

EMERGENCY MEDICAL SERVICES AUTHORITY

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August 5, 2015

Mr. Larry Karsteadt, Executive Director
North Coast EMS Agency
3340 Glenwood Avenue
Eureka, California 95501

Dear Mr. Karsteadt:

This letter is in response to the 2014 North Coast EMS Plan Update submission to the EMS Authority.

I. Introduction and Summary:

The EMS Authority has concluded its review of North Coast EMS Agency's 2014 EMS Plan Update and is approving the plan as submitted.

II. History and Background:

Historically, we have received EMS Plan documentation from North Coast EMS Agency in the following years: 1999, 2003, 2005, 2007, 2009, 2010, 2011 and, most current, its 2014 plan update submission.

North Coast EMS Agency received its last Five-Year Plan approval in 2000 for its 1999 submission and its last annual plan update approval in 2012 for its 2011 submission. The California Health and Safety (H&S) Code § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with H&S Code § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to North Coast EMS Agency's 2014 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations and H&S Code § 1797.254 and the EMS system components identified in H&S Code § 1797.103 are indicated below:

- | | Approved | Not
Approved | |
|----|-------------------------------------|--------------------------|--|
| A. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>System Organization and Management</u> |
| B. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Staffing/Training</u> |
| C. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Communications</u> |
| D. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Response/Transportation</u> |
| | | | 1. Ambulance Zones |
| | | | <ul style="list-style-type: none">• Please see the attachment on the EMS Authority's determination of the exclusivity of North Coast EMS Agency's ambulance zones. |
| E. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Facilities/Critical Care</u> |
| F. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Data Collection/System Evaluation</u> |
| G. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Public Information and Education</u> |
| H. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Disaster Medical Response</u> |

IV. Conclusion:

Based on the information identified, North Coast EMS Agency may implement areas of the 2014 EMS Plan Update that have been approved. Pursuant to H&S Code § 1797.105(b):

"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."

V. Next Steps:

North Coast EMS Agency's annual EMS Plan Update will be due on August 5, 2016. Please note, during the submission of an annual Plan Update, individual System Assessment Forms are only required to be submitted when changes are made to the system that are different from the last approved five-year EMS Plan, as indicated on the requested 'Progress/Objectives' form. In addition, each County must submit an annual status update of QI and Trauma Plans to the EMS Authority.

If you have any questions regarding the plan review, please contact Jeff Schultz, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,



Howard Backer, MD, MPH, FACEP
Director

Attachment

A. SYSTEM ORGANIZATION AND MANAGEMENT

xp = partially met

Last Updated 4/2015

	Does not meet standard	Meets minimum standard	Meets recommended standard	Short-range Plan	Long-range Plan
Agency Administration					
1.01 LEMSA Structure		x		x	x
1.02 LEMSA Mission		x		x	x
1.03 Public Input		x		x	x
1.04 Medical Director		x		x	x
Planning Activities					
1.05 System Plan		x		x	x
1.06 Annual Plan Update		x		x	
1.07 Trauma Planning*		x		x	x
1.08 ALS Planning*		x		x	x
1.09 Inventory of Resource		x		x	x
1.10 Special Populations		x		x	x
1.11 System Participants		x		x	x
Regulatory Activities					
1.12 Review and Monitoring		x		x	x
1.13 Coordination		x			
1.14 Policy & Procedures Manual		x		x	x
1.15 Compliance w/ Policies		x		x	x
System Financing					
1.16 Funding Mechanism		x		x	x
Medical Direction					
1.17 Medical Direction*		x		x	x
1.18 QA/QI		x		x	x
1.19 Policies, Procedures, Protocols		x		x	x
1.20 DNR Policy		x			
1.21 Determin. of Death		x			
1.22 Reporting of Abuse		x			
1.23 Interfacility Transfer		x		x	x
Enhanced Level: Advanced Life Support					
1.24 ALS Systems		x		x	x
1.25 On-Line Med. Dir.		x		x	x
Enhanced Level: Trauma Care System					
1.26 Trauma System Plan		x		x	x
Enhanced Level: Pediatric Emergency Medical and Critical Care System					
1.27 Pediatric System Plan		x		x	x
Enhanced Level: Trauma Care System					
1.28 EOA Plan				x	x

3.10 Integrated Dispatch		x		x	x
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D. RESPONSE/TRANSPORTATION

	Does not meet standard	Meets minimum standard	Meets recommended standard	Short-range Plan	Long-range Plan
Universal Level					
4.01 Service Area Boundaries*		x		x	x
4.02 Monitoring		x		x	x
4.03 Classifying Medical Requests		x			
4.04 Prescheduled Responses		x			
4.05 Response Time Standards*		x			
4.06 Staffing		x		x	x
4.07 First Responder Agencies		x		x	x
4.08 Medical & Rescue Aircraft*		x		x	x
4.09 Air Dispatch Center		x		x	x
4.10 Aircraft Availability*		x			
4.11 Specialty Vehicles*		x			
4.12 Disaster Response		x		x	x
4.13 Intercounty Response		x		x	x
4.14 Incident Command System		x		x	x
4.15 MCI Plans		x		x	x
Enhanced Level: Advanced Life Support					
4.16 ALS Staffing		x		x	x
4.17 ALS Equipment		x		x	x
Enhanced Level: Ambulance Regulation					
4.18 Compliance		x			
Enhanced Level: Exclusive Operating Permits					
4.19 Transportation Plan				x	x
4.20 "Grandfathering"				x	x
4.21 Compliance				x	x
4.22 Evaluation				x	x

D. FACILITIES/CRITICAL CARE

Does not currently meet standard	Meets minimum standard	Meets recommended standard	Short-range Plan	Long-range Plan
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6.07	Provider Participation		x		x	
6.08	Reporting		x		x	x
Enhanced Level: Advanced Life Support						
6.09	ALS Audit		x			
Enhanced Level: Trauma Care System						
6.10	Trauma System Evaluation		x		x	x
6.11	Trauma Center Data		x		x	x

F. PUBLIC INFORMATION AND EDUCATION

	Does not currently meet standard	Meets minimum standard	Meets recommended standard	Short-range Plan	Long-range Plan
Universal Level					
7.01	Public Information Materials	x		x	x
7.02	Injury Control	x		x	x
7.03	Disaster Preparedness	x		x	x
7.04	First Aid, CPR Training	x		x	x

H. DISASTER MEDICAL RESPONSE

	Does not meet standard	Meets minimum standard	Meets recommended standard	Short-range Plan	Long-range Plan
Universal Level					
8.01	Disaster Medical Planning	x		x	x
8.02	Response Plans	x		x	x
8.03	HazMat Training	x		x	x
8.04	Incident Command System	x		x	x
8.05	Distribution of Casualties*	x		x	x
8.06	Needs Assessment	x		x	x
8.07	Disaster Communications*	x		x	x
8.08	Inventory of Resources	x		x	x
8.09	DMAT Teams	x		x	x
8.10	Mutual Aid Agreements*	x		x	x
8.11	CCP Designation*	x		x	x
8.12	Establishment of CCPs	x		x	x
8.13	Disaster Medical Training	x		x	x
8.14	Hospital Plans	x		x	x

North Coast Emergency Medical Services (NCEMS)
 Regional EMS Plan Update- Section 2- System Assessment
 March 20, 2015

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
I.01	LEMSA Structure	X	X	X	<p>NCEMS continued as the LEMSA on behalf of Del Norte, Humboldt and Lake Counties under the direction of the Joint Powers Governing Board.</p> <p>NCEMS has 5.3 FTE positions: Executive Director, Associate Director/Regional Disaster Coordinator, Fiscal Manager (0.8), EMSC TACTICAL Project Manager (0.5). NCEMS has numerous part time contractors: Regional Medical Director, EDAP and Trauma RN, ePCR Programmer, Office IT, Auditor, ICEMA – Image Trend, Lancet – Trauma Registry, Mental Health RN, County Disaster Liaisons, Policy Specialists, SSTEMI Coordinator, County Counsel, EMSC TACTICAL Cultural Liaison, EMS & Transportation Plan</p> <p>NCEMS continued the federal EMSC TACTICAL grant with</p>	<p>Continue to convene JPA meetings to ensure oversight of NCEMS and utilize existing committees to ensure region-wide input.</p> <p>Re-establish as needed of the Cardiac and Trauma Committees within Humboldt County to provide local and region-wide specialty physician expertise.</p> <p>Evaluate potential impact of new Stroke certification at Sutter-Lakeside Hospital on catchment area.</p> <p>See quarterly General Fund reports, Trauma Plan annual revision, HPP Disaster Mid-Year and Final Work Plan Progress Reports, EMSC TACTICAL reports, and QIP Plan annual revision for similar updates found in this annual EMS Plan revision.</p>

North Coast Emergency Medical Services (NCEMS)
 Regional EMS Plan Update- Section 2- System Assessment
 March 20, 2015

	<p>UC Davis and HPP Disaster grant with CDPH, and applied for and received a Health Information Exchange Discovery grant from EMSA.</p> <p>NCEMS continued to utilize numerous committees and as needed, local and state specialty resources to ensure technical and clinical expertise in our decision making process. Also continued an EMSC TACTICAL Core Group and the Pediatric Regional Council (PRC) with wide representation, including American Indians, Hispanic, Hmong and other cultural groups. NCEMS also established a Medical Advisory Committee – North for Del Norte County.</p>								
1.02	<p>The mission of NCEMS is to enhance the EMS system consistent with California state laws and continuous quality improvement principles, through the pursuit of personnel excellence, effective leadership and positive working</p>	X	X	X	X	X	X	X	X

North Coast Emergency Medical Services (NCEMS)
Regional EMS Plan Update- Section 2- System Assessment
March 20, 2015

1.03	Public Input	X	X	X	relationships. See 1.01 above.	Continue to attend and utilize existing EMCC, TAC PRC, and MAC committees: when appropriate, re-instate Cardiac Committee in Humboldt County when appropriate.
1.04	Medical Director	X	X	X	<p>Staff attended Medical Advisory (MAC), Trauma Advisory (TAC), Emergency Medical Care Committee (EMCC), Pediatric Regional Council and other local committees to ensure region-wide input into the planning, policy and procedure development processes utilized by NCEMS.</p> <p>The Humboldt County Cardiac Committee did not convene due to the delay in the STEMI Receiving Center designation process.</p> <p>Established MAC-North Committee.</p> <p>Adopted a new web platform and modified content organization on the North Coast EMS web site to allow more timely site updates of updates policies, plans, and other time sensitive and archival information.</p>	Secure additional funding for Medical Director to assume

North Coast Emergency Medical Services (NCEMS)
Regional EMS Plan Update- Section 2- System Assessment
March 20, 2015

1.05	EMS Plan	X	X	X	Dr. Stiver has over three decades of Emergency Department and EMS system experience. The last NCEMS Regional Plan revision was approved by the EMSA.	additional medical oversight responsibilities. Continue to work with EMSA and EMSAAC to develop useful, streamlined State EMS System Standards and Guidelines and integrated LEMSA EMS Plans and regional reports to EMSA.
1.06	Annual EMS Plan Update	X	X		EMSA approved 2013 Plan update. With EMSA permission, this 2014-15 update was late with permission due to other priorities.	Secure EMSA approval of 2014-15 Regional EMS Plan annual update
1.07	Trauma Planning	X	X	X	See Regional Trauma Plan Update Trauma registry CEMSIS- Trauma data continues to be submitted to EMSA from both designated Trauma Centers, although data transmission from both hospitals has required ongoing troubleshooting. Staff & contractors periodically attended and helped coordinate TAC meetings in Lake County and	Utilize CEMSIS-Trauma data & TAC review to help evaluate Trauma System; continue to submit CEMSIS-Trauma data to EMSA; resolve transmission issues;; designate additional Trauma Centers when possible and implement fees; continue and increase if needed Regional Trauma Coordinator position; attend TAC meetings in Lake and Del Norte Counties; participate in N-RTCC meetings; review draft State

North Coast Emergency Medical Services (NCEMS)
Regional EMS Plan Update- Section 2- System Assessment
March 20, 2015

1.08	ALS Planning	X	X	X	<p>participated in the Oregon Trauma Center follow-up site visit review at Sutter-Coast Hospital.</p> <p>The Regional Trauma Plan Revision was submitted to and approved by EMSA. The TAC meeting policy change addressed in the Plan was revised..</p> <p>Plan for designation of additional Trauma Centers in Humboldt County on hold.</p> <p>Staff continued to participate in the North-Regional Trauma Coordination Committee as time allowed.</p>	Trauma Plan.
					<p>Continued modification of scope of practice and policies as needed. Added Fentanyl. .</p> <p>ALS/Aero Medical Provider request by Mercy/Air Methods in Lake County on hold pending base hospital assignment. CalOre/REACH request on hold pending outcome of hospital RFP process.</p>	<p>Continue to process Mercy/Air Methods and REACH/CalOre requests as ALS/Aero Medical Providers pending outcome of hospital RFP process.</p> <p>Modify ALS policies as needed. Continue effort to transition old EMT-II policies and protocols as needed.</p> <p>Work with counties and providers to assess need for</p>

North Coast Emergency Medical Services (NCEMS)
 Regional EMS Plan Update- Section 2- System Assessment
 March 20, 2015

						additional ALS non-transporting or ambulances if needed.
						Discontinue plans to develop an Advanced EMT program and add Aspirin, Oral Glucose, and consider adding Epinephrine to the EMT-I scope of practice instead. Re-evaluate AEMT program by request and/or when staff time allows.
						Monitor progress of Community Paramedic Program development in California and assess feasibility for the north coast.
1.09			X	X	X	EMSA required inventory included as part of this Regional Plan update.
1.10			X	X	X	North Coast EMS expanded needs assessment of American Indian, Hispanic and other cultural groups as part of the EMSC TACTICAL project. This included recent attendance at a Hmong community integration workshop and development by NCEMS of a Cultural
						Continue to incorporate needs assessment findings and cultural group input into EMS and EMSC system enhancements. Develop a cultural awareness training program and guidebook for EMS and health care personnel.

North Coast Emergency Medical Services (NCEMS)
Regional EMS Plan Update- Section 2- System Assessment
March 20, 2015

					<p>Diversity List Serve for Del Norte and Humboldt Counties</p>	<p>Cultural Liaison to conduct training. Develop templates and informational materials to help orient parents of children who are transferred from local hospitals to distant pediatric centers.</p>
1.12	Review & Monitoring	X	X	X	<p>NCEMS continued to submit CEMSIS – Trauma and EMS data to EMSA; quarterly QIP Plans were received from hospitals and providers, and were reviewed & summarized as staff time allowed; inter-facility transfer data was received from Lake County. Follow-up site visit was conducted with State of Oregon at Sutter-Coast Hospital as a Level IV Trauma Center, continued to work with several facilities to ensure compliance with base hospitals and EDAP designation contracts as staff time allowed. Training programs were monitored as limited staff time allowed. NCEMS reviewed a few patient care related cases, Patient Care Records, data</p>	<p>Continue to submit CEMSIS-Trauma & EMS data to EMSA & evaluate for system improvement; acquire & use Cardiac data for subsystem improvement after designation; and, monitor, review and summarize submitted QIP reports from hospitals and providers to verify that providers and base hospitals engage in ongoing review of prehospital patient care Conduct site visits to approved training programs, designated hospitals and ALS Providers as needed and as staff time allows. Continue to monitor EMD programs. Develop Image Trend management module.</p>

North Coast Emergency Medical Services (NCEMS)
 Regional EMS Plan Update- Section 2- System Assessment
 March 20, 2015

							<p>reports, patient charts and other records to help evaluate and enhance the EMS System.</p> <p>We also monitored designated EMD programs as staff time allowed.</p> <p>The entire NCEMS region completed the transition to the NEMESIS compliant Image Trend ePCR program and NCEMS secured an HIE Discovery grant to in part develop an Image Trend management module.</p>	<p>Continue to review and monitor EMS system operations as needed, including evaluation of patient care throughout the region.</p> <p>Increase funding and staff size to enhance monitoring and compliance assessment of designated hospitals, ALS Providers, EMD programs, training programs and to review and prepare quarterly QIP reports.</p>
1.14	Policy and Procedures Manual	X	X	X	X	X	<p>The NCEMS Policy and Procedures Manual was periodically updated and expanded through an ongoing process of region-wide review, including revision and expansion of EMS System, EMT-I, EMT-P and other policies, protocols and procedures.</p> <p>Added Fentanyl to EMT-P scope of practice.</p>	<p>Continue to revise and add new policies as needed and as staff time allows through the region-wide public input process, including: additional EMS System, EMT-I, EMT-P modifications as needed,</p> <p>Develop Public Safety and subsequently, Emergency Medical Responder training policies pursuant to revised state regulations.</p> <p>Add EMT-I use of aspirin, oral glucose and consider addition of epinephrine to EMT-I scope of practice</p>

North Coast Emergency Medical Services (NCEMS)
 Regional EMS Plan Update- Section 2- System Assessment
 March 20, 2015

								rather than pursuit of Advanced EMT program. Continue integration of EMT-II and Paramedic policies. Monitor progress of pilot Community Paramedic programs in California. Secure additional funding and staff to enhance compliance monitoring.
1.15	Compliance with Policies	X	X	X			See 1.12 and Section F. NCEMS conducted a follow-up site visit with the State of Oregon to ensure compliance with the Level IV Trauma Center contract in Del Norte County. We continued to assess EDAP compliance at St. Helena Clearlake Hospital and verified compliance at Jerold Phelps Community Hospital in Humboldt County. Request by Mercy/Air Methods and CalOre/REACH to become an ALS Provider on hold.	
1.16	Funding Mechanism	X	X	X			Continue state GF contract, federal EMSC TACTICAL subcontract with UC-Davis and HPP Disaster contract with CDPH. Received EMSA HIE Discovery grant Local funds were received as	Continue efforts to increase and stabilize funding, such as: secure additional grants:: JPA approval of Trauma Center designation fees by the JPA Board if Humboldt County hospitals decide to move forward.

North Coast Emergency Medical Services (NCEMS)
Regional EMS Plan Update- Section 2- System Assessment
March 20, 2015

1.17	Medical Direction	X	X	X	<p>projected, with ongoing Maddy Funds and continuation of county shares by all three JPA member counties. New JPA Board approved STEMI Receiving Center Fee was received and an annual fee approved.</p> <p>EMT-P accreditation fee was increased by JPA Board. Aero Medical Provider fee adopted.</p>	<p>Secure additional funding for Medical Director to increase medical oversight responsibilities and staff to help monitor program compliance.</p>
1.18	QA/QI	X	X	X	<p>Six of seven hospitals within the region are designated as Modified Base Hospitals and one as a Base Hospital with MICNs - all provide medical direction to EMT-Ps.</p>	<p>Increase funding for Medical Director and increase staff size to ensure designated Base Hospitals are compliant with contracts.</p>
1.19	Policies, Procedures, Protocols	X	X	X	<p>See 1.12, 1.15 and Section 6.</p>	<p>See 1.12, 1.15 and Section 6</p>
1.20 & 1.21	DNR and Determination of Death	X	X	X	<p>NCEMS updated policy to include recognition of the POLST form a few years ago.</p>	<p>Monitor federal and state changes if any to DNR standards.</p>
1.23	Interfacility Transfer	X	X	X	<p>As part of the EMSC TACTICAL grant, initiated a process develop pediatric IFT guidelines, collect and review blinded patient outcome data. At this time we have MOUs with five of seven hospitals to review pediatric charts and data collection has been</p>	<p>Continue process, including execution of MOUs with each hospital if possible, and continue prehospital and hospital IFT data collection for children.</p> <p>Continue participation on the N-RTCC to assess need</p>

North Coast Emergency Medical Services (NCEMS)
 Regional EMS Plan Update- Section 2- System Assessment
 March 20, 2015

					initiated. Continued to monitor N-RTCC and EMSA development of trauma-related IFT guidelines, and requested expansion of the State's CEMSIS-Trauma Registry to include IFT data. Implemented a program to assess EMS and mental health patient care, including current 5150, field, hospital and IFT practices within each county. Draft 5150 Handbook under internal review. Attended IFT meetings in Lake County.	for implementation of Trauma IFT guidelines, and review and update if needed the NCEMS IFT Policy. Complete development of 5150 Guidebook and assess opportunities for improvement of mental health patient IFTs. Evaluate need to for establishment of an IFT Committee for Del Norte and Humboldt Counties.	
1.24			X	X	X	See 1.08 and 1.11. All providers utilizing paramedics are authorized ALS Providers by NCEMS via ongoing contracts.	See 1.08 and 1.11. Assess need in Lake County to approve out-of-county ALS providers that routinely transfer patients from within Lake County.
1.25			X	X	X	See 1.15 & 1.17. All seven hospitals within the region are NCEMS designated Base or Modified Base or Alternative Modified Base Hospitals via ongoing contracts.	See 1.15, 1.17 & 1.24.
1.26			X	X	X	Trauma System Plan	See annual Regional Trauma Plan update & 1.07

North Coast Emergency Medical Services (NCEMS)
 Regional EMS Plan Update- Section 2- System Assessment
 March 20, 2015

1.27	Pediatric System Plan	X	X	X	<p>See 1.01, 1.02, 1.03, 1.12, 1.15 & 1.16 & Section E.</p> <p>Mad River Community, Sutter-Coast, Redwood Memorial, Sutter-Lakeside, St Joseph St. Helena-Clearlake Hospitals are NCEMS designated Emergency Departments Approved for Pediatrics, and very soon, Jerold Phelps Community Hospital will be as well. Over \$250,000 in pass through Maddy (Richie's) funding has been dispensed or will be dispensed to designated EDAPs for purchase of pediatric supplies and equipment, and MD and RN pediatric training.</p> <p>NCEMS initiated the third year of a four-year federal EMSC Regionalization grant via a subcontract with UC-Davis Medical Center. This includes: pre-hospital and hospital data collection; telemedicine; cultural group integration; enhanced training opportunities; EMSC system improvements, etc.</p> <p>Established Pediatric Regional Council as part of</p>	<p>Continue to distribute accrued Maddy (Richie's) Funds proportionally within each county to designated EDAPs upon request with periodic reminders.</p> <p>Complete assessment of EDAP compliance at St. Helena Clearlake Hospital..</p> <p>Evaluate forthcoming draft EMSC regulations.</p> <p>Continue third year of EMSC TACTICAL Regionalization grant with UC-Davis to enhance the EMSC system and implement new EMSC regulations when available.</p>
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North Coast Emergency Medical Services (NCEMS)
 Regional EMS Plan Update- Section 2- System Assessment
 March 20, 2015

		this grant.	Humboldt County continued Maddy (Richie's) Fund by request of NCEMS. NCEMS reviewed and submitted comments to EMSA specific to the forthcoming EMSC regulations.				
1.28	EOA Plan		Initiated evaluation of possible EOA grandfathering through development of a Transportation Plan for Humboldt County.	X	X		Pursuant to public input, Board of Supervisors recommendation, JPA Board approval and EMSA approval, implement Transportation Plan.

North Coast Emergency Medical Services (NCEMS)
Regional EMS Plan Update- Section 2- System Assessment
March 20, 2015

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.01	Assessment of Needs	X	X	X	<p>NCEMS assessed EMS system needs through a variety of mechanisms and targeted best practices and current EMS system enhancements.</p> <p>Development of an Advanced EMT program on hold due to other priorities and focus on EMT-I addition of Aspirin, Oral Glucose and potentially, Epinephrine.</p> <p>Initiated development of revised State Public Safety regulations that now require LEMSA training program approval.</p> <p>Assessing progress of California's Community Paramedic pilot projects.</p> <p>Initiated development of Cultural Sensitivity training program for EMS personnel.</p>	<p>Continue to assess EMS system needs, implement best practices and EMS system enhancements.</p> <p>Implement new Public Safety regulations, expanded EMT-I scope of practice with associated training and cultural sensitivity training.</p> <p>Evaluate and pending outcome of evaluation, initiate implementation of national Emergency Medical Responder program to replace First Responder program.</p> <p>Conduct process to assure compliance and if compliant, approve new EMT-P training program in Lake County as needed.</p> <p>Reassess feasibility and need for implementation of an Advanced EMT, Community Paramedic, and a CCT</p>

North Coast Emergency Medical Services (NCEMS)
Regional EMS Plan Update- Section 2- System Assessment
March 20, 2015

2.02	Approval of Training	X	X	X	X	<p>NCEMS continued approval of EMD, First Responder, EMT, paramedic, MICN, FTO and other training programs according to state regulations, guidelines and local policy. Monitoring of training programs and CE Providers was limited by available staff time.</p> <p>Worked with approved training programs to implement new state EMT-I regulations.</p> <p>Sponsored with EMSC TACTICAL grant several pediatric trainings and workshops.</p> <p>See 2.01 above.</p>	<p>Implement new Public Safety training program policies and approve training programs as required by revised state regulation.</p> <p>Approve additional EMD, MICN, EMT and Paramedic training programs as needed after compliance verification.</p> <p>Coordinate pediatric workshop as part of EMSC TACTICAL grant.</p> <p>Consider initiation of process to develop Emergency Medical Responder training program.</p>
2.03	Personnel	X	X	X	X	<p>See 2.02</p> <p>The number of NCEMS certified EMTs increased to 553</p> <p>See 1.12 & 2.02</p> <p>Convened meetings with</p>	<p>See 2.02</p>
2.04	Emergency Medical Dispatch (EMD) Training	X	X	X	X	<p>Convened meetings with</p>	<p>See 1.12 and 2.02</p> <p>Monitor EMD Program as</p>

North Coast Emergency Medical Services (NCEMS)
Regional EMS Plan Update- Section 2- System Assessment
March 20, 2015

								CALFIRE, City Ambulance and Arcata Ambulance representatives to address dispatch issues, continued designations and assessed need for implementing the EMD infectious disease protocol associated with Ebola.	staff time allows.
2.05	First Responder Training	X	X	X				See 2.01 & 2.02	
2.07	First Responder Medical Control	X						See 1.04, 1.12, 1.15, 1.17, 1.24 & 1.25. All non-transporting ALS Providers are authorized by NCEMS and are assigned to a designated base hospital that oversees medical control by contract.	
2.08	EMT-I Training	X						See 2.01, 2.02 and 2.03.	See 2.01, 2.02 and 2.03
2.10	Advanced Life Support	X						All county permitted or contracted ambulances predominantly utilize at least one currently certified EMT-I and one NCEMS accredited paramedic. Occasional exceptions occur within the region for BLS only ambulances and non-EMT drivers according to state statute and regulation.	
2.11	Accreditation Process	X	X	X	X	X	X	See 1.08, 1.12, 1.15, 1.17, 1.24, 1.25, 2.02 & 2.07.	See 1.08 1.12, 1.15, 1.17, 1.25, 2.02 & 2.07.
2.13	Base Hospital Personnel	X	X	X	X	X	X	Accreditation process, set by state regulations, is followed.	

North Coast Emergency Medical Services (NCEMS)
 Regional EMS Plan Update- Section 2- System Assessment
 March 20, 2015

3.01	Communication Plan	X	X	X	<p>NCEMS developed a Communications Plan and purchased a Med Net Communications system in the mid-1970s for field to base hospital medical control communications. Ownership and maintenance/replacement responsibility was transferred to each county for the Mt-Top Repeaters, to each hospital for the hospital radios and to each provider (transporting and ALS) in the 1980's. All Med Net Equipment was replaced with narrow band compatible equipment within the last several years, and Humboldt and Lake Counties enhanced the system for MCIs (WIDE-AREA) and medical surge respectively. NCEMS maintained an MCI Plan and Lake County received EMSA approval for use of a surge frequency and adopted a medical surge procedure.</p> <p>In Humboldt County, CAL-FIRE continued periodic testing of the WIDE-AREA Med-Network and reported results to NCEMS, who included that information in periodic mailings and for</p>	<p>Continue to review WIDE-AREA testing on periodic basis.</p> <p>Continue to work with all three counties to identify resolve Med Net System issues.</p>
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North Coast Emergency Medical Services (NCEMS)
Regional EMS Plan Update- Section 2- System Assessment
March 20, 2015

3.02, 3.03, 3.04, 3.05, 3.06, 3.09, 3.10	Ratios, IFT's, Dispatch Center, Hospitals, MCI/Disaster Communications, Dispatch Triage, Integrated Dispatch	X	X	X	<p>discussion as needed at monthly MAC meetings.</p> <p>At this time, the Med Net Systems in all three counties are narrow banded and additional JPA Board approved enhancements are underway.</p> <p>North Coast EMS participated in a State OES sponsored town hall meeting convened to introduce, and seek input from, the Humboldt County community to the federal initiative to build a nationwide public safety broadband network.</p> <p>See 2.04, 3.01.</p> <p>Each of the three counties continued to utilize a single dispatch center for all emergency ambulances, with the exception of dispatch of Hoopa (K'ima:w) Ambulance by the Hoopa Tribal Dispatch Center.</p> <p>Communications testing for MCIs and disasters continued in all three counties.</p> <p>Humboldt and Lake County</p>	<p>Continue to monitor and participate in the development of FirstNet initiative as staff time permits.</p> <p>See 2.04, 3.01.</p>
					<p>Continue to work with Del Norte County representatives as needed to determine optimal ways to integrate EMS responders, ICS, search and rescue and aero medical activation policies.</p> <p>Continue to monitor the developments in Del Norte County relative to the potential impact of termination of critical radio</p>	

North Coast Emergency Medical Services (NCEMS)
 Regional EMS Plan Update- Section 2- System Assessment
 March 20, 2015

														<p>towers on Red Mt.</p> <p>Monitor EMD programs in Humboldt and explore opportunities for regional enhancements of field to hospital communications systems and ambulance dispatch, as need and staff time allows.</p>
4-01	Service Boundaries	X	X	X										<p>have redundant Med Net Repeaters that allow WIDE-AREA hospital to hospital and medical surge communications respectively.</p> <p>NCEMS continued designation of two EMD providers, CAL FIRE in Fortuna and Eureka PD, and conducted meetings to ensure coordinated practices.</p> <p>NCEMS facilitated a meeting in Del Norte County to enhance integration of EMS responders, ICS, outside search and rescue and aero medical resources.</p> <p>Based upon traditional practices, each county has long established ground ambulance transportation service areas. The service area in Del Norte County includes the entire county and a portion of southwestern Oregon. Ambulance service boundaries are set in the Humboldt County BOS adopted county ambulance ordinance, and in Lake County, service areas are included as an addendum to</p>
														<p>Continue to work with county, hospitals, providers, committee and other representatives to help ensure ongoing provision of an adequate number of appropriately staffed ambulances as needed throughout the region.</p>

North Coast Emergency Medical Services (NCEMS)
Regional EMS Plan Update- Section 2- System Assessment
March 20, 2015

					the BOS approved ordinance. The service area in eastern Humboldt has long been covered by Kimaw (Hoopa) Ambulance with ALS units in Hoopa and Willow Creek. The Hoopa Valley Tribal Council has subsidized the ambulance service for decades and requested financial assistance over the last several years. The Humboldt County BOS recently earmarked funds to help ensure continuation of current service levels while short and long-term options are being explored.						See 4.01.
4.02	Monitoring	X	X	X	See 4.01. NCEMS continued to monitor authorized ALS Providers and work with JPA member counties as needed to help monitor ambulance services through the existing QI and data collection programs.	X	X	X	See 1.08, 1.24, 2.03, 2.08	See 1.08, 1.24, 2.03, 2.08	
4.06	Ambulance Staffing	X	X	X		X	X	X	See 2.01, 2.02, 2.05 & 2.07	See 2.01, 2.02, 2.05 & 2.07..	
4.07	First Responder Agencies	X	X	X	NCEMS participated in the EMSA process to adopt revised Public Safety regulations.	X	X	X			

North Coast Emergency Medical Services (NCEMS)
Regional EMS Plan Update- Section 2- System Assessment
March 20, 2015

4.08 & 4.09	Medical & Rescue Aircraft Air Dispatch Center	X X	X X	X X	See 1.08, 3.04 & 3.06. Reconfirmed that the air dispatch center for Del Norte and Humboldt is CALFIRE in Fortuna. In Lake County, the air dispatch center is the Lake County Sheriffs Dispatch Center.	See 1.08, 3.04 & 3.08
4.10	Aircraft Availability	X			See 4.08. REACH aero medical unit continued to be located in Lake County, now with by written confirmation of oversight with Coastal Valley's EMS. Continued ALS approval of CAL-ORE Life Flight by NCEMS for IFT only, and initiated a process to approve Air Methods as an ALS Provider. All aero medical providers routinely operating within the region have written agreements with NCEMS.	See 4.08..
4.12, 4.13, 4.14, 4.15	Disaster Response, Intercounty Response, ICS & MCI Plans	X	X	X	See Section 8. The third year of the regional HPP Disaster contract with CDPH was implemented. Specific deliverables are in the process of being implemented and third year contract has been executed. The Associate Director is also the Regional Disaster Coordinator and each county has an NCEMS County	See Section 8.

North Coast Emergency Medical Services (NCEMS)
Regional EMS Plan Update- Section 2- System Assessment
March 20, 2015

Standard	EMS Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.16	ALS Staffing	X	X	X	EMS Disaster Liaison. See 1.08, 1.24, 2.02, 2.03, 2.10 & 4.06	See 1.08, 1.24, 2.02, 2.03, 2.10 & 4.06
4.17	ALS Equipment	X	X	X	See 1.08, 1.24, 2.02, 2.03, 2.10, 4.06 and 4.16. Added to paramedic scope with EMSA approval of [Pentanyl]. Ambulance providers continued to acquire 12-lead ECGs. Acquired new pediatric training equipment as part of the EMSC TACTICAL grant.	See 1.08, 1.24, 2.02, 2.03, 2.10, 4.06 & 4.16 Assess availability of 12-lead leads in Humboldt County as part of the STEMI Receiving Center designation process. Re-assess feasibility of 12-lead transmission in Humboldt County.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.01	Assessment of Facilities Capabilities	X	X	X	See 1.07, 1.17, 1.25, 1.26 & 1.27. Reactivated process to designate STEMI Receiving Center and implement Cardiac Subsystem Plan in Humboldt County. Trauma Subsystem plan in Humboldt	See 1.07, 1.17, 1.25, 1.26 & 1.27 Review, comment and implement forthcoming state STEMI, Stroke & EMSC regulations when available.

North Coast Emergency Medical Services (NCEMS)
Regional EMS Plan Update- Section 2- System Assessment
March 20, 2015

					Co. continued to be delayed..	
5.02	Triage & Transfer Protocols	X	X	X	Represented EMSAAC on process to develop state STEMI regulations. See 1.08 and 1.23. The process to review with CVEMS and Napa County the NCEMS & CVEMS Trauma Triage Criteria relative to CDC model was completed. See 1.23 See 5.01	See 1.08 and 1.23. Revise Trauma and STEMI Triage protocols as needed. Expand scope practice as appropriate with training and protocols See 1.23. See 5.01
5.03	Transfer Guidelines	X	X	X	See 1.23	See Section 8.
5.04	Specialty Care Facilities	X	X	X	See 5.01	See Section 8.
5.05	Mass Casualty Management	X	X	X	See Section 8.	See Section 8.
5.06	Hospital Evacuation	X	X	X	See 1.07, 1.12, 1.15, 1.17, 2.10 & 5.01	See 1.07, 1.12, 1.15, 1.17, 1.25, 2.10 & 5.01
5.07	Base Hospital Designation	X	X	X	See 1.07, 1.26, 5.01, 5.02 & Revised Trauma System Plan	See 1.07, 1.26, 5.01, 5.02 & Revised Trauma System Plan
5.08	Trauma System Design	X	X	X	See 1.03, 1.27 & 5.01	See 1.03, 1.27 & 5.01
5.10	Pediatric System Design	X	X	X	See 1.03, 1.27 & 5.01	See 1.03, 1.27 & 5.01
5.11	Emergency Departments Approved for Pediatrics	X	X	X	See 1.03, 1.27 & 5.01	See 1.03, 1.27 & 5.01
5.12	Public Input	X	X	X	See 1.03, 1.27 & 5.01	See 1.03, 1.27 & 5.01
5.13	<u>Specialty System Design - Cardiac</u> <u>Plan: A) 31 System Participants & Roles include: Del Norte & Lake Counties - 8 ALS Providers & 3 Hospitals to coordinate rapid patient ID, transport &/or transfer of STEMI patients to 5 outside STEMI Centers.</u>	X	X	X	See 4.17 & 5.01. Region: JPA Governing Board approved initial STEMI Center Receiving fee of \$15,000 and a \$10,000 annual maintenance fee. St Joseph Hospital submitted initial fee.	See 4.17 & 5.01. Continue to assist with STEMI Program expansion, evaluation & enhancement. Implement Cardiac Subsystem and proceed with

North Coast Emergency Medical Services (NCEMS)
Regional EMS Plan Update- Section 2- System Assessment
March 20, 2015

	<p><u>Humboldt County</u>: The AHA – grant administrative oversight, Cardiac Plan implementation assistance; Humboldt Area Foundation – dispensation of funds; 2 Cardiac Contractors – coordinate acquisition of 12-leads, training, draft triage and STEMI center criteria; North Coast EMS – oversee development of Cardiac System, develop policies; triage, training, STEMI Center criteria & designation contracts, designate STEMI Center in Eureka; evaluate program, etc; Humboldt Cardiac Coordinating Committee, the Humboldt-Del Norte Medical Advisory Committee and Lake EMCC – advise AHA and North Coast EMS, secure Disclosure Protection, Conduct Case Review & assist in Quality Review and Improvement of Cardiac Program, etc; 4 ALS Providers – cost-share acquisition of 12-leads to maximize use of funds, ensure training of medics, participate in planning; 4 Hospitals – participate in process to develop Cardiac Program; St. Joseph Hospital – demonstrate compliance to STEMI standards and secure designation; All – evaluate and improve Cardiac System.</p> <p><u>B. Design of Catchment Areas</u>: <u>Del Norte County</u> – all cardiac patients will be transported to Sutter-Coast Hospital for rapid ED assessment & treatment, and as appropriate, transfer usually to</p>		<p><u>Del Norte County</u> – continued STEMI program.</p> <p><u>Lake County</u> – additional ALS Providers acquired 12-leads with transmission capability; Sutter-Lakeside Hospital periodically approving direct transport of STEMI patients to distance STEMI Receiving Centers.</p> <p><u>Humboldt County</u> – St Joseph Hospital submitted initial fee and letter of interest, and completed the STEMI Pre-Site Visit check list. NCEMS reviewed Checklist, convened a meeting and requested additional information.</p> <p>Activated contract with Selinda Shontz to coordinate the designation process.</p>	<p>designation of STEMI Receiving Center in Humboldt County..</p> <p>Implement state STEMI regulations, and monitor Cardiac Program and modify as needed.</p>
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North Coast Emergency Medical Services (NCEMS)
 Regional EMS Plan Update- Section 2- System Assessment
 March 20, 2015

	<p>Medford, Oregon. <u>Lake County</u> – field identified STEMI patients will generally be transported by air from within the St. Helena Clearlake Hospital catchment area directly to surrounding STEMI centers, and from within the Sutter-Lakeside Hospital catchment area, to the ED for rapid assessment, as needed treatment by on-call Cardiologists and/or direct transport or transfer to surrounding STEMI Centers in Coast Valleys EMS or Sacramento County. <u>Humboldt County</u> – final catchment area will be determined, but field identified STEMI patients will generally bypass closest hospitals for direct transport to the designated STEMI center at St. Joseph Hospital. <u>C. Targeted Patients for Triage or Transfer to a Designated STEMI Center</u> are those whose signs, symptoms and 12-lead reading indicate a potential ST Elevation Myocardial Infarction; the volume and mix of STEMI patient transports within the region has not yet been determined (estimate around 100 per year in region). <u>D. Role of Non-Designated Hospitals</u> – all 7 hospitals within the region will continue to function as Base Hospitals & provide pre-hospital oversight and medical control. All Non-designated STEMI Centers that receive STEMI</p>				
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North Coast Emergency Medical Services (NCEMS)
Regional EMS Plan Update- Section 2- System Assessment
March 20, 2015

	<p>patients will rapidly assess, treat and transfer to a designated STEMI center as medically appropriate, or will allow direct aero medical transport (Lake County) or direct ground transport to a designated center (Humboldt County).</p> <p><u>E. Plan for Monitoring & Evaluating the Subsystem:</u> ensure that medics document and flag all STEMI patient PCRs; request and receive outcome data from each STEMI receiving center; review times to PCI, outcome and other relevant information; assess over-triage and under-triage if possible; utilize Disclosure Protected Lake County Medical Advisory Committee (MAC) and HCCC to evaluate quality, outcome and enhance system as needed.</p> <p>Establish similar committee in Del Norte County or use Humboldt/Del Norte MAC.</p>				
5.14	<p>Specialty Planning Public Input</p>	X	X	X	<p>See 1.03</p> <p>Utilize Specialty Planning committees and solicit input.</p> <p>Re-convene HCCC, MAC, N and Pediatric Regional Council; ensure cultural, Cardiologist and Pediatrician input.</p>
5.15	Subsystem Evaluation and Data	X	X	X	<p>See 1.12, 4.02, 5.01, 5.13 & 5.13 &</p> <p>The existing Lake County EMCC, Humboldt-Del Norte EMCC, MAC & TAC committees & Informational Mailing process continued to provide public input.</p> <p>Established and convened Pediatric Regional Council, MAC-North Committee and Cultural Diversity list serve..</p>

North Coast Emergency Medical Services (NCEMS)
Regional EMS Plan Update- Section 2- System Assessment
March 20, 2015

	<p>Collection Program:</p> <p>A. Patient Registry – a North Coast EMS PCR will be completed on each field transported STEMI patient and faxed to North Coast EMS. In Lake County, Coastal Valleys EMS will help ensure the return of outcome information. In <u>Del Norte County</u>, will work with <u>Suster-Coast</u> and the <u>Medford STEMI Receiving Center</u> to secure outcome information. In <u>Humboldt County</u>, we will receive & review cardiac registry information. Throughout region, we will assess methods of acquiring STEMI patient data from Non-STEMI Centers.</p> <p>B. Identification of Over and Under-triage: Review of data will help determine under and over-triage.</p> <p>C. Develop a Process to Identify Improvements: The Cardiac Subsystem will be evaluated with input from participating partners and Cardiac System enhancements will be implemented when possible.</p>		<p>Section 6.</p> <p>A ePCR copy is requested for each STEMI patient directly transported by air from Lake County to a surrounding STEMI Center.</p> <p>Continued to submit Trauma Registry and Image Trend data to EMSA.</p> <p>EMSA approved Hospital Information Exchange Discovery program grant proposal.</p>	<p>Section 6.</p> <p>Implement HIE Discovery grant.</p> <p>Complete revision of QIP Plan.</p> <p>Ensure that NCEMS Core Measures are submitted to EMSA via ICEMA and Image Trend.</p>
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North Coast Emergency Medical Services (NCEMS)
Regional EMS Plan Update- Section 2- System Assessment
March 20, 2015

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.01	QA/QI Program	X	X	X	See 1.12, 1.15, 1.18, 1.27, 2.04, 4.02, 5.13 & 5.15. As staff time allowed, reviewed & summarized QIP Reports from all base hospitals and ALS providers; reviewed PCRs, EPCIS data and investigated cases; administered the NCEMS QA/QI program. Associate Director continued as member of the EMSAAC QI Coordinators and continues as chair of the QI Template Revision Sub Committee. North Coast EMS. to develop LEMSA and provider QI Plan Template Discontinued review and submission of AED data to EMSA due to change in state regulations. Initiated process to revise QIP Plan.	See 1.12, 1.15, 1.18, 1.27, 2.04, 2.04, 4.02, 5.13 & 5.15. Secure additional funds to increase staff FTE to help review & summarize quarterly QIP Reports, review PCRs, EPCIS data, REACH records, and cases as needed. Initiate process for revision to hospital and provider QIP Plans. Review and if compliant, approve QIP Plans.. Complete and submit for public input and JPA Board approval the regional QIP Plan..

North Coast Emergency Medical Services (NCEMS)
Regional EMS Plan Update- Section 2- System Assessment
March 20, 2015

6.02	Prehospital Records	X	X	X	See 1.12, 1.15, 1.18, 1.27, 2.04, 4.02, 5.13 & 5.15. North Coast EMS selected, and with EMSA and ICEMA help, implemented the Image Trend program administered by ICEMA.	See 1.12, 1.15, 1.18, 1.27, 2.04, 4.02, 5.13 & 5.15. Continue to transmit data to EMSA. Implement the HIE Discovery grant. Participate in EMSA Core Measures program through Image Trend..
6.03	Prehospital Care Audits	X	X	X	All ALS Providers and Base Hospitals continue to conduct audits on PCR's.. See 6.01 & 6.02. Associate Director identifies quarterly QIP focused audits.	See 6.01 & 6.02
6.04	Medical Dispatch	X	X	X	See 2.04 and 3.02	See 2.04 & 3.02.
6.05	Data Management System	X	X	X	See 1.12, 1.15, 1.18, 1.27, 2.04, 4.02, 5.08, 5.10, 5.11, 5.13, 6.01, 6.02	See 1.12, 1.15, 1.18, 1.27, 2.04, 4.02, 5.08, 5.10, 5.11, 5.13, 6.01, 6.02
6.06	System Design Evaluation	X	X	X	See 1.07, 1.12, 1.26, 5.13, 5.14, 6.01, 6.02, 6.03, 6.04, 6.05	See 1.12, 1.12, 1.26, 5.13, 5.14, 5.14, 6.01, 6.02, 6.03, 6.04, 6.05
6.07	Provider Participation	X	X	X	See 6.01, 6.02, 6.03, 6.05 & 6.06. QIP Plans approved for all providers. Provider and Base Hospital Quarterly QI Reports reviewed & summarized by NCEMS as staff time allows.	Secure additional funds for increased staff help to continue to receive, monitor and summarize QIP Reports and utilize disciplinary process as needed for cause
6.08	Reporting	X	X	X	See Section 1, 5.14, 5.15, 6.01, 6.02, 6.06	See Section 1, 5.14, 5.15, 6.01, 6.02, 6.06

North Coast Emergency Medical Services (NCEMS)
 Regional EMS Plan Update- Section 2- System Assessment
 March 20, 2015

					<p>JPA Governing Board and EMCC members are included in the Information Mailings, quarterly reports, EMS, Trauma and QIP Plan review, etc.</p>	
6.10, 6.11	Trauma System Evaluation	X	X	X	<p>See Revised Trauma Plan & 1.07. Successfully transmitting Trauma 1 Registry data from both Sutter-Lakeside and Sutter-Coast Trauma Centers to EMSA.</p> <p>Experiencing and assessing technical transmission issues with T registry.</p>	<p>See Revised Trauma Plan & 1.07. Continue trauma & EMS data transfer to EMSA. Utilize Trauma Registry data for Trauma Subsystem Enhancement. Expand Trauma 1 to new Trauma Centers at their expense when designated.</p> <p>Image Trend Trauma Registry implemented.</p> <p>Resolve data transmission issues with Trauma Registry.</p>
7.01 7.02 7.03 7.04	Public Information Materials Injury Control Disaster Preparedness First Aid & CPR	X	X	X	<p>Continued limited participation in PIE Activities, mostly related to EMSC.</p> <p>Secured EMSC funds for Car Seat Safety training programs in each county.</p> <p>See quarterly General Fund reports for more information..</p>	<p>Continue participation as staff time allows. See quarterly GF reports for more information.</p>

North Coast Emergency Medical Services (NCEMS)
Regional EMS Plan Update- Section 2- System Assessment
March 20, 2015

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.01 8.02 8.03 8.04 8.05 8.06 8.07 8.08 8.09 8.10 8.11 8.12 8.13 8.14 8.15 8.16 8.17 8.18	Disaster Medical Planning, Response Plans, HazMat Training, ICS, Casualty Distribution, Needs Assessment Disaster Communications, Inventory of Resources, DMAT Teams, Mutual Aid Agreements, CCPs, Training, Plans, Communications, Policies, Roles	X	X	X	See 3.01, 3.02, 4.15 and CDPH Disaster Project Work Plans and mid-year progress report submitted by each JPA member county prepared collaboratively with each NCEMS County Disaster Liaison. Continued to support and work collaboratively with MHOACs in each county. Participated in County Disaster Medical planning & drills. Completed second year and implemented third year of Regional HPP Disaster project with CDPH funding. Continued Associated Director as the Regional Disaster Coordinator and member of state, regional and local disaster committees, and continued subcontracts with three County HPP Disaster Liaisons. Worked	See 3.01, 3.02, 4.15 & CDPH HPP Disaster Work Plan. Continue to participate in and help coordinate medical disaster activities. Continue Regional HPP Disaster Project. Continue HPP program with focus on planning of the regional medical disaster response system in collaboration with EMSA, CDPH, EMSAAC, JPA-member counties, EMS partners and the MHOAC program. Continue to help identify future HPP LEMSA deliverables and accomplish targeted deliverables as part of the HPP grant through CDPH.

North Coast Emergency Medical Services (NCEMS)
 Regional EMS Plan Update- Section 2- System Assessment
 March 20, 2015

					<p>collaboratively with EMSA, CDPH, OES, JPA Member counties, providers and others to address CDPH targeted deliverables, such as: identifying MHOAC and LEMSA responsibilities, incorporating MHOAC into county disaster plans, review of existing policies and plans; disaster meeting attendance; training of staff and contractors; disaster drill and exercise participation, MCI case review, support of data linkage during events, etc.</p> <p>Participated in efforts to ensure responder safety and training and to enhance local EMS system response to potential Ebola or infectious disease patients.</p>	
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TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$ <u>388,054.65</u>
Contract Services (e.g. medical director)	<u>90,247.91</u>
Operations (e.g. copying, postage, facilities)	<u>68,040.92</u>
Travel	<u>32,187.85</u>
Fixed assets	<u>58,079.31</u>
Indirect expenses (overhead)	_____
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: <u>Obligated Reserve</u>	<u>4,098.26</u>
Other: <u>Audit</u>	<u>6,200.00</u>
Other: _____	_____
TOTAL EXPENSES	\$ <u>646,908.90</u>

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	\$ _____
Preventive Health and Health Services (PHHS) Block Grant	<u>0</u>
Office of Traffic Safety (OTS)	_____
State general fund	<u>244,423.00</u>
County general fund	<u>1,500.00</u>
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	<u>63,053.00</u>
Certification fees	<u>15,038.00</u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	_____
Trauma center designation fees	_____
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	<u>15,000.00</u>
Type: <u>STEMI Receiving Center</u>	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	_____
Contributions	_____
EMS Fund (SB 12/612)	<u>110,367.04</u>
Other grants: <u>UC DAVIS</u>	<u>82,314.33</u>
Other fees: <u>CDPH</u>	<u>79,892.32</u>
Other (specify): <u>NOR CAL INC. Contract</u>	<u>3,056.25</u>
Other (specify): <u>Class Registrations & Misc</u>	<u>535.00</u>
Other (specify): <u>Interest</u>	<u>53.86</u>
TOTAL REVENUE	\$ <u>615,232.80</u>

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

Purchase of Equipment and Increase in accrued Salaries and Benefits.

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

We do not charge any fees
 Our fee structure is:

First responder certification	\$ <u>NA</u>
EMS dispatcher certification	<u>NA</u>
EMT-I certification	<u>40/20</u>
EMT-I recertification	<u>40/20</u>
EMT-defibrillation certification	<u>NA</u>
EMT-defibrillation recertification	<u>NA</u>
AEMT certification	<u>NA</u>
AEMT recertification	<u>NA</u>
EMT-P accreditation	<u>150</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	<u>None at this time</u>
MICN/ARN recertification	<u>None at this time</u>
EMT-I training program approval	<u>None at this time</u>
AEMT training program approval	<u>None at this time</u>
EMT-P training program approval	<u>None at this time</u>
MICN/ARN training program approval	<u>None at this time</u>
Base hospital application	<u>None at this time</u>
Base hospital designation	<u>None at this time</u>
Trauma center application	<u>None at this time</u>
Trauma center designation	<u>None at this time</u>
Pediatric facility approval	<u>None at this time</u>
Pediatric facility designation	<u>None at this time</u>
Other critical care center application	
Type: <u>STEMI</u>	<u>Initial \$15,000</u> <u>Annual \$10,000</u>
Other critical care center designation	
Type: _____	
Ambulance service license	<u>County Function</u>
Ambulance vehicle permits	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

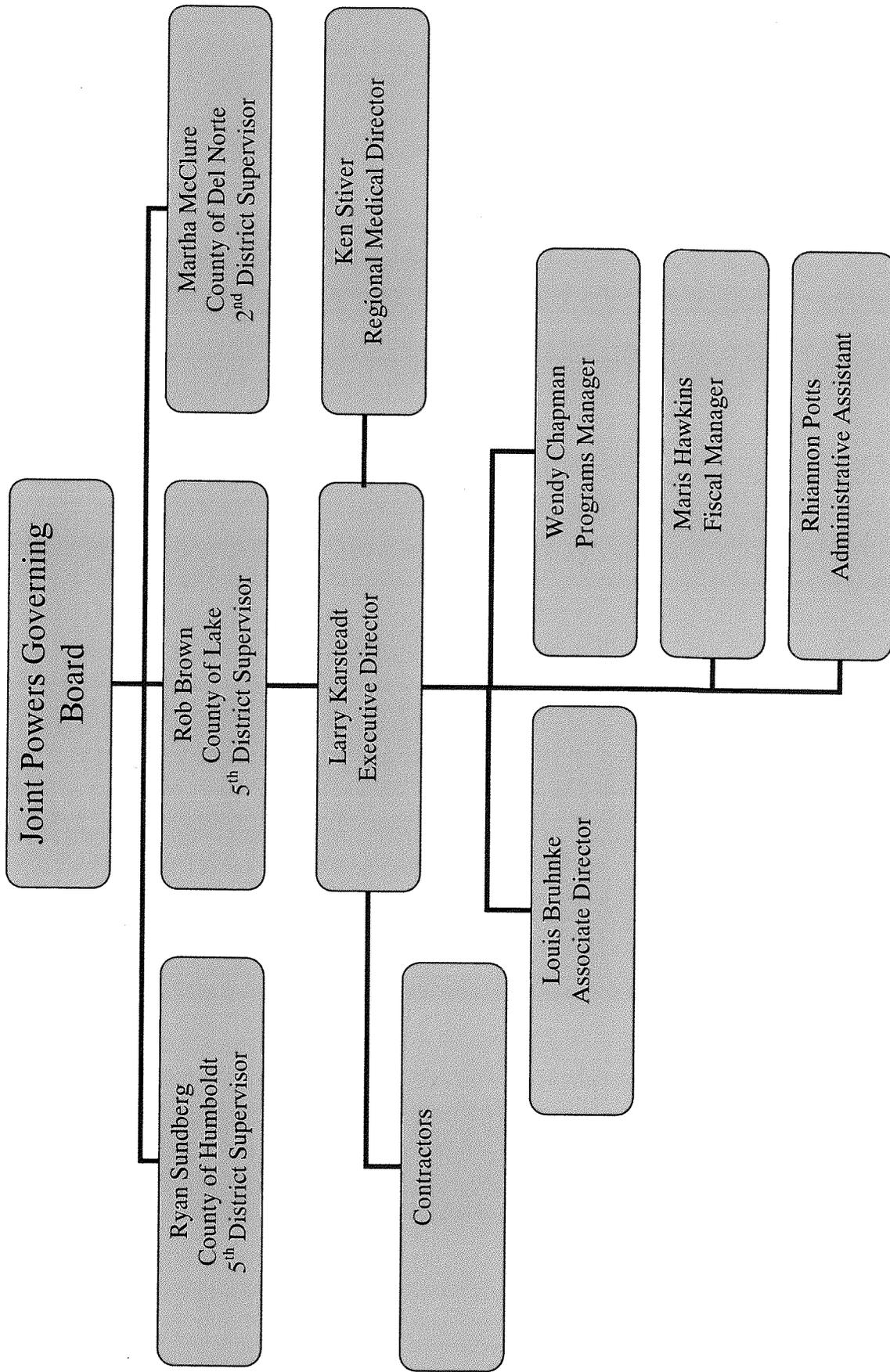
TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./Director	Executive Director	1.0	83,741.00 \$42.94 Hourly	27,840.19 .33	
Asst. Admin./Admin.Asst./Admin. Mgr.	Assistant Director	1.0	74,929.00 \$38.43 Hourly	24,960.17 .33	
ALS Coord./Field Coord./Trng Coordinator	Program Manager	1.0	59,598.00 \$30.56 Hourly	19,200.13 .32	
Program Coordinator/Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	Medical Director		20,000.00		
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	Administrative Assistant	1.0	31,855.00 \$16.34 Hourly	10,560.07 .33	
Other Clerical	Fiscal Manager	.8	41,931.00 \$26.88	13,440.09 .32	
Data Entry Clerk					

Other

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

TABLE 2
North Coast EMS Multi County Organizational Chart



FY 2014-2015 NORTH COAST EMS PERSONNEL ORGANIZATIONAL CHART

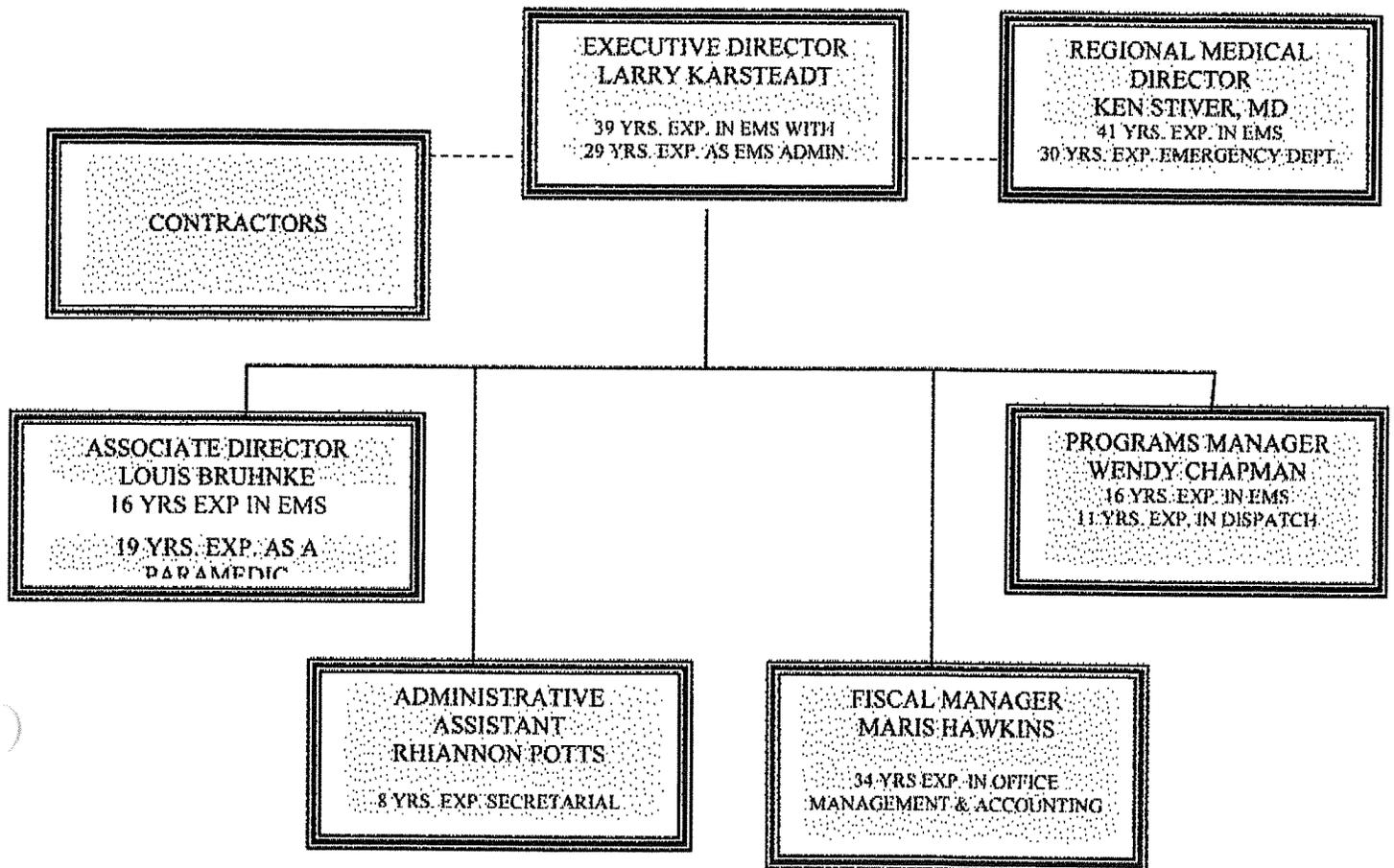


TABLE 3: AFFILING/TRAINING

Reporting Year: 2014

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	548	NA	142	31
Number newly certified this year	NA	NA	NA	NA
Number recertified this year	NA	NA	NA	NA
Total number of accredited personnel on July 1 of the reporting year	548	NA	142	31
Number of certification reviews resulting in:				
a) formal investigations	0	0	0	0
b) probation	0	0	0	0
c) suspensions	0	0	0	0
d) revocations	0	0	0	0
e) denials	0	0	0	0
f) denials of renewal	0	0	0	0
g) no action taken	0	0	0	0

1. Early defibrillation:

- a) Number of EMT-I (defib) authorized to use AEDs
- b) Number of public safety (defib) certified (non-EMT-I)

548
NA

2. Do you have an EMR training program = First Responder

yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

County: Del Norte

Reporting Year: 2014

- | | |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>1</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>0</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>0</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
<u>Del Norte Sheriff Office</u> | |
| 7. Who is your primary dispatch agency for a disaster?
<u>Del Norte Sheriff Office</u> | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>155.175</u> | |
| b. Other methods <u>Cell Phone</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

County: Humboldt

Reporting Year: 2014

- | | |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>6</u> |
| 2. Number of secondary PSAPs | <u>1</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>2</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>2</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>1</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
Humboldt County Sheriff
Eureka Police Department
Cal Fire Humboldt-Del Norte Unit
CHP
Fortuna Police Department
Arcata Police Department
Humboldt State University | |
| 7. Who is your primary dispatch agency for a disaster?
Humboldt County Sheriff
Eureka Police Department
Cal Fire Humboldt-Del Norte Unit
Fortuna Police Department
Arcata Police Department
Humboldt State University | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>Med Net Tx 467.950→468.175</u>
<u>Rx 462.950→463.175</u> | |
| b. Other methods <u>Short Wave Tx 146.910</u>
<u>Rx 146.310 Calcord Tx 156.075 Rx 156.075</u>
<u>Cell Phone</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?

Yes No

Yes No

1) Within the operational area?

2) Between operation area and the region and/or state?

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

County: Lake

Reporting Year: 2014

- | | |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u> 1 </u> |
| 2. Number of secondary PSAPs | <u> 0 </u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u> 1 </u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u> 0 </u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u> 1 </u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
<u> Lake County Sheriff's Office </u> | |
| 7. Who is your primary dispatch agency for a disaster?
<u> Lake County Sheriff's Office </u> | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u> Med Net </u> | |
| b. Other methods <u> Redundant Programmable Portable Repeaters, Ham Radios, Mobile Command Communications Vehicle </u> | |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

Reporting Year: 2014

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 5

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	Does not exceed 5 minutes	Does not exceed 15 minutes	As quickly as possible	5 minutes to as quickly as possible
Early defibrillation responder	Does not exceed 5 minutes	As quickly as possible	As quickly as possible	5 minutes to as quickly as possible
Advanced life support responder	Does not exceed 8 minutes	Does not exceed 20 minutes	As quickly as possible	8 minutes to as quickly as possible
Transport Ambulance	Does not exceed 8 minutes	Does not exceed 20 minutes	As quickly as possible	8 minutes to as quickly as possible

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

Reporting Year: 3rd Quarter CY 2013 - 3rd Quarter CY 2014

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>402</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>323</u>
3. Number of major trauma patients transferred	<u>43</u>
4. Number of patients meeting triage criteria who were not treated at a trauma center	<u>N/A</u>

Emergency Departments

Total number of emergency departments	<u>7</u>
1. Number of referral emergency services	<u>0</u>
2. Number of standby emergency services	<u>2</u>
3. Number of basic emergency services	<u>5</u>
4. Number of comprehensive emergency services	<u>0</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>7</u>
2. Number of base hospitals with written agreements	<u>7</u>

TABLE 7: SYSTEM RESOURCES AND OPERATIONS—Disaster Medical

Reporting Year: 2014

County: Del Norte

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? See below
- b. How are they staffed? See below
- c. Do you have a supply system for supporting them for 72 hours? Yes No

Although it is desirable to pre-identify potential field treatment sites, the emergency itself will ultimately determine whether these pre-identified sites are most appropriate for the given circumstances. North Coast EMS is in the process of drafting guidelines for the identification of field treatment sites. These guidelines will highlight the desirability of choosing a site that:

- Ensures care provider safety.
- Is upwind, uphill, or remote from the incident.
- Is easily accessible to emergency vehicles, and provide for a one-way traffic plan.
- Is near a clean water source.
- Is near a power source unless adequate independent power generation is available.
- Is large enough to accommodate the anticipated needs of the incident, including parking and responder support services.
- Ideally - allows for rotor wing aircraft access and staging.
- Ideally – is accessible to wireless communications.
- Ideally – is near restrooms.
- Ideally – is near existing medical facilities/personnel (e.g. a hospital).

North Coast EMS has made preliminary inquiries into previously identified FTS in our three constituent counties, and will be working with local EMS response agencies, hospitals, and public health representatives to catalogue and share the locations of potential FTSs among appropriate agencies.

2. CISD

- Do you have a CISD provider with 24 hour capability Yes No
-

TABLE 7: SYSTEM RESOURCES AND OPERATIONS—Disaster Medical

3. Medical Response Team

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

4. Hazardous Materials

- a. Do you have any HazMat trained medical response team? Yes No
- b. At what HazMat level are they trained? _____
- c. Do you have the ability to do decontamination in an emergency room? Yes No
- d. Do you have the ability to do decontamination in the field? Yes No

OPERATIONS

- 1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes No
 - 2. What is the maximum number of local jurisdictions EOCs you will need to interact with in a disaster? 2 cities
 - 3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes No
 - b. exercise? Yes No
 - 4. List all counties with which you have a written medical mutual aid agreement. All 58 counties are part of the State Muster Mutual Aid Agreement
 - 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes No
Good informal relationships
 - 6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? Yes No
Good informal relationships
 - 7. Are you part of a multi-county EMS system for disaster response? Yes No
 - 8. Are you a separate department or agency? Yes No
-

TABLE 7: SYSTEM RESOURCES AND OPERATIONS—Disaster Medical

9. If not, to whom do you report? _____

8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?

Yes No

TABLE 7: SYSTEM RESOURCES AND OPERATIONS—Disaster Medical

Reporting Year: 2014

County: Humboldt

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? See Below
- b. How are they staffed? See Below
- c. Do you have a supply system for supporting them for 72 hours? Yes No

Although it is desirable to pre-identify potential field treatment sites, the emergency itself will ultimately determine whether these pre-identified sites are most appropriate for the given circumstances. North Coast EMS is in the process of drafting guidelines for the identification of field treatment sites. These guidelines will highlight the desirability of choosing a site that:

- Ensures care provider safety.
- Is upwind, uphill, or remote from the incident.
- Is easily accessible to emergency vehicles, and provide for a one-way traffic plan.
- Is near a clean water source.
- Is near a power source unless adequate independent power generation is available.
- Is large enough to accommodate the anticipated needs of the incident, including parking and responder support services.
- Ideally - allows for rotor wing aircraft access and staging.
- Ideally – is accessible to wireless communications.
- Ideally – is near restrooms.
- Ideally – is near existing medical facilities/personnel (e.g. a hospital).

North Coast EMS has made preliminary inquiries into previously identified FTS in our three constituent counties, and will be working with local EMS response agencies, hospitals, and public health representatives to catalogue and share the locations of potential FTSs among appropriate agencies.

2. CISD

Do you have a CISD provider with 24 hour capability Yes No

3. Medical Response Team

TABLE 7: SYSTEM RESOURCES AND OPERATIONS—Disaster Medical

- a. Do you have any team medical response capability? Yes No
 - b. For each team, are they incorporated into your local response plan? Yes No
 - c. Are they available for statewide response? Yes No
 - d. Are they part of a formal out-of-state response system? Yes No
4. Hazardous Materials
- a. Do you have any HazMat trained medical response team? Yes No
 - b. At what HazMat level are they trained? Decontamination
 - c. Do you have the ability to do decontamination in an emergency room? Yes No
 - d. Do you have the ability to do decontamination in the field? Yes No

OPERATIONS

- 1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes No
- 2. What is the maximum number of local jurisdictions EOCs you will need to interact with in a disaster? 7
- 3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes No
 - b. exercise? Yes No
- 4. List all counties with which you have a written medical mutual aid agreement. None with individual counties except through State Mutual Aid Agreement.
- 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes No
- 6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? Yes No
- 7. Are you part of a multi-county EMS system for disaster response? Yes No
- 8. Are you a separate department or agency? Yes No
- 9. If not, to whom do you report? Disasters: Dr. Donald Baird, Humboldt County Health Officer

Table 8: Resource Directory

Reporting Year: 2014

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Del Norte **Provider:** Del Norte Ambulance **Response Zone:** Del Norte County

Address: PO Box 306 **Number of Ambulance Vehicles in Fleet:** 6

Crescent City, CA 95531

Phone Number: 707-487-1116 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

4300	Total number of responses	3650	Total number of transports
1550	Number of emergency responses	240	Number of emergency transports
2750	Number of non-emergency responses	3410	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table Resource Directory

Reporting Year: 2014

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Humboldt Provider: Arcata-Mad River Ambulance Response Zone: 1

Address: Post Office Box 4948 Number of Ambulance Vehicles in Fleet: 4
 Arcata, CA 95521

Phone Number: (707) 822-3353 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport X ALS X 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
---	--	---	--	---

Transporting Agencies

3753	Total number of responses	2389	Total number of transports
2113	Number of emergency responses	58	Number of emergency transports
1640	Number of non-emergency responses	2331	Number of non-emergency transports

Air Ambulance Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2014

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Humboldt Provider: City Ambulance of Eureka, Inc. Response Zone: 3 & 4

Address: 135 W. Seventh Street Number of Ambulance Vehicles in Fleet: 10

Eureka, CA 95501

Phone Number: (707) 445-4907 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 6

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: X Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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Ownership: <input type="checkbox"/> Public X Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
---	--	--	---	---

Transporting Agencies

<u>10363</u>	Total number of responses	<u>9687</u>	Total number of transports
<u>8827</u>	Number of emergency responses	<u>8172</u>	Number of emergency transports
<u>1536</u>	Number of non-emergency responses	<u>1515</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2014

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Humboldt **Provider:** Humboldt Bay Fire Authority **Response Zone:** _____

Address: 533 C Street **Number of Ambulance Vehicles in Fleet:** 0
Hoopa, CA 95546

Phone Number: (707) 441-4000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 X Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: X Public <input type="checkbox"/> Private	If Public: X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State X Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
---	---	---	--	---

Transporting Agencies

0 _____ Total number of responses
 0 _____ Number of emergency responses
 0 _____ Number of non-emergency responses

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

Table 8: Resource Directory

Reporting Year: 2014

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Humboldt Provider: K'ima:w Ambulance Response Zone: 2

Address: PO Box 1288 Number of Ambulance Vehicles in Fleet: 3
Hoop, CA 95546

Phone Number: (530) 625-4261 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: X Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>Hoop Valley Tribe</u>	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

1209	Total number of responses	<u>835</u>	Total number of transports
1205	Number of emergency responses	<u>831</u>	Number of emergency transports
4	Number of non-emergency responses	<u>4</u>	Number of non-emergency transports

Air Ambulance Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2014

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Humboldt Provider: Shelter Cove Fire Dept. Response Zone: 4

Address: 9126 Shelter Cove Road Number of Ambulance Vehicles in Fleet: 1
Whitethorn, CA 95589

Phone Number: (707) 986-7507 or 911 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input checked="" type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
---	---	--	--	---

Transporting Agencies

NA _____ Total number of transports _____
 _____ Number of emergency transports _____
 _____ Number of non-emergency transports _____

Air Ambulance Services

_____ Total number of transports _____
 _____ Number of emergency transports _____
 _____ Number of non-emergency transports _____

Table 8: Resource Directory

Reporting Year: 2014

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Lake Provider: Kelseyville Fire Department Response Zone: Kelseyville Fire District

Address: PO Box 306 Number of Ambulance Vehicles in Fleet: 5
Kelseyville, CA 95451

Phone Number: (707) 279-4268 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: X Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: X Public <input type="checkbox"/> Private	If Public: X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

2517	Total number of responses	1808	Total number of transports
1402	Number of emergency responses	708	Number of emergency transports
1115	Number of non-emergency responses	1100	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table Resource Directory

Reporting Year: 2014

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Lake Provider: Lake County Fire Dept. Response Zone: 65/70 (1-2-3)

Address: 14815 Olympic Drive
Clearlake, CA 95422

Phone Number: (707) 263-4396

Number of Ambulance Vehicles in Fleet: 5

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2 (ALS) & 1 (IFT)

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> <p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

4412	Total number of responses	3401	Total number of transports
4133	Number of emergency responses	3122	Number of emergency transports
279	Number of non-emergency responses	279	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2014

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Lake Provider: Lakeport Fire Department Response Zone: Lakeport

Address: 445 Main Street Number of Ambulance Vehicles in Fleet: 4
Lakeport, CA 95453

Phone Number: (707) 263-4396 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes X No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: X Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: X Public <input type="checkbox"/> Private	If Public: X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State X Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

886	Total number of responses	884	Total number of transports
513	Number of emergency responses	16	Number of emergency transports
373	Number of non-emergency responses	868	Number of non-emergency transports

Air Ambulance Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2014

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Lake Provider: Northshore Fire Protection District Response Zone: Northshore Fire District

Address: PO Box 1199 Number of Ambulance Vehicles in Fleet: 6
Lucerne, CA 95458

Phone Number: (707) 274-3100 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes X No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: X Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: X Public <input type="checkbox"/> Private	If Public: X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State X Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

2152	Total number of responses	1035	Total number of transports
2128	Number of emergency responses	1011	Number of emergency transports
24	Number of non-emergency responses	24	Number of non-emergency transports

Air Ambulance Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2014

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Lake Provider: REACH Response Zone: _____

Address: 4615 Highland Springs Road Number of Ambulance Vehicles in Fleet: 1
Lakeport, CA 95453

Phone Number: (800) 338-4045 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: X Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input type="checkbox"/> Public X Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: X Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue X Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

Total number of responses _____ Total number of transports _____
 Number of emergency responses _____ Number of emergency transports _____
 Number of non-emergency responses _____ Number of non-emergency transports _____

Air Ambulance Services

8 _____ Total number of responses 6 _____ Total number of transports
 8 _____ Number of emergency responses 6 _____ Number of emergency transports
 0 _____ Number of non-emergency responses 0 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2014

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Lake South Lake County Fire South Lake Fire District
 Provider: South Lake County Fire Response Zone: South Lake Fire District

Address: PO Box 1360 Number of Ambulance Vehicles in Fleet: 4
Middletown, CA 95461

Phone Number: (707) 978-9478 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes X No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: X Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 X Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: X Public <input type="checkbox"/> Private	If Public: X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State X Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

3 Total number of responses 4 Total number of transports
 3 Number of emergency responses 0 Number of emergency transports
 0 Number of non-emergency responses 4 Number of non-emergency transports

Air Ambulance Services

 Total number of responses Total number of transports
 Number of emergency responses Number of emergency transports
 Number of non-emergency responses Number of non-emergency transports

Table 9: Resources Directory

Facilities

County: Del Norte

Note: Complete information for each facility by county. Make copies as needed.

Facility: Sutter Coast Hospital Telephone Number: (707) 464-8888

Address: 800 E. Washington

Crescent City, CA 95531

<p>Written Contract:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Service:</p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency</p> <p><input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p>Base Hospital:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Burn Center:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹</p> <p>EDAP²</p> <p>PICU³</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Trauma Center:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Trauma Center what level:</p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II</p> <p><input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level IV</p>
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<p>STEMI Center:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Stroke Center:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: Humboldt

Note: Complete information for each facility by county. Make copies as needed.

Facility: St. Joseph Hospital Telephone Number: (707) 445-8121

Address: 2700 Doibeer Street
Eureka, CA 95501

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input checked="" type="checkbox"/> Level 0
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: Humboldt

Note: Complete information for each facility by county. Make copies as needed.

Facility: Redwood Memorial Hospital
 Address: 3300 Renner Drive
Fortuna, CA 95540

Telephone Number: (707) 725-7382

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Services:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center ¹ EDAP ² PICU ³	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input checked="" type="checkbox"/> Level 0
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: Humboldt

Note: Complete information for each facility by county. Make copies as needed.

Facility: Mad River Community Hospital Telephone Number: (707) 822-3621
 Address: P.O. Box 1115
Arcata, CA 95521

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Services:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center ¹ EDAP ² PICU ³	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input checked="" type="checkbox"/> Level 0
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: Humboldt

Note: Complete information for each facility by county. Make copies as needed.

Facility: Jerold Phelps Hospital Telephone Number: (707) 923-3921
 Address: 733 Cedar Street
Garberville, CA 95542

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center ¹ EDAP ² PICU ³	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input checked="" type="checkbox"/> Level 0
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: Lake

Note: Complete information for each facility by county. Make copies as needed.

Facility: St. Helena Hospital Clearlake Telephone Number: (707) 994-6486

Address: Post Office Box 6710
Clearlake, Ca 95422

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center ¹ EDAP ² PICU ³	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input checked="" type="checkbox"/> Level 0
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: Lake

Note: Complete information for each facility by county. Make copies as needed.

Facility: Sutter Lakeside Hospital Telephone Number: (707) 262-5008

Address: 5176 Hill Road East
Lakeport, Ca 95451

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency</p> <p><input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹</p> <p>EDAP²</p> <p>PICU³</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II</p> <p><input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level IV</p> <p><input type="checkbox"/> Level 0</p>
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<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Del Norte Reporting Year: 2014

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name/Address Del Norte Fire Consortium 520 I Street Crescent City, CA 95531	Cindy Henderson (707) 487-1116
Student Eligibility: * Open to general public	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>30</u> Refresher: <u>15</u> Cont. Education: <u>Yes</u> Expiration Date: <u>8/31/17</u>
Cost of Program Basic <u>\$ NA</u> Refresher <u>\$ 40</u>	Number of courses: <u>2</u> Initial training: <u>1</u> Refresher: <u>1</u> Cont. Education: <u>Yes</u>

* Open to general public or restricted to certain personnel only.

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Humboldt

Reporting Year: 2014

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name/Address College of the Redwoods 7351 Tompkins Hill Road Eureka, CA 95501-9300		Virginia Plambeck (707) 476-4236; (707) 476-4214
Student Eligibility: *	Cost of Program Tuition + fees, plus books, uniform and immunization. Basic _____ Refresher \$125	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>64</u> Refresher: <u>22</u> Cont. Education: <u>Yes</u> Expiration Date: <u>8/31/17</u>
		Number of courses: <u>Fall & Spring (semesters)</u> Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: <u>Yes</u>
Training Institution Name/Address Humboldt State University, Center Activities Arcata, CA 95521		Dave Nakamura (707) 826-3357
Student Eligibility: * Open to the general public	Cost of Program <u>HSU Students</u> Basic \$235 Refresher \$125	**Program Level: <u>EMT-I, Refresher</u> Number of students completing training per year: Initial training: <u>67</u> Refresher: <u>26</u> Cont. Education: <u>Yes</u> Expiration Date: <u>8/31/17</u> Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: <u>Yes</u>

* Open to general public or restricted to certain personnel only.

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

* Open to general public or restricted to certain personnel only.

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Lake

Reporting Year: 2014

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name/Address Lake County Fire 14805 Olympic Dr. Clearlake, CA 95422	Student Eligibility:* Open to general public	Cost of Program Basic <u>\$140</u> Refresher <u>\$0</u>	Willie Sapeta (707) 994-2170 ext 37 **Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education: <u>Yes</u> Expiration Date: <u>9/30/17</u> Number of courses: <u>0</u> Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education: <u>Yes</u>
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* Open to general public or restricted to certain personnel only.

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

Training Institution Name/Address Mendocino Community College P.O. Box 3000 Ukiah, CA 95482	Student Eligibility:* Open to general public	Cost of Program Basic <u>\$130</u> Refresher <u>\$100</u>	Debbie Arrington (707) 275-0538 **Program Level: <u>EMT-I, Refresher</u> Number of students completing training per year: Initial training: <u>14</u> Refresher: <u>8</u> Cont. Education: <u>Yes</u> Expiration Date: <u>8/31/17</u> Number of courses: <u>2</u> Initial training: <u>1</u> Refresher: <u>1</u> Cont. Education: <u>Yes</u>
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* Open to general public or restricted to certain personnel only.

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

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Humboldt

Reporting Year: 2014

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

Name: Humboldt County Sheriff Address: 826 4 th Street Eureka, CA 95501 707-445-7251		Primary Contact: Cheri Williams
Telephone Number: 707-445-7251	Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	Number of Personnel Providing Services: ___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ 9 ___ Other
	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

Name: Eureka Police Department Address: 604 C Street Eureka CA, 95501 707-441-4334		Primary Contact: Michelle Reynosa-Sanchez
Telephone Number: 707-441-4334	Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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: _____	Number of Personnel Providing Services: ___ 11 ___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ 9 ___ Other
	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

Cal Fire Humboldt- Del Norte Unit

Name: _____ Primary Contact: Paul Duncan
 Address: 118 South Fortuna Boulevard
 Fortuna, CA 95540
 Telephone Number: 707-725-4413

Written Contract: Yes No
 Medical Director: Yes No
 Day-to-Day Disaster
 Ownership: Public Private

Number of Personnel Providing Services:
 11 EMD Training EMT-D ALS
 BLS LALS Other
 If Public: City County State Fire District Federal
 If Public: Fire Law Other
 Explain: _____

CHP

Name: _____ Primary Contact: Claire Norton
 Address: 255 East Samoa Blvd
 Arcata, CA 95521
 Telephone Number: 707-268-2000

Written Contract: Yes No
 Medical Director: Yes No
 Day-to-Day Disaster
 Ownership: Public Private

Number of Personnel Providing Services:
 EMD Training EMT-D ALS
 BLS LALS 13 Other
 If Public: City County State Fire District Federal
 If Public: Fire Law Other
 Explain: _____

Name: Fortuna Police Department Primary Contact: Sgt. Charles Ellebrecht
 Address: 621 11th Street
Fortuna, CA 95540
 Telephone Number: 707-725-7550

Written Contract: Yes No
 Medical Director: Yes No

Ownership: Public Private

Number of Personnel Providing Services:
 EMD Training _____ EMT-D _____ ALS _____
 BLS _____ LALS _____ 5 _____ Other _____

If Public: City County State Fire District Federal

If Public:
 Fire
 Law
 Other
 Explain: _____

Name: Arcata Police Department Primary Contact: Sgt. Ryan Peterson
 Address: 736 F Street
Arcata, CA 95521
 Telephone Number: 707-822-2428

Written Contract: Yes No
 Medical Director: Yes No

Ownership: Public Private

Number of Personnel Providing Services:
 EMD Training _____ EMT-D _____ ALS _____
 BLS _____ LALS _____ 6 _____ Other _____

If Public: City County State Fire District Federal

If Public:
 Fire
 Law
 Other
 Explain: _____

Name: Humboldt State University Police		Primary Contact: Angelica Presidio-Nessen	
Address: 1 Harpst Street Arcata, CA 95521			
Telephone Number: 707-822-5555			
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Personnel Providing Services: EMT Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 5 _____ 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 type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

TABLE 11 RESOURCES DIRECTORY -- Dispatch Agency

County: Del Norte

Reporting Year: 2014

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

Name: <u>Del Norte County Sheriff Office</u> Primary Contact: _____	
Address: <u>650 5th St</u> <u>Crescent City, CA</u>	
Telephone Number: <u>(707) 464-4191</u>	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Day-to-Day <input type="checkbox"/> Disaster
Number of Personnel Providing Services: EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other _____	
If Public: <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	

TABLE 11 RESOURCES DIRECTORY -- Dispatch Agency

County: Lake

Reporting Year: 2014

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

Name: <u>Lake County Sheriff Office</u>		Primary Contact: _____
Address: <u>1200 Martin Street</u>		
<u>Lakeport, CA</u>		
Telephone Number: <u>(707) 263-2690</u>		
Written Contract:	Medical Director:	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Day-to-Day
		<input type="checkbox"/> Disaster
Ownership:	If Public:	<input type="checkbox"/> EMD Training _____ EMT-D _____ ALS
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law	<input type="checkbox"/> BLS _____ LALS _____ Other _____
	<input type="checkbox"/> Other	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
	Explain: _____	

**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: North Coast Emergency Medical Services
Area or subarea (Zone) Name or Title: Del Norte County
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Del Norte Ambulance, uninterrupted service starting in the mid 70's with no decrease in service or changes to zone.
Area or subarea (Zone) Geographic Description: Del Norte County (entire county)
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.

**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: North Coast Emergency Medical Services
Area or subarea (Zone) Name or Title: Humboldt County
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Arcata-Mad River Ambulance, Inc. has been providing service to this area since 1962.
Area or subarea (Zone) Geographic Description: North west portion of the county extending from the Indianola cutoff on US101 North to the Humboldt/Del Norte County line. East on SR255 to Redwood Creek bridge. West to the Pacific Ocean.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>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.).</small>
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> The service would be eligible for exclusivity under the grandfather provisions of HS 1797.85.

**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: North Coast Emergency Medical Services</p>
<p>Area or subarea (Zone) Name or Title: Humboldt County, Zone 2, East</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. K'ima:w Medical Center Rescue Ambulance, 29 years of operation</p>
<p>Area or subarea (Zone) Geographic Description: Eastern Humboldt County, Zone 2 Extends from the North Humboldt County Line to the South at Redwood Creek Bridge Hwy. 299. East on Humboldt County Line. West to School House Peak on Bald Hills Road.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</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.</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: North Coast Emergency Medical Services
Area or subarea (Zone) Name or Title: Humboldt County, Zones 3, Eureka/Fortuna/Garberville
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City Ambulance of Eureka, Inc., 34 years of operation
Area or subarea (Zone) Geographic Description: Zone 3 begins North at New Indianola (includes intersections with Hwy. 101 & Old Arcata Rd.) and up to 1700 block of Peninsula Drive and up in Manila. South to Hookton Road & Hwy. 101. East at Showers Pass. West to the Pacific Ocean.
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.

**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: North Coast EMS
Area or subarea (Zone) Name or Title: Humboldt County, Zones 4, Eureka/Fortuna/Garberville
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City Ambulance of Eureka, Inc., 34 years of operation
Area or subarea (Zone) Geographic Description: Zone 4 begins North at Hookton Road and Hwy. 101. South to Dyerville Bridge and Hwy. 101 and Alderpoint Blocksburg Road 7 miles south of SR 36. East Showers Pass Humboldt County Line. West to the Pacific Ocean.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.
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.). Non-Exclusive
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.

**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: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: Kelseyville Fire District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Kelseyville Fire District
Area or subarea (Zone) Geographic Description: Kelseyville Fire District
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.

**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: North Coast EMS- Lake County</p>
<p>Area or subarea (Zone) Name or Title: Lake County Fire District</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Lake County Fire District</p>
<p>Area or subarea (Zone) Geographic Description: Lake County Fire District</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). "ALS & BLS"</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 Lake County Fire Protection District (LCFPD) provide EMS services over a 185-square mile service area to include the City of Clearlake and the Town of Lower Lake with an average call volume of approximately 5,200 annually. The LCFPD operates two ALS ambulances and one BLS engine 24/7/365. At peaks calls times the LCFPD has an automatic aid agreement with the remaining Lake County Fire Service agencies. Throughout the County of Lake the Fire Districts of Lake County have a fleet of 27 equipped ambulances. Out of those 27 ambulances 13 of those run 911 calls for service 24/7/365 with an additional 5 are set for IFT operations leaving 9 ambulances as reserves or to be staffed in the event of an MCI as when Lake County responded to the Lone Star MCI in Colusa County in 2008 with 9 ambulances while maintaining 12 ambulances for 911 service.</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: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: Lakeport
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Lakeport Fire
Area or subarea (Zone) Geographic Description: Lakeport Fire District
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.

**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: North Coast Emergency Medical Services
Area or subarea (Zone) Name or Title: Humboldt County, Zone 4, Shelter Cove
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Shelter Cove Fire Department, years of operation 16 years (Established 1997).
Area or subarea (Zone) Geographic Description: Southern Humboldt, Zone 4
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.). All Emergencies
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.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

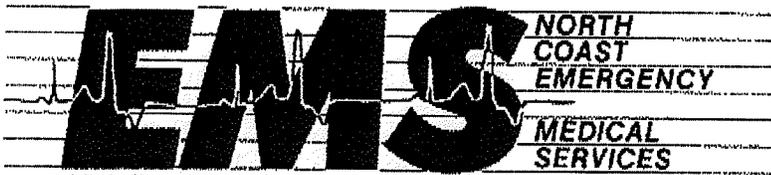
In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: Northshore Fire Protection District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Northshore Fire Protection District
Area or subarea (Zone) Geographic Description: Lucerne Fire District, Nice Fire District, Upperlake Fire Department, Clearlake Oaks Fire Department
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.

**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: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: South Lake County Fire District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. South Lake County Fire District
Area or subarea (Zone) Geographic Description: South Lake County Fire District
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.



3340 Glenwood Street, Eureka, CA 95501 (707) 445-2081 (800) 282-0088 FAX (707) 445-0443

February 09, 2015

Tom McGinnis, NREMT-P
EMS Systems Division Chief
California EMS Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670

Re: EMS Plan: Trauma System Status Report

Dear Tom:

The North Coast EMS *Trauma System Status Report* is attached.

Please note the following changes since our last revision was submitted:

- 1) CEMSIS/Trauma Data submissions continue to the State EMS Authority. Data transfers have been completed through 3rd quarter of CY 2014 from both trauma centers within the North Coast EMS region.
- 2) Despite the continuation of Trauma Center designation efforts in Humboldt County remaining on-hold, interest from local hospitals has been verbalized this prior year in support of pursuing trauma designation.
- 3) The Lake County Trauma Advisory Committee has convened biannually. Our ability to monitor the Trauma System continues to be limited by staff size and other priorities.
- 4) Policy #7000, *Trauma Triage Determination and Transport Destination Policy*, completed review with Coastal Valley EMS and Trauma Advisory Committee members and concluded with the no recommendations for change.
- 5) Policy #7005, *EMS System Process for Providing Trauma Quality Improvement*, was updated and approved.
- 6) Sutter Coast Hospital Level IV Trauma Center underwent a successful focused survey visit conducted August 2014. This was an opportunity to follow-up on recommendations specific to performance improvement and multi-disciplinary reviews. This was accomplished in coordination with State of Oregon representatives pursuant to the dual designation within the California and Oregon state regulations.

- 7) In-depth review of Lake County's trauma catchment service area was conducted at the request of Lake County TAC membership. Concerns identified were related to impact of code 3 transports on local providers. NCEMS generated "geo-mapping" data from CY 2010-2013 confirmed appropriate utilization of local resources given complex terrain. Conclusion was made for no recommendation to pursue change in boundary lines.

We look forward to your positive review of our Trauma Plan update.

Sincerely,

Larry Karsteadt, Executive Director
North Coast EMS

c: JPA Board Members and Alternates

Lake County Trauma Advisory Committee Members
County Health and Human Services Administrator and Health Officer
Siri Nelson, COO, Sutter-Lakeside Hospital
John Stein, M.D., Trauma Medical Director, Sutter-Lakeside Hospital
Judy Gallagher, R.N., Director of Emergency Services, Sutter Lakeside Hospital
Cyndy Forbes, R.N., Trauma Coordinator, Sutter-Lakeside
Mitch Hanna, Interim CEO, Sutter-Coast Hospital
Sandy Saunders, M.D., Trauma Medical Director, Sutter-Coast Hospital
Mercedes Rodriguez-Borges, R.N., Trauma Coordinator, Sutter-Coast Hospital
Roy Christian, R.N, Director of Emergency Services, Sutter-Coast Hospital

February 09, 2015, 2015 -- Larry Karsteadt, Executive Director & Pam Mather, R.N., Trauma & EMSC Coordinator

This **EMS Plan: Trauma System Status Report** is based upon the Emergency Medical Services Authority, *Trauma System Plan Revision & Annual Trauma System Status Report Guidelines*, updated June 2012.

I. Trauma System Summary:

North Coast EMS is the local EMS agency for Del Norte, Humboldt, and Lake Counties.

Sutter Coast Hospital in Del Norte County provides trauma care as part of the California and Oregon Trauma System, and is jointly designated as a Level IV Trauma Center by the State of Oregon and North Coast EMS. Due to their large service area, and geographical isolation to neighboring facilities, they directly receive all trauma patients from Del Norte County and south west Oregon. We coordinate ongoing monitoring and evaluation of the Trauma System with the Sutter-Coast Hospital Trauma Coordinator. Since our last update, Rita Nicklas R.N. was replaced by Mercedes Rodriguez-Borges R.N. Further evaluation is ongoing through updates received from participation with CEMSIS/Trauma data collection, periodic attendance at monthly Medical Advisory Committee (MAC) meetings, and ongoing dialog with North Coast EMS staff. Sutter Coast Hospital is the only hospital within an 80 mile radius, and the closest higher level Trauma Center is 212 miles away. The Del Norte Trauma Advisory Committee (TAC) functions as part of the Oregon Trauma System (ATAB #5) which convenes routinely. The SCH Trauma Program Manager attends all ATAB#5 meetings. North Coast EMS staff will attend ATAB#5 meetings when conducted in Del Norte County. North Coast EMS also attended an orientation meeting with hospital personnel to review Trauma Center, Base Hospital, and Emergency Department Approved for Pediatrics responsibilities; established a MAC-North committee to provide a forum to discuss Del Norte County EMS issues; and participated in the review of numerous cases, several including trauma patients. The latter resulted in improvements in field to hospital communications and increased orientation of new personnel to current North Coast EMS trauma protocols, policies and procedures.

Humboldt County remains the only county in our region without a designated Trauma Center. However, St. Joseph Hospital has continued to express interest in future designation. North Coast EMS Executive Director and Medical Director remain available to all interested parties requesting history and perspective on regional trauma planning and potential Trauma Center designation process. Within the Humboldt County area, monthly participation in the MAC provides an arena for evaluation of all EMS related care, including trauma, as do our electronic PCR program and quarterly QIP Reports. North Coast EMS also co-conducted with Redwood Memorial Hospital a motor vehicle related Multi-Casualty Incident debriefing.

Lake County's hospital, Sutter-Lakeside, remains the only other Trauma Center within our region. Designated as a Level IV, we coordinate ongoing monitoring and evaluation of the Trauma System with the Sutter-Lakeside Hospital Trauma Coordinator. Since our last update, Mary Cardinale-Stein's position was replaced by Cyndy Forbes, R.N. Further evaluation is ongoing through the coordination of the Lake County Trauma Advisory Committee. Trauma patients meeting Trauma Triage Criteria are most commonly directly flown out of Lake County to Level I or II Trauma Centers in Sacramento, Santa Rosa and very infrequently to a Level III in the Napa region. North Coast EMS has Memorandums of Understanding with Coastal Valley's EMS and Sacramento County EMS regarding quality review, and the Trauma Care System in Lake County is working effectively. Ongoing coordination with Cyndy Forbes results in periodic Lake County TAC meetings, quarterly QI reports, and regular updates on Trauma System developments provided at the bi-monthly Lake County EMCC meetings.

II. Changes in Trauma System:

Pam Mather R.N., remains on contract, and as funding permits, oversees Trauma Center requirements, Trauma Advisory Committee meetings, implementation and ongoing submission of the Trauma One registry data and various other aspects of trauma care.

Currently, the North Coast EMS Trauma Plan specifies regional Trauma Advisory Committee meetings convene on a quarterly basis. However, this schedule is not realistic due to low volumes, rural locations and budget limitations for staff time and travel. The North Coast EMS Trauma Plan, specific to the Regional Trauma Advisory Committee (ReTAC), remains under review exploring additional ways to accomplish this aspect of Trauma System evaluation and performance improvement process given the limitations in staffing and budget.

The North Coast EMS region continues to utilize Lancet Technology's Trauma One data registry program. Data transmissions continue from the North Coast region to EMSA. However, this past year an adjustment to transmitting data was required due to the state's change from Lancet to ImageTrend for data collection. North Coast EMS has experienced an increase in error reports with data transmission and continues to work with representatives from both Lancet and ImageTrend on solutions.

III. Number and Designation Level of Trauma Centers:

The North Coast EMS region currently has two designated **Level IV Trauma Centers**.

- Sutter-Lakeside Hospital, Lakeport, CA. (Lake County)
- Sutter-Coast Hospital, Crescent City, CA. (Del Norte County)

IV. Trauma System Goals and Objectives:

1	Accomplish 2015 upgrade to the North Coast EMS <i>Trauma One</i> trauma registry system utilized by North Coast EMS region.	
	Action Steps	
	Specific	Complete the update to the North Coast region's Lancet -Trauma One trauma registry system in order to incorporate the 2015 National Trauma Data Standard: Data Dictionary as directed by Lancet Technology.
	Measurable	North Coast EMS will coordinate with Lancet Technology and Trauma Coordinators to complete the download prior to entering admissions for 2015.
	Attainable	Complete review of timeline and instructions received from Lancet Team and communicate with Trauma Coordinators to await news of completion of upgrade prior to entering 2015 admissions.
	Relevant	Upgrade will allow for the maintenance of standard data sets.
	Time-specific	To be completed by end of 1 st quarter to allow for timely trauma registry data entry of January 2015 cases.

2	North Coast EMS utilization of CEMSIIS- Trauma One Data registry to assess quality of care.	
	Action Steps	
	Specific	Ongoing learning and development of customized queries and reports to support evaluation of trauma care and trends in the North Coast EMS region.
	Measurable	At a minimum, track and trend the following data points region-wide and Trauma Center specific: <ul style="list-style-type: none"> • Population demographics • Injury type • Injury Severity Scores • Patient outcomes/disposition Evaluate appropriateness and need of specific data points through direct discussion with Trauma Program Managers. Communicate quarterly with Lancet Technology representatives to facilitate transfer of trauma registry data from Oregon system utilized at Sutter Coast Hospital to North Coast EMS data base due to data transfer configuration issues. Communicate quarterly with ImageTrend contact for EMSA regarding error reports as they occur.
	Attainable	Attend Lancet Technology Trauma One Trainings when available. Additionally, seek out web-ex educational offerings for continued opportunities to improve utilization of registry. Conduct quarterly data review and sharing with Trauma Program Managers to increase familiarity with report development and facilitate accuracy of data. Review reports

		from EMSA utilizing regional data transferred to the state's system.
	Relevant	Reporting will be shared with trauma hospitals to assist identification of internal performance improvement goals. On-going review to facilitate accuracy of data targeted for transmission to state and national levels.
	Time-specific	<ul style="list-style-type: none"> • Lancet Technology Trauma One training. <ul style="list-style-type: none"> ➤ Web-ex educational offerings- Check website quarterly. • Quarterly data download transmission facilitated by Lancet Technology between Oregon Trauma One & North Coast EMS to obtain Sutter Coast data. • Trauma One reports shared with Trauma Program Managers.

3	Assess impacts associated with ICD-10 code implementation.	
	Action Steps	
	Specific	Increase knowledge on impact of addition of ICD-10 codes to trauma data collection and trauma registry program.
	Measurable	Follow developments on previously delayed roll-out of ICD-10 coding.
	Attainable	Maintain dialog with Trauma Coordinators for updates on their respective facility transition processes.
	Relevant	Assess educational needs for implementation of ICD-10 coding.
	Time-specific	Request updates from Trauma Coordinators and Lancet Technologies on preparations and impact to routine trauma data collection.

4	Development of additional Medical Advisory Committee (MAC) in Del Norte County region titled "MAC-North".	
	Action Steps	
	Specific	Improve communication and oversight of EMS related activities, including trauma, in the northern region.
	Measurable	North Coast EMS representatives will travel 180 miles roundtrip when attending "MAC-North" meetings.
	Attainable	Quarterly meeting scheduled agreed upon as a goal. Two meetings were accomplished in CY 2014.
	Relevant	Although "MAC-North" is not exclusively related to the evaluation and input of trauma center related processes, it does provide a forum to gain insight on trauma center functions. This is accomplished by improved face-time and opportunity for on-site facility visitation without the duplication of travel, budget and staffing impacts.
	Time-specific	Quarterly multi-disciplinary meetings located in the Crescent City area to facilitate exchanges of information relevant to the evaluation of EMS related programs and processes.

5	Development of Trauma Center designation within Humboldt County.	
	Action Steps	
	Specific	North Coast EMS will continue to be available to all four hospitals, within the Humboldt County area, in order to provide information and answer questions regarding Trauma Center designation. Should one or more of the facilities initiate formal interest, we will coordinate the process to implement a county-wide trauma system with Trauma Center designation as staff time and resources allow.
	Measurable	Monthly Medical Advisory Committee (MAC), attended by representatives of all stakeholders, remains an ongoing opportunity for dissemination of information. In addition, through attendance, North Coast EMS remains a visible, approachable source for this information. If one or more hospitals indicate interest in designation, we will identify and carry out process action steps.
	Attainable	Due to budget constraints and current workload assignments, North Coast EMS remains available but "on-hold" to accomplish Trauma Center designations within Humboldt County.
	Relevant	All future interest in Trauma Center designation by North Coast EMS will require formal notice, including a written pre-commitment by the CEO, Chief of Staff, Chief Nursing Officer, Trauma Medical Director, ED Director and Medical Staff of each interested facility. Unless other new funding is available, interested facilities will be expected to pay a Joint Powers Governing Board approved initial Trauma Center designation fee, and ongoing annual designation fees, to North Coast EMS to cover associated costs, including site survey costs (unless the latter is covered by another entity and approved by North Coast EMS).
	Time-specific	<ul style="list-style-type: none"> Attendance at Medical Advisory Committee meetings. Ongoing-monthly.

6	Re-verification trauma site visit for Sutter Lakeside Hospital.	
	Action Steps	
	Specific	Conduct re-verification site visit to confirm continuation of Sutter Lakeside Hospital's Level IV Trauma Center standards as specified in Title 22 regulation.
	Measurable	Completion of re-verification visit to be conducted by a 2-3 member team from North Coast EMS.
	Attainable	Scheduled visit to be coordinated and adjusted dependent on pending and/or unanticipated work assignments.
	Relevant	90-day written notice to be provided to facility along with site visit checklist.
	Time-specific	Conduct site visit during 4 th quarter CY 2015.

7	North RTCC development.	
	Action Steps	
	Specific	The development of a standardized regional approach to trauma care remains a priority mission. Recent past participation by North Coast EMS has been focused on interfacility trauma transfers. Periodic face-to-face meetings with entire membership are scheduled but participation by North Coast EMS Executive Director and Trauma Coordinator have been limited by time, budget and travel. EMSC Project Manager, Cheryl Wraa R.N., has been attending on our behalf.
	Measurable	North RTCC efforts have been re-established supporting a renewal of previously established activities.
	Attainable	North RTCC membership has established a meeting schedule in addition to sub-committee telephone conference calls and face-to-face meetings when possible.
	Relevant	Ability to participate is balanced by current LEMSA workload.
	Time-specific	Evaluation of "re-triage" data and inter-facility trauma transfer posters ongoing. Addition of NCEMS TACTICAL Grant Project Manager has provided additional representation at face-to-face meetings. <ul style="list-style-type: none"> • Target – Meeting locations to include video-conferencing capabilities with greater priority.

8	Project coordination supporting pediatric focused trauma and medical training through federal EMSC Regionalization grant administered through UCD.	
	Action Steps	
	Specific	North Coast EMS and UC-Davis Medical Center were awarded a federal EMSC grant providing the ability to accomplish numerous area-wide trauma related objectives. This includes educational opportunities, data collection, telemedicine, and development of a template for appropriate transfer processes in a rural setting.
	Measurable	Measureable objectives include such targets as: pediatric tele-medicine enhancement; development of a cultural awareness training program and related tools; pediatric patient IRB approved data collection at all but two hospitals; implementation of new state EMSC regulations; verification and designation of Pediatric Receiving Centers to replace Emergency Departments Approved for Pediatrics (EDAPs); region-wide community participation; focus of UC-D expertise and federal resources on the north coast region.
	Attainable	Additional local funding and staff, with guidance of UC-D and other pediatric experts and periodic EMSC Regionalization meetings, objectives to be attained over a four year period ending in 2016.
	Relevant	Encourage local participation of Native American, Hispanic, Hmong, Laotian, Vietnamese groups and EMS partners in the process to implement

		the grant and achieve objectives, including convening EMSC work groups and sharing of information with the North-RTCC.
	Time-specific	<ul style="list-style-type: none"> • Ongoing. Grant period through September 2016. • Ongoing, awaiting EMSA development of draft EMSC regulations for establishment of Pediatric Receiving Centers.

V. Changes to Implementation Schedule:

Submitted to EMS (last revision) **September 19, 2013.**

VI. System Performance Improvement:

A. Sutter Coast Hospital:

Performance Improvement processes begin with analysis of data collected on all patients meeting trauma criteria. Data sources are from PCRs, electronic health records, receiving facilities, medical examiner reports and the trauma registry. Processes are monitored for compliance with hospital specific indicators including ED length of stay > 6 hours with admission, delays in transfers, documentation specific to policy, all trauma related transfers. Levels of review begin with the Trauma Coordinator. Opportunities for improvement are further reviewed by the Trauma Program Medical Director and when appropriate by a multi-disciplinary physician review committee. Systems issues are addressed by the Quality and Patient Safety Committee. Action plans are developed with loop closures identified and maintained by the Trauma Coordinator.

B. Sutter Lakeside Hospital:

The performance improvement process is coordinated by the Trauma Coordinator and Trauma Program Medical Director. This process begins with the identification of patients utilizing trauma triage criteria along with ICD-9 codes 800-959.9. Review is conducted on all traumatic deaths, delayed transfers, trauma admission with subsequent transfer, ED discharge with readmission within 72 hours, errors in assessment or treatment, complications, field transport issues, and any system issues. Results of findings are provided to the Trauma Program Medical Director (TPMD) for review, comments and involvement of appropriate Medical Staff Committees including a Trauma Multi-disciplinary Review Committee. Additionally, there is a Quality Improvement Program Trauma Committee established in their Performance Improvement plan. Educational opportunities may be provided at staff meetings and field care audits. Additionally, the new Trauma Program Coordinator has elected to submit quarterly quality improvement reports to North Coast EMS with specific facility identified metrics.

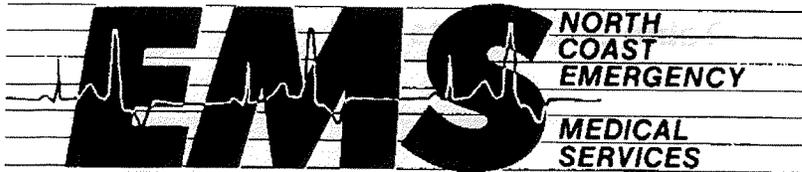
VII. Progress on Addressing EMS Authority Trauma System Plan Comments:

Two items requiring "action" were received in our 2013 approved Trauma System Status Report. The information was inserted into the body of this document but also identified below for easy reference and loop closure of EMSA's previously received request.

1.	Provide statistics as to the number of critically injured patients transported from the field to Napa County's Trauma Center in order to determine need for an intercounty agreement.	
	Action Steps	
	Specific	Review trauma center destination statistics from the primary aeromedical transport agency for Lake County.
	Measurable	Review of PCR data from May 2013-2014.
	Attainable	Analysis of the primary aeromedical transport agency for Lake County region to Napa County's level III Trauma Center occurred twice in a 12 month period.
	Relevant	Infrequent utilization of level III trauma services available in Napa County region does not support the need for MOU.
	Time-specific	Ongoing review of patient destination issues identified through multi-disciplinary meetings, PCRs, coordination with Trauma Program Managers.

2.	Provide information on the Performance Improvement review of Sutter Lakeside Hospital with your next Trauma system Status Report.	
	Action Steps	
	Specific	Review of the Trauma System Plan Revision & Annual Trauma System Status Report Guidelines. Updated June 2012
	Measurable	Add to Trauma System Status Report as item VI.
	Attainable	Detail included in item VI.
	Relevant	Provides evidence of ongoing efforts within a trauma system to improve care delivery, utilization, education, and support modifications as needed.
	Time-specific	Ongoing review of information provided in quarterly QI reports, TAC meetings, and trauma registry database.

VIII. Other Issues: As members of EMSAAC and EMDAC, the Executive and Medical Directors will participate in the process to develop a State Trauma Plan and for updated Trauma Regulations and provide opportunities for regional participation in the review process.



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The North Coast EMS Quality Improvement Program April 2015

Executive Summary

Quality improvement in EMS is a process as much as an objective. North Coast EMS believes that all our region's EMS participants wish to provide our communities with the best prehospital and hospital care possible. Together our agency and our fellow system participants have an ongoing responsibility to define - and redefine - the elements that constitute that best care possible, and to adopt a systematic approach to achieving this shared objective. This systematic approach includes an ongoing effort to - in collaboration with other system participants - develop agreed upon measurements of "quality EMS."

The purpose of the North Coast EMS Quality Improvement Program (QIP) is to identify individual components of the North Coast EMS System that can be measured and/or evaluated, regularly reviewed and modified in order to ensure optimal system performance. The North Coast EMS QIP satisfies the requirements of Title 22, Chapter 12, Section 4 of the California Code of Regulations.

1. Community Involvement	25
2. Prevention Programs	25
3. Patient Education	25
4. Customer Satisfaction	25
K. Risk Management	
1. Issue Resolution Process	26
2. System Monitoring	26
XIII. North Coast EMS Quality Improvement Plan Matrix of Indicators	28
XIV. Quality Improvement Goals and Objectives	28
XV. Statewide Core Indicators	47

North Coast EMS's Commitment to Quality Improvement

It is North Coast EMS's function, as the Local EMS Agency for Del Norte, Humboldt and Lake Counties, to ensure that our region's base hospitals and EMS provider agencies fulfill their requirement to adopt hospital or agency specific Quality Improvement plans. It is the responsibility of our region's base hospitals and EMS provider agencies to engage in planning which encompasses the eight Quality Improvement components enumerated in the Quality Improvement regulations and listed here above.

The North Coast EMS Policy Manual, Base Hospital Agreements, and EMS Provider Agreements establish the regulatory and contractual basis for Quality Assurance in each of the eight components listed within the California Quality Improvement regulations. Additions or modifications to existing policies are initiated when opportunities for improvements are identified through the Quality Improvement Process. The following policies represent those most pertinent to achieving system improvement through the North Coast EMS QI process*:

- Personnel
 - Continuous Quality Improvement – North Coast EMS Policy # 2101
 - Certification/Accreditation/Authorization Process Policy # 4001
 - Certification Review Process Policy # 2109
 - Prehospital Care Medical Director and Nurse Coordinator Responsibilities Policy # 2109
 - Quality Assurance Committee Policy # 2110
 - EMT Incident Investigation, Determination of Action, Notification, and Administrative Hearing Process Policy # 4010
 - First Responder Certification Process Policy # 4202
 - EMT-I Certification Process Policy # 4302
 - AED Skills Proficiency Demonstration Policy # 4406
 - EMT-P Accreditation to Practice Within the North Coast EMS Region Policy # 4603
 - MICN Authorization Maintenance Requirements Policy # 4704
 - Field Training Officer Authorization Requirements Policy # 4802
- Equipment and Supplies
 - First Responder/BLS Supply and Equipment Standard Policy # 2202
 - EMT-P Standard Drug/Intravenous Solution List Policy # 2205
 - Controlled Substances Policy # 209
- Documentation
 - Chart Audit Guidelines Policy # 2106
 - Prehospital Care Report Policy # 2402
 - Access, Release, and Confidentiality of EMS Data Policy # 2403
 - Standing Orders, Radio Delay, and Radio Failure Reporting Policy # 2404
 - Contact Hospital Policy # 2501

- Rural Clinics in the EMS System Policy # 2207
 - Interfacility Transfer Procedure Policy # 2208
 - STEMI Receiving Center Designation Criteria Policy # 2215
 - Reduction of Closure of Hospitals Policy # 2301
 - Destination Determination Policy # 2309
 - MCI Communications Plan Policy # 2506
 - MedNet Communications Guidelines Policy # 2508
 - Trauma Triage Destination Guidelines Policy # 7000
 - Establishment of Trauma Service Areas Policy # 7001
 - Trauma Center Marketing and Advertising Policy # 7002
 - Repatriation of Stable Trauma Service Health Plan Policy # 7003
 - Trauma Registry Data Collection and Management Policy # 7004
 - Trauma Quality Assurance/System Improvement Policy # 7005
- Public Education and Prevention
 - Use of AED by Non-Licensed or Non-Certified Laypersons (Public Access Defibrillation) Policy # 2210
 - Injury Prevention Programs Policy # 7006
 - Risk Management
 - Ambulance Personal Protective Equipment Policy # 2112

*Additions or significant modifications to existing policy are subject to a required public comment period per North Coast EMS Public Comment Solicitation Policy 2006.

Matching quality improvement to local resources

The EMS Quality Improvement regulations recognize the significant differences in size, resources, and needs that distinguish EMS jurisdictions, hospitals and EMS providers. For the many different jurisdictions and EMS entities within the state, quality should be defined according to a baseline assessment and very different starting points. The quality improvement of any EMS system participant should be measured against that participant's prior quality achievement.

Similarly, there are significant differences between base hospitals and EMS providers in the North Coast EMS region. North Coast EMS encourages regional base hospitals and EMS provider agencies to set objectives, and to build hospital and agency QI teams, in accordance with the goals set by their leadership and commensurate with the quality improvement training and experience of their hospital or agency.

Constantly improving quality

It is not a simple matter to separate quality assurance from quality improvement. Typically quality improvement and quality assurance responsibilities are assumed by the same individuals or teams within an institution, organization, or agency. Regardless, the distinction between these two quality objectives is less important than is the need for those individuals with "quality" responsibilities to challenge the notion that quality expectations will ever remain static. It is essential that QI leaders question today's goals and benchmarks, and seek to continuously refine them in light of new evidence or evolving standards.

In devising a regional quality improvement program, North Coast EMS worked with system participants through our region's primary EMS community fora, the Humboldt/Del Norte Medical Advisory Committee and the Lake Emergency Medical Care Committee, to establish a system of quarterly reporting on the eight Quality Improvement components and subsequently adopted a concurrent quarterly "focused review."

North Coast EMS Base Hospital and EMS Provider Quarterly Reporting

Core to the North Coast EMS's Quality Improvement Program are the quarterly reports the agency receives from regional base hospitals and EMS provider agencies. Hospitals and providers use the reports to describe quality improvement goals, objectives, initiatives, and evaluations in the eight quality improvement component areas.

Because the reviews are conducted quarterly, regional hospital and provider liaisons are provided with routine opportunities to devise review criteria and methodologies. As staff time permits, North Coast EMS distributes a summary of submitted reviews, highlighting the most informative or well-designed reviews and allowing all system participants an opportunity to compare their review approaches to their colleagues and for best practices to emerge.

Frequently review topics are drawn from discussions at regional prehospital meetings like the Medical Advisory Committee or Emergency Medical Care Committee meetings. On other occasions review results inform the agendas of regional prehospital meetings. On occasion, North Coast EMS uses the review as an opportunity to ensure that base hospitals and provider agencies have familiarized themselves with an issue of concern to our agency, to other LEMSAs, and/or to the State EMS Authority. On other occasions, North Coast EMS uses the review to solicit input into policy additions or modifications.

Typical North Coast EMS focused reviews are loosely structured and framed as open-ended questions that require the reviewer's full engagement. Opportunities to think critically about issues, and about how most effectively to evaluate the chosen topics provides hospital and provider QI liaisons with insight into the challenges of designing quality indicators with a county-, region-, state-, or nation-wide scope.

In selecting a topic for region-wide focused review, North Coast EMS gives preference to those topics that encourage reviewers to work with their hospital or provider colleagues. Frequently, for instance, North Coast EMS chooses focused reviews that require input from hospital or agency disaster planners. In framing the focused review "question" North Coast EMS promotes a "team" approach to devising and conducting the hospital or provider agency specific review.

Just Culture

Progressive quality improvement methodologies have long recognized that failures to achieve sought after quality goals or to meet "industry" standards are generally not due to the failures of individuals, but instead can be more accurately and constructively identified in the procedural or structural shortcomings within their work environments. In seeking solutions to problems or opportunities for improvement, North Coast EMS works with other EMS system participants to analyze the root causes of problems, and looks for the means to optimize the energy, talent, and dedication of all our system partners.

Identifying and Prioritizing Opportunities for Improvement

EMS system participants engage in a wide and varied assortment of activities. Based on their own personnel and material resources, each institution or agency can best achieve improvement by carefully targeting quality improvement goals and objectives.

North Coast EMS participates as staff time allows in state committees and task forces, and reviews and comments on all proposed changes to the state regulations concerning EMS certification, licensure and accreditation. North Coast EMS also publicizes, and solicits comment from other North Coast EMS system participants concerning possible state or local EMS personnel changes to ensure that new State requirements are implemented and local training needs are addressed. Availability of training in the more rural and remote communities is an ongoing problem. North Coast EMS regularly alerts system participants to changes in state requirements that may affect their personnel or potential hires.

The North Coast EMS region shares challenges faced by other rural areas in assuring access training, maintaining certification, accreditation and licensure, particularly testing requirements. As with all noteworthy issues, interested parties are advised via memos, regular meetings (Medical Advisory Committee {MAC} for Humboldt and Del Norte Counties, Emergency Medical Care Committee {EMCC} for Humboldt and Lake, the North Coast EMS web site, and periodic Informational Mailings.

Certification

As possible, North Coast EMS prioritizes new certifications/accreditations in an effort to support provider staffing requirements. Time allowed for certification/accreditation "turn around" is defined by state regulation as well as North Coast EMS agency policy, but in all cases North Coast EMS accomplishes these certifications/accreditations well within the maximum allowable time. Provided certification/accreditation documentation is properly filed, North Coast EMS attempts to fulfill special provider requests for accelerated personnel accreditation.

Local accreditation of Paramedics includes requirements that the paramedic in question receive focused orientation to local practices and protocols. New paramedics are proctored by locally approved Field Training Officers (FTO) who must meet minimum requirements and be nominated by their assigned base hospital Prehospital Care Medical Director (PCMD) and Prehospital Care Nurse Coordinator (PCNC). Local FTO training program instructors work closely with North Coast EMS to periodically enhance the FTO training program. Prior to recommending local accreditation of paramedics new to the area, the North Coast EMS Coordinator reviews at least 5 of the new paramedics' prehospital care reports, and 10 in the case of newly State licensed paramedics. The North Coast EMS Associate Director, acting as the agency QI Coordinator, takes concerns to the North Coast EMS Regional Medical Director who

Requirements for the stocking, maintenance and security of prehospital equipment and supplies are promulgated in North Coast EMS Policies 2204 (LALS Supply and Equipment List), 2205 (EMT-P Standard Drug/Intravenous Solution List), and 2209 (Controlled Substances). North Coast EMS may conduct spot check visits at the discretion of the North Coast EMS Executive Director and Regional Medical Director. These visits are generally made in response to Case Review requests when concerns about stocking or narcotic security are brought to the Agency.

General stocking and supplies issues are periodically included in the agendas of the MAC and EMCCs, and other committees as needed (e.g., Humboldt Cardiac Care, Lake and Del Norte Trauma Advisory) Providers are expected to advise North Coast EMS of any actual or anticipated medication shortages, and provide updates regarding efforts to locate alternative medication sources. During times of shortages, North Coast EMS works to facilitate sharing of available medications between provider agencies.

Requests to consider the elimination, or inclusion of, drugs or supplies to the required list are reviewed by the Agency. Relevant clinical studies and publications are consulted through a Medline search, the North Coast EMS Regional Medical Director may take questions to Emergency Medical Directors Association of California (EMDAC) for discussion, the North Coast EMS Associate Director/Quality Improvement Coordinator may confer with colleagues on the EMSAAC Quality Improvement Coordinator Committee, or the North Coast EMS may ask EMSA to provide guidance. All supply and equipment issues are considered in light of California State requirements, national standards, ambulance operational limitations, and the weight of medical evidence.

Communications Coverage

North Coast EMS provides oversight and consultative support for medical communications within the North Coast EMS region between prehospital and base hospital personnel. North Coast EMS Policies 2404 (Standing Orders, Radio Delay, and Radio Failure Reporting), 2501 (Contact Hospital), 2502 (Radio Communication). See - "Clinical Care and Patient Outcome – Medical Oversight" below.

North Coast EMS also coordinates region wide maintenance and enhancement of the Med Net Communications system, including the recent process to narrow band the system. All agency participation

In 2011, EMSA determined that the existing statewide CEMSIS data system was inadequate to the long term statewide EMS quality objectives. Though initially concerned about the disruption that another data system transition would cause, our EMS providers, our base hospitals, and our office, North Coast EMS recognized the long term value in overcoming existing impediments to meaningful standardized statewide EMS data collection. Together we worked with EMSA, the Inland Counties Emergency Medical Agency (ICEMA), and our regional stakeholders to transition to the new ImageTrend EMS data collection system in just over a year's time. NCEMS's appreciation for EMSA, ICEMA, and MISS Program Coordinator Mark Robert's support in this accomplishment cannot be overstated.

Unfortunately, with the passage of time, NCEMS has become increasingly aware of how reliant our providers and hospitals had become on the intuitive data management tools we had provided for them, and frequently respond to requests for some means of recovering this ability. Though ImageTrend also includes management tools, the ImageTrend tools are built on an architecture designed to facilitate the construction of complex reports, to allow robust quantitative and graphical analysis of system-wide data. This system is well designed for large EMS systems employing dedicated data managers. Our small rural EMS system, and our relatively small EMS provider agencies and base hospitals, do not have the data management expertise required to use the ImageTrend tools easily and reliably. Invariably, our providers and base hospitals derive value from their EMS data by answering questions that draw on a small number of query parameters and with no need for graphical data displays. Indeed, through years of experience and incremental refinements, our former PCR database management tools had evolved to meet these needs. Having lost their ability to quickly search for the data they need, our provider agencies and base hospitals must now once again resort to searching for query answers by sorting through paper copies of PCRs, rather than accessing the data they need electronically as they had in the past. They frequently express their frustration during our monthly and bi-monthly quality improvement discussions. North Coast EMS is eager to ensure that the data management abilities our provider agencies and base hospital QI representatives developed over many years is not lost.

Indeed, ready access ad hoc reporting functions promotes greater understanding of, and appreciation for, the value of more complex data analysis and evaluation, like EMSA's Core Indicators initiative. EMSA and California's Local EMS Agencies have recognized the need to increase overall EMS expertise in quality improvement (QI), but currently many

Clinical Care and Patient Outcome

Treatment Guidelines

North Coast EMS most directly influences patient care through the development and revision of the North Coast EMS treatment guidelines. Changes to treatment guidelines may be inspired by the needs of our providers, suggestions from our base hospitals, ongoing review of the EMS literature including changes recommended by institutions and associations such as the AHA and NAEMSP and discussion at conferences and meetings, among others. Among the most important sources of input and sounding boards for changes are the EMSA, EMS Commission, EMSAAC, EMDAC and the EMSC Coordinators meetings and conferences. Other meetings regularly attended by North Coast EMS staff, and whose discussions may provoke or contribute to policy changes include, EMCC, MAC, TAC, Fire Chiefs Association, Child Death Review, Injury Prevention, Child Passenger Seat, and the Humboldt/Del Norte Disaster Committee.

National and State efforts to synchronize the scopes of practice of various field EMS providers are generally driven by research conducted, and needs identified, in densely populated urban centers. While North Coast EMS endorses the adoption of evidence based EMS clinical interventions, we recognize that our local providers confront staffing limitations and long transportation times that defy simple comparisons with urban circumstances. Frequent changes in national and state EMS standards, as well as the evolution of scopes of practice for all levels of field care providers have challenged our small staff. To address a growing backlog of policy revisions, North Coast EMS contracted with a web designer who converted the North Coast EMS website to "Word Press," an intuitive program that facilitates web site changes, including frequent policy updates. This change means that the North Coast EMS Administrative Assistant can more readily shepherd policies through the revision process, including uploading new and revised policies to the North Coast EMS website.

Additionally, North Coast EMS used Google "Sheets" to construct a policy revision spreadsheet to delineate the more than 20 steps required to take a policy from the point where a revision has been initiated, through the internal and public review process, signing by the North Coast EMS Executive and Medical Directors, inclusion in the North Coast EMS Informational Mailing, and to posting on the North Coast EMS website. The Google "Sheets" document can be access by those granted permissions by our Administrative Assistant to permit office staff or contractors to verify where a policy revision sits in the revision "queue."

operations. Members on this committee consist of the prehospital medical director and nurse coordinator from each of five hospitals in Humboldt/Del Norte Counties and one EMT representative.

Del Norte County also has a MAC-North Committee that meets periodically to discuss and resolve EMS related issues.

Trauma Advisory Committee (TAC) – Lake and Del Norte Counties – meet periodically to review instructive cases, provide state and regional trauma updates and discuss trauma program changes.

Medical Oversight

As elsewhere in the nation, North Coast EMS is currently working to balance our region's potentially competing concerns of direct and retrospective prehospital medical control against efforts to reduce hospital operating costs. The majority of our region's seven hospitals have engaged in efforts to reduce or eliminate the use of MICN's and adopt other measures aimed at cost reductions. These efforts raised questions about the degree of medical oversight that our hospitals could effectively provide in the absence of MICNs. North Coast EMS invested considerable effort in conducting a dialogue with system participants and revising and creating policies to allow for "Modified Base Hospitals." Fortunately, the advent of the California EMS QI regulations coincided roughly with the reduction in some hospital EMS services. In particular, the North Coast EMS base hospital and EMS provider Quarterly QI Reporting program and the base hospital and EMS provider focused reporting program have provided North Coast EMS with additional tools to monitor our system and new prehospital care initiatives.

Additionally, North Coast EMS provides retrospective medical oversight through the case review process (North Coast EMS policy 2104), through review of new and accrediting paramedics 10 and 5 "calls", i.e. the PCRs written by paramedic interns and paramedics prior to accreditation, through review of calls using the prehospital data base for specific chief complaints or according to other criteria, and through policies and agreements obliging base hospitals and providers to provide prospective, online and/or retrospective review and input. The electronic prehospital care reporting system previously employed throughout the North Coast EMS region featured an intuitive "management" module that allowed base hospital PCNCs and provider agency supervisors to quickly retrieve PCRs matching the criteria they selected. With the transition to ImageTrend, this ability has largely been lost to hospitals and providers, and is now cumbersome for North Coast EMS staff. As noted previously,

Skills Utilization Benchmarking

Although North Coast EMS encourages the consideration of skills utilization benchmarking where practical, the practice has only been studied by a limited number of, primarily, urban EMS agencies. In the largely rural North Coast EMS region, applying urban standards may or may not be feasible and/or desirable.

More generally, because the validation of benchmarking standards has not been accomplished, and currently depends largely on suspect or discredited self-reporting techniques, applying this practice in the North Coast EMS region would likely meet with justifiable provider resistance.

North Coast EMS will remain attentive to ongoing benchmarking efforts documented in the EMS literature, and consider benchmarking standards according to their potential application to the North Coast EMS region. Likewise, as funds become available, North Coast EMS will seek ways of encouraging and obliging more simulated skills practice.

North Coast EMS will continue to encourage its hospitals and providers to “mine” their data to seek to identify broad system issues, while assuring prehospital data collectors (EMTs and Paramedics) that their diligent data collection efforts will not be used against them. North Coast EMS will remain committed to determining the need for “remedial pathways” from sources other than our prehospital data collection system. North Coast EMS has prioritized ensuring our base hospital and EMS provider QI liaisons have ready access to individual PCRs and to aggregate prehospital care data. North Coast EMS greatly appreciates EMSA’s support of this goal through funding of the North Coast EMS Regional Quality Improvement and Health Information Exchange Discovery Project.

Skills – Advanced Provider

See “Skills Utilization Benchmarking” above.

Transportation/Facilities

Each of the counties in the North Coast EMS region has an ordinance in effect that provides a mechanism to permit and monitor emergency medical transportation services. Each of these ordinances supersedes any other local regulatory programs in existence in the county.

Counties formally retain permitting and monitoring functions through Health Departments and Health Officers in Humboldt and Lake Counties,

Public Education and Prevention

Community Involvement

North Coast EMS actively participates in numerous Humboldt County community involved groups, such as Childhood Injury Prevention, Child Passenger Safety Committee, Child Death Review Team, and the Water Safety Coalition. Due to lack of funding, involvement in the other regional counties is limited.

Prevention Programs

See above. North Coast EMS recently worked closely with Public Health the EMS community to prepare for potential Ebola patients.

Patient Education

As part of the EMSC federal grant North Coast EMS established relationships with several cultural communities located on the north coast and is in the process of developing patient informational opportunities.

Customer Satisfaction

In the development and implementation of all agency programs, North Coast EMS continually solicits comments and questions from system participants. During MAC and EMCC meetings, and in their Quarterly QI Report submissions, North Coast EMS region base hospitals and EMS provider agencies routinely make suggestions regarding North Coast EMS administrative practices, and North Coast EMS routinely adopts administrative changes based on these recommendations.

North Coast EMS encourages input from the public and aggressively reviews concerns brought to the agency by members of the public. Generally North Coast EMS will discuss these concerns with the provider agency or hospital in question, and will ask that identified problems be addressed, that a report be made to North Coast EMS and that the member of the public who initiated the review be contacted and provided with relevant non-confidentiality protected information.

Base hospitals are evaluated based on state standards, site visits and written reports, and all facilities have written participation agreements with North Coast EMS. These site visits are no longer possible other than for cause.

The EDAP Program evaluates pediatric capabilities of EDs based on local standards and state guidelines, site visits and reports. All EDAPs have written participation agreements with North Coast EMS;

North Coast EMS has completed several surveys throughout the region to assess the needs regarding personnel, training, system design and operations. The results of the regional surveys are used to guide policy and procedural changes to improve operations and the EMS system;

North Coast EMS's Executive Director, Regional Medical Director, EMS Associate Director and Program Manager participate on various committees at the State level to improve EMS system evaluation mechanisms statewide. North Coast EMS staff routinely review and provide comments on draft documents distributed by the State EMS Authority.

North Coast EMS has implemented and will monitor provider and hospital compliance with the QIP regulations. As part of this program, North Coast EMS requires quarterly reporting from on each provider and hospital's QIP activities. These summaries are reviewed by the agency to identify targets for county or region wide improvement that can be pursued jointly by all concerned system participants.

North Coast EMS tracks Quarterly QI Report submissions from base hospitals and EMS provider agencies to ensure compliance.

responsibility for coordinating the objective technical advisory team, the team members, the metric adopted to measure progress towards achieving the objective, and the individuals, agencies or organizations who will receive reports on progress toward achieving the objective:

North Coast EMS Quality Improvement Plan Matrix of Indicators

Goal	Objectives (Activities)	Topic QI Review Committee	Metric	Reporting method/target audience
Goal 1 <i>Enhance processes for the evaluation and improvement of the EMS system</i>	<i>Quarterly QI reports submitted by provider QI liaisons</i>	NCEMS QI Coordinator, Provider QI Liaisons, Base Hospital PCNCs	100% submission by Provider QI Liaisons and Base Hospital PCNCs	NCEMS Executive Director, NCEMS Medical Director
	<i>Consistent review of provider hospital quarterly quality improvement reports to identify trends and capture provider and hospital recommendations</i>	NCEMS QI Coordinator, Provider QI Liaisons, Base Hospital PCNCs	100% review of provider and hospital QI Quarterly Reports	Provider QI Liaisons, Hospital PCMDs/PCNCs, NCEMS Executive Director, NCEMS Medical Director
	<i>Consistent re-evaluation of provider and hospital QI plans</i>	NCEMS QI Coordinator, Provider QI Liaisons, Hospital PCNCs	Annual 100% internal review and revision of provider and base hospital QI Plans by provider QI Liaisons and Hospitals PCNCs to include provider and hospital specific indicators	Re-submission of QI Plans by Provider Liaisons and Hospital PCNCs to NCEMS QI Coordinator. Posting of All QI Plans on the NCEMS Web Site with most recent revision date.

Goal	Objectives (Activities)	Topic QI Review Committee	Metric	Reporting method/target audience
<p>Goal 3 Promote the use of routine provider and hospital specific quality indicators</p>	<p>Verify that providers and hospitals include relevant quality indicators in their Quarterly QI Reports</p>	<p>Committee of Provider QI Coordinators and Hospital PCNCs for each NCEMS county facilitated by QI Coordinator</p>	<p>Annual committee meeting to review current provider and hospital goals and associated quality indicators</p>	<p>Report to NCEMS Executive or Associate Director by NCEMS QI Coordinator. Report issued in first NCEMS Informational Mailing of New Year</p>

Goal	Objectives (Activities)	Topic QI Review Committee	Metric	Reporting method/target audience
Goal 5 Routinize Policy Review	Establish a regional policy review committee	NCEMS Associate Director, Clinical Policy Contractor	Designation of a representative group of provider QI liaisons and hospital PCNCs for clinical policy review	Regional Policy Review Policies sent to NCEMS Medical Director and Executive Director for final approval. Revised and new policies
	Conduct a quarterly policy review via video conference between Lake and NCEMS (eventually with DNA once they have video conferencing ability)	NCEMS Clinical Policy Contractor, Medical Director, Associate Director, Provider QI Liaisons and Hospital PCNCs	Quarterly multi-county video conferencing meetings to review Clinical Policy Contractor DRAFT policy changes	DRAFT policies circulated via Informational Mailings Finalized DRAFTs sent to NCEMS Medical Director and Executive Director for final approval and signature. Signed Policies issued via Informational Mailing and posted to NCEMS web site.

Goal	Objectives (Activities)	Topic QI Review Committee	Metric	Reporting method/target audience
<p>Goal 7 Promote EMS initiatives to ensure EMS system access to the spectrum of all regional geographical and cultural communities.</p>	<p>Seek input from representatives of geographical and cultural communities</p>	<p>NCEMS Executive Director, Administrative Assistant, Program Manager</p>	<p>Establishment and maintenance of a list of representatives of geographical and cultural communities willing to offer input in regard to EMS system access issues</p>	<p>NCEMS Governing Board, NCEMS region provider agencies, local EMS Committees, posted on NCEMS Web Site</p>
	<p>Identify and address the unmet needs of pediatric and medical fragile populations</p>	<p>NCEMS Program Manager, Executive Director, Medical Director, EMS stakeholders, representatives of cultural and geographic communities</p>	<p>Developing and distributing an annual needs survey to EMS personnel and cultural community representatives, and prioritizing list of quality improvement activities targeting the unmet needs of pediatric and medically fragile populations</p>	<p>NCEMS Governing Board, NCEMS region provider agencies, posted on NCEMS Web Site</p>
	<p>Monitor national and state community paramedic initiatives for local compatibilities</p>	<p>NCEMS Associate Director, Executive Director, Medical Director</p> <p>MAC North – Del Norte County MAC – Humboldt County EMCC – Lake County</p> <p>Regional provider QI liaisons and hospital PCNCs (via email query)</p> <p>Query to EMSAAC QI Coordinators</p>	<p>Annual query for input/recommendations from North Coast EMS stakeholders</p>	<p>Query results shared with NCEMS Governing Board, NCEMS region provider agencies and posted on NCEMS Web Site</p>

Goal	Objectives (Activities)	Topic QI Review Committee	Metric	Reporting method/target audience
Goal 9 Identify and address potential patient care record security and confidentiality threats	Confer with EMSAAC on security and confidentiality issues	NCEMS Associate Director, Executive Director	A synopsis of LEMSA PCR security and confidentiality best practices or EMSAAC recommendation	NCEMS Governing Board, NCEMS region provider agencies, posted on NCEMS Web Site
	Confer with EMSA on security and confidentiality issues	NCEMS Associate Director, Executive Director	A synopsis of LEMSA PCR security and confidentiality best practices or EMSAAC recommendation	NCEMS Governing Board, NCEMS region provider agencies, posted on NCEMS Web Site
	Adopt a NCEMS policy regarding record security and confidentiality	NCEMS Executive Director, Associate Director	A North Coast EMS Policy regarding patient care security and confidentiality	NCEMS Governing Board, NCEMS region provider agencies, posted on NCEMS Web Site

	an Informational Mailing		an Informational Mailing	Web Site
	Ensure that all regional EMS related meetings are posted on the North Coast EMS Calendar	NCEMS Administrative Assistant, Associate Director, Web Site Contractor	All regional EMS related meetings posted on the online NCEMS EMS Calendar	NCEMS Governing Board, NCEMS region provider agencies, regional base hospitals, posted on NCEMS Web Site
	Routinely verify that the policy manual and web site are synchronized	NCEMS Administrative Assistant, Associate Director, Program Manager, Web Site Contractor	Annual review to verify that policy manual and website are synchronized	NCEMS Executive Director, Associate Director
	Routinely post North Coast EMS regional Core Data Indicator results on North Coast EMS website	NCEMS Associate Director, Program Administrative Assistant, Web Site Contractor	Annual update of NCEMS regional Core Data Indicators posted to NCEMS website	NCEMS Governing Board, NCEMS region provider agencies, regional base hospitals, posted on NCEMS Web Site

Goal	Objectives (Activities)	Topic QI Review Committee	Metric	Reporting method/target audience
<p>Goal 12 Rationalize the care and transport of mental health emergency medical patients.</p>	<p>Identify EMS field and ED challenges in the assessment, treatment and transport of mental health patients</p>	<p>Mental Health Nurse Contractor, NCEMS Executive Director, Medical Director, Associate Director</p>	<p>Develop and submit annual survey to EMS stakeholders to determine the needs confronting prehospital care providers and hospital EDs in the assessment, transport and treatment of 5150 patients</p>	<p>NCEMS Governing Board, NCEMS region provider agencies, regional base hospitals, posted on NCEMS Web Site</p>
	<p>Update as needed reference materials regarding the clinical and legal framework for assessment, treatment and transport of mental health patients</p>	<p>Mental Health Nurse Contractor, NCEMS Executive Director, Medical Director, Associate Director</p>	<p>Update reference materials designed to support EMS and ED personnel in the assessment, transport and treatment of 5150 patients</p>	<p>NCEMS Governing Board, NCEMS region provider agencies, regional base hospitals, posted on NCEMS Web Site</p>
	<p>Promote education for the EMS community regarding the optimal assessment, treatment and transport of 5150 patients</p>	<p>Mental Health Nurse Contractor, NCEMS Executive Director, Medical Director, Associate Director</p>	<p>Promote training opportunities for EMS responders in Del Norte/Humboldt County and Lake County</p>	<p>NCEMS Governing Board, NCEMS region provider agencies, regional base hospitals, posted on NCEMS Web Site</p>

Goal	Objectives (Activities)	Topic QI Review Committee	Metric	Reporting method/target audience
Goal 14 Monitoring of key specialty care metrics - TRAUMA	Implement program and process for verification of trauma registry data entry	NCEMS Trauma Coordinator Contractor, Executive Director, Medical Director	A process for verification of trauma center registry data entry	NCEMS Governing Board, NCEMS region provider agencies, regional base hospitals, receiving trauma center trauma coordinators, posted on NCEMS Web Site
	Improve suitability and compliance with North Coast EMS policies specific to designated Trauma Center activities.	NCEMS Trauma Contractor, Executive Director, Medical Director	To be determined in 2016.	NCEMS Governing Board, NCEMS region provider agencies, regional base hospitals, receiving trauma center trauma coordinators, posted on NCEMS Web Site
	Improve oversight and assurance of internal performance improvement requirements of designated Trauma Centers	NCEMS Trauma Contractor, Executive Director, Medical Director	To be determined in 2016.	NCEMS Governing Board, NCEMS region provider agencies, regional base hospitals, receiving trauma center trauma coordinators, posted on NCEMS Web Site

		Associate Director		receiving STEMI center STEMI coordinators, posted on NCEMS Web Site
	Active QI program to review performance and outcome data for STEMI patients at designated STEMI Receiving Centers (thinking of the Cardiac Coordinating Committee here - but do not know how this translates to Lake Co).	NCEMS STEMI Contractor, Executive Director, Medical Director, Associate Director	The designation of provider and hospital STEMI coordinators. Regularly scheduled meetings of regional STEMI program coordinators.	NCEMS Governing Board, NCEMS region provider agencies, regional base hospitals, receiving STEMI center STEMI coordinators, posted on NCEMS Web Site

Statewide Core Indicators

North Coast EMS actively supports the California EMS Authority's data standardization efforts, and the establishment of measurable standardized indicators of quality EMS systems and patient care. North Coast EMS believes that the development of standards should be process driven. Successful standardized indicators will emerge from a process that prioritizes the full participation of all those agencies, institutions and individuals who must ultimately persuade other individual system participants of the value of the standardization goal. Meaningful, comparable system and patient care measures will be achieved most readily when those engaged in the activities being measured understand and appreciate the value of their participation. Meaningful indicators require a development process that anticipates ongoing adjustments as well as the refinement of the tools, such as uniform terminology and data sheets that conform to the data elements and values of a single standard (i.e. NEMSIS). Agencies, institutions and individuals will support a standardization process that they feel accommodates their priorities, and respects their experience and the investment of their time and effort.

North Coast EMS was previously able to submit core indicator data collected using a CEMSIS compliant electronic prehospital care reporting system built to our specifications by a trusted vendor. In order to comply with the State EMS Authority led transition to the NEMSIS 3 standard, North Coast EMS adopted the ImageTrend electronic prehospital care reporting system. While North Coast EMS was ultimately able to submit 2014 core indicator data, the process was challenging due to inconsistencies between the core indicator data sheets, the field values available in ImageTrend, and the NEMSIS 2.2.1 data dictionary. North Coast EMS recommends that future core indicators conform to the fields and values in the State required version of NEMSIS.