specify that only ED base hospital physicians who have been authorized by the Napa County medical director who have been judged knowledgeable in pre-hospital policies and protocols shall provide medical direction to EMS personnel. The Paramedic Liaison Nurses (PLN) participates in local/regional QM programs which ensures a feedback loop between field, hospital and agency. Base hospital personnel are trained in radio usage. The Deputy medical director is the chief base physician at QVMC. Other base physicians and base nurse liaison are extremely active in EMS policy and activities.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that only adequately trained physicians provide medical direction to EMS personnel. Ensure that EMS quality nursing personnel and physicians have opportunities for EMS system input.

OBJECTIVE:

Refine policies requiring base hospital physicians to be trained in providing pre-hospital medical direction, radio communication and EMS Agency policies. Monitor compliance to ensure that base hospital personnel who provide medical direction are knowledgeable about EMS policies and procedures. Incorporate hospital EMS expertise into EMS system dynamics.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

COMMUNICATIONS

3.01 COMMUNICATIONS PLAN

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the availability of all necessary EMS dispatch and medical communications. The County's' communications systems are in need of potential upgrade and/or repair. An assessment of the communication systems needs to be performed as a precursor to the development of a County communications plan. Federal Communications Commission (FCC) regulations that propose moving public safety radio systems to new frequency bands are still being modified along with deadline implementation dates. Once FCC establishes these "migration" timelines, the agency expects that the individual County Communications entities will prepare master plans. The agency needs to ensure its participation in these planning efforts.

OBJECTIVE:

Create and affect a local communications plan, prioritize system repairs and upgrades and make necessary changes to comply with County needs. The communications plan should ensure that an adequate number of frequencies exist for dispatch, scene management, patient dispersal and medical control.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

3.02 RADIOS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD / MEETS GUIDELINES*

All emergency medical transport vehicles have two-way radio equipment capable of performing field to dispatch, field to field, and field to hospital communications. However, communications "dead-spots" exist throughout the system especially in North-East portion of the County. Fortunately, the infusion of both Homeland Security and HRSA/HPP funding has served as a catalyst for the creation of ad hoc planning groups in Napa County. In addition, the majority of ALS providers utilize cell phone capability.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to attempt to develop redundancy in communication systems through financial recruitment.

OBJECTIVE:

Develop the communications plan, prioritize system repairs and upgrades and make necessary changes.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

3.03 INTER-FACILITY TRANSFER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

All transport vehicles have two-way radio communication capabilities; cellular phone capability.

COORDINATION WITH OTHER EMS AGENCIES:

Communications frequencies and the locations of radio repeaters may need to be performed in conjunction with adjacent EMS systems.

NEED(S):

Ensure the availability of medical communications. Conduct an assessment of the communication system as a precursor to the development of a County communications plan. Develop the plan as the State's communications master plan is established and as funding allows.

OBJECTIVE:

Develop the communications plan, prioritize system repairs and upgrades and make necessary changes. Ensure compatibility between local and state communications plan.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

3.04 DISPATCH CENTER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

As discussed in 3.01, one (1) dispatch center is utilized as the primary PSAP and EMD resource. MPDS will be implemented in 2013.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Further development of MPDS and quality modules (AQUA, EMD-Q). Full integration of all agencies into dispatch center.

OBJECTIVE:

Maintain and refine standards for system EMS dispatch centers.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

3.05 HOSPITALS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Napa hospitals utilize a VHF system. All of the hospitals in the region have ACS/RACES/HAM radios and can communicate with each other as well.

COORDINATION WITH OTHER EMS AGENCIES:

Hospitals employ a web based bed control, proactive communication system called EMSsystems.

NEED(S):

Ensure the availability of medical communications as funding becomes available in the County. An alternative communications system, that is internet-based (EMResource), has been established within the County, enabling all hospitals to communicate with each. Ensure linkage between the needs and objectives outlined in Standards 3.01-3.04.

OBJECTIVE:

Develop the communications plan, prioritize system repairs and upgrades and make necessary changes as funding becomes available.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

3.06 MCI/DISASTERS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Hospitals in Napa County have VHF radio communications capabilities. The County base hospital can use either regular telephone/facsimile lines or the EMResource internet based system when determining the capabilities of area hospitals during MCIs and disasters. All providers have cellular phone capability as well as two (2)-way radio capability with their respective in-County hospitals. Both hospitals also have satellite telephone capability. The latest communications adjunct, EMResource, was established in all County hospitals. EMResource links hospitals, the EMS Agency and County Emergency Operations Centers (EOC). EMResource can be used for MCI/Disaster response coordination. The only other alternate communications capability for hospital-to-hospital transmissions region wide is Auxiliary Communications System (ACS) and cellular phones. Napa County's EOC is respectively linked to ACS operators and utilizes regular telephone and facsimile lines.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the availability of medical communications during disaster and multi-casualty incidents to include: common dispatch and travel frequencies; tactical frequencies coordinated with local public safety agencies; a mechanism for patient dispersal; and medical control communications.

OBJECTIVE:

Develop the communications plan, prioritize system repairs and upgrades and make necessary changes consistent with system needs and local communications goals when the County establishes system funding.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

3.07 9-1-1 PLANNING/COORDINATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Napa County has enhanced 9-1-1 telephone service.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Participate in ongoing planning and coordination of 9-1-1 telephone service.

OBJECTIVE:

Participate in ongoing planning and coordination of 9-1-1 telephone service and encourage the development of secondary EMS PSAPs (designated EMS dispatch centers) as feasible.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

3.08 9-1-1 PUBLIC INFORMATION & EDUCATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Education concerning 9-1-1 access is provided on an annual basis throughout the County. Brochures are distributed to the general public at health fairs and other promotional events via the Public Information and Education (PIE) Committee.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Determine public education needs from the County EMCC.

OBJECTIVE:

In coordination with other public safety agencies and primary health care organizations, provide for public education concerning appropriate utilization and system access as outlined in various EMS system models. Develop funding.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

3.09 DISPATCH TRIAGE

MINIMUM STANDARDS:

The local EMS Agency shall establish guidelines for proper dispatch triage that identifies appropriate medical response.

RECOMMENDED GUIDELINES:

The local EMS Agency should establish an (EMD) priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

An EMD priority reference system has been established. MPDS and will be operational and implemented in 2013.

NEED(S): Maintaining standardized EMD/QIM program in AQUA/EMD-Q.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

OBJECTIVE:

Establish AQUA/EMD-Q at Napa Central Dispatch.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

3.10 INTEGRATED DISPATCH

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Integrated dispatch continues to be developed in the County EMS system. Providers are required by agreement/ordinance/permit to ensure the availability of ambulances within the County at all times. Napa has a centralized ambulance dispatch system. Napa has designated an EMS aircraft dispatch center.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Develop an integrated dispatch system in conjunction with the communications plan as funding allows.

OBJECTIVE:

Maintain and refine the current integrated dispatch systems in conjunction with the communications plan.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

RESPONSE AND TRANSPORTATION

4.01 SERVICE AREA BOUNDARIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Emergency medical transportation service areas have been determined for Napa County EMS. An ordinance or similar mechanism (such as Exclusive Operating Areas) has been established in Napa that provides for the establishment of ambulance response zones. A New EOA was established in January 2012.

COORDINATION WITH OTHER EMS AGENCIES:

Marin, Solano, and Sonoma and North Coast EMS Agencies.

NEED(S):

Ensure that ambulance response zones provide optimal ambulance response and care by periodically evaluating the emergency medical transportation service areas.

OBJECTIVE:

Review and revise the ambulance ordinance as needed. Develop agreements with cities and fire districts regarding ambulance response zones in their areas as needed. Monitor ambulance response zone boundaries and make changes as needed to optimize system response.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

4.02 MONITORING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The minimum standard is met through written agreements, permits, EOA contract, ordinance, auditing, inspections and investigation of unusual occurrences.

There is an ambulance ordinance in Napa County. Napa has a written agreement with one (1) ALS provider (non-transport) and EOA contract with the County. (Executed September 2011 and effective January 2, 2012).

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that providers comply with statutes, regulations, policies and procedures.

OBJECTIVE:

Conduct random compliance evaluations of all providers. Work closely with cities and fire agencies to ensure that their EMS concerns are addressed in both day-to-day operations and during ambulance provider agreement negotiations. Monitor providers for compliance with standards. Modify the ambulance ordinance as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

4.03 CLASSIFYING MEDICAL REQUESTS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

An emergency medical dispatch priority reference system has been developed and is in use in Napa County. MPDS will be introduced in 2013.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the consistent use of emergency medical dispatch system standards for all dispatch centers responsible for dispatching medical resources within the County.

OBJECTIVE:

Maintain emergency medical dispatch system standards in the County medical resource dispatch center.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

4.04 PRESCHEDULED RESPONSES

MINIMUM STANDARDS:

Service by emergency medical transport vehicles that can be prescheduled without negative medical impact shall be provided only at levels that permit compliance with local EMS Agency policy.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

EOA contracts specify system status levels appropriate to accommodating prescheduled responses. Transport unit availability is a provider regulated responsibility, but monitored by the agency and the various dispatch centers. Mutual aid protocols are in place to ensure an ambulance response to all 9-1-1 system generated calls for service.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the availability of a sufficient number of emergency medical transport vehicles to meet EMS system demands. EOA system status management principles and standards for all providers.

OBJECTIVE:

Monitor ambulance availability and take corrective action as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

4.05 RESPONSE TIME STANDARDS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent (90%) of emergency responses, response times shall not exceed:

	Urban Area	Suburban Area	Rural Area	Wilderness Area
Priority 1	8:00 minutes	10:00 minutes	15:00 minutes	60:00 minutes
Priority 2	12:00 minutes	15:00 minutes	25:00 minutes	70:00 minutes
Priority 3	20:00 minutes	30:00 minutes	60:00 minutes	90:00 minutes
Priority 4	+/- 15 minutes	-	-	-
Priority 1 with ALS FR	10:00 minutes	12:30 minutes	18:45 minutes	75:00 minutes
Priority 2 with ALS FR	15:00 minutes	18:45 minutes	31:15 minutes	87:45 minutes
Priority 3 with ALS FR	25:00 minutes	37:30 minutes	75:00 minutes	112:50 minutes

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Response standards were developed for the EOA ALS ambulance providers in Napa County. Additionally, Napa is also serviced by EMS aircraft providers that can reach any point in the County within thirty (30) minutes of lift off from its respective landing pads/hangars. Response times for the EMS transportation unit are measured from the time the PSAP has enough information to send an ambulance (address, complaint, severity) to arrival on scene. First Watch is deployed to measure response time intervals.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the ability to measure response times from the PSAP to arrival on scene for ambulance and first response vehicles. Enhance First Watch to measure or collect response times for first

response agencies.

4.05 RESPONSE TIME STANDARDS

OBJECTIVE:

Continue to measure response time according to standard. Develop refined reports for all areas of the County.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

4.06 STAFFING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

By policy, the minimum staffing level of all ALS emergency medical transport vehicles (ambulances) is one (1) licensed paramedic and one (1) certified EMT. However, a BLS ambulance staffed with a minimum of two (2) EMTs may be used to respond to emergency requests during times of disaster, system overload when all available ALS resources have been depleted and in response areas serviced by BLS. Providers are required to maintain a minimum drug and equipment inventory on all in-service ambulances as specified by the agency.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure compliance with standard.

OBJECTIVE:

Monitor providers for compliance to standards and take corrective action as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

4.07 FIRST RESPONDER AGENCIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The roles and responsibilities of most system participants are based on cooperation, willingness and partnership with the agency and their communities.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Better integration of first responder agencies into the EMS system.

OBJECTIVE:

Incorporate the optimal roles and responsibilities of first response agencies.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

4.08 MEDICAL & RESCUE AIRCRAFT

MINIMUM STANDARDS:

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

- Authorization of aircraft to be utilized in pre-hospital patient care.
- Requesting of EMS aircraft.
- Dispatching of EMS aircraft.
- Determination of EMS aircraft patient destination.
- Orientation of pilots and medical flight crews to the local EMS system, and
- Addressing and resolving formal complaints regarding EMS aircraft.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

A new EMS aircraft medical policy was approved and implemented in February 2012. The policy includes both medical and rescue aircraft. The EMS aircraft committee meets quarterly to maintain standards and to discuss quality issues. Processes have been established for categorizing medical and rescue aircraft as required above in the County. All EMS aircraft providers serving the County have completed authorization requirements, a process that was formally instituted in FY 2002-2003. Air ambulances have been prioritized as "first-in" to medical calls with air rescue units as secondary or first-in when no air ambulances are available or if rescue conditions exist.

COORDINATION WITH OTHER EMS AGENCIES:

Services classified by other LEMSAs are used to supplement resources based in Napa County.

NEED(S):

Ensure that medical and rescue aircraft incorporated into the EMS system meet system needs and adhere to agency requirements. Maintain and revise, as necessary, EMS aircraft utilization policy for regional application.

OBJECTIVE:

Monitor providers for compliance to standards and take corrective action as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

4.09 AIR AMBULANCE DISPATCH CENTER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Napa County has been identified and designated an EMS aircraft resource center.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Evaluate and improve the current system for requesting and dispatching EMS aircraft. Update aircraft utilization policy as needed.

OBJECTIVE:

Evaluate and improve the current system for requesting and dispatching EMS aircraft.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

4.10 AIRCRAFT AVAILABILITY

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Napa County EMS has identified medical and rescue aircraft for emergency patient transportation for aeromedical services operating within the EMS system. The agency has either permits or written agreements with the aeromedical services operating in the County, with the exception of the California Highway Patrol (CHP), which is exempted. However, the CHP has indicated a desire to cooperatively participate in the Napa aeromedical program. Representatives from all agencies attend the quarterly EMS aircraft committee meetings.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the availability and appropriate staffing of EMS medical and rescue aircraft to meet the demands of the EMS system. Fully develop analysis for appropriateness of our medical transport.

OBJECTIVE:

Monitor providers to ensure that system demands are being met. Ensure providers compliance with agreements and policy.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

4.11 SPECIALTY VEHICLES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Napa County EMS has developed resource lists and procedures for requesting and dispatching these specialty vehicles, primarily water rescue vehicles and MCI trailers.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Maintain a County-wide resource directory and response plan for specialty vehicles.

OBJECTIVE:

Maintain a resource directory of specialty vehicles and research the feasibility and need for developing a response plan for specialty vehicles.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

4.12 DISASTER RESPONSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Napa County EMS has a current, functional MCI Plan. EMS has staff members who are part of the respective County disaster team, specifically EOC staff members. EMS staff members are compliant with ICS 100-200-300-400, SEMS, and NIMS IS 700-800.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to work with other OES Region II counties in developing standard procedures for mobilizing response and transport vehicles for disasters. Formalize the mutual aid capabilities between Region II counties.

OBJECTIVE:

Continue to work with other OES Region II counties in developing standard procedures for mobilizing response and transport vehicles for disasters.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

4.13 INTERCOUNTY RESPONSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Ambulance provider permits and agreements require providers to arrange for day-to-day auto-aid from neighboring providers stationed both inside and outside the Napa County. Providers routinely cross County borders to provide emergency response.

COORDINATION WITH OTHER EMS AGENCIES:

Formalization of the current day-to-day response configurations between Solano, Sonoma and Lake counties is needed.

NEED(S):

Master EMS mutual-aid agreement between the counties of OES Region II.

OBJECTIVE:

Adoption of a master EMS mutual-aid agreement. Continue to monitor day-to-day mutual-aid and continuation of call incidents and take action as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

4.14 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

The local EMS Agency shall develop multi-casualty response plans and procedures that include provision for on-scene medical management using the Incident Command System.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The MCI Plan is in use in the Incident Command System. The MCI plan has just been revised after two (2) separate rounds of open-public comment period in addition to numerous stakeholder participation opportunities. MCI management kits have been purchased and distributed to transport agencies via Homeland Security and HPP grant funding.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the MCI plan continues to meet the needs of on-scene medical management.

OBJECTIVE:

Monitor the utility and practical aspects of the respective MCI plan and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

4.15 MCI PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The MCI Plan in use is ICS, NIMS and SEMS compliant. The agency has a MCI table top training kit as well as field MCI kit (vests, pocket guides, clipboards) that is available for training exercises for agencies within the County. The agency is also producing a MCI pocket guide for field responders and will be available by November 2012.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the MCI plan continues to meet the needs of on-scene medical management. Evaluate training standards and requirements for MCI planning and response.

OBJECTIVE:

Monitor the utilization of the MCI plan and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

4.16 ALS STAFFING

MINIMUM STANDARDS:

All ALS ambulances shall be staffed with at least one (1) person certified at the ALS level and one (1) person staffed at the EMT level.

RECOMMENDED GUIDELINES:

The local EMS Agency should determine whether ALS units should be staffed with two (2) ALS crew members or with one (1) ALS and one (1) BLS crew member.

On an emergency ALS unit which is not staffed with two (2) ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

By policy, the minimum staffing level of all ALS ambulances, is one (1) licensed paramedic and one (1) certified EMT. However, a BLS ambulance, staffed with a minimum of two (2) EMTs may be used to respond to emergency requests during times of disaster, system overload when all available ALS resources have been depleted or in areas presently designated as BLS response zones. All BLS providers are AED certified. Additionally, BLS units are routinely backed up with ALS resources (ALS Engine companies, Quick Response Vehicles or ALS aircraft).

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that ALS ambulance staffing meets minimum standards and system needs.

OBJECTIVE:

Continue to maximize efforts to upgrade emergency medical response capability to ALS County-wide.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

4.17 ALS EQUIPMENT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Providers are required to maintain a minimum drug and equipment inventory on all in-service ambulances as specified by the agency. Equipment and drug inventory requirements have been revised and updated by the agency in 2012. All providers are inspected annually by the agency to ensure compliance.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the availability of drugs and equipment on ambulances to meet patient and system needs. Evaluate and adjust, as necessary, the respective inventories to ensure standardization.

OBJECTIVE:

Monitor drug and equipment requirements and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

4.18 TRANSPORT COMPLIANCE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Written agreements, permits, County ordinances, inspections, unusual occurrence reporting, investigations and quality improvement programs have been established as mechanisms to review, monitor and enforce compliance with system policies for operations and clinical care. All agencies in Napa County are compliant with system standards.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure compliance with system policies. Enhance the quality improvement program(s).

OBJECTIVE:

Fully develop quality programs.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

4.19 TRANSPORTATION PLAN

MINIMUM STANDARDS:

Any local EMS Agency that desires to implement exclusive operating areas, pursuant to Section 1797.224, H&S Code, shall develop an EMS transportation plan which addresses:

- Minimum standards for transportation services.
- Optimal transportation system efficiency and effectiveness; and
- Use of a competitive bid process to ensure system optimization.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The transportation plan was updated in 2011 to establish Napa County EMS as an independent LEMSA and to award the ALS EOA to AMR.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the transportation plan meets the needs of the EMS system.

OBJECTIVE:

Implement and monitor the requirements of the transportation plan and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

4.20 "GRANDFATHERING"

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

There are currently no grandfathered providers in the County. City of Napa Fire Department has 1797.201 rights for provision of ALS non-transport.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None identified.

OBJECTIVE:

Maintain standards.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

4.21 EOA COMPLIANCE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

There are contracts, County ordinances, inspections, unusual occurrence reporting, investigations and quality improvement programs in place which serve to review, monitor and enforce compliance by EOA provider with system policies for operations and clinical care. Napa County instituted a new EOA during 2011, which is reflected in the transportation plan.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure compliance with system policies.

OBJECTIVE:

Evaluate and improve compliance with system policies.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

4.22 EOA EVALUATION

MINIMUM STANDARDS:

The local EMS Agency shall periodically evaluate the design of EOA.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The EMS Agency evaluates the design of EOA in conjunction with EOA contract terms. A new Napa County EOA was instituted during 2011 after an extensive evaluation process. The performance standards required of providers operating within EOAs are routinely monitored and corrective action is taken to address deficiencies. A robust quality system to evaluate performance standards under the EOA is instituted within process enhancements.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that EOA designs meet the needs of the EMS system and is consistent with the EMS system plan.

OBJECTIVE:

Continue to monitor performance standards and take corrective action as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

FACILITIES AND CRITICAL CARE

5.01 ASSESSMENT OF CAPABILITIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

The local EMS Agency should have written agreements with acute care facilities in its service area.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

QVMC is the only designated trauma center (Level III) in the County. New triage and patient destination policies were developed in 2011. There are written agreements with the one (1) base hospital within the County. St. Helena Hospital downgraded its respective emergency departments from Basic to Standby in 2006. All of the county's facilities participated in HRSA/HPP grant funding projects during 2008-09 and have increased their respective surge capacity as well decontamination capabilities. Both hospitals in Napa County serve as designated STEMI centers.

COORDINATION WITH OTHER EMS AGENCIES:

Where practically ensure that designation and evaluation standards are uniformed.

NEED(S):

Re-access funding opportunities regarding specialty center designation.

OBJECTIVE:

Develop funding; continue to enhance evaluation tools for specialty centers.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

5.02 TRIAGE & TRANSFER PROTOCOLS

MINIMUM STANDARDS:

The local EMS Agency shall establish pre-hospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Pre-hospital trauma triage protocols were fully revised in 2011. Out-of-County trauma center destination alternatives (John Muir & UC Davis) for air transport trauma patients are in place. An inter-facility transfer policy was revised in 2011. Transfer protocols with Children's Hospital Oakland (CHO) have been established along with direct air transport procedures for pediatric related field incidents. Transfer agreements are in place at the County's Trauma Center with other specialty centers (burn, spinal cord, microsurgery, etc.).

COORDINATION WITH OTHER EMS AGENCIES:

Work with adjacent EMS systems (Contra Costa, Marin, Solano, Lake-North Coast and Sonoma) to establish standard triage and transfer protocols as practical.

NEED(S):

Monitor pre-hospital triage protocols as needed. Continue to establish linkage platforms for patient transfers to specialty centers outside of the region. Retain a local trauma coordinator.

OBJECTIVE:

Evaluate through quality analysis pre-hospital triage and transfer protocols based on medical need and evidence. Retain a regional trauma/STEMI/stroke coordinator (Napa, Marin and Solano).

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

5.03 TRANSFER GUIDELINES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Transfer protocols with CHO are in place. A County wide inter-facility transfer policy has been established. Transfer agreements are in place between the county's trauma center and trauma centers in other Bay Area counties and with other specialty centers (burns, spinal, cord, microsurgery).

COORDINATION WITH OTHER EMS AGENCIES:

Policies or agreements will be coordinated with adjacent and relevant Bay Area counties.

NEED(S):

Retain a trauma/STEMI/stroke coordinator. Finish promulgating intercounty agreements with local EMS agencies where trauma patients are transported from the field to trauma centers outside Napa.

OBJECTIVE:

Develop transfer policies, protocols and guidelines for trauma and other specialty patient groups.
Develop intercounty agreements.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

5.04 SPECIALTY CARE FACILITIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

There is a Level III trauma center in Napa County. CHO has been designated for direct air transport of pediatric patients. Two (2) STEMI receiving facilities are designated in Napa County.

COORDINATION WITH OTHER EMS AGENCIES:

Transport to specialty centers in neighboring counties is accomplished through agreements.

NEED(S):

Refine the process to designate and monitor specialty care facilities for specified groups of emergency patients.

OBJECTIVE:

Agreement standards for designation and monitoring of specialty care facilities. Reassess costs to provide these services.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

5.05 MASS CASUALTY INCIDENT MANAGEMENT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Work is underway to establish “surge capacity” in the County hospitals via HRSA/HPP grant funding. The MCI Plan includes provision for mass casualty management. All individual facilities in the County have internal disaster management plans. All facilities have received MCI management kits including multi-hazard triage tags. NIMS training is completed. Mass casualty drills are scheduled in conjunction with the EMS Authority’s annual statewide hospital disaster drill. Napa’s two (2) hospitals conduct their disaster drills utilizing the HEICS system. The EMResource system has been established in both hospitals.

COORDINATION WITH OTHER EMS AGENCIES:

Full cooperation with neighboring counties through agreements in case of need.

NEED(S):

Ensure adherence to MCI plan requirements. Continue efforts to assess, establish and maintain a “surge capacity”.

OBJECTIVE:

Monitor capability of County medical facilities to respond to mass casualty incidents and encourage and/or make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

5.06 HOSPITAL EVACUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

All hospitals have individual evacuation plans in place. The EMResource system would be used to enhance the tracking of available facility beds and for making informed hospital evacuation decisions.

COORDINATION WITH OTHER EMS AGENCIES:

Will most likely be necessary as OES regional evacuation plans and developing intercounty agreements as the need arises with other LEMSAs.

NEED(S):

Enhance facility evacuation plans.

OBJECTIVE:

Development and implement a model hospital evacuation plan. Enhance intercounty hospital evacuation plans/agreements.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

5.07 BASE HOSPITAL DESIGNATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Currently, one (1) of the two (2) hospitals in Napa County has been designated as a base hospital. Base hospital personnel play a prominent role in EMS planning, education and quality activities. The Napa County EMS Deputy medical director is the chief base hospital physician.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to explore modern and effective methods of medical control.

OBJECTIVE:

Continue to utilize the expertise of base hospital personnel.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

MINIMUM STANDARDS:

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:

- The number and level of trauma centers (including the use of trauma centers in other counties),
- The design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix.
- 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.
- The role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- A plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The agency has established one (1) trauma center, (Level III) at QVMC. In 2011 QVMC upgraded its capabilities to include 24/7 neurosurgical services. The catchment area includes all of Napa County and portions of Lake, Solano and Sonoma counties. Trauma triage criteria and the trauma center have agreements in place for patients needing specialty care outside of the County. The trauma center utilizes trauma registry software (Trauma One) to gather and track trauma patient data. In 2012, language was added to policy #4011 to ensure that trauma patients with multi-system injury who meet anatomy and physiology criteria should be transported preferentially to a Level I or II trauma center, by air if feasible and advantageous to patient care. In trauma center quality improvement thirty (30) minutes was added to trauma policies and the subsequent trauma plan. In 2012, additional case review components were added to the Napa County Trauma Audit Program and an eighty percent (80%) threshold for trauma surgeon arrival.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sonoma, Marin, Solano, Lake-North Coast, and Contra Costa counties.

NEED(S):

Finish promulgation of intercounty agreements with local EMS agencies for patients who are transported from Napa to out-of-county facilities. Work towards centers compliance between trauma registry and CEMSIS. Develop/explore funding for trauma center redesignation. Retain trauma coordinator. Develop and enhance trauma center quality improvement program.

OBJECTIVE:

Maintain and refine a trauma system that effectively serves patients with critical injuries. Finish development of intercounty agreements. Work towards registry/CEMSIS integration. Develop redesignation funding. Retain "regional" trauma coordinator to enhance/promote a three (3) County TAC.

5.08 TRAUMA SYSTEM DESIGN

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

5.09 PUBLIC INPUT

MINIMUM STANDARDS:

In planning its trauma care system, the local EMS Agency shall ensure input from both pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

All trauma planning efforts have included numerous opportunities for public, stakeholder and hospital representatives. Trauma planning has included extensive input of the County EMCC. All trauma policies are subject to two (2) public comment opportunities and are open for discussion on an annual basis.

COORDINATION WITH OTHER EMS AGENCIES:

Solano and Marin County's.

NEED(S):

Continue open process for continuing trauma system development.

OBJECTIVE:

Continue the process used for managing the trauma system open to hospital, pre-hospital and public input.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

5.10 PEDIATRIC SYSTEM DESIGN

MINIMUM STANDARDS:

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

- The number and role of system participants, particularly of emergency departments.
- The design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix.
- 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.
- Identification of providers who are qualified to transport such patients to a designated facility.
- Identification of tertiary care centers for pediatric critical care and pediatric trauma.
- The role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
- A plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Pediatric patient transfer procedures are established. CHO is the pediatric trauma center of choice, with UC Davis used as a backup. Transport guidelines, pediatric transport providers, and pediatric patient flow is identified and monitored. The agency's pediatric field protocols were revised and updated in 2011. The EMS agency's local trauma/STEMI/stroke coordinator will be assuming pediatric system planning responsibilities.

COORDINATION WITH OTHER EMS AGENCIES:

As applicable for transport and transfer agreements.

NEED(S):

Current pediatric system design. Develop funding for EMS-C Coordinator.

OBJECTIVE:

Pursue funding to EMS-C Coordinator.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

5.11 EMERGENCY DEPARTMENTS

MINIMUM STANDARDS:

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

- Staffing.
- Training.
- Equipment.
- Identification of patients for whom consultation with a pediatric critical care center is appropriate.
- Quality assurance/quality improvement, and
- Data reporting to the local EMS agency.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

When a part of the CVEMSA region, EMS-C project staff conducted site visits at all regional hospitals during 2002. Pediatric equipment was reviewed along with staffing expertise and qualifications. Training needs were identified and grant funding was used to provide ENPC courses for ED nursing staff members. A consultation matrix was developed and distributed. QI procedures were reviewed and suggestions for “standardizing” pediatric review were offered. EMS-C equipment review and assessment was reevaluated in 2008-09.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the pediatric services provided by the EMS system continue to meet the needs of critically ill and injured children within the EMS system.

OBJECTIVE:

Develop continuous pediatric system monitoring capability.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

5.12 PUBLIC INPUT

MINIMUM STANDARDS:

In planning its pediatric emergency medical and critical care system, the local EMS Agency shall ensure input from both pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARDS*

The EMCC, medical advisory committee and the system quality assurance committee provide advice and public input on the development of the pediatric emergency medical and critical care system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue public input and evaluation of the pediatric emergency medical and critical care system.

OBJECTIVE:

Ensure continued public input and evaluation of the pediatric emergency medical and critical care system.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

5.13 SPECIALTY SYSTEM DESIGN

MINIMUM STANDARDS:

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

- The number and role of system participants.
- The design of catchment areas (including intercounty transport, as appropriate) with consideration of workload and patient mix.
- Identification of patients who should be triaged or transferred to a designated center.
- The role of non-designated hospitals including those which are outside of the primary triage area, and
- A plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Facilities and/or transfer agreements exist for pediatric trauma, STEMI and stroke patients. In addition, induced hypothermia patients post cardiac arrests are transported to a designated STEMI Center.

COORDINATION WITH OTHER EMS AGENCIES:

None.

NEED(S):

Ensure the availability of trauma and other specialty care services to critically ill and injured patients. Enhance the utility of the quality management system with reference to specialty centers.

OBJECTIVE:

Develop and implement trauma and other specialty care systems in accordance with the EMS system model and State guidelines. Enhance specialty center quality system.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

5.14 PUBLIC INPUT

MINIMUM STANDARDS:

In planning other specialty care systems, the local EMS Agency shall ensure input from both pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

NOT APPLICABLE FOR THIS STANDARD.

The EMCC, medical advisory committee and the system quality assurance committee provide advice and public input on the development and management of specialty care centers. All clinical policies referable to specialty centers are available for two (2) annual public comment periods.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure an open process for specialty care system development.

OBJECTIVE:

Keep the process used for developing a specialty care system open to public input.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

DATA COLLECTION AND SYSTEM EVALUATION

6.01 QA/QI PROGRAM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***MEETS MINIMUM STANDARD***

A dynamic, compliant QA program in place is in Napa. The system quality assurance committee is comprised of base hospital physicians, base hospital nurse liaisons, ambulance provider quality improvement coordinators, dispatch and fire supervisors, recovery hospital personnel, public safety members, state hospital and educational institutional personnel and air transport providers as well as EMS Agency staff members. The agency is totally revising the QA plan and its process. A seven (7) component QA plan was approved in 2012 and data elements for reporting have been selected.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Refine a reporting process for collection and analytic fully assess patient care process and outcome. Develop and maintain

QA process that exceeds system needs and State standards.

OBJECTIVE:

Enhancement of the QA program. Full Development of a clinically based QA reporting and analysis system. Ensure that all EMS providers are included in QA system. Provide rapid feedback on outcomes.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

6.02 PRE-HOSPITAL RECORDS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Policy requires patient care records (PCRs) to be completed for all patients, with copies (hard or electronic) of the report being submitted to the receiving hospital, provider and agency. The policy requires a completed electronic PCR to be left at the receiving hospital before the crew leaves the hospital or a \$50.00 penalty is assessed. All ground ambulance providers and ALS first responders use a computerized keyboard entry PCR or a handwritten form for documenting patient care. The transport provider utilizes a robust electronic reporting system that is intimately tied to quality assurance analysis.

COORDINATION WITH OTHER EMS AGENCIES:

None.

NEED(S):

Ensure completeness and timely submission of patient care records. Finish development at the integration of PCR's into seven-component quality assurance.

OBJECTIVE:

Investigate ways of improving completeness and timely submission of patient care records. Fully integrate pre-hospital records into quality assurance system reporting structure.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

6.03 PRE-HOSPITAL CARE AUDITS

MINIMUM STANDARDS:

Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The quality assurance system, when complete, will serve to monitor both operational and clinical compliance. The electronic record integrates fully with CAD data.

COORDINATION WITH OTHER EMS AGENCIES:

None.

NEED(S):

An elegant system to link hospital and pre-hospital records.

OBJECTIVE:

Pursue unique identifier to enable linkage of hospital and pre-hospital records.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

6.04 MEDICAL DISPATCH

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Napa Central Dispatch Center conducts first responder and transport agency dispatching. CAL FIRE Emergency Command Center (ECC) has been designated as the air resource center.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Implement rational call prioritization. Implement and develop dispatch quality assurance (AQUA and EMD-Q).

OBJECTIVE:

Oversee and develop rational call prioritization as air transport dispatched by Cal FIRE/ECC. Full MPDS integration will occur in 2013.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

6.05 DATA MANAGEMENT SYSTEM

MINIMUM STANDARDS:

The local EMS Agency shall establish a data management system that 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.

RECOMMENDED GUIDELINES:

The local EMS Agency should establish an integrated data management system which includes system response and clinical (both pre-hospital and hospital) data.

The local EMS Agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Data management systems for most components of EMS are in place. The quality management system is the main area of focus.

COORDINATION WITH OTHER EMS AGENCIES:

As needed to ensure uniformity.

NEEDS:

Fully develop and integrate data management system.

Incorporate hospital data.

Enhance bench marks and indicators. Repository for clinical data including cardiac arrest, dyspnea, airway management, pain management, trauma, STEMI, stroke, and patient safety components.

Ensure compliance between trauma registry and CEMSIS.

Gain access to existing hospital data regarding the outcomes of pre-hospital patients. Establish benchmarks and quality indicators.

OBJECTIVE:

Train system participants to use established QI processes and indicators. Monitor and modify as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).
- X Complete system integration.
- X Develop system to connect hospital and pre-hospital data.
- X Integrate trauma registry with CEMSIS standards.

6.06 SYSTEM DESIGN EVALUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The MAC, comprised of physicians, local CQI coordinators, hospital liaisons and clinical provider representatives has been formed to evaluate advise the medical director of clinical issues including system design. Also EMCC reviews local operations, policies and practices. Meetings of the Board of Supervisors (BOS) EMCC are open to the public with time allocated on each agenda for public comments. A BOS member routinely attends the EMCC and provides additional input to the system management.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Fully develop quality assurance system to better evaluate system. The existing quality management program serves to adequately meet this standard. Future enhancements are planned.

OBJECTIVE:

Fully develop quality assurance system.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

6.07 PROVIDER PARTICIPATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

ALS and BLS providers are required by policy and/or agreement to participate in the agency system-wide evaluation program.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure participation of all providers within the agency's system QA program.

OBJECTIVE:

Investigate the feasibility of requiring first responder, dispatch and other system provider participation in system QA/QI programs.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

6.08 REPORTING

MINIMUM STANDARDS:

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).

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The first report to the EMCC from Napa County EMS occurred in March 2012. The EMCC and EMS provided a joint report to the County Board of Supervisors in May 2012 during EMS Week.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standardized report that tracks progress.

OBJECTIVE:

Develop standardized report.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

6.09 ALS AUDIT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

There is a QA program in place. Napa County EMS has a newly developed system QA committee. Comprised of base hospital medical directors, base hospital nurse liaisons and ambulance provider quality improvement coordinators as well as Agency staff. This body, with the medical director, develops reports and assessment tools to evaluate system operational and clinical activities using a seven-component approach.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Expand system QA system to more comprehensively audit and evaluate.

OBJECTIVE:

Complete amendments to the QA comprehensive program to enable provider, system, and utilize analysis and reporting.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

6.10 TRAUMA SYSTEM EVALUATION

MINIMUM STANDARDS:

The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a trauma registry, a mechanism to identify patients whose care fell outside of established criteria, and a process for identifying potential improvements to the system design and operation.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Napa's trauma center utilizes trauma registry software (Trauma One) to gather and track trauma patient data. Quarterly data is submitted to the agency by the trauma center. Data is currently collected from in-county trauma facility. Several enhancements have occurred and are planned. (See section 5.08-Trauma System Designs).

COORDINATION WITH OTHER EMS AGENCIES:

Contra Costa, Lake, Marin, Solano and Sonoma counties. (See section 5.08-Trauma System Designs).

NEED(S):

Data collection program/system that includes all non-trauma designated receiving facilities in the region that receive trauma patients.

OBJECTIVE:

None.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

6.11 TRAUMA CENTER DATA

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The agency currently collects quarterly data from the trauma center and the other County facility (non-trauma facility). Additional information or details of specific cases are provided by the trauma center as requested by Trauma One query or request.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with neighboring counties trauma center and CEMSIS system (see also sections 5.08-Trauma System Designs and 6.10-Trauma System Evaluation).

NEED(S):

Establish a linkage between pre-hospital data and the trauma registry data. This should include non-trauma center receiving facilities receiving trauma patients.

OBJECTIVE:

Develop standards for all receiving facilities in the region regarding data collection for trauma patients. Establish data linkage with CA EMSA on trauma data. (See also sections 5.08-Trauma System Designs and 6.10-Trauma System Evaluation).

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

PUBLIC INFORMATION AND EDUCATION (PIE)

7.01 PUBLIC INFORMATION MATERIALS

MINIMUM STANDARDS:

The local EMS Agency shall promote the development and dissemination of information materials for the public that addresses:

- Understanding of EMS system design and operation.
- Proper access to the system.
- Self-help (e.g., CPR, first aid, etc.).
- Patient and consumer rights as they relate to the EMS system.
- Health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- Appropriate utilization of emergency departments.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

NCEMSA has either developed and/or disseminated information on basic first aid, CPR, system design and access and disaster planning. The (EMCC) subcommittee "PIE" is very active within the County. The agency has established a PIE "traveling kit" that will be used throughout the County at public safety and health oriented public events. PIE materials from the kit will be available for distribution at these events.

NEED(S):

Continue to assess, plan and analyze necessary public information through our EMCC.

OBJECTIVE:

Continue to aggressively educate the public on EMS system design, access, self-help, rights, safety and utilization.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

7.02 INJURY CONTROL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The agency is involved as a component of the department of public health in injury prevention and/or injury control efforts. The agency participates in the SafeKids program, and EMS system participants routinely participate in public safety (health) fairs at various locations concerning injury prevention and disease prevention programs.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continued development and promotion of injury control education programs targeted at high risk groups.

Utilize the PIE and Education and Training AD HOC committees within the County EMCC to develop evaluation methodologies and develop training formats/programs.

OBJECTIVE:

Coordinate the development and promotion of injury control education programs and programs targeted toward the general public and high risk groups with providers, hospitals and other organizations.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

7.03 DISASTER PREPAREDNESS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The agency has been involved with OES in promoting citizen disaster preparedness. Funding has been secured to enhance the coordination between EMS and disaster preparedness personnel.

COORDINATION WITH OTHER EMS AGENCIES:

As applicable with neighboring counties through coordination among the EMS system and EMS providers.

NEED(S):

Promote citizen disaster preparedness activities.

OBJECTIVE:

In conjunction with County OES coordinators, Red Cross and other public safety agencies, continue to develop and promote citizen disaster preparedness activities.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

7.04 FIRST AID & CPR TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

A list of available CPR and first aid classes is maintained at the agency and on the agency website. The agency is taking lead in promoting CPR and first aid training for County employees.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Establishment of citizen CPR and first aid training goals.

Collect cardiac arrest data that includes citizen CPR.

OBJECTIVE:

Augment the provision of CPR and first aid training.

Evaluate the current provision of citizen CPR and encourage improvement.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one (1) year or less).

X Long-Range Plan (more than one (1) year).

DISASTER MEDICAL RESPONSE

8.01 DISASTER MEDICAL PLANNING

MINIMUM STANDARDS:

In coordination with the local OES and the local EMS Agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Agency staff actively participates with the local health department, OES and other allied agencies. A functional disaster plan exists and is regularly exercised.

COORDINATION WITH OTHER EMS AGENCIES:

As needed coordination exists between all Region II MOHOCS and LEMSAs.

NEED(S):

Ensure that the MCI Plans in place continue to meet the disaster medical response needs of the EMS system.

OBJECTIVE:

Monitor the efficiency and utilization of the MCI plan and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

8.02 RESPONSE PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Napa County EMS has developed a functional Disaster Plan that is regularly practiced. The MCI Plan is exercised annually during EMS Week.

COORDINATION WITH OTHER EMS AGENCIES:

As needed coordination exists between all Region II MOHOCs and LEMSAs.

NEED(S):

Ensure that the MCI Plan and Disaster Plan continues to meet the disaster medical response needs of the EMS system.

OBJECTIVE:

Monitor the efficiency and utilization of the MCI plan and disaster and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

8.03 HAZARDOUS MATERIALS (HAZMAT) TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The minimum hazardous material training standards for EMS personnel are those standards established by OSHA/Cal-OSHA. Personal Protection Equipment (PPE) for EMS is in place and is regularly practiced. In conjunction with the purchase of new all-hazard triage tags, "Triage Tag" familiarization drills are conducted annually.

COORDINATION WITH OTHER EMS AGENCIES:

Reciprocity as is practical.

NEED(S):

Continue to maintain training coordination efforts for EMS providers throughout the County.

OBJECTIVE:

Ensure adequate training for EMS personnel for hazardous materials incidents. Determine hazardous material training levels or needs of EMS personnel.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

8.04 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD/MEETS RECOMMENDED GUIDELINES*

Napa County's MCI Plan is based on the ICS. Agency staff members have completed all necessary training.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that all EMS personnel are trained in and understand ICS, MCI, SEMS and NIMS.

OBJECTIVE:

Continue to offer the necessary trainings to new provider employee.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

8.05 DISTRIBUTION OF CASUALTIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *PARTIALLY MEETS STANDARD*

Regional patient distribution planning has been developed. "Surge capacity" benchmarks for hospitals and for the distribution of patients to either specialty centers are in place (Napa State Hospital and the Veteran's Home-YOUNTVILLE). The agency is reviewing its MCI plan, specifically patient distribution procedures, as part of this process.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with neighboring counties.

NEED(S):

Develop the procedures for distributing disaster casualties that functions effectively. Develop a local/regional Facilities Assessment Profiles document, which would identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

OBJECTIVE:

Monitor the distribution of disaster casualties, and make changes as needed, to ensure that patients are distributed to appropriate facilities. Create a facilities assessment profile for each hospital in the EMS system.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

8.06 NEEDS ASSESSMENT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

General written procedures and checklists have been used by the Medical-Health OA Coordinator throughout the 90s and early 2000s during a series of wet winters. These procedures include a process for assessing and communicating needs to OA EOCs, OES Region II and State OES, DHS and EMSA.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the procedures for assessing medical needs in a disaster function effectively. Develop regional written procedures for MHOACs.

OBJECTIVE:

Monitor the ability to effectively assess medical needs in a disaster and make changes to the process as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

8.07 DISASTER COMMUNICATIONS

MINIMUM STANDARDS:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

CALCORD is a common frequency among County providers. There are also EMS field/tactical frequencies as well as several fire field/tactical frequencies held in common, broken down by zones.

Two-way radios, telephones including landline, cellular and satellite phones in addition to computer based programs keep all hospitals and the EOC in communication. VHF and UHF frequency networks are in place for hospitals, ambulance providers, first responders and dispatch centers. Cellular phones are required and/or prevalent among all system participants.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with neighboring jurisdictions is in place by policy and agreements.

NEED(S):

When available utilize trunked radio systems or wireless cellular systems as technology is established. Work closely to ensure EMS inclusion in any long range as well as short term communications system infrastructure upgrade and enhancements.

OBJECTIVE:

Maintain a dynamic, viable, and redundant EMS communications system for use during disasters.

TIME FRAME FOR OBJECTIVE:

- Short Range Plan (one (1) year or less).
- X Long Range Plan (More than one (1) year).

8.08 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

MCI trailers are deployed in the County at the request of the Incident Commander (IC). Individual first responder agencies and EMS transport provider agencies are equipped with backboards, trauma kits, triage tags, O2 kits, burn kits and PPE. Additionally, hospital disaster trailers exist at both hospitals.

COORDINATION WITH OTHER EMS AGENCIES:

Sharing of resources per agreement.

NEED(S):

Annually update the disaster medical resource directory.

OBJECTIVE:

Update the disaster medical resource directory. Encourage emergency medical providers and health care facilities to have written agreements with anticipated providers of disaster medical resources.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

8.09 DMAT TEAMS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

DMAT team within OES Region II is functional. Planning by member counties has occurred at the regional disaster medical coordinators meetings.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Develop a more formal relationship with Region II DMAT Team.

OBJECTIVE:

Develop a relationship with Region II DMAT Team.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

8.10 MUTUAL AID AGREEMENTS

MINIMUM STANDARDS:

The local EMS Agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, that ensures 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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *DOES NOT CURRENTLY MEET STANDARD*

Providers execute day-to-day mutual aid agreements with neighboring providers. The member counties of OES Region II are currently working on a "regional" master medical mutual aid agreement to be executed between counties and/or LEMSAs.

COORDINATION WITH OTHER EMS AGENCIES:

As stated above.

NEED(S):

Adoption of a master (Region II) medical mutual aid agreement. Formalize existing day to day mutual aid operations that currently exist within and between member counties. Develop a NCEMSA regional medical mutual aid agreement.

OBJECTIVE:

Continue the process of developing and adopting a master medical mutual aid agreement.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

8.11 CCP DESIGNATION

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES and County health officer(s), and using state guidelines, shall designate Field Treatment Sites (FTS).

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *PARTIALLY MEETS STANDARD*

Several locations for Casualty Collection Points (CCP) have been identified in Napa County. These sites have multi-use configurations, i.e., shelters, mass prophylaxis etc. Napa County plans to use the State EMSA medical volunteer registry as an adjunct.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with neighboring counties per agreement.

NEED(S):

Identify and update CCP and establish plans regarding activation, staffing and outfitting, as needed.

OBJECTIVE:

In conjunction with County OES identify and update CCP and establish plans regarding activation, staffing and outfitting, as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less)
- X Long-Range Plan (more than one (1) year)

8.12 ESTABLISHMENT OF CCP

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES, shall develop plans for establishing Casualty Collection Points (CCP) and a means for communicating with them.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *DOES NOT CURRENTLY MEET STANDARD*

Several sites for CCP's exist. However, no formal plans have been developed for their activation, staffing or outfitting as CCP. There are plans in place for utilizing these sites as PODs, general shelters, as well as mass prophylaxis sites. NCEMSA is working with the County Health Department and Emergency Preparedness programs/units.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Identify CCP and establish plans regarding activation, staffing and outfitting.

OBJECTIVE:

In conjunction with County OES offices and the Health Department, establish plans regarding activation, staffing and outfitting of CCP.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

8.13 DISASTER MEDICAL TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The minimum hazardous material training standards for EMS personnel are those standards established by OSHA/Cal-OSHA. Providers, first responders and training institutions, conduct MCI training. Personal Protection Equipment for EMS providers is in place. Medical personnel roles are identified in OA hazmat response plans. In conjunction with the new all-hazard triage tags, practice "Triage Tag" orientation takes place regularly. The agency's MCI plan is updated to ensure compliance with ICS, SEMS and NIMS.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure a standard of training for EMS personnel in disaster medical response and the management of hazardous materials incidents.

OBJECTIVE:

Ensure an adequate number of field, hospital and dispatch MCI courses are made available. Monitor and modify policies, provider agreements, and conduct drills to ensure a standard of training for EMS personnel in disaster medical response/management hazardous materials awareness. Evaluate and train on the "new triage tag" and revised MCI Plan.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

8.14 HOSPITAL PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

At least one (1) disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and pre-hospital medical care agencies.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Staff has been working with the Health Department to conduct hospital training in ICS and CBRNE response. Hospitals conduct disaster exercises on an annual basis. Hospitals coordinate with the statewide EMSA annual hospital drill (and/or Golden Guardian exercise). Napa County has developed a "hospital disaster planning group".

COORDINATION WITH OTHER EMS AGENCIES:

Coordination of regional (Region II) partners.

NEED(S):

All hospitals continue to refine their disaster plans for compatibility with OA disaster plans.

OBJECTIVE:

Continue to work with and encourage hospitals to use the Hospital Emergency Incident Command System (HEICS). Ensure that at least one (1) inter-agency disaster drill is conducted yearly.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

8.15 INTER-HOSPITAL COMMUNICATIONS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Hospitals in Napa County communicate via a VHF network and with the EMResource System. EMResource system has been installed in Napa hospitals, as well as in neighboring counties thus providing redundancy.

COORDINATION WITH OTHER EMS AGENCIES:

Through common radio channels, EMResource system, and intercounty agreements.

NEED(S):

Continue to ensure the availability of inter-hospital medical communications secure additional.

OBJECTIVE:

Enhance the communications plan, prioritize system repairs and upgrades and make necessary changes.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

8.16 PRE-HOSPITAL AGENCY PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Disaster medical planning occurs annually in the two (2) Napa County based hospitals. The County utilizes an MCI Plan that is ICS, SEMS and NIMS compatible. Hospitals have significant disaster mitigation supplies, including PPE, triage tags and patient evacuation equipment. Pre-hospital providers and first responder agencies have are equipped with PPE, triage tags and medical equipment. The disaster plan is robust and practiced annually.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that providers and hospitals continue to effectively practice and use the MCI and disaster plans.

OBJECTIVE:

Monitor compliance and encourage regular participation at MCI and disaster training exercises.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

8.17 ALS POLICIES

MINIMUM STANDARDS:

The local EMS Agency shall ensure that policies and procedures allow ALS personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Procedures have been established with adjacent EMS systems through day to day mutual aid and reciprocity agreements.

COORDINATION WITH OTHER EMS AGENCIES:

Mutual aid.

NEED(S):

Ensure that policies and procedures exist to allow ALS personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents. Enact a mutual aid agreement within OES Region II.

OBJECTIVE:

Monitor and modify the policies and procedures that allow EMS personnel from other EMS systems to respond and function during significant medical incidents and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

8.18 SPECIALTY CENTER ROLES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

QVMC is a level III trauma center, base hospital and is charged with coordinating patient distribution in disaster events within the County.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Marin, Solano, Sonoma, Marin and Contra Costa and North Coast EMS agencies with regards to specialty centers in their jurisdiction.

NEED(S):

Continue to refine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures.

OBJECTIVE:

When additional specialty centers are identified, develop a process to determine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

8.19 WAIVING EXCLUSIVITY

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

All EOA agreements contain language allowing the Napa County EMS to waive the exclusivity of an area in the event of a significant medical incident.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that a process continues to exist for the waiving of exclusivity in EOAs in the event of a significant medical incident occurrence.

OBJECTIVE:

Monitor the process for waiving exclusivity and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- X Long-Range Plan (more than one (1) year).

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TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: Napa
 Reporting Year: 2011-2012

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 %.)

Napa County

- a. Basic Life Support (BLS) 0 %
- b. Limited Advanced Life Support (LALS) 0 %
- c. Advanced Life Support (ALS) 100 %

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 **A**

- a. Public Health Officer**
- b. Health Services Agency Director/Administrator
- c. Board of Directors
- d. Other: _____

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

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

Table 2 - System Organization & Management (cont.)

Continuing education	<u> X </u>
Personnel training	<u> X </u>
Operation of oversight of EMS dispatch center	<u> X </u>
Non-medical disaster planning	<u> X </u>
Administration of critical incident stress debriefing 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 2011-2012

EXPENSES

Salaries and benefits	<u> \$285,812 </u>
(All but contract personnel)	
Contract Services	<u> \$103,620 </u>
(e.g. medical director)	
Operations (e.g. copying, postage, facilities)	<u> \$36,748 </u>
Travel	<u> \$3,500 </u>
Fixed assets	<u> 0 </u>
Indirect expenses (overhead)	<u> \$63,730 </u>
Ambulance subsidy	<u> 0 </u>
EMS Fund payments to physicians/hospital	<u> \$361,174 </u>
Dispatch center operations (non-staff)	<u> 0 </u>
Training program operations	<u> 0 </u>
Other: Legal _____	<u> 0 </u>
Other: _____	<u> </u>
Other: _____	<u> </u>

TOTAL EXPENSES

\$854,586

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	_____ 0_
Office of Traffic Safety (OTS)	_____ 0_
State general fund	_____ 0_
County general fund	_ \$181,674 _
Other local tax funds (e.g., EMS district)	_____ 0_
County contracts (e.g. multi-county agencies)	_____ 0_
Certification fees	_ \$12,300 _
Training program approval fees	_____ 0_
Training program tuition/Average daily attendance funds (ADA)	_____ 0_
Job Training Partnership ACT (JTPA) funds/other payments	_____ 0_
Base hospital application fees	_____ 0_
Base hospital designation fees	_ \$21,000 _
Trauma center application fees	_____ 0_
Trauma center designation fees	_ \$32,000 _
Paramedic receiving application fees	_____ 0_
Paramedic receiving designation fees	_ \$3,000 _
STEMI center application fees	_____ 0_
STEMI center designation fees	_ \$15,000 _
Other critical care center application fees	_____ 0_
Type: _____	
Ambulance service/vehicle fees	_ \$61,500 _
Contributions	_____ 0_
EMS Fund (SB 12/612)	_ \$465,612 _
Other grants: ___Ts Fee (Franchise)_	_ \$37,500 _
Other fees: ___MAA_____	_ \$25,000 _
Other (specify):	_____ 0_
TOTAL REVENUE	\$854,586

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

Table 2 - System Organization & Management (cont.)

Fee structure for FY 2011-2012

We do not charge any fees

Our fee structure is:

EMD certification	_ 0 _
EMD recertification	_ 0 _
EMT certification	_ \$155 _
EMT recertification	_ \$117 _
AEMT certification	_ \$155 _
AEMT recertification	_ \$117 _
Paramedic accreditation	_ \$200 _
Paramedic verification of accreditation	_ 0 _
Mobile Intensive Care Nurse/	_ 0 _
MICN/ARN recertification	_ 0 _
EMR training program approval	_ 0 _
EMT training program approval	_ 0 _
Paramedic training program approval	_ 0 _
MICN/ARN training program approval	_ 0 _
Base hospital application	_ 0 _
Base hospital designation	_ \$21,000 _
Trauma center application	_ 0 _
Trauma center designation	_ \$32,000 _
STEMI center application	_ 0 _
STEMI center designation	_ \$15,000 _
Paramedic receiving application	_ 0 _
Paramedic receiving designation	_ \$3,000 _
Other critical care center application	
	Type: _____
Ambulance service license	_ 0 _
Ambulance vehicle permits	_ \$36,500 _
Other: Franchise	_ \$25,000 _
Other: Per transport fee	_ \$37,500 _
Other: _____	_____

7. Complete the table on the following two (2) pages for the EMS Agency staff for the fiscal year of (11/12)

Table 2 - System Organization & Management (cont.)

EMS System: Napa County

Reporting Year 2011-2012

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
<u>EMS Admin. / Coord./Dir.</u>	EMS Administrator	1.0	\$ 56.19	40.9%	
<u>Asst. Admin. / Admin. Asst./ Admin. Mgr.</u>	N/A	N/A	N/A	N/A	
<u>EMS Coordinator</u>	N/A	N/A	N/A	N/A	
<u>ALS Coord. / Field Coord. / Trng Coord.</u>	EMS Specialist	1.0	\$ 52.10	45.9%	
<u>Program Coord./Field Liaison (Non-clinical)</u>	N/A	N/A	N/A	N/A	
<u>Trauma Coord.</u>	Trauma/STEMI/stroke Coordinator	0.2	-	0%	\$25,000 paid annually to Sonoma County EMS Agency
<u>Med. Director</u>	EMS Medical Director	0.5	\$ 100.00	N/A	Contract position, no benefits
Disaster Medical Planner	N/A	N/A	N/A	N/A	N/A

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	N/A	N/A	N/A	N/A	
Medical Planner	N/A	N/A	N/A	N/A	
Data Evaluator/Analyst	N/A	N/A	N/A	N/A	
QA/QI Coordinator	N/A	N/A	N/A	N/A	
Public Info. & Education Coordinator	N/A	N/A	N/A	N/A	
Executive Secretary	N/A	N/A	N/A	N/A	
<u>Other Clerical</u>	Senior Office Assistant	1.0	\$ 29.18	29.0%	
<u>Other Clerical</u>	Intern	0.0	N/A	N/A	

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

EMS System: **Napa County**

Reporting Year: **2011-2012**

CATEGORY	EMD	EMR	EMT	AEMT	Paramedic	MICN
Total Certified	25	-	215	0	99	0
Number newly certified this year	3	-	120	0	16	0
Number recertified this year	22	-	0	0	37	0
Total number of accredited personnel on July 1 of the reporting year	25	-	215	0	99	0
Number of certification reviews resulting in:						
a) formal investigations	0	-	2	0	2	0
b) probation	0	-	1	0	0	0
c) suspensions	0	-	0	0	0	0
d) revocations	0	-	0	0	0	0
e) denials	0	-	0	0	0	0
f) denials of renewal	0	-	0	0	0	0
g) no action taken	0	-	1	0	0	0

- 1. Number of EMS dispatch agencies utilizing EMD Guidelines: **1**
- 2. Early defibrillation:
 - a) Number of EMT (defib) certified **215**
 - b) Number of public safety (defib) certified (non-EMT) **Pending**
- 3. Do you have a first responder training program **X YES** NO

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: **Napa County**

County: **Napa**

Reporting Year: **2011-2012**

1. Number of primary Public Service Answering Points (PSAP) ___ **3** ___
2. Number of secondary PSAPs ___ **1** ___
3. Number of dispatch centers directly dispatching ambulances ___ **1** ___
4. Number of designated dispatch centers for EMS Aircraft ___ **1** ___
5. Do you have an operational area disaster communication system? Yes ___ **X** ___ No ___
 - a. Radio primary frequency ___ **155.835 / 154.415** ___
 - b. Other methods ___ **Cellular, Satellite , EMSystems, ARES/RACES** ___
 - c. Can all medical response units communicate on the same disaster communications system?
Yes ___ **X** ___ No ___
 - d. Do you participate in OASIS? Yes ___ **X** ___ No ___
 - e. Do you have a plan to utilize RACES as a back-up communication system?
Yes ___ **X** ___ No ___
 - 1) Within the operational area? Yes ___ **X** ___ No ___
 - 2) Between the operational area and the region and/or state? Yes ___ **X** ___ No ___
6. Who is your primary dispatch agency for day-to-day emergencies? **Napa Central Dispatch Center**
7. Who is your primary dispatch agency for a disaster? **Napa Central Dispatch Center**

TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response/Transportation

EMS System: **Napa County**

Reporting Year: **2011-2012**

EARLY DEFIBRILLATION PROVIDERS

1. Number of EMT (BLS) providers 6

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

	Urban Area	Suburban Area	Rural Area	Wilderness Area
BLS (CPR/AED) capable FR	N/A*	N/A*	N/A*	N/A*
Priority 1**	8:00 minutes	10:00 minutes	15:00 minutes	60:00 minutes
Priority 2**	12:00 minutes	15:00 minutes	25:00 minutes	70:00 minutes
Priority 3**	20:00 minutes	30:00 minutes	60:00 minutes	90:00 minutes
Priority 4**	+/- 15 minutes	-	-	-
Priority 1 with ALS FR**	10:00 minutes	12:30 minutes	18:45 minutes	75:00 minutes
Priority 2 with ALS FR**	15:00 minutes	18:45 minutes	31:15 minutes	87:45 minutes
Priority 3 with ALS FR**	25:00 minutes	37:30 minutes	75:00 minutes	112:50 minutes

*No mechanism exists for the collection of response time data from first response agencies – except for ALS first response

**Napa EOA response time standard which is triggered by the EMD call determinants

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

EMS System: **Napa County**

Reporting Year: **2011-2012**

Trauma

Trauma patients:

a) Number of patients meeting trauma triage criteria	<u>282</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>282</u>
c) Number of major trauma patients transferred to a trauma center	<u>49</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center	<u>Unknown</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>1</u>
c) Number of basic emergency services	<u>1</u>
d) Number of comprehensive emergency services	<u>0</u>

Receiving Hospitals

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Napa County

County: Napa

Reporting Year: 2011-2012

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

Training Institution Name	<u>Pacific Union College</u>	Contact Person telephone no.	<u>James Robertson</u>
Address	<u>One Angwin Ave, Angwin, CA 95403</u>		<u>(707) 965-7032</u>

Student Eligibility: Enrolled as PUC student. AHA BLS Provider card	Cost of Program Basic \$5,348.00 Refresher _____	Program Level: <u>EMT</u> Number of students completing training per year: Initial training: <u>25</u> Refresher: _____ Cont. Education _____ Expiration Date: <u>12/31/2015</u> Number of courses: <u>1</u> Initial training: <u>1</u> Refresher: _____ Cont. Education: _____
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Training Institution Name	<u>Napa Community College</u>	Contact Person telephone no.	<u>Cori Carlson</u>
Address	<u>2277 Napa-Vallejo Hwy. Napa, CA 94559</u>		<u>(707) 256-4596</u>

Student Eligibility:	Cost of Program Basic \$500.00 Refresher _____	Program Level: <u>EMT</u> Number of students completing training per year: Initial training: <u>100</u> Refresher: _____ Cont. Education _____ Expiration Date: <u>12/31/2015</u> Number of courses: <u>3</u> Initial training: <u>3</u> Refresher: _____ Cont. Education: _____
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TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Napa County

County: Napa

Reporting Year: 2011-2012

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

Training Institution Name	<u>Napa Community College</u>	Contact Person telephone no.	<u>Cori Carlson</u>
Address	<u>2277 Napa-Vallejo Hwy. Napa, CA 94559</u>		<u>(707) 256-4596</u>

Student Eligibility: *	Cost of Program Basic \$2,900.00 Refresher _____	**Program Level: <u>Paramedic</u> Number of students completing training per year: Initial training: <u>35</u> Refresher: _____ Cont. Education _____ Expiration Date: <u>12/31/2015</u> Number of courses: <u>1</u> Initial training: <u>1</u> Refresher: _____ Cont. Education: _____
-------------------------------	--	--

Training Institution Name	_____	Contact Person telephone no.	_____
Address	_____		

Student Eligibility: *	Cost of Program Basic _____ Refresher _____	**Program Level: _____ Number of students completing training per year: Initial training: __ Refresher: _____ Cont. Education _____ Expiration Date: _____ Number of courses: _____ Initial training: __ Refresher: _____ Cont. Education: _____
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TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Napa County

County: Napa

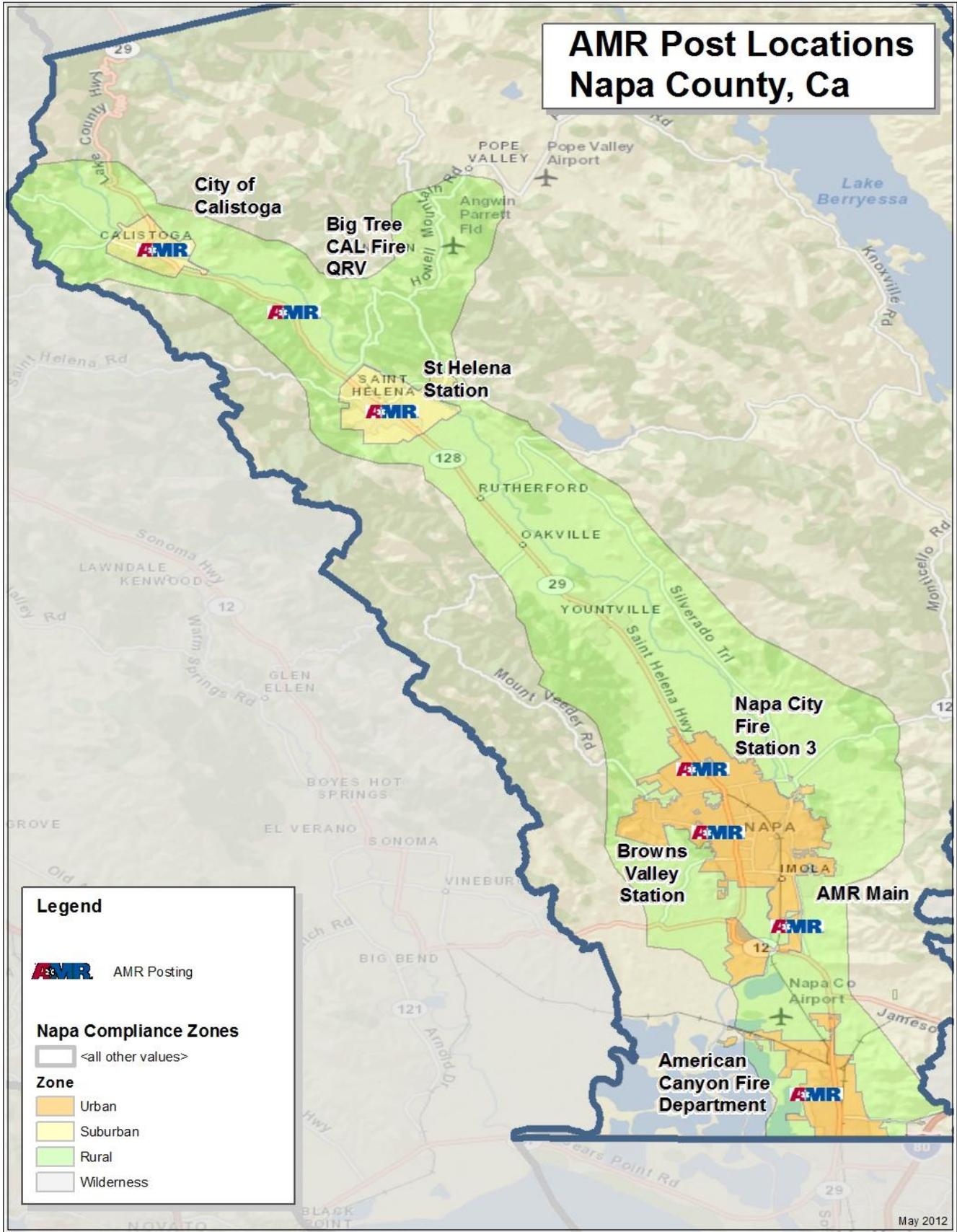
Reporting Year: 2011-2012

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

Name, address & telephone: Napa Central Dispatch 1539 First Street Napa, CA 94558 (707) 257-9284		Primary Contact: Shirley Perkins	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: __20__ 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 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: CAL FIRE St. Helena ECC 1199 Big Tree Road St. Helena, CA 94574 (707) 299-7655		Primary Contact: Kirk Van Wormer	
Written Contract: <input 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 type="checkbox"/> Disaster	Number of Personnel providing services: __ EMD Training __ EMT-D __ ALS __10__ 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 checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

AMR Post Locations Napa County, Ca



Legend

 AMR Posting

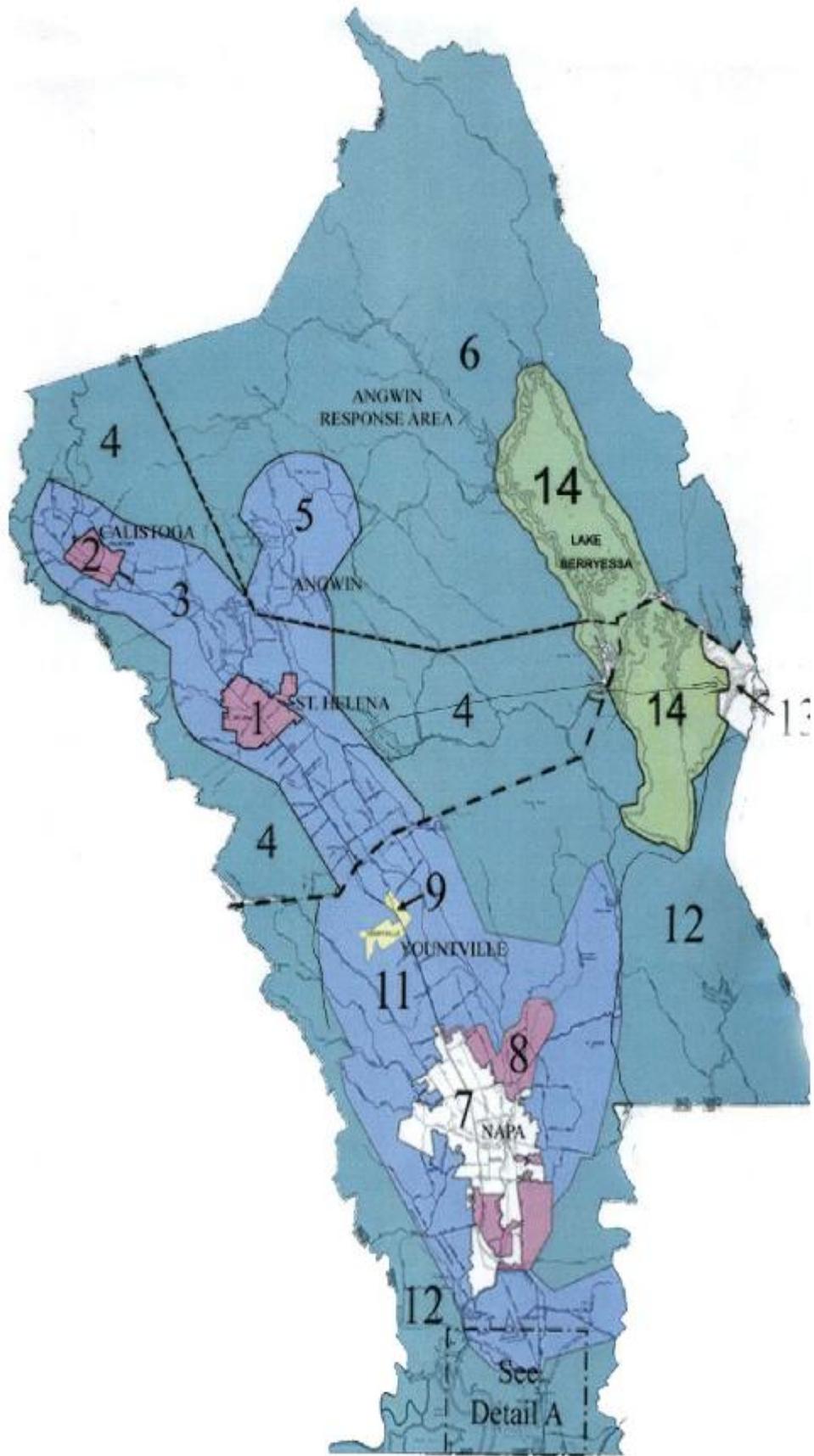
Napa Compliance Zones

 <all other values>

Zone

-  Urban
-  Suburban
-  Rural
-  Wilderness

May 2012



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: <u>Napa County EMS Agency</u></p>
<p>Area or subarea (Zone) Name or Title: EOA #1</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. American Medical Response (dba AMR West – Napa)</p>
<p>Area or subarea (Zone) Geographic Description: See Napa County Ambulance Service Zone Map on page # 156</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS Agency and Board action. Exclusive franchise developed and implemented through a competitive RFP process. County BOS approved contract for service. Current Franchise was awarded the contract on January 2, 2011 and is good for five (5) years with a potential five (5) year extension.</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 Emergency (911) and ALS level request for service, including ALS IFT</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. The Napa County RFP, AMR’s proposal and the subsequent contract can be found on the Napa County EMS Agency website: http://www.countyofnapa.org/EMS/</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.

Local EMS Agency or County Name: <u>Napa County EMS Agency</u>
Area or subarea (Zone) Name or Title: Angwin Response Zone
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Napa County Ambulance Service, Inc. (dba Angwin Community Ambulance-ACA)
Area or subarea (Zone) Geographic Description: See Napa County Ambulance Service Zone Map on page # 156
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS Agency and Board action. Non Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
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.

DESCRIPTION OF THE PLAN DEVELOPMENT PROCESS

The process used to develop the EMS System Plan for the Napa County EMS Agency was taken directly from the California EMS Authority's EMS System Guidelines; Part III: EMS System Planning Guidelines (June 1994) and additionally used CVEMSA annual report as our template. These guidelines recommend the following three (3) steps in developing an EMS plan: document the current status of the local EMS system (*where we are now*); develop a model for the future (*where we want to be*); and develop the specific objectives necessary to move the EMS system from where it is today toward the future model (*getting from where we are to where we want to be*).

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