

OVERVIEW

The Ventura County Emergency Medical Services (VCEMS) system has undergone significant development and improvement since its formal inception on July 01, 1980. The goal of this document is to develop a logical methodology to assist with the ongoing improvement of the local EMS system.

The primary mission of the EMS Plan is to outline current EMS function and to develop realistic objectives for the future using the collaborative efforts of the public and private sector to review and enhance the system. It is the intent of this plan to provide a clear and orderly framework for monitoring the system and from which to establish timelines.

The EMS Plan describes the current capabilities and future goals. The purpose of this plan and its authority is derived from the California Health and Safety Code, California Code of Regulations, California EMS Authority. The success of this plan is dependent upon support from all participants in the local system and by the leadership of the Ventura County Public Health Administration, County Health Officer, EMS Medical Director and the Ventura County Board of Supervisors.

Given the nature of service we provide, focus is directed towards maintaining the highest quality prehospital care for those in need of emergency medical services in Ventura County. This plan recognizes that many organizations, institutions and individuals are links in the chain of a quality EMS system. It is only through the cooperation of all these participants and adherence to higher standards of care that the goals and objectives of this plan will be achieved.

TABLE OF CONTENTS

OVERVIEW.....I

TABLE OF CONTENTS..... II

SECTION I - EXECUTIVE SUMMARY 1

SECTION II - ASSESSMENT OF SYSTEM- TABLE 1..... 3

SYSTEM STATUS SUMMARY (TABLE 1)..... 4

A. SYSTEM ORGANIZATION AND MANAGEMENT 13

B. STAFFING AND TRAINING 46

C. COMMUNICATIONS..... 60

D. RESPONSE AND TRANSPORTATION..... 73

E. FACILITIES AND CRITICAL CARE 99

F. DATA COLLECTION AND SYSTEM EVALUATION 116

G. PUBLIC INFORMATION AND EDUCATION 132

H. DISASTER MEDICAL RESPONSE 137

SECTION III - SYSTEM RESOURCES & OPERATIONS 159

TABLE 2: SYSTEM RESOURCES AND OPERATIONS 160

 SYSTEM ORGANIZATION AND MANAGEMENT..... 160

TABLE 3: SYSTEM RESOURCES AND OPERATIONS 166

 PERSONNEL/TRAINING 166

TABLE 4: SYSTEM RESOURCES AND OPERATIONS 167

 COMMUNICATIONS..... 167

TABLE 5: SYSTEM RESOURCES AND OPERATIONS 168

 RESPONSE/TRANSPORTATION..... 168

TABLE 6: SYSTEM RESOURCES AND OPERATIONS 170

 FACILITIES/CRITICAL CARE..... 170

TABLE 7: SYSTEM RESOURCES AND OPERATIONS 171

 DISASTER MEDICAL 171

SECTION IV - RESOURCES DIRECTORY 175

TABLE 8: RESOURCES DIRECTORY – PROVIDERS 176

TABLE 9: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS..... 180

TABLE 9: RESOURCES DIRECTORY – FACILITIES 187

TABLE 11A: RESOURCES DIRECTORY – DISASTER MEDICAL RESPONDERS 191

TABLE 11B: RESOURCES DIRECTORY – DISASTER MEDICAL RESPONDERS 193

SECTION V - PLAN DEVELOPMENT PROCESS 195

SECTION VI LOCAL AGENCY HISTORY 196

SECTION VII - DEMOGRAPHIC INFORMATION..... 198

TABLE A POPULATION ESTIMATES..... 203

TABLE B 1996 VITAL RECORDS REPORTS FOR BIRTHS AND DEATHS* 204

TABLE C COMPONENTS OF POPULATION CHANGE 205

TABLE D RACE DISTRIBUTION 206

TABLE E HOUSING AND INCOME..... 207

TABLE F EMPLOYMENT STATISTICS..... 208

TABLE G SUMMARY REPORT U.S. CENSUS-VENTURA COUNTY 209

SECTION VIII - EPIDEMIOLOGICAL CHARACTERISTICS, MORBIDITY & MORTALITY..... 211

SECTION IX DISASTER RESPONSE FUNCTIONS..... 212

SECTION X - APPENDICES..... 213

APPENDIX A VENTURA COUNTY OPERATIONAL AREA MAP 214

APPENDIX B VENTURA COUNTY EMS ORGANIZATIONAL CHART 215

APPENDIX C HEALTH AND SAFETY CODE - SECTION 1797.224..... 216

APPENDIX D - GLOSSARY OF TERMS AND DEFINITIONS..... 217

SECTION I - EXECUTIVE SUMMARY

“Local EMS agencies shall annually submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority.” Health and Safety Code, Division 2.5, Section 1797.254

Ventura County EMS submits to the California EMS Authority the required EMS Plan in an effort to continually improve the local EMS system in the delivery of prehospital care.

This Plan is the framework for all local participants and committees to use in short and long range system improvement. The content, goals and timelines are submitted for review to all local participants and will be accomplished with the direction of the Medical Director, Administrator as approved by the County Board of Supervisors.

This plan will be reviewed and updated annually with a summary identifying progress or status on long range plans.

It is important that all system participants and organizations realize that EMS is a dynamic service and that the influence of managed health care, funding, standards of care and clinically based prehospital medicine will impact the way EMS services are provided.

It is also significant for local participants to realize the effects of an ever growing and aging population within Ventura County and the impact of being in close proximity to Los Angeles County which may effect surrounding counties in the event of a major medical/health disaster.

Components in this plan identify the need for improvement in the following areas:

SECTION 1
EXECUTIVE SUMMARY (Cont'd.)

Data Collection

The need for an enhanced data collection and reporting mechanism, consistent with State universal reporting guidelines.

Administrative Staff

Additional staff to meet the growing demands for monitoring and regulating the local system in areas of CQI, EMS Programs and Disaster Medical Planning.

Quality Improvement

Further development of internal and external CQI Programs that include indicators, thresholds and recognition and remediation of personnel.

Communications

Enhanced communications for several aspects of EMS including regular newsletters (printed and web page), addition of a second medical frequency and other redundant communications methods.

Disaster Medical

Continued disaster medical/health plan development and interface with local jurisdictions, system providers, the Sheriff Office of Emergency Services and the RDMHC Program.

Public Education and Information

Expanded education for prevention and awareness programs including CPR, First Aid, 9-1-1 access and system capability

Over the last 20 years the Ventura County EMS Agency and System have expanded with the needs of the community. There has been a balance between need, service delivery and financial feasibility. When system enhancements are desired the need must be justified. All changes should reflect value added by developing cooperative programs between the public and private sector. Ventura County EMS will remain vigilant in searching for opportunities to maintain and improve prehospital care delivery while preserving the balance of the system.

SECTION II - ASSESSMENT OF SYSTEM- TABLE 1

- | | |
|----------------------------------------------|-------------------------------------------------|
| A. System Organization And Management | E. Facilities And Critical Care |
| B. Staffing And Training | F. Data Collection And System Evaluation |
| C. Communications | G. Public Information And Education |
| D. Response And Transportation | H. Disaster Medical Response |

SECTION II SYSTEM STATUS SUMMARY (TABLE 1)

A. SYSTEM ORGANIZATION AND MANAGEMENT

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:					
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director		X			
Planning Activities:					
1.05 System Plan		X			
1.06 Annual Plan Update	X			X	
1.07 Trauma Planning*	X				
1.08 ALS Planning*		X			
1.09 Inventory Of Resources		X			
1.10 Special Populations	X				
1.11 System Participants		X			X
Regulatory Activities:					
1.12 Review & Monitoring		X		X	
1.13 Coordination		X			X
1.14 Policy & Procedures Manual		X		X	
1.15 Compliance with Policies		X		X	
System Finances:					
1.16 Funding Mechanism		X		X	-
Medical Direction:					
1.17 Medical Direction*		X			X
1.18 QA / QI		X			X
1.19 Policies, Procedures, Protocols		X			X
1.20 DNR Policy		X			X
1.21 Determination of Death		X		X	
1.22 Reporting of Abuse		X		X	
1.23 Interfacility Transfer		X			

A. SYSTEM ORGANIZATION AND MANAGEMENT

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.24 ALS Systems		X	X		
1.25 On-Line Medical Direction		X	X		
Enhanced Level: Trauma Care System:					
1.26 Trauma System Plan	X				
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27 Pediatric System Plan		X		X	
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan		X			

B. STAFFING / TRAINING

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS					
Agency:					
2.01 Assessment of Needs		X			X
2.02 Approval of Training		X			X
2.03 Personnel		X			
Dispatchers:					
2.04 Dispatch Training		X	X		
First Responders (non-transporting):					
2.05 First Responder Training		X	X		
2.06 Response		X			X
2.07 Medical Control		X			X
Transporting Personnel:					
2.08 EMT-I Training		X			X
Hospital:					
2.09 CPR Training		X			
2.10 Advanced Life Support		X			
Enhanced Level: Advanced Life Support:					
2.11 Accreditation Process		X			
2.12 Early Defibrillation		X			
2.13 Base Hospital Personnel		X		X	

C. COMMUNICATIONS

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment					
3.01 Communication Plan*	X			X	
3.02 Radios		X			X
3.03 Interfacility Transfer*		X			
3.04 Dispatch Center		X			X
3.05 Hospitals		X			
3.06 MCI/Disasters		X			
Public Access:					
3.07 9-1-1 Planning/Coordination		X			X
3.08 9-1-1 Public Education		X			X
Resource Management:					
3.09 Dispatch Triage		X		X	
3.10 Integrated Dispatch		X			X

D. RESPONSE / TRANSPORTATION

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

E. FACILITIES / CRITICAL CARE

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
5.01	Assessment of Capabilities	X			
5.02	Triage & Transfer Protocols*	X			X
5.03	Transfer Guidelines*	X			
5.04	Specialty Care Facilities*	X			X
5.05	Mass Casualty Management	X			X
5.06	Hospital Evacuation*	X			
Enhanced Level: Advanced Life Support:					
5.07	Base Hospital Designation*	X			
Enhanced Level: Trauma Care System:					
5.08	Trauma System Design	X			
5.09	Public Input	X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
5.10	Pediatric System Design	X			
5.11	Emergency Departments	X			X
5.12	Public Input	X			
Enhanced Level: Other Specialty Care Systems:					
5.13	Specialty System Design	X			
5.14	Public Input	X			

F. DATA COLLECTION / SYSTEM EVALUATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
6.01 QA/QI Program	X	X		X	
6.02 Prehospital Records		X			
6.03 Prehospital Care Audits		X		X	
6.04 Medical Dispatch		X			X
6.05 Data Management System*		X			
6.06 System Design Evaluation	X			X	
6.07 Provider Participation		X			
6.08 Reporting	X			X	
Enhanced Level: Advanced Life Support:					
6.09 ALS Audit	X				X
Enhanced Level: Trauma Care System:					
6.10 Trauma System Evaluation	X				X
6.11 Trauma Center Data	X				X

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
8.01 Disaster Medical Planning*		X			
8.02 Response Plans		X	X	X	
8.03 HazMat Training		X		X	
8.04 Incident Command System		X	X		
8.05 Distribution of Casualties*	X				
8.06 Needs Assessment		X	X		
8.07 Disaster Communications*		X		X	
8.08 Inventory of Resources		X	X		X
8.09 DMAT Teams	NA				
8.10 Mutual Aid Agreements*		X		X	
8.11 CCP Designation*		X		X	
8.12 Establishment of CCPs		X		X	
8.13 Disaster Medical Training		X		X	
8.14 Hospital Plans		X		X	
8.15 Interhospital Communications		X		X	
8.16 Prehospital Agency Plans	X			X	
Enhanced Level: Advanced Life Support:					
8.17 ALS Policies		X		X	—
Enhanced Level: Specialty Care Systems:					
8.18 Specialty Center Roles	X				X
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:					
8.19 Waiving Exclusivity		X			

SECTION II - ASSESSMENT OF SYSTEM
A. System Organization and Management

Agency Administration

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop and maintain organizational structure including agency staff and non-agency resources			X
Re-evaluate and make recommendations to improve technical and clinical expertise with outside/optional resources. Examine public/private cost-effective programs that enhance patient care delivery. Utilize an annual review process.			∞

RESPONSIBLE PERSON: Medical Director/EMS Administrator/CQI Coordinator

STATUS DESCRIPTION:

The local EMS Agency is part of the Ventura County Public Health Department which is a division of the Ventura County Health Care Agency. Current positions within Ventura County EMS are:

MEDICAL DIRECTOR**
ADMINISTRATOR*
ASSISTANT ADMINISTRATOR*
OFFICE CLERK*

SYSTEM ANALYST*
DATA ENTRY*
GRANT COORDINATOR**
OFFICE ASSISTANT**

*FTE= Full-time Employee
**PTE = Part Time/Contracted Employee

NEEDS:

- **Establishment of field compliance officer**
- **Additional clerical support**
- **Streamlining of essential programs**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization and Management

Agency Administration

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Plan, implement, and evaluate the EMS system		∞	
Re-evaluate EMS plan	Annual	April	
Evaluate, procure and update database management program	9/98		
Update CQI plan	Annual	∞	
Develop improved communications for feedback			X
Develop standardized, minimum thresholds for compliance in field care aspects of service delivery	4/99	12/99	
Implement thresholds and re-evaluate system	Bi-annual	∞	

RESPONSIBLE PERSON: Medical Director, Administrator and CQI Coordinator

STATUS DESCRIPTION:

The overall responsibility of the local EMS System falls upon the Ventura County EMS Administrator in coordination with medical oversight by the EMS Medical Director. The EMS Medical Director evaluates the Medical Component of the EMS System. Medical direction includes establishment, implementation and evaluation of the prehospital standards of care and recommendations to the receiving facilities for the care of those patients who are entered into the EMS system through the 9-1-1 system. The EMS Medical Director also makes recommendations and works with the CQI Committee to measure medical efficacy of system policies and procedures. The overall plan is administered by the EMS Administrator and is reviewed in part by the Prehospital Services Committee (PSC). Input for the plan and system adjustments are solicited from all participants of EMS including: First Responder Agencies, Transport Providers, Prehospital Care Coordinators, Paramedic Liaison Physicians, ER Nurses and Physicians.

Currently we are updating our EMS Plan and preparing for improved data collection ability. The EMS Agency has upgraded its technology to speed up processing of Prehospital Field Reports (PFRs) and evaluating data generated from these reports under a grant from CA-EMSA in 1995.

In an effort to ensure accurate data input, the EMS Agency is exploring newer technology that will allow for networking of P/C's at all county Receiving Hospitals that are designed for user friendly data entry by EMS field personnel after they complete a patient care activity. Several systems have been reviewed and additional resources for software and hardware review will occur before a final choice is made.

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization And Management

Agency Administration

1.02 (Cont'd.)

NEEDS:

- **Upgrade Data Collection system**
- **Increased use of CQI/TQM processes within the local EMS system**
- **Review feedback mechanism(s) for committees and field personnel**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization And Management

Agency Administration

Minimum Standard

Recommended Guidelines

1.03 Each local EMS Agency shall have a mechanism (including the emergency medical care committee(s) and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described throughout this document.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop mechanisms for obtaining provider input regarding the development of plans, policies, and procedures	In Place	∞	
Utilize a CQI Committee as a resource to study patient care outcomes and making recommendation to the Prehospital Services Committee (PSC).	In Place	∞	

RESPONSIBLE PERSON: EMS Medical Director, Administrator, and CQI Coordinator

STATUS DESCRIPTION:

The local EMS Agency meets the Minimum Standards. The PSC works directly with the EMS Medical Director and EMS Administrator, all system participants have an opportunity providing input on a regular basis.

In addition the CQI Committee assesses pilot studies, updated county-wide protocols, development of clinical thresholds and contract compliance review, the Ventura County EMS Agency is and will continue to plan, implement, review and adjust the EMS system accordingly.

Long term system adjustments include reviewing Committee structure, focus and membership, appointment of specific working taskforces for project development, and standardized, systematic surveys of field staff to obtain additional information and suggestions for improvement of the system and the EMS plan.

COMMITTEES AND RESPONSIBILITIES:

Prehospital Services Committee (PSC)

The PSC is comprised of representatives from all sections of the EMS system. It includes First Responder fire agencies, ALS provider agencies, an ALS first responder agency, Base Hospitals, Receiving Hospitals and Search and Rescue representation. The PSC is currently reviewing Medical Protocols for administrative and implementation impacts on provision of service. The PSC is responsible for developing and recommending for approval, broad operational policy as it is needed. Within the PSC is a group of participants that act as a medical taskforce which work closely with the Medical Director to develop medical protocols, pilot programs, training issues, equipment and supplies.

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization And Management

Agency Administration

Table 1.03 (cont'd.)

CQI Committee

The CQI Committee is charged with measuring the effectiveness of the care that is provided within the EMS system. Through ongoing study of specific patient care challenges, auditing, establishing of thresholds and anecdotal review (QA) the Committee is responsible for bringing statistical support to the EMS system. The facts regarding what we do and how we do it are benchmarked by the efforts of this Committee.

Multi-Casualty Incident (“MCI”) Committee

Reviews County protocols for multi-casualty response and establishing criteria for on-scene medical operations and communications. Integration of plans into the ICS system and SEMS.

EMS-C Taskforce

This taskforce is working with the EMS-C/Grant Coordinator to evaluate, design and implement an enhanced pediatric component for prehospital care providers and Receiving Hospitals. Currently the Taskforce is reviewing available intra-county resources relative to the pediatric patient care and transportation.

Contractors Compliance Committee

The newest of our EMS Committees. The Board of Supervisors has appointed an independent Contractors Compliance Committee to review the ambulance transport providers for their services rendered under the existing Ambulance Transportation Contracts. This Committee is made up of individuals familiar with different aspects of emergency response, patient care, communication and disaster preparedness. They are provided with the specific contract requirements and audit the providers for the ability to meet or exceed those requirements. The Committee is overseen by the EMS Administrator and Medical Director. Recommendations are made to the Board of Supervisors regarding extensions of the contract as applicable.

EMS Education Committee

The EMS Educators are a group of EMS program coordinators and instructors who work with the Administrator and Medical Director to implement program changes as mandated by the State and County EMS Policy. Many of the changes that occur at this level are the result of policy development and recommendations of the other Committees. Likewise, this group can make recommendations to the EMS Agency in regard to teaching challenges and educational technical issues. As the EMS system in this county matures and the population increases there may be a future need for expanding the educational programs in the region and it is through the continued efforts and dedication of this group of instructors that those programs will be developed. Their focus is on medical continuity in training and bringing the latest technology and policy into the classroom.

NEEDS:

- **Annual assessment tool of the local EMS System that includes input from providers, field staff and patients**
- **Internal assessment tool for the evaluation of Ventura County EMS in the provision of regulatory oversight**

SECTION II- ASSESSMENT OF SYSTEM
A. System Organization And Management

Agency Administration

Minimum Standard

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

Recommended Guidelines

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

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines	X	Short-range plan		Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Appoint a medical director with administrative experience in emergency medical services systems		∞	
Establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers		∞	

RESPONSIBLE PERSON: Director of Public Health, EMS Administrator

STATUS DESCRIPTION: (minimum and recommended)

The local EMS Agency meets all recommended guidelines. Current advisory groups include:

- **PREHOSPITAL SERVICES COMMITTEE**
- **CQI COMMITTEE**
- **PRIORITIZED DISPATCH COMMITTEE**
- **EMS-C TASKFORCE**
- **CONTRACTOR'S COMPLIANCE COMMITTEE**
- **EMS EDUCATION COMMITTEE**

NEEDS:

- **Review the function and effectiveness of the committees**
- **Establish mission/objectives for each committee**
- **Establish qualifications for committee membership**
- **Annual summary of committee impacts on local EMS System**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization And Management

Planning Activities

Minimum Standard

Recommended Guidelines

- 1.05 Each local EMS Agency shall develop an EMS System plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority. The plan shall:
- a. assess how the current system meets these guidelines,
 - b. identify system needs for patients within each of the targeted clinical categories
 - c. (as identified in section ii), and
 - d. provide a methodology and timeline for meeting these needs.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Revise EMS plan	Annually		∞
Conduct community review	Annually		∞
Submit approved plan to EMS Authority	Annually		∞

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The EMS Plan is the cornerstone and blueprint of what we do and where we want to go. With specific goals and objectives outlined, the direction is set and all participants can refer to the document for a common vision. Other components for accomplishing these goals involve the securing of political and financial support to animate these programs. The EMS Administrator is responsible for developing and submitting the EMS Plan to the Board of Supervisors for approval. The Medical Director is responsible for developing and implementing high standards of patient care. The Administrator is responsible for verifying that providers are in compliance with those standards.

Currently the EMS Plan is going through review and implementation. The EMS system plan will be reviewed and updated annually.

NEEDS:

- **Develop feedback mechanism for system participants through written or electronic media such as newsletters or webpage**
- **Use findings from data collected from the prehospital arena to meet EMS Plan needs**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization And Management

Planning Activities

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan	X	Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Review EMS system plan	Annually	∞	
Assess current EMS Agency capabilities	Annually	∞	
Conduct community and participant review	Annually	∞	
Evaluate participant input and statistics collected from CQI Committee over previous year	Annually	∞	
Submit necessary recommendations to committees and Medical Director	Annually	∞	
Obtain Board of Supervisors approval	Annually	∞	
Submit approved plan to EMS Authority	Annually	∞	
Implement changes to system	Annually	∞	

RESPONSIBLE PERSON: Medical Director, Administrator, CQI Coordinator

STATUS DESCRIPTION:

The current plan is being distributed to all participants for review and comment. A review and evaluation survey has been developed to assist system participants in their own individual assessment of the system. An avenue for public input is being developed.

NEEDS:

- **Develop timelines and milestones for all projects**
- **Assure adequate resources to expeditiously complete projects**
- **Measure effectiveness of local programs and EMS Plan through a survey mechanism**

**SECTION II- ASSESSMENT OF SYSTEM
A. System Organization And Management**

Planning Activities

Minimum Standard

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

Recommended Guidelines

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

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop a methodology for a needs assessment process	1/99	3/99	
Perform a needs assessment for a trauma system within the county	3/99	6/99	
Appoint a trauma task force compare trauma care to existing standards	3/99	6/99	
Review other trauma systems of similar geography and population density and develop a functional county-wide trauma plan	6/99	12/99	
Consider developing agreements with specialty care facilities in other jurisdictions if needed.	6/99	12/99	
Conduct review of all transport services if needed to accomplish trauma care.	6/99	12/99	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

There is no trauma care system established within Ventura County. All eight hospitals are Basic Emergency Service qualified. Some of the larger hospitals have the capability of delivering advanced trauma care. Each facility has the option to arrange out-of -area transfers for those patients that are stable enough to be transported. The Medical Director will continue to pursue trauma system establishment or alternate facility/treatment resources in order to assure the best emergent patient care.

NEEDS:

- **Perform a needs assessment for a trauma system**
- **Develop list of specialty care providers including contingency or backup capabilities**
- **Identify resources outside of Ventura County capable of offering specialized care**
- **Develop an evaluation mechanism for trauma system effectiveness**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization And Management

Planning Activities

Minimum Standard

Recommended Guidelines

1.08 Each local EMS Agency shall plan for eventual provision of advanced life support (ALS) services throughout its jurisdiction.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop and implement a plan for County-wide ALS services	1984	1986	X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Advanced life support Paramedics are provided by three contracted transport providers and one first responder ALS fire service agency (City of San Buenaventura). There are dual Paramedic ambulances in the higher density population areas and Paramedic/EMT-D ambulances as secondary ambulances in those same areas. Ventura City Fire Department currently is operating First Responder ALS (FR-ALS) units within their city limits. Under contract guidelines, when prioritized dispatch is implemented then the response time requirements will change from 10 minutes/90% of the time for all calls to 8 minutes-30 seconds/90% of the time for all calls.

NEEDS:

- **Identify and map where responses are greater then 8 minutes-30 seconds**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization And Management

Planning Activities

Minimum Standard

Recommended Guidelines

1.09 Each local EMS Agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop detailed inventory of EMS resources including: Staffing, vehicles, stations/posts, phone numbers, emergency contacts			X
Update inventory annually	October/ April	∞	
Identify all special facilities such as SNF, Extended Care, Nursing Homes, technologically dependent or vulnerable population centers.	April 1997	∞	

RESPONSIBLE PERSON: Administrator, Assistant Administrator

STATUS DESCRIPTION: A baseline inventory of all first responder and Service Providers has been completed. Names, addresses, phone numbers and contact names has been completed and will be updated every six months. The Assistant Administrator also tracks these resources as they relate to disaster preparedness and the RDMHC Program.

NEEDS:

- **Complete an emergency resources list that includes essential facilities for ancillary care, skilled nursing, extended care and other medical related sites**
- **Identification of other agencies developing similar products to minimize duplication of efforts and to reduce required EMS staff time**

A comprehensive inventory of EMS resources is included in Section III

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization And Management

Planning Activities

Minimum Standard

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

Recommended Guidelines

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

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X
----------------------------------	---	------------------------	--	------------------------------	--	------------------	--	-----------------	---

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Work with other public and private agencies to identify population groups that may be served by the EMS system which require specialized services		∞	
Complete a supplemental directory within the Disaster Medical/Health Response Book that outlines specialized populations groups, actions to be taken and contact information.			

RESPONSIBLE PERSON: Administrator, Assistant Administrator

STATUS DESCRIPTION:

The current list of vulnerable populations is primarily those of licensed convalescent facilities and licensed child day care facilities. Several local agencies in coordination with EMS and the Office of Emergency Services (OES), responsible for the licensing processes of these facilities, have been providing the information as it is updated (annually). Additional program expansion specific to children’s needs in emergency medicine is currently taking place under a grant (EMS-C).

NEEDS:

- **Develop resource lists of individuals or groups of special needs patients**
- **Include Transport Service Providers in the development of these lists**
- **Develop public relations campaigns to gather and disseminate essential information**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization And Management

Planning Activities

Minimum Standard

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

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
----------------------------------	--	------------------------	---	------------------------------	--	------------------	--	-----------------	---

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Identify the optimal roles and responsibilities of system participants	1980	∞	
Obtain written contracts with AMR, Gold Coast Ambulance and Ojai Ambulance for the provision of ambulance services including the provision of ALS and participation in declared disasters.	1996	2001	
Obtain memos of understanding with Ventura County Fire Department, Oxnard Fire Department, Ventura City Fire Department, Santa Paula Fire Department, Fillmore Fire Department, CBC Fire, Pt. Mugu Fire Department for the provision of First Responder-BLS or ALS services.	As able	As Able	
Obtain memos of understanding with and all base and Receiving Hospitals for the provision of Basic Emergency Services as designated by JCAHO.		∞	
Establish letters confirming specific hospitals as Paramedic Base Hospitals.		∞	
Conduct evaluations for all EMS system participants as defined by specific roles and responsibilities.		∞	
Re-negotiate written documents as necessary		∞	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The current system has written contracts with the ambulance transport providers. There are letters of participation by the Receiving and Base Hospitals for provision of prehospital services. These letters are written every two years and the County Board of Supervisors acknowledges and designates these hospitals as participants in the County health care system.

NEEDS:

- **Memos of Understanding for all system participants which include recognition of EMS as the regulatory agency for prehospital services, expectations, protocols and guidelines as established by the State and local EMS Agency**

SECTION II- ASSESSMENT OF SYSTEM

1.□ System Organization And Management

Planning Activities

1.11 (Cont'd.)

- **Federal based Responders will require Memos Of Understanding that do not relinquish the rights or authority of the Federal Government but allow for participation within the County EMS system**

SECTION II- ASSESSMENT OF SYSTEM

1. System Organization And Management

Planning Activities

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan	X	Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	---	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Continue to review and monitor EMS system operations	∞	∞	X
Review , update and distribute EMS policy and procedure manual	1984	∞	X
Identify the optimal roles and responsibilities of system participants	7/99	6/00	
Evaluate and procure an updated database management system	7/98	6/00	
Conduct annual system operations evaluation	12/99		Ongoing

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The delivery of BLS and ALS transport service is provided by contracted private ambulance service. In addition there are first responder BLS fire agencies two of which are volunteer firefighter agencies and two which are Federal. The others are County and City municipal services. In the wilderness sections first responder service is provided by Search and Rescue, Forest Service, Park Service.

The Ventura County Board of Supervisors has implementing a contractor's review committee which is overseen by the Medical Director and Administrator. This group will assess the performance of those contractors currently serving the County EMS system.

NEEDS:

- **Development of additional data sets that are inclusive of all aspects of prehospital care including discharge summary and patient outcome**
- **Development of positive public relations programs that support EMS activity using reliable data interpretation**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization And Management

Regulatory Activities

Minimum Standard

Recommended Guidelines

1.13 Each local EMS Agency shall coordinate EMS system operations.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
----------------------------------	--	------------------------	---	------------------------------	--	------------------	--	-----------------	---

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop and review Policies and Procedures as required		∞	
Through the efforts of CQI and compliance, make system adjustments and recommendations		∞	
Review system participant roles		∞	
Continue development of improved data collection and dissemination of facts		∞	
Develop and implement an updated communications plan	3/99	7/99	
Coordinate on-going committee meetings		∞	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The EMS system in Ventura County has historically been a very progressive and relatively small, tightly knit system.

Although EMS is not the ultimate decision maker, it needs to be well versed with system facts before it can make recommendation for system changes or adjustments. As mentioned in section 1.12 the success of EMS locally and nationally will be predicated upon facts and regulated by the policies and procedures arising from those facts. It is important for the EMS Agency to maintain a neutral stance as to the provision of the service, but, more importantly be able to identify the standards of care, establishing accountability for those that provide the care. The measuring and coordinating can only come through clearly defined guidelines and protocols based upon facts learned.

NEEDS:

- **Development of a comprehensive data collection system**
- **Assure that field level health care workers understand their mission and roles within the system**
- **Maintain compliance and develop a feedback tool from end users**
- **Improve ability to correlate system performance with clinical outcomes**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization And Management

Regulatory Activities

Minimum Standard

Recommended Guidelines

1.14 Each local EMS Agency shall develop a policy and procedures manual which includes all EMS Agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan	X	Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	---	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop and distribute EMS policy and procedure manual	1984	∞	X
Continue to review policy and procedure manuals from comparable EMS systems, validate against National standards of cares as they arise.		∞	
Revise EMS Agency policy and procedure manual as required by changes in Standard, State EMSA Guidelines and CQI determination		∞	
Complete an annual review of system operations		∞	

RESPONSIBLE PERSON: Medical Director, Administrator, CQI Coordinator

STATUS DESCRIPTION:

Ventura County EMS has an up-to-date ALS policy and procedure manual, with ALS protocols being reviewed and adjusted on a regular basis by the Medical Director. New Paramedics that enter into the system are given a review of the system by the local Prehospital Care Coordinators and their employer through the accreditation process. Each new Paramedic is also introduced to the EMS Administrator who reviews some specific policy and procedures with them. One of the challenges facing local provider agencies is the attrition of Paramedics who are experienced and qualified to work in an area or region. As part of an incentive to maintain high medical care standards and long term experienced personnel, the EMS Agency, along with it's EMS system participants have developed standards that allow Paramedics to progress through a "Preceptor Program" based upon experience and expertise within the local the system. The pursuit of this program is essential to the retention of qualified field staff and first line supervision. This is very important in situations where local system familiarity comes into play.

NEEDS:

- **Finalization of the Preceptor Program**
- **Development, review and revision of policies related to Preceptor Program including basic life support**

**SECTION II- ASSESSMENT OF SYSTEM
A. System Organization And Management**

Regulatory Activities

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan	X	Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	---	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop and distribute EMS policy and procedure manual			X
Maintain optimal roles and responsibilities of system participants		∞	
Develop and implement an sentinel event form and use policy for field personnel			X
Review anecdotal information as submitted by field personnel		∞	
Evaluate and procure an updated database management program			7/99
Conduct annual evaluation of compliance with system policies		∞	

RESPONSIBLE PERSON: Administrator, CQI Coordinator, Medical Director

STATUS DESCRIPTION:

Ventura County EMS has historically gathered information about patient care as it is forwarded by ambulance transport providers, base and Receiving Hospitals. In addition information of a "complaint nature" from patients and/or families has been a primary source of follow-up for Ventura County EMS. Exclusive Operating Areas have been contracted to ambulance transport providers for the delivery of ALS Services. Incidents that involve patient care are reportable to the Medical Director of Ventura County EMS. On occasion incidents have occurred that may have been reported in a more expeditiously. Chronological information has been maintained but may not be consistent in format. Ventura County EMS Agency has not had staff available to perform random field and provider audits.

NEEDS:

- **Develop written summaries for each prehospital care provider position**
- **Development of standardized incident reporting requirements**
- **Mechanism for reporting incidents**
- **Mechanism to use pertinent information for QA/QI purposes**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization And Management

System Finance

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan	X	Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	---	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop a funding mechanism which is sufficient to ensure continued operation of local agency		∞	
Utilize Emergency Medical Services Agency Block Grants/Funds		∞	
Research external funding sources		∞	
Develop letters of intent/grant proposals		∞	
Maximize use of EMS Fund			X

RESPONSIBLE PERSON: Administrator, Assistant Administrator/Grant Coordinator

STATUS DESCRIPTION:

The Ventura County EMS Office was folded into the Public Health Department in December of 1995. At that time it no longer was a "County Agency" although still maintaining the roles and accountability of a local EMS "Agency" as defined by State guidelines and law. Funding for Ventura County EMS comes from the EMS Fund, and the County general fund. However, EMS has not been able to expand its staff sufficiently to meet the challenges of State mandated programs or to develop or improve automated systems to reduce clerical staff positions. Currently the Ventura County EMS has been awarded a grant for a new data collection system

NEEDS:

- **Contract fines to support system development/improvement**
- **Development and review of additional mechanisms for revenue generation**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization And Management

Medical Direction

GENERAL INFORMATION: *The local EMS system shall include appropriate medical direction. This implies involvement of the medical community and ensures medical accountability in all stages of the system.*

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Select and appoint Medical Director	1981	∞	X
Establish Prehospital Services Committee	1981	∞	X
Obtain written Contracts with Ambulance Transport Providers (AMR Inc., Gold Coast Ambulance, Ojai Ambulance)	1973	∞	X
Identify the optimal roles and responsibilities of system participants		∞	X
Review optimal system design including descriptions for first responder agencies		∞	
Conduct on-going evaluation of assigned EMS system roles and responsibilities		∞	
Adjust roles and responsibilities of EMS System participants as necessary		∞	
Established Base and Receiving Hospitals	1978		X

RESPONSIBLE PERSON: Public Health Director, Medical Director, Administrator, CQI Coordinator

STATUS DESCRIPTION:

The Medical Director was hired through a process conducted by Public Health Administration and the Ventura EMS Agency. The Medical Director works with a medical task force on the Prehospital Services Committee. All medical/operational recommendations are reviewed and returned to the EMS Administrator for draft, comment, and final approval. All policies and procedures are assigned a review date and changed as necessary. There are Exclusive Operating Area contracts with the transport providers for delivery of ALS transportation. Paramedic Base Hospitals within the County are solicited by letter to retain their Base Hospital status every two years. There is no formal agreements or contracts for Paramedic base or Receiving Hospitals

NEEDS:

- **Develop EMS system participant roles and responsibilities**
- **Establish Provider Contracts for ambulance transportation using defined roles, responsibilities and terms**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization And Management

Medical Direction

Minimum Standard

1.18 Each local EMS Agency shall establish a quality assurance/quality improvement program. This may include use of provider based programs which are approved by the local EMS Agency and which are coordinated with other system participants.

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
----------------------------------	--	------------------------	---	------------------------------	--	------------------	--	-----------------	---

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish a quality assurance/quality improvement program	1994	∞	X
Require prehospital care providers to establish in-house procedures which identify methods of improving the quality of care provided	1996	∞	X
Evaluate and procure an upgraded database management program	1998		
Reassess current system for monitoring prehospital providers			X
Revise existing QI program	1999		
Integrate provider based QI programs with County program.		∞	

RESPONSIBLE PERSON: Medical Director, Administrator, CQI Coordinator

STATUS DESCRIPTION:

Ventura County EMS has developed a written CQI Program. Full implementation has not been realized at this point. Several topics of concern have been identified and pilot projects or studies have been undertaken. The education of field staff through administrative participants has been an evolutionary process. There is much to do in the area of CQI and it's implementation to a higher level. It is difficult to measure patient outcome in a prehospital environment. The challenge is in developing a data collection system and educating those who use, to properly document and submit that essential information for statistical analysis. We are currently able to meet most demands for statistical information but detail, reliability and validity of those statistics may be questioned by participants in the system.

NEEDS:

- Evaluate and procure a comprehensive data collection system
- Evaluate the efficiency and effectiveness of data collection, reporting-products and application of CQI/QA processes
- Perform Monitoring and compliance of individual programs
- Development of CQI programs for maximum benefit
- Use of contract compliance information to adjust system

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization And Management

Medical Direction

Minimum Standard

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

- a. triage,
- b. treatment,
- c. medical dispatch protocols,
- d. transport,
- e. on-scene treatment times,
- f. transfer of emergency patients,
- g. standing orders,
- h. Receiving Hospital contact,
- i. on-scene physicians and other medical personnel,
- j. local scope of practice for prehospital personnel.

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines	X	Short-range plan	X	Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	---	------------------	---	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop written policies, procedures and/or protocols for:.			
a. Triage			X
b. Treatment			X
c. EMD			X
d. Transport			X
e. On-Scene Times			
f. Transfer of Emergency Patients			X
g. Standing Orders (Communications Failure/Limited Base Contact)			X
h. Receiving Hospital Contact			X
i. On-scene Physicians and other medical personnel			X
j. Local Scope of Practice			X
k. Develop and implement of pre-arrival/post-dispatch instructions (EMD)			X
l. Revise EMD protocols			X

RESPONSIBLE PERSON: Medical Director, Administrator

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization And Management

Medical Direction

1.19 (cont'd.)

STATUS DESCRIPTION:

Ventura County EMS has developed and implemented pre-arrival medical instructions (EMD). All of the primary Public Safety Access Points (PSAPs) have qualified EMD personnel answering calls for emergency medical needs. The review of those EMD procedures has occurred and the protocols adjusted. Currently the Medical Director is leading the development of Prioritized Dispatch for all local PSAPs.

ALS Protocols have and are continually being reviewed and improved. Operational guidelines for receiving and base contact are in place. As are guidelines for Critical Care Transfers (CCT's) and a policy for Multi-Casualty Incidents (MCI). On scene treatment times have been reviewed for specific types of calls.

NEEDS:

- **Review and update the MCI Policy**
- **Use CQI to establish realistic attainable thresholds for on-scene times in general categories such as Cardiac Arrest, uncomplicated Trauma calls, uncomplicated Medical calls**
- **Develop a peer review for on-scene times using tape review audits and medical-control feedback**
- **Anecdotal reporting for assessment of extended on scene times**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization And Management

Medical Direction

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Draft and distribute Do Not Resuscitate policy ("DNR")			X
Develop grief access and training programs for field personnel	1995		
Develop public relations material for DNR			X
Monitor the Do Not Resuscitate policy for compliance		∞	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION: (minimum and recommended):

The Medical Director has taken the DNR to the next level and in addition to "Do Not Resuscitate (DNR)" there is a choice for a "Comfort Measures Only" (CMO). This allows for those situations when a patient is in end-stage (terminal) illness but requests no heroic measures other than pain control or minimization of distress as a result of compromised circulatory or respiratory systems. Brochures have been developed and have been distributed through the Ventura EMS Agency on request.

NEEDS:

- **Completion of the Grief Program for field personnel**
- **Development of public relations programs to implement and support the program**
- **Periodic review of the program including public input**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization And Management

Medical Direction

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan	X	Long-range plan	
PERFORMANCE CRITERIA						START DATE	END DATE	COMPLETED	
Develop and implement policy regarding determination of death								X	
Review determination of death policy and update to reflect system needs and legal definitions							∞		
Develop and implement a feedback loop from the Coroner to field personnel regarding resuscitative efforts and end points.						6/99	8/99		

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Currently the Determination of Death policy for Ventura County EMS reflects the legal criteria required to “determine” (pronounce) death in the field as provided by the Medical Examiner and the State of California. The Medical Director is working with the coroner to establish a system of feedback for post-mortem exam and the impact of prehospital care (if any) on the decedent. Thus, providing additional data for QA/CQI system adjustments. There is a task force assigned to develop “Grief” training for field personnel to effectively deal with those families who are faced with sudden death. This is an important step towards implementing more realistic end points for resuscitative efforts in the field.

NEEDS:

- **Develop a feedback loop for determining effectiveness of prehospital care delivery for those cases involving pronouncement of death in the field**
- **Perform regular reviews of system effectiveness utilizing statistics obtained from applicable Coroner’s cases**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization And Management

Medical Direction

Minimum Standard

Recommended Guidelines

1.22 Each local EMS Agency, shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	--	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths			X
Discuss annually the reporting mechanism through continuing education			X
Update as State laws/regulations change			X
Provide education for new field staff entering Ventura County EMS System			X

RESPONSIBLE PERSON: EMS Administrator, Prehospital Care Coordinators, EMS Educators

STATUS DESCRIPTION: All of the current Ambulance Transport Providers and First-Responder Agencies are informed on reporting criteria. Updates at continuing education lectures has been provided and field personnel are required to learn reporting policies and steps for reporting.

NEEDS:

- **Review reporting policy as needed/required by State change**
- **Review and revise reporting forms and access to materials**
- **Procure multi-media education material to enhance training programs**
- **Perform annual review of incidents reported**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization And Management

Medical Direction

Minimum Standard

Recommended Guidelines

1.23 The local EMS medical director shall establish policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	--	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers.			X
Review policies and protocols for interfacility transfers	1980	∞	
Develop documentation for patient care involving interfacility transports			X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Policies and procedures for prehospital settings are generally applicable to interfacility transfers. Patients that are in need of additional care outside of the scope of Paramedic skills shall be attended to by healthcare staff certified or licensed to deliver such care on those urgent transfers. Critical care transport guidelines have been established so that CCT Nurses may function in those roles.

NEEDS:

- **Developed documentation for critical care of patients who receive interfacility transport via ground or air ambulance**
- **Conduct annual review of the number and nature of transports**
- **Make system adjustments or develop recommendations to reduce risk resulting from critical ambulance transports**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization And Management

Enhanced Level: Advanced Life Support

Minimum Standard

1.24 Advanced life support services shall be provided only as an approved part of a local EMS system and all Service Providers shall have written agreements with the local EMS Agency.

Recommended Guidelines

Each local EMS Agency, based on State approval, should, when appropriate, develop exclusive operating areas for Service Providers.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines	X	Short-range plan	X	Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	---	------------------	---	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Award EOA pursuant to section 1797.224 of the Health and Safety Code	7/01/96	07/01/01	X
Execute written contracts with AMR, Gold Coast and Ojai Transport providers	7/01/96	07/01/01	X
Work with Ventura City Fire Department to provide long term FR-ALS response	07/01/97	∞	
Work with Ventura County Fire Department to develop provision of FR-ALS response		∞	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION: FOR ADVANCED LEVEL (minimum and recommended):

There are 3 contracts (AMR, Gold Coast Ambulance, Ojai Ambulance) with ambulance transport service providers in place for delivery of ALS services. The review of these contracts and the performance compliance requirements and auditing is being performed at this time. Extension of the contracts as allowed for by performance merit, will be decided after review by the compliance committee.

NEEDS:

- Review existing service contracts for compliance on an annual basis
- Develop written agreements for all Agencies desiring to provide First-Responder Advanced Life Support
- Design and implement a system to capture data for all system participants
- Annually review data for system planning and adjustment

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization And Management

Enhanced Level: Advanced Life Support

Minimum Standard

1.25 Each EMS system shall have on-line medical direction, provided by a Receiving Hospital (or alternate base station) physician or authorized registered nurse/mobile intensive care nurse.

Recommended Guidelines

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

- a. the Receiving Hospital configuration for the system,
- b. the process for selecting Receiving Hospitals, including a process for designation which allows all eligible facilities to apply, and
- c. the process for determining the need for in-house medical direction for provider agencies.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines	X	Short-range plan		Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish on-line medical direction for Paramedic field personnel	1986	1986	X
Establish Memo of Understanding for Base and Receiving Hospital provision	1976		X
Develop Medical Control Plan	5/99	8/99	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION FOR ENHANCED LEVEL:

All facilities meet the minimum designation of "Basic Emergency Services" providers. There are a total of eight (8) hospitals within Ventura County. Four are designated as Paramedic Base Hospitals

NEEDS:

- **Develop Medical Control Plan delineating minimum requirements for Receiving and Base Hospital qualifications, Medical Control direction and operational catchment areas.**
- **Establish audit for the emergency department's capability at each hospital and consider this for the trauma network when developing the Medical Control Plan.**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization And Management

Enhanced Level: Trauma Care System

Minimum Standard

Recommended Guidelines

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

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

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Designate Trauma System Task Force from the PSC	5/99	5/99	
Perform a needs assessment for a countywide Trauma System	6/99	12/99	
Develop a Trauma System Plan	1/00	6/00	
Review and update Trauma System Plan		Ongoing	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION FOR ENHANCED LEVEL:

As indicated in Section 2-1.25 there are only Base and Receiving Hospital designations for local hospitals within the Ventura County EMS System.

NEEDS:

- **Designate Trauma System Task Force from the PSC**
- **Perform a needs assessment for a countywide Trauma System**
- **Develop a Trauma System Plan**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization And Management

Enhanced Level: Pediatric Emergency Medical and Critical Care System

Minimum Standard

Recommended Guidelines

1.27 The local EMS Agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan	X	Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Appoint an EMS-C Project Coordinator.	1996	1998	X
Assess system/participants for current capability.	1996	1996	X
Develop a pediatric emergency medical and critical care system plan.	1996		X
Review EMS-C final report.	1997		X
Develop EMS-C policies and protocols.	1998	∞	X
Implement adequate data collection mechanism to measure effectiveness	1998	1999	On-going
Implement EMS-C changes countywide.	1998	1999	On-going
Evaluate data, audit participants for compliance, adjust and complete masterplan	1998	1999	Ongoing

RESPONSIBLE PERSON: Medical Director, Administrator, EMS-C Coordinator, CQI Coordinator

STATUS DESCRIPTION FOR ENHANCED LEVEL:

Ventura County EMS is currently working on implementing an EMS-C Plan. Providers and facilities have been assessed. Although not finalized, the components have been identified and are being developed and integrated into the countywide EMS system as listed:

1. Ambulances carry specialty pediatric equipment
2. Paramedics are certified in Pediatric Advanced Life Support (PALS)
3. Hospitals carry specialty pediatric equipment in Emergency Departments
4. Conduct review of the State EMS-C report to determine further integration of services

NEEDS:

- **Final Implementation of data collection system for Pediatrics**
- **Review of system wide integration of plan**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization And Management

Enhanced Level: Exclusive Operating Areas

Minimum Standard

Recommended Guidelines

1.28 The local EMS Agency shall develop, and submit for state approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines:

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Award/Audit contracts for EOA's to ambulance transport providers (AMR, Gold Coast Ambulance, Ojai Ambulance)	7/96	7/06	
Review EMS System needs through statistical analysis	8/99	2/00	
Work with County Counsel and Board of Supervisors to determine needs for an ambulance transport Request for Proposal (RFP)	6/02	2/03	
Appoint an RFP development task force	2/03	6/03	
Develop RFP template, application, review and approval process	6/03	12/04	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION FOR ENHANCED LEVEL:

Current provision of ALS services is contracted by ambulance transport providers. These contracted services are in the form of a 5 year contract with 5 single year extensions based upon performance identified in the contract. The Service Providers were "grandfathered" in under existing County agreements. Statewide many EMS systems are opting to use an RFP process to award exclusive operating areas for ambulance transport.

NEEDS:

- Identify need for RFP for the provision of ambulance transport
- Researches current RFP development strategies
- Appoint an RFP Taskforce
- Submit RFP to Board of Supervisors for approval
- Oversee RFP process

SECTION II - ASSESSMENT OF SYSTEM

B. Staffing And Training

GENERAL INFORMATION:

The local EMS system should include an adequate number of hospital and prehospital health professionals to provide emergency medical services on a twenty-four hour per day basis. Provision should be made for the initial and ongoing training of these personnel utilizing curricula consistent with state and national standards.

LOCAL EMS AGENCY

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Identify key EMS Educators and develop Educational Committee			X
Assess personnel and training needs			∞
Conduct annual EMS conference			∞
Evaluate and procure an upgraded system to assist in tracking certifications, licensures and continuing education			
Working with CQI Committees to identify key training issues			∞
Using collected EMS data, evaluate effectiveness of training programs and changes in patient outcome.			
Regularly evaluate and update training program			∞
Develop curriculum for unmet training needs and integrate into system.			∞

RESPONSIBLE PERSON: EMS Education Coordinator

STATUS DESCRIPTION:

Ventura County EMS System participant size is small enough to communicate change or need for change in a rapid fashion. The changes that occur on a regular basis usually impact ALS Service Providers or field staff. Impacts on BLS provision are minimal. Since there are no Paramedic training programs being conducted in Ventura County, the need for information is focused at the EMT-1 Program level.

EMT-1 Program Coordinators and Instructors meet on quarterly basis to discuss changes in curriculum, County policy and procedures related to BLS provision and any system changes that might impact the graduating EMT-1 student. It is notable that a significant number of Prehospital Care Coordinators also instruct or co-instruct at the programs so that there is continuity of information in the classroom and in the field. Ventura County EMS audits these programs for compliance with State and County requirement. In addition, Ventura County EMS representatives audit ALS continuing education courses that are conducted within the County. All continuing education courses are approved by Ventura County EMS. Ventura County EMS co-sponsors an Annual EMS Conference which is open to all healthcare providers. Ventura County EMS has been a participant in the development and delivery of many EMS programs throughout the County.

SECTION II - ASSESSMENT OF SYSTEM

B. Staffing And Training

2.01 (cont'd.)

NEEDS:

- **Improve current EMT-1 certification process including administration of an Agency administered written certification exam**
- **Integrate EMT-1 certification process into National Registry at time of State Adoption**
- **Assist local education providers in establishing Paramedic Training Programs**
- **Develop additional opportunities for BLS and ALS Education in addition to hospital provided programs**
- **Establish EMT-1 continuing education mechanism for tracking local C.E.**
- **Coordinate train-the trainer programs for prehospital instructors**

SECTION II - ASSESSMENT OF SYSTEM

B. Staffing And Training

Enhanced Level: Exclusive Operating Areas

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan	X	Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Implement mechanism to approve EMS education programs			X
Establish separate mechanism for monitoring BLS approved continuing education providers	3/99	6/99	

RESPONSIBLE PERSON: EMS Education Coordinator

STATUS DESCRIPTION:

Ventura County EMS has had a mechanism in place for the approval of ALS continuing education programs for many years. The County EMS uses one C.E. provider number for all of the approved courses in the county. ALS continuing education is offered by hospitals as Category I or II and are developed with Paramedics and MICNs and other interested prehospital care staff as a target audience.

NEEDS:

- **Development of EMT-1 Continuing Education Programs**
- **Consider establishing separate EMS C.E. provider numbers for local education providers**

SECTION II - ASSESSMENT OF SYSTEM

B. Staffing And Training

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	--	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Review State regulations pertaining to local agency's role in discipline and the interface with the State process			
Establish and perform routine Department of Justice background checks on all EMS field personnel who certify and accredit through Ventura County EMS.			X
Medical Director review of Department of Justice reports and local system applicants as submitted to Ventura County EMS Agency.			∞
Develop & implement policy and procedure requiring providers to notify local agency of occurrences which could impact personnel certification/accreditation			X
Minimize local certification process by adopting National Registry certification as approved by State EMS Authority.	At time of adoption by EMS Authority		

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County EMS was one of the first counties in the State to adopt a general procedure for the clearance of prehospital personnel by the Department of Justice upon application for certification or accreditation. Resultant background check information is reviewed. If needed, the cardholder may be requested to provide additional information to determine if the card will be revoked or if other disciplinary measures are applied. Policies have been developed and are presented to the students at the beginning of all training programs that are publicly offered. The Department of Justice notifies Ventura EMS of any subsequent arrests and/or convictions.

NEEDS:

- **Formalize procedures to notify Ventura County EMS of events requiring investigation and intervention by the Administrator or Medical Director.**
- **Develop standardized reporting form for timely notification to EMS of events involving patient care**

SECTION II - ASSESSMENT OF SYSTEM

B. Staffing And Training

Dispatchers

Minimum Standard

2.04 Public Safety Answering Point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines	X	Short-range plan		Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Review EMD Guidelines			X
Distribute Guidelines to all PSAP/EMS dispatch centers			X
Write EMD Protocols as overseen by EMS Medical Director			X
Train current dispatch staff in EMD Protocol and Procedures			X
Review EMD Program effectiveness			∞
Incorporate a QA/QI Process into the EMD Program			X
Develop Prioritized Dispatch component			X
Train current EMD Dispatchers and implement Prioritized Dispatch			12/98
Review effectiveness of Prioritized Dispatch through CQI Process			∞

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County EMS has reviewed, developed and implemented a standardized EMD Program for Ventura County PSAPs. EMD is performed only by agencies whose primary function is dispatching of fire department first responders. Not all PSAPs have adopted EMD into their dispatch formats.

A prioritized dispatch system in conjunction with participating agencies has been developed and funded through a grant provided by the State EMS Authority.

NEEDS:

- **Final implementation of prioritized dispatch to all Ventura County PSAPs**

SECTION II - ASSESSMENT OF SYSTEM

B. Staffing And Training

First Responders (Non-Transporting)

Minimum Standard

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

Recommended Guidelines

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

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines	X	Short-range plan		Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	---	------------------	--	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Ensure that at least one person on each non-transporting EMS first response unit is trained to administer first aid and CPR and maintain certification of EMT-1.			X
Assist local Fire Departments with on-going EMT-1 and EMT-D Program development and implementation.			∞
Consider including Harbor Patrol, Park Service and Forest Service in the early defibrillation program			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County has had the majority of its first responder firefighters and other emergency personnel certified in CPR and EMT-1/EMT-Defibrillation for many years. The implementation of countywide firefighter defibrillation occurred 5 years ago and the programs are being reviewed at this time.

NEEDS:

- **Assess other agencies within the County for the provision of defibrillation including: military bases, harbor patrol, security agencies and industrial/commercial sites**

SECTION II - ASSESSMENT OF SYSTEM

B. Staffing And Training

Minimum Standard

2.06 Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS Agency policies.

Recommended Guidelines

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Approve and coordinate cooperative medical training programs for public agencies	1978	∞	∞
Approve and coordinate cooperative medical training programs for private and industrial sites		∞	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The various fire departments throughout the county have provided excellent first responder service for decades. Historically during peak levels emergency activity public and private agencies have worked closely to ensure prompt response for all who access the 9-1-1 system. This cooperation between agencies is encouraged and maintained.

Ventura County EMS has been involved with developing and coordinating multi-agency drills involving a medical component. Organizations such as Community Awareness and Emergency Response (CAER) and Volunteer Organizations Assisting in Disaster (VOAD) are excellent resources for the identification of those industrial first-aid providers.

NEEDS:

- **Identify and index industrial sites that utilize first responder level personnel for on-site response that may precede fire department response**
- **Coordinate medical drills involving public and private sector agencies and industrial sites**
- **Educate industrial sites in the use and access of 9-1-1 services**

SECTION II - ASSESSMENT OF SYSTEM

B. Staffing And Training

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
----------------------------------	--	------------------------	---	------------------------------	--	------------------	--	-----------------	---

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Review EMT-1/First Responder policy and procedures	1999		
Develop and implement data collection mechanism for first responders	1995		1998
Review data and adjust system accordingly			∞
Consider Memo of Understanding for all first-responder agencies			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

First responder levels of service have been maintained at minimum EMT-1/EMT-D level for approximately 5 years. The long term delivery of local first responder care at EMT-1 level has been on-going since the mid-1970. It became a required standard in most fire agencies by the mid-1980. Currently each municipality maintains EMT-1 level status with EMT-1 Programs that are approved by Ventura County EMS. The recently developed "First Responder Report Form" is designed to gather assessment/treatment data as provided in the prehospital setting.

NEEDS:

- **Evaluation of field performance by first responders through the use of data collection as it is correlated to patient outcome**

SECTION II - ASSESSMENT OF SYSTEM

B. Staffing And Training

Transporting Personnel

Minimum Standard

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

Recommended Guidelines

If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines	X	Short-range plan		Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Ensure that all emergency medical transport vehicle personnel are currently certified at minimum EMT-I level	1976	∞	
Ensure that at least one person on each emergency medical transport vehicle is trained to provide defibrillation	1990	∞	
Review transport personnel staffing patterns annually	1989	∞	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County EMS has been regulating and approving EMT-1 ambulance transportation personnel since the mid 1970's. With the establishment of Paramedics in the County in the mid 1970's followed by Countywide Paramedics in 1986, the roles of the EMT-1 have evolved. Currently there are few EMT-1s with the majority being assigned as EMT-ID (Defibrillator certified).

NEEDS:

- **Continued monitoring of EMT-1/EMT-1D training programs**
- **Field observation of performance and compliance**
- **Specific allocation of time for EMS Education and development of Continuing Education Programs**
- **Establishment of AED for EMT-I staffed ambulances**

SECTION II - ASSESSMENT OF SYSTEM

B. Staffing And Training

Hospital

Minimum Standard

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

Recommended Guidelines

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Ensure that all allied health personnel who provide direct emergency patient care are trained in CPR			X
Perform random compliance audits for proper CPR certification		Ongoing	
Monitor allied health personnel for CPR training on an annual basis			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County allied health personnel are trained to minimum levels of CPR and First Aid. The eight Ventura County hospitals require their licensed/certified staff to be trained in CPR.

NEEDS:

- **Develop a database for allied healthcare providers that includes documentation of CPR certification/training**
- **Develop policy and procedures for submission of required CPR certification proof**

SECTION II - ASSESSMENT OF SYSTEM

B. Staffing And Training

Hospital

Minimum Standard

2.10 All emergency department physicians and registered nurses that provide direct emergency patient care shall be trained in advanced life support.

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	--	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Ensure that all emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support			X
Monitor ALS training for emergency department physicians and nurses who provide direct patient care		Ongoing	
On an annual basis, recommend that all emergency department physicians be certified by the American Board of Emergency Medicine. Confirm ER Physician staff through PCCs at Base Hospitals and ER Supervisors at Receiving Hospitals.		Ongoing	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The Emergency Departments of almost all facilities in the County have long term ER Physicians who maintain "Board Certification". The exception being the Residency Program at Ventura County Medical Center. The Residents are under supervision of Board Certified Emergency Physicians. Since many of these hospitals are geographically separated by distance, there are many ALS level C.E. programs offered at the at each facility. There are also several ACLS teaching teams established within these regions.

NEEDS:

- Consider development of policies requiring Emergency Department Physicians and Nurses to be certified in ACLS, ATLS, PALS where applicable
- Consider development of policy requiring all Emergency Department Physicians to be American Board of Emergency Medicine certified
- Develop database of Ventura County Hospital Emergency Department Staff that have been certified under required policy

SECTION II - ASSESSMENT OF SYSTEM

B. Staffing And Training

Enhanced Level: Advanced Life Support

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish a procedure for accreditation of advanced life support personnel			X
Utilize QA/QI process to review delivery of basic and optional skills		Ongoing	
Evaluate effectiveness of tracking mechanism		Ongoing	
Expand QA/QI processes and audit for compliance	7/99	Ongoing	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The current process for accreditation includes orientation and processing by the Service Provider for their new employees, orientation, training and testing by Base Hospital PCCs for optional skills and processing and accrediting of new Paramedics by Ventura County EMS after they complete the accreditation requirements. The accreditation process allows new field Paramedics to meet with the PCCs, interact and get an up-front view of the system, the challenges, pros and cons of the system. Ventura County is still small enough that the front-line EMS personnel are familiar with one another from EMT-1 to Paramedic Liaison Physician. Accreditation and Orientation classes are conducted monthly by PCCs and on an as needed basis by the service providers.

NEEDS:

- **Review the effectiveness of the current accreditation and orientation process**
- **Through the CQI process, modify the process/procedures to expedite the orientation and completion of accreditation process**

SECTION II - ASSESSMENT OF SYSTEM

B. Staffing And Training

Minimum Standard

Recommended Guidelines

2.12 The local EMS Agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation			X
Review EMT-D Defibrillation Programs			∞
Consider developing early defibrillation policies for public AED as recommended by California Emergency Medical Services Authority.			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The countywide implementation of EMT-1 Defibrillation by all first responders occurred in 1991. Clinical evaluation by different departments and methods has not allowed for accurate retrieval of information or performance. First response defibrillation and reporting has not been consistent

NEEDS:

- **Develop consistent First Responder defibrillation reporting to Ventura County EMS by all providers**
- **Develop standardized clinical evaluation procedures**

SECTION II - ASSESSMENT OF SYSTEM

B. Staffing And Training

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan	X	Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop and distribute EMS policy and procedure manual to all Receiving Hospitals			X
Involve ER Physicians and Agency Medical Directors in Medical Advisory and CQI Committee processes.	4/99		Ongoing

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County EMS was one of the first counties in the state to have standard frequency configuration for ambulance transportation. The first Ventura County transport providers (BLS service only) acquired radios and adopted the "Med Net" frequency 155.205 MHz as their operational channel. That channel remains as sole countywide EMS communications frequency. It is utilized for the dispatch of calls and for notifying Receiving Hospitals of non-emergent inbound patients. The transport providers train their personnel in radio operations, as do the Base Hospitals and Receiving Hospitals. All ambulances and all hospitals in the county currently have the ability to communicate on the "Med Net" frequency.

NEEDS:

- **Development of a detailed EMS Communication Plan**
- **Incorporate SEMS radio frequency standardization into the Communication Plan for the management of MCI's and disaster scenarios**
- **Establishment of a second Medical Frequency**

SECTION II - ASSESSMENT OF SYSTEM

C. Communications

GENERAL INFORMATION:

The local EMS system should make provision for two-way communications between personnel and facilities within coordinated communications system(s). The communications system should include public access to the EMS system, resource management, and medical direction on both the basic life support and advanced life support levels.

Communications Equipment

Minimum Standard

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

Recommended Guidelines

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

Does currently standard	not meet	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Complete a detailed Communication Plan	1998	1999	
Investigate expanded cellular communication system use	1998	∞	
Conduct monthly Med-Net radio drills		∞	
Develop and distribute standard resource directory which includes essential phone numbers and contacts and addresses.	5/99	8/99	
Work with State EMSA on coordination of disaster communications plan			
Implement second Med Net frequency			X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The day to day communications equipment and operational procedures work well. The intended use of the "Med Net" has been met and exceeded for many years. Too many participants try to communicate simultaneously which, without any other backup system, creates a potential problem for the delivery of information in critical situations. Paramedic radio call-ins were formerly conducted on transportable "Paramedic Radios" commonly called APCORs™ or BIO-PHONES™. These radios required additional equipment at Base Hospitals and the associated antennas and other technical equipment, staff and budget to support it. The Paramedic radios have been replaced by cellular phones. Paramedic Base Hospitals have dedicated phone lines with recorders for Paramedic contacts on for calls requiring Base Station orders. In the event of cell failure the Paramedic may perform duties under communication failure protocol.

SECTION II - ASSESSMENT OF SYSTEM

C. Communications

3.01 (cont'd.)

NEEDS:

- **Explore additional technology for communication backup**
- **Complete the Communication Plan**
- **Implement second Med Net frequency**
- **Re-establish monthly Med Net radio drills (disaster preparedness)**

SECTION II - ASSESSMENT OF SYSTEM

C. Communications

Minimum Standard

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

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop & implement ALS communications plan			X
Install cellular communication system			X
Review EMS communications system and plan	12/98	3/99	
Work with County Communications to re-establish Med-Net frequency link in the EOC Operations Section for radio communications tests/disaster coordination	5/99	12/99	
Conduct monthly radio disaster drill tests via RACES radio group	6/99	12/99	
Assure multi-agency vehicle-to-vehicle radio communication are maintained as a required in each provider contract			∞

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

An ALS communications policy is in place with requirements specific to communication failure treatment protocols and Agency reporting requirements for such failures. Cell phones have been added to supplement the aging and less effective Paramedic radios. All systems are reliant upon hard-line phone connections at some point. There are geographical locations throughout the county that create radio “dead zones” in which reception or broadcasting is not possible. All Service Providers have maintained County owned radio equipment within their ambulances. As this equipment fails or is in need of upgrading, the Service Providers will be responsible for obtaining and maintaining their own equipment.

NEEDS:

- **Develop EMS Communication Plan including frequency assignments, radio designations.**
- **Add additional radio repeater sites where necessary**

SECTION II - ASSESSMENT OF SYSTEM

C. Communications

Minimum Standard

Recommended Guidelines

3.03 Emergency medical transport vehicles used for interfacility transfers shall have the ability to communicate with both the sending and receiving facilities. This may be accomplished by cellular telephone.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Insure communication with both sending and receiving facilities for all interfacility transfers			X
Review & update inter-facility transfer policy	10/99	5/00	
Require inter-facility communications capability as required in provider contracts			X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Current Service Providers have the capability to communicate with all local base and Receiving Hospitals. The units also have cellular phones which allows them to access other phone numbers or facilities as needed.

NEEDS:

- **Explore alternate communications resources for notification of non-critical arrivals**
- **Work with local long-term care, skilled nursing and other facilities and ambulance transport providers in identifying special communications needs for transport**

SECTION II - ASSESSMENT OF SYSTEM

C. Communications

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan	X	Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	---	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Assess communication system			X
Work with ISD to identify communications system changes that will improve the delivery of prehospital care	11/98	7/99	
Collaborate with Sheriff's Office of Emergency Services to integrate a Medical Command Communications package in any mobile EOC that might be constructed or procured.	1/99	8/99	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

In normal operations the EMS communications network can handle the volume of emergency calls and radio traffic. Combine normal call volumes with multiple Service Providers, EMS Dispatch Centers and geographic and equipment limitations and there exist a weak link for patient care and potential communication breakdown or failure. The same system that has been in place for over 20 years is still being used and it has received minimal equipment upgrades or system analysis since it's original implementation. The use of this system in a large scale event or multiple events is limiting and creates serious operational concerns as well as medical control and direction challenges.

NEEDS:

- **Acquire and implement 2nd Med-Net frequency as identified by Ventura County ISD**
- **Coordinate radio communications training for prehospital care personnel**
- **Assist in the design of prehospital communication needs for disaster management**

SECTION II - ASSESSMENT OF SYSTEM

C. Communications

Minimum Standard

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

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	--	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Ensure that all hospitals and EMS providers have the ability to communicate with each other via two-way radio			X
Explore additional technologies for backup communication capability	1/00	9/00	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Several systems are in place that allow hospitals to communicate with one another. These systems are primarily limited to emergency room and field operations. The Med-Net radios are installed at each base and Receiving Hospital. Transport Service Providers have Med-Net radio communication equipment and the ability to unmute the receiving hospital radio (encoding). Ventura County Sheriff's Central Dispatch has the Med-Net frequency available to them in one dispatch console but has no hospital encoding capability.

The ambulances are equipped with 16 channel Motorola Maxtrac radios with Med-Net Frequency included in the programmed frequency package. Most ambulances have the ability to individually encode a base or receiving facility within the County. Base Hospitals have Paramedic communication (medical control) capability and can record incoming ALS calls as required.

All hospital emergency rooms, Ventura County Fire Department Communications, Transport Providers and key EMS Agency personnel have FAX machines for the relay of diversion information as tracked by Ventura County Fire Department Communications. When Ventura County Fire Department receives diversion notification it notifies all other EMS related agencies on the contact list. In the event of a disaster the EOC would assume monitoring of the facilities and eliminate the need for Ventura County Fire Department Communications from handling that task.

Additionally, HAM radio units have been placed in the emergency rooms of all Ventura County hospitals. In the event of disaster, members of the Radio Amateur Communications Emergency Services (RACES) would respond to the hospitals to provide primary emergency radio communications. There are HAM radios in the EOC and in the Public Health Department's Disaster Response Vehicle. Ambulance personnel would work under Communication Failure Protocols should normal radios be incapacitated.

SECTION II - ASSESSMENT OF SYSTEM

C. Communications

3.05 (Cont'd.)

NEEDS:

- **Develop schedule for radio testing, hospital polling for disasters**
- **Explore emerging technologies for communications including a WAN system for hospital polling**

SECTION II - ASSESSMENT OF SYSTEM

C. Communications

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan	X	Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	---	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Conduct review of communication linkages		6/98	
Connect communications link for Med-Net radio in Central Dispatch/EOC Operations Section include encoding feature	2/99	6/99	
Conduct monthly Med-Net radio hospital polling			∞
Review, modify and implement MCI Communication Protocols for first responder and ALS provider agencies.	3/99	8/99	
Develop dispatcher training for multi-casualty incidents	8/99	6/00	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The Ventura County EMS Communications System has been reviewed. The following needs have been identified: The EMS "Med-Net" radio system has only one frequency (155 MHz). With only one frequency available to service providers or any would-be mutual aid, apparently the system would be impaired. There are no digital tracking systems such as AVL or GPS or other navigational devices. Some First Responder agencies have station printers for calls and have Mobile Digital Terminals (MDT). The system is overloaded with heavy radio traffic on a day to day basis. Disasters or MCI scenarios would congest the Med-Net to a point where urgent messages may be lost. EMS providers have secondary methods to dispatch units either by paging, cell phone, or administrative radio frequencies. Ojai Ambulance contracts with Ventura County Fire Department to provide dispatch information.

The hospitals and ambulances use the Med-Net as the primary method for communication in for relaying BLS patient information, non-emergency transports and pre-arrival instructions for admission. ALS ambulances utilize either standard telephone or cellular phone equipment for Base Station contact in the delivery of Paramedic services.

During multi-casual incidents determination of available medical resources occurs. It is the responsibility of the highest medical authority on-scene to determine what the total number of victims and their status (triage) is. Field supervisors make the necessary contacts thus allowing the on-scene Paramedic(s) to focus on patient care and transportation. In some cases, first responder personnel or fire dispatch have made phone calls polling hospitals for the on scene ambulance crews when the crews were involved in critical patient care.

SECTION II - ASSESSMENT OF SYSTEM

C. Communications

3.06 (Cont'd.)

Since there is no formal trauma system established in Ventura County, and hospitals are significantly distanced between one another, it is general practice and policy to deliver patient(s) to the closest facility unless otherwise directed by medical control. Multi-agency incident critiques are conducted to review operational tactics. Use of multiple transport providers at MCI's has occurred and any unit, regardless of provider, should be responded to the scene if it is in close proximity.

NEEDS:

- **Develop integrated MCI/Disaster Communication Plan to dovetail into Public Health Communication Plan**
- **Establish redundant communication options**
- **Acquire and implement second Med-Net radio frequency for tactical use**

SECTION II - ASSESSMENT OF SYSTEM

C. Communications

Minimum Standard

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

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines	X	Short-range plan		Long-range plan	X
----------------------------------	--	------------------------	---	------------------------------	---	------------------	--	-----------------	---

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Where applicable educate public in appropriate medical access through 9-1-1 telephone service			X
Perform CQI/QA for EMD Dispatch	4/99		Ongoing
Implement Prioritized Medical Dispatch Guidelines to maximize utilization of resources		4/99	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County has maintained Countywide 9-1-1 system for 20 years. PSAPs have been using Emergency Medical Dispatch for 3 years. Prioritized Dispatch Protocols are being developed and training for the PSAPs in Priority Dispatch procedures are on-going. Enhanced 9-1-1 system upgrades for cell phone location is in progress by local telephone companies.

NEEDS:

- Assist in the development of bilingual Public Safety Announcements regarding proper use of 9-1-1 access
- Conduct CQI/QA audits of the medical component of EMD and Prioritized Dispatch

SECTION II - ASSESSMENT OF SYSTEM

C. Communications

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
----------------------------------	--	------------------------	---	------------------------------	--	------------------	--	-----------------	---

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Evaluate existing 9-1-1 public education programs	2001		
Identify methods to improve local 9-1-1 medical utilization	2001		
Establish public education regarding the 9-1-1 access	2001		
Develop PSAs that incorporate appropriate 9-1-1 system access	2001		

RESPONSIBLE PERSON: Medical Director, Administrator,

STATUS DESCRIPTION:

As mentioned in the preceding section 3.07, 9-1-1 has been in use within Ventura County for many years. Public Education was widespread during the first few years of implementation. 9-1-1 system use has increased with the population growth and will continue to do so. Population density will increase thus creating more emergency medical assistance need. Additional in-flow of non-emergent calls from an uninformed public will aggravate a taxed 9-1-1 system.

NEEDS:

- **Work with other agencies on public education for 9-1-1 medical access**
- **Work with State EMSA and managed health organizations in developing alternative medical access for non-emergent medical needs**

SECTION II - ASSESSMENT OF SYSTEM

C. Communications

Resource Management

Minimum Standard

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

Recommended Guidelines

The local EMS Agency should establish an emergency medical dispatch priority reference system, including systematized caller interrogation, dispatch triage policies, and pre-arrival instructions.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan	X	Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	---	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish Dispatch Task Force			X
Develop guidelines for prioritized dispatch triage			X
Train existing PSAP/EMD personnel in use of prioritized system		12/98	
Implement emergency medical dispatch priority system		12/98	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County currently uses EMD in the primary PSAPs within Ventura County. The exception to this are the Cities of Santa Paula and Port Hueneme which have opted not to participate. Otherwise, all calls requiring pre-arrival medical instructions are transferred to one of three PSAPs for EMD/Prioritized Dispatch.

Prioritized dispatch protocols and configurations have been completed by the Prioritized Dispatch Committee. Instruction/training programs for EMD and prioritized dispatch are on-going and conducted as needed.

NEEDS:

- **Implementation or and Dispatcher training for those agencies that are not currently participants in the EMD/Prioritized Dispatch process**

SECTION II - ASSESSMENT OF SYSTEM

C. Communications

Minimum Standard

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

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
----------------------------------	--	------------------------	---	------------------------------	--	------------------	--	-----------------	---

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Assist with development of integrated dispatch for system-wide emergency services coordination			Ongoing
Conduct response time compliance audits for monitoring ambulance coverage			∞

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The Ventura County EMS System has multiple dispatch centers including PSAPs and transport provider dispatch centers. They all communicate through standard telephone lines. Central Dispatch has dedicated "ringdown" lines to the dispatch centers and transport providers. There has been an on-going problem with synchronization of dispatch times with all of the various PSAPs and dispatch centers.

NEEDS:

- **Perform response time analysis for EMS system**
- **Develop additional mechanism to ensure system wide ambulance coverage**

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

GENERAL INFORMATION

The local EMS system should include adequate ground, air, and water vehicles meeting appropriate standards regarding location, design, performance, equipment, personnel, and safety.

Minimum Standard

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

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines	X	Short-range plan		Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	---	------------------	--	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish boundaries for emergency medical transportation service areas			X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Service areas for the County have been in place for many years. Currently there are seven (7) contract areas divided by three (3) service providers. These seven areas include 10 cities and the unincorporated areas of Ventura County. The wilderness areas (Northern County) are responded to by Ojai Ambulance, Hall Ambulance (Kern County) Ventura County Sheriff's Search and Rescue & Air Unit, Mounted Posse, and US Forest Service.

NEEDS:

- **Acquire or co-develop detailed area maps that denote service providers**
- **Explore mapping access with Public Health Statistics office for GIS products**
- **Correlate response time performance with GIS database**
- **Identify hazard areas and response access challenges in the database and on maps**
- **Explore interlinking with transport providers which may include AVL tie in**

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

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

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines	X	Short-range plan		Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	---	------------------	--	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, and policies			
Development of an independent auditing council to assess contract compliance or ALS provision and transport			
Perform quarterly compliance audits of contracted ambulance service providers			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The Ventura County Board of Supervisors has awarded service contracts to three (3) service providers effective July 1st 1996. These ambulance contracts are in place for 5 years and the service providers who exceed contract compliance requirements will be eligible for up to 5 single year extensions of their contracted service areas.

The Ventura County Board of Supervisors has appointed an independent group of evaluators to perform compliance audits of the three service providers and renders their finding to the EMS Agency and ultimately to the Ventura County Board of Supervisors. The Board would then make a decision on the extension of contracts based upon the merit of service.

NEEDS:

- Procure and implement updated information technology relative to quality improvement and system audits
- Provide continuing education to administrative staff for use and maintenance of data and software products
- Adapt or create policies that support data trends, healthcare provision needs

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	--	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish Dispatch Task Force			X
Develop guidelines for dispatch triage			X
Establish Emergency Medical Dispatch priority system			X
Establish and maintain CQI program for prioritized dispatch program			X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

A local Prioritized Dispatch System has been developed and implemented under a grant by the California EMS Authority.

NEEDS:

- **Develop and integrate additional QA/CQI processes into the EMD/Prioritized Dispatch Program**
- **Review and update priority medical protocols as needed**

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

Recommended Guidelines

4.04 Service by emergency medical transport vehicles which can be pre-scheduled without negative medical impact shall be provided only at levels which permit compliance with local EMS Agency policy.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
----------------------------------	--	------------------------	---	------------------------------	--	------------------	--	-----------------	---

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Collect data from ambulance providers to assess information on emergency response times			X
Evaluate response time performance of contracted service providers			X
Identify issues or circumstances for delayed response times			X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Historically the service providers for Ventura County have had exclusive rights to the provision of ambulance transport for emergent and non-emergent calls. This has limited the number of available transport ambulances in the County. With current contract obligations pressure has been placed on the service providers to maintain ambulance and staff levels to meet the response requirements. As the County population grows and ages, additional ambulances will be needed. The EMS Agency monitors the private ambulance contractors in regard to contract compliance issues. Ventura County EMS monitors response times for those occasions when multiple calls occur in an area resulting in extended response times for subsequent emergency calls for service. These are generally rare occurrences. The current Ambulance Contract specifically states what is required of the service providers and it is up to the service provider to meet those obligations.

NEEDS:

- **Improve technical methods for data collection**
- **Develop reporting formats for consistent data collection**
- **Provide schedule for regular reporting periods**
- **Review response times and oversee improvement plans as needed**
- **Provide cooperation and oversight in any System Status Plan that may be implemented for ambulance transportation**

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

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

Recommended Guidelines

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergent responses,:

- a. the response time for a basic life support and CPR capable first responder does not exceed:
 Metro/urban - 5 minutes
 Suburban/rural - 15 minutes
 Wilderness - as quickly as possible
- b. the response time for an early defibrillation-capable responder does not exceed:
 Metro/urban - 5 minutes
 Suburban/rural - as quickly as possible
 Wilderness - as quickly as possible
- c. the response time for an advanced life support capable responder (not functioning as the first responder) does not exceed:
 Metro/urban - 8 minutes
 Suburban/rural - 20 minutes
 Wilderness - as quickly as possible
- d. the response time for an EMS transportation unit (not functioning as the first responder) does not exceed:
 Metro/urban - 8 minutes
 Suburban/rural - 20 minutes
 Wilderness - as quickly as possible.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish response times for Service Providers			X
Monitor response times			X
Explore development of a common data link with all PSAPs	7/98	7/99	
Standardization of PSAP and EMS service provider time clocks			X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The response time requirements were developed and included in the current contracts for ALS service provision. The response times are being audited and are part of the overall evaluation of current service providers. Under current contract the service providers must respond to all 9-1-1 calls for emergent services within 10 minutes of time of notification, 90% of the time. After the implementation of the Prioritized Dispatch System response time

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

4.05 (Cont'd.)

requirements will be modified according to system designed and as prescribed in the service provider contracts. Response times are being audited for compliance on a quarterly basis.

Currently there are eight (8) primary and one secondary PSAPs not including the California Highway Patrol which captures cell phone activity. Three of the seven are EMD trained and provide pre-arrival medical instructions to reporting parties. Several of the cities have contracted with the County Sheriff to provide law enforcement protection. Many calls are routed through the Sheriff's Central Dispatch. Central Dispatch acts as a coordinator of emergency information in multi-jurisdictional events within the County and directs ambulance providers with call information (see appendix- 911 Call Flow Patterns).

All emergency disciplines are operating on synchronized "universal time" clocks. Recent operational adjustments have allowed ALS service providers to work closer with fire/EMD dispatch agencies to minimize the steps involved to relay information. This aids in response time performance and improves communication with first responders.

The synchronization of time clocks has been accomplished by means of a "netclock". Besides technological interface challenges, there have been questions regarding security of certain computer network systems. These issues are being explored and will ultimately be addressed by the County Information System Department (ISD) which is the department in charge of communications and digital technologies.

NEEDS:

- Identify and implement upgraded data collection system
- Integrate or define areas where other agencies and/or providers may interface technologically on order to improve data collection and management

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	--	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop and implement staffing policies.			X
Audit and maintain records of service provider staffing patterns.			
Develop and implement standardized equipment policy and lists which meet and/or exceed State guidelines.			X
Perform regular field audits of EMS transport vehicles pursuant to State and local agency vehicle regulations.		∞	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The Ventura County EMS Agency has developed staffing and response time levels based upon population density.

Recent policy implementation mandates the documentation and development of Paramedic levels within the local system which are based upon tenure and experience with certain patient medical conditions. The Paramedic can gain credit for experience by performing in simulated scenarios if no actual call(s) occur that allow for actual encounters. The service providers are responsible for maintaining these training levels and updating the local EMS Agency with personnel status changes. Ventura County EMS will audit the service providers for compliance.

The ambulance equipment and supplies are regulated through policy and have stated minimums within the policy guidelines. Service providers are required to have their ALS units perform vehicle supply inventories as well as vehicle safety checks on all ambulances prior to operation. Although this is covered under the California Department of Motor Vehicles and CHP enforced with annual inspections, they only monitor minimal BLS inventories. Therefore, additional auditing measures must occur for ALS equipment compliance to be determined.

NEEDS:

- **Develop a staff position to perform routine field compliance audits for contracted ambulance providers**
- **Create standardized reporting formats and documents to be incorporated into the data collection system and evaluated by the EMS Medical Director and Administrator**

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	--	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Integrate qualified first responders into the local EMS system			X
Coordinate joint education and drills for all EMS participants including first responder industrial teams.			X
Identify potential or existing industrial sites utilizing first responders	6/99	7/00	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The public safety fire agencies within Ventura County are all trained to EMT-1 level and are certified to operate Automated External Defibrillators. A number of intermediate and large corporations that maintain manufacturing or industrial sites have internal safety or response teams. Some of these organizations are involved in a local group called Volunteer Organizations Aiding in Disaster (VOAD). Many are associated with specific organizations relative to their operations such as oil production, chemical manufacturing, bio-hazardous waste disposal and electrical product testing and manufacturing. There is no current list of private or industrial first responders. The most common interaction with these organizations occurs with the first responder EMT-1 level fire service personnel or ALS service providers.

NEEDS:

- **As staff is available, Ventura County EMS will develop local EMS policies and mechanisms for establishing and monitoring industrial first responder defibrillation programs**
- **Work with existing EMS system providers to educate the public about the need for prompt defibrillation access**
- **Target specific businesses that would fit criteria for implementation of industrial first responders**

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

Recommended Guidelines

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

- a) authorization of aircraft to be utilized in prehospital patient care,
- b) requesting of EMS aircraft,
- c) dispatching of EMS aircraft,
- d) determination of EMS aircraft patient destination,
- e) orientation of pilots and medical flight crews to the local EMS system, and
- f) addressing and resolving formal complaints regarding EMS aircraft.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish a Medical Aircraft advisory task force			X
Review current system			X
Develop and/or revise policies and procedures regarding air-medical and rescue aircraft			X
Implement plan for air transportation providers which includes identifying medical control for the patient, authorization/request for air-transportation, tracking of the aircraft and patient, destination considerations, education to the local EMS system for air-medical personnel and quality control issues.			X
Review data annually to evaluate system use and needed changes	Ongoing		

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The Ventura County Board of Supervisors has recently approved Mercy Air to provide ALS helicopter transport service within the County. Their service is primarily interfacility in nature and includes staffing provisions that include Critical Care Nurses and Paramedics. Emergency calls requiring helicopter transport will be given to the local Sheriff's Department helicopters. If there were a delay by the Sheriff Department, Mercy Air may be called to back up or support those emergency calls. Generally, any helicopter transport is used only when ground transport is longer than 20 minutes to a facility or when patient access is limited due to geography or possibly traffic gridlock.

The current Ventura County Sheriff helicopter staffing is made up of experienced volunteer nurses and Paramedics from various service providers in the County. The Sheriff's Air Unit supports search and rescue operations, fire suppression operations and law enforcement reconnaissance. There is generally daylight coverage only and nighttime operations generally do not occur other than special Sheriff responses for law enforcement issues. Mercy

Air provides 24 hour coverage 7 days per week. "Mercy Air 8" is based in Oxnard and is requested for emergencies through the Sheriff's Central Dispatch. The limiting factor for air operations is weather limitations.

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

4.08 (Cont'd.)

NEEDS:

- **Develop a mechanism for review of all emergency medical air transports**
- **Perform audits to confirm staffing and equipment compliance as established by local policy**
- **Update air transportation policies and procedures as needed**

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	--	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Draft and implement a policy specific to the dispatch of air ambulances and/or air rescue.			X
Review policy annually		∞	On-going

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The Ventura County Sheriff's Office operates the Air Unit that oversees the medical operations on the helicopter. The majority of medical responses involving fire service agencies and ALS service providers are dispatched and conducted through the Ventura County Fire Department Communications Center. The operational issues are conducted on the County Fire frequencies and medical control issues are conducted on the Med-Net frequency by ground based EMS personnel and Air Rescue personnel. Air transportation policies have been implemented to outline medical air dispatch and operations.

NEEDS:

- Regularly evaluate the system for compliance and outcomes for those calls utilizing air transport

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	
----------------------------------	---	------------------------	--	------------------------------	--	------------------	--	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Assess capabilities of current medical & rescue aircraft providers			X
Maintain data on staffing, availability and use of Air Ambulance Transports			X
Develop & implement written agreements or MOU's with providers involved in Air Operations service delivery	1/99	6/99	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The Ventura County Sheriff's Air Unit is the home of several Search and Rescue Groups and an ALS group of volunteers made up of Paramedics and nurses from local service provider organizations. Staffing and hours vary upon availability and weather. A back up to this service is the establishment of Mercy Air. They are available as a secondary air rescue transport unit should the Sheriff's unit be unavailable.

NEEDS:

- **Development of an air rescue/transport medical plan for of all air medical service provision**
- **Identify Rural and Wilderness areas or locations that may have extended response times where air rescue may be automatically dispatched**
- **Review all accidents/incidents involving patient care and air transport**

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

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

Recommended Guidelines

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

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Identify need & assess the availability and staffing of all-terrain vehicles and water rescue and transportation vehicles			
Contingent upon the availability of necessary resources, develop & implement plan for response by and use of all-terrain vehicles and water rescue vehicles			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Currently several Ventura County agencies have swift water rescue teams. There is a diving team within the Sheriff's Search and Rescue Unit. There are no ATV's, snowmobiles, personal water rescue craft specifically identified as medical. However, private ambulance providers have equipped some of their field supervisors with 4 wheel drive vehicles (ASVs) equipped with ALS equipment. There are also a number of law-enforcement off-road motorcycles that operate throughout the County. In the wilderness areas of the County helicopters may be responded for medical aid but air response to these remote areas would be limited by poor weather.

NEEDS:

- **Work with other agencies to identify additional resources that may be used or modified to deliver emergency medical care**
- **Identify minimum medical qualifications for the staffing of these resources**

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan	X	Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Assess available transportation resources for ambulatory and non-ambulatory patients		6/99	
Update list of facilities and contacts for activation of alternate transportation other than ambulance providers		6/99	
Review and revise plan for mobilizing response & transport vehicles for disaster medical needs		6/99	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The three contracted ambulance transport providers have an aggregate of approximately 20 staffed ambulances on a day to day basis for coverage of the County's ten cities and unincorporated areas. During a major medical disaster those ambulances would be quickly committed. Depending on the nature of the incident, the ambulances may be landlocked to regions or the cities in which they are based. This is particularly true in earthquake or flooding scenarios. The ambulances would be very limited in their ability to deliver ALS care and most likely supplies would be eliminated in a short amount of time. Long term care facilities, skilled nursing facilities, licensed residential care homes would all have potential victims or patients that would require transport to other facilities. A variety of ambulatory and non-ambulatory victims would arise from these areas as a result of structural damage to these facilities. A large number of senior citizens with mild medical requirements who live in mobile home parks or senior complexes would be impacted as well.. Hard hit would be mobile home parks as these dwellings have a tendency to fall from their support structures and thus displace the residents. Many of these residents have potential medical needs within the first 72 hours of a disaster.

NEEDS:

- **Work with Ventura County Sheriff's OES to identify and develop transportation resources that may be utilized for ambulatory, but medically fragile patients**
- **Develop drill scenarios utilizing buses for transport of walking wounded or ambulatory but medically fragile patients/victims**

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

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

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines	X	Short-range plan		Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	---	------------------	--	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop agreements permitting intercounty response of emergency medical transport vehicles and EMS personnel.			X
Encourage and coordinate development of mutual aid agreements which identify financial responsibility for mutual aid responses.			∞

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The County of Ventura has signed an Inter-Regional Cooperative Agreement under the Regional Disaster Medical Health Coordination Program (RDMHC) which includes OES Region One and OES Region Six. This composite of Counties includes all of Southern California and allows for regional direction of medical resources. Recent legal review of this agreement may stimulate regulatory changes or modifications to the State of California's Master Mutual Aid Plan due to the increase need for critical medical support in disasters.

With the purchase and integration of many of the smaller ambulance companies by Laidlaw Corp (d.b.a. AMR Inc.) into one major ambulance service, the ability to rapidly deploy massive regional resources exists. This somewhat reduces the need to develop private mutual aid agreements with multiple service providers. Ventura County's three contracted private transport providers include AMR, Gold Coast Ambulance and Ojai Ambulance.

NEEDS:

- **Continue to support and develop the Regional Disaster Medical Health Coordination (RDMHC) Program**
- **Provide input to elected officials regarding the need for additional development of the medical/health response in disasters in terms of transportation and cost recovery**
- **Support continued development of medical mutual aid agreements or MOUs**
- **Co-develop EMS public education resources for medical/health disaster preparedness**

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

Recommended Guidelines

4.14 The local EMS Agency shall develop multi-casualty (MCI) response plans and procedures which include provisions for on-scene medical management, using the Incident Command System (ICS) (which integrate into SEMS).

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan	X	Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Review current MCI Policy and Procedures			X
Convene the MCI Task Force			X
Evaluate the current trauma system and system capabilities			X
Oversee development of a County MCI Plan			X
Implement and review plan annually			Ongoing

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County EMS has had an MCI plan in place for several years. It incorporates the use of service providers as they are integrated into the ICS system. Many senior Paramedics and field supervisory staff have been trained in the use of ICS. The number of MCI's within the County has been minimal. There are rarely any notable large scale (over 20 victims) incidents in the County's history. Most of the incidents that involved high numbers of patients or potential patients have been related to Hazardous Materials sources and those usually turn out to be minor in nature.

NEEDS:

- **Convene MCI Committee, develop MCI Taskforce to draft an MCI plan that follows SEMS/ICS Standards**
- **Work with OES to integrate the MCI Plan into the County's Emergency Plan**
- **Provide or coordinate educational and training courses including countywide drills**

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	--	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Evaluate current MCI policy and response plan			X
Modify MCI policy to meet local needs and reflect minimum State guidelines		9/99	
Provide continuing education programs to incorporate policy changes			Ongoing

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The current MCI policy was written approximately seven years ago. Changes in service providers have occurred as well as changes in many policies and procedures. In addition, the implementation of SEMS, beyond the Incident Command System has occurred at the County level. The private ambulance Service Provider contracts state that the Providers will be trained in SEMS/ICS at the field level.

NEEDS:

- **Reconvene the MCI Committee to identify specific needs**
- **Develop medical policy and operational guidelines for coordinating multi-casualty and/or multi-ambulance provider responses**
- **Identify key personnel and roles of accountability specifically for coordination of MCI Incidents**
- **Develop after action reports for EMS Agency as part of the QA/CQI Process**

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Enhanced Level Advanced Life Support

Minimum Standard

4.16 All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

Recommended Guidelines

The local EMS Agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew members.

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines	X	Short-range plan		Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	---	------------------	--	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Ensure that ALS ambulances are staffed with at least one EMT-P certified in advanced life support and one person staffed at the EMT-I-Defibrillation level.	1989	∞	
Ensure that any second crew member of an emergency ALS unit which is not staffed with two ALS crew members, is certified to provide defibrillation.	1989	∞	
Review and approve EMT-D curriculum and monitor training standards. Utilize PCCs for Quality Assurance issues.	1989	∞	
Perform compliance audits regarding staffing levels on ALS ambulances.	1978	∞	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County EMS has maintained minimum staffing levels on ALS units since 1989. Cities with populations exceeding 35,000 have ambulances with dual EMT-Ps on board. The additional ambulances in those areas have at minimum, an EMT-P and an EMT-I Defibrillator Certified. It is the responsibility of the Service Provider agencies to maintain staffing levels with appropriate certified and qualified personnel. The EMS Agency performs database audits of all field staff to assure compliance with accreditation and certification at appropriate levels. When the audits are performed staff that is not within compliance is immediately taken off duty until remedial action is taken by the provider agency. Recent revision to staffing qualification has created "levels" of experience required in order to work specific staffing patterns. These policy provisions allow for experienced EMT-Ps to work with new EMT-Ps or work with alternate staffed (EMT-I Defibrillator Certified) personnel. Contracted Service Providers may opt to maintain dual EMT-Ps on all of their ambulances.

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

4.16 (Cont'd.)

NEEDS:

- **Identify EMS Agency representative as a compliance officer in ambulance operations, add position within VCEMS as needed**
- **Develop regular compliance audits for staffing including random site visits for contracted provider agencies**
- **Maintain updated records for field personnel for field level advancement/status**
- **Identify through mapping the various minimal staffing levels**

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	--	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish written policy for the maintenance of minimum levels of equipment and supplies consistent with ALS Scope of Practice			X
Periodically evaluate new equipment and products that enhance patient care delivery in the prehospital care phase			∞
Perform on-going compliance audits to ensure that all emergency ALS ambulances are equipped for scope of practice			X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County has a policy in place for minimum equipment on ALS staffed ambulances which includes CHP requirements. There is a mechanism in place for ambulances to be restocked after each ALS call. All three transport providers have internal replenishment mechanisms for ALS and BLS equipment and supplies. Ambulance personnel are to inspect their vehicles prior to operation for compliance with the minimum levels. Deficiencies are noted and ambulance administration is notified and the deficiencies are rectified.

NEEDS:

- **Identify EMS Agency representative as a compliance officer in ambulance operations, add position within VCEMS as needed**
- **Develop regular compliance audits for equipment/maintenance including random site visits for contracted provider agencies**
- **Review and approve new medical products for field use as appropriate**

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Enhanced Level Ambulance Regulation

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	--	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Identify current system service providers and existing agreements between providers and the County of Ventura			X
Establish and perform consistent compliance audits for contracted ambulance service providers			X
Develop and implement an integrated CQI Program to ensure that patient care delivery is satisfactory to the citizens of Ventura County			X
Make recommendations for system adjustments based upon compliance facts and analysis			Ongoing

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

Ventura County's three (3) contracted transport providers have been operating locally for many years. With the exception of AMR, all current and past providers have been privately owned and operated. It is necessary to evaluate all system providers carefully, equally and with a very clear, structured compliance tool. The local EMS system has worked well in past years but a thorough and on-going review of the system is essential in order to keep in pace with rapidly changing healthcare trends and managed health influences. Ventura County EMS has a ten (10) year ALS service contract in place for the three service providers. Evaluative criteria were developed and continues to be refined. An independent Compliance Committee was selected to perform contract audits and a report was generated by Ventura County EMS and forwarded to the Board of Supervisors for consideration.

NEEDS:

- **Continue to refine the evaluation mechanism for the delivery of clinical care**
- **Perform regular compliance audits for clinical and response performance**
- **Develop and regularly publish clinical feedback for field staff**

**SECTION II - ASSESSMENT OF SYSTEM
D. Response and Transportation**

Enhanced Level: Exclusive Operating Permits

Minimum Standard

Recommended Guidelines

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

- a) Minimum standards for transportation services,
- b) Optimal transportation system efficiency and effectiveness, and
- c) Use of a competitive process to ensure system optimization.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	--	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop an EMS transportation plan which addresses minimum compliance standards for ambulance service areas			
Consider development of an EMS transportation plan which utilizes a competitive process to ensure system optimization			
Annually review the EMS transportation plan and response time effectiveness.		∞	

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

Current service providers have ambulances deployed and placed according to population density. The required response times are incorporated into the contracts and currently require a response of 10 minute or less in 90% of all calls within those identified metropolitan and urban areas. With the addition of Prioritized Dispatch, response time performance requirements will be adjusted down to reflect an eight (8) minute response for contracted ambulance providers that is defined as “from time of the receipt of call to time of arrival 90% of the time”.

Current ambulance resource levels and deployment patterns can potentially cause a delay in response due to the utilization of these units for non-emergency transports which often take ambulances out of their assigned service area.

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

4.19 (Cont'd.)

NEEDS:

- **Outline minimum system guides for local EMS Transportation needs including redundancy and replacement**
- **Collect data for local system on available resources for transportation**
- **Complete a written transportation plan for the Ventura County EMS System based upon data collected**
- **Consider a competitive bid process for transportation for the next contract period**

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop an EOA based upon grandfathering of current service providers with provision for assessment of clinical care, response time performance and customer satisfaction.			X
Award EOA to AMR, Gold Coast Ambulance and Ojai Ambulance.			X
Review contract requirements and compliance audits in order to improve/adjust for system needs at the end of the contract period.			∞

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION FOR ENHANCED LEVEL:

The current contracted ambulance service providers are grandfathered in for the existing contract period (5 years + 1 single year extension for every year of service that exceeds established minimums). The current providers are Ojai Ambulance, Gold Coast Ambulance and American Medical Response (Laidlaw/AMR). Ojai and Gold Coast are privately owned and operated and have a long service record within the County. AMR is the second Company (and 3rd merger) to procure the now defunct Pruner Health Services. Under the original purchase by Careline California in 1994, Careline assumed the grandfathered status. Subsequent sale to Med-Trans and then the merger with AMR has led to the current status of grandfathered service providers. ?

NEEDS:

- Define grandfathering clause in any subsequent RFP if applicable
- Develop a competitive bid process by RFP using the latest EMS transport guidelines as developed by industry specialists and appropriate for the citizens of Ventura County

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

Recommended Guidelines

4.21 The local EMS Agency shall have a mechanism to ensure that EMS transportation and/or Advanced Life Support agencies to whom exclusive operating permits have been granted, Pursuant to Section 1797.224, H & S C comply with applicable policies and procedures regarding system operations and patient care.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop and distribute EMS policy and procedure manual			X
Design and distribute Paramedic policy and procedure manual			X
Develop & implement monitoring program to ensure compliance with applicable policies & procedures regarding system operations & patient care			X
Review exclusive operating permits annually			∞

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

The Ventura County EMS system has had ALS response within the system for over 20 years. Policies and Procedures have been in place since the beginning of the program. Revisions occur on a regular basis for all policies and the prehospital care community within Ventura County reviews and participates in the development of new policies and essential changes.

The CQI/QA program is designed to require all service providers to have internal CQI Programs within their respective organizations and to “share” when appropriate, that information which will improve the overall performance of the system. Ventura County EMS understands the competitive needs of private business and will work with agencies to maintain confidentiality of proprietary information relative to individual service areas. However, proprietary issues do not exclude a service provider from participating in local system development and review for improvement globally.

NEEDS:

- Procure and implement a new data collection system
- Develop standards and thresholds for compliance audits
- Perform random and schedule compliance audits for contracted ambulance service providers

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

Recommended Guidelines

4.22 The local EMS Agency shall periodically evaluate the design of exclusive operating areas

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan	X	Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Design and implement monitoring programs to ensure contractual compliance with policies, procedures & patient care			X
Review exclusive operating areas monthly, quarterly and annually for contract compliance			Ongoing
Utilize GIS Technology to develop EOA maps			X

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

The current EOA's were developed using Census Tract maps and population density. The current ambulance agreements (contracts) were signed for the term of July 01, 1996 to June 30, 2001, with the potential for 5 one year extensions based on performance. The auditing for current response time performance based on 1995-96 demographic information is most current and appropriate. Zones/locations in which access by service providers may be delayed have been identified. These too may change with different factors such as construction or weather impacts. Extended response times may be allowed under certain circumstances but, case by case evaluation of each non-compliant response is reviewed.

NEEDS:

- **Obtain updated census information and develop GIS maps for plotting and calculating response time performance**
- **Compare response time data to mapping data**
- **Analyze data and prepare reports to reflect response time performance against calculated response time averages from GIS map information**

SECTION II - ASSESSMENT OF SYSTEM

E. Facilities and Critical Care

GENERAL INFORMATION

The local EMS system should have provision for an appropriate number and level of health facilities to receive and treat emergency patients. It shall have a system of identifying, under medical direction, the most appropriate facility to manage a patient's clinical problem and arranging for triage and/or transfer of the patient to this facility.

Minimum Standard

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

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop medical control guidelines and establish a minimum standard of care for Base/Receiving Hospitals			X
Evaluate prehospital care capabilities of Base/Receiving Hospitals.			X
Obtain Board of Supervisors approval for Letters of Intent from area hospitals that desire to voluntarily participate in the local EMS System			X
Conduct periodic reviews of all participating facilities for system compliance and performance.		∞	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

There are eight (8) hospitals in Ventura County that receive emergency patients via the EMS System. Four (4) of those hospitals are Paramedic Base Hospitals. All hospitals are voluntary participants in the EMS System and receive no remuneration from the EMS System to provide those services. A letter to the County Board of Supervisors from the hospitals states that they will participate in the local EMS System and abide by the policy, procedures and guidelines established by the local EMS Agency.

NEEDS:

- **Develop policies(s) addressing minimum standards for Base and Receiving Hospitals to incorporate the minimum JCAHO and State requirements**
- **Develop language for policy which addresses notification of EMS Office by hospitals where closure is imminent or pending**
- **Develop an independent auditing mechanism for hospitals to evaluate system readiness for receiving and rendering care to emergency patients**

SECTION II - ASSESSMENT OF SYSTEM

E. Facilities and Critical Care

Recommended Guidelines

Minimum Standard

5.02 The local EMS Agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop written minimum standards for triage protocols for local hospitals participating in the local EMS System			X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County EMS has a policy for interfacility transfers/agreements. Managed care changes have necessitated ambulance service contracts for non-emergency care and transportation. Historically the locally owned and operated ambulance services have solely provided that non-emergency service. Companies based outside of Ventura County are actively pursuing approval to provide non-emergent transportation within the County. HMO contracts and other contracts with private service providers may necessitate a process to approve those contracts and or service providers so that they are recognized and usable asset in Ventura County.

NEEDS:

- **Research interfacility transfer agreement policies in place for other regions for use in revision of current Ventura County policy**
- **Review current ALS-CCT Policies and amend as necessary to reflect current prehospital and ancillary care practices**
- **Provide input to facilities and ambulance transport providers who request assistance in the development of interfacility agreements**

SECTION II - ASSESSMENT OF SYSTEM

E. Facilities and Critical Care

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Review and revise as necessary, transport guidelines for patients who are may require transfer to other acute care			Ongoing
Develop Critical Care Transport (CCT) guidelines to include scope of practice statements and staffing levels commensurate with specific levels of care.		2/01	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Patients needing higher levels of special are often transported with the assistance or a Paramedic ambulance and an accompanying Registered Nurse who is certified as a CCT Nurse. HMO requirements mandate that many patients be stabilized at the nearest receiving ED and then be transported for additional care at a contracted facility either in or out of Ventura County. Transport providers maintain Critical Care Nursing staff for such transports. Additionally, an ED Physician may contact a facility such as a Burn Center or Cardiac Catheterization Lab and make arrangements for an immediate transfer of a patient to a that location. Ventura County does not currently have a trauma plan and therefore most patients are treated at the closest facility.

All inter-facility transports going via ground ambulance are regulated by local policy and procedures. A Paramedic, RN or other healthcare provider may not function outside of their scope of practice.

NEEDS:

- Review and revise critical care transfer protocols as necessary to comply with State guidelines
- Develop data collection method to measure effectiveness of CCT system

SECTION II - ASSESSMENT OF SYSTEM

E. Facilities and Critical Care

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Evaluate and specify Receiving Hospital criteria			X
Evaluate hospitals desiring to be approved as receiving facilities			X
Establish evaluation criteria and perform periodic compliance audits			X
Develop a mechanism to acquire Receiving Hospital discharge data for patient outcome as it relates to prehospital care			X
Maintain patient care data for CQI and hospital receiving status			Ongoing

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

All hospital emergency departments in the County are capable of receiving patients as Basic Emergency Departments. All facilities undergo stringent JCAHO accreditation audits on a Bi-annual basis. The Ventura County EMS policy and procedures state the qualifications of a Receiving or Paramedic Base Hospital. Currently Ventura County is implementing an EMS for Children Program (EMS-C). All Receiving Hospitals have been evaluated for their ability to provide specific levels of care for Pediatric patients. In the future, Ventura County will develop a trauma plan.

NEEDS:

- **Revise minimum standards and evaluation guidelines for receiving hospitals**
- **Procure and implement an updated data collection system for EMS system participants**
- **Produce annual EMS system performance reports to identify special needs patients**

SECTION II - ASSESSMENT OF SYSTEM

E. Facilities and Critical Care

Minimum Standard

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

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Access Emergency Plans for hospitals		6/99	
Establish Operational Area Medical Disaster Committee to include hospital representation		12/99	
Encourage the use of HEICS plan for all hospitals in Ventura County		Ongoing	
Coordinate hospital/ambulance preparation and drills for mass casualty management		3/00	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

All hospitals/medical facilities that are accredited by JCAHO must have disaster plans and conduct regular emergency drills of various types. Ventura County EMS has worked with the various hospitals in the County in developing plans, conducting hospital and joint drills with other agencies and transport providers. In the event of a major incident or disaster, Ventura County EMS and the Public Health Department work at the Operational Area EOC and coordinate emergency medical resources and patient transport destinations. This is done in concert with the Regional Disaster Medical Health Coordinator for Region One (L.A. County EMS). Many of the hospitals have basic emergency plans while others are contracting to bring the Hospital Emergency Incident Command System (HEICS) on board to better facilitate disaster management and coordination with outside agencies in the SEMS/ICS system.

NEEDS:

- **Establish a Medical/Health Disaster Committee to include hospital representation**
- **Review all hospital disaster plans**
- **Promote the use of HEICS as the hospital disaster management system**
- **Perform local disaster drills and an annual countywide disaster drill with all EMS system participants**

SECTION II - ASSESSMENT OF SYSTEM

E. Facilities and Critical Care

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Review operational area hospital disaster plans		1/00	
Establish Disaster Manager contacts for all medical facilities in the operational area			X
Assist operational area hospitals in developing mutual-aid evacuation plans including Memos of Understanding or Cooperative Agreements with like facilities or structures that could be converted for emergency treatment and housing of medically fragile		6/00	
Coordinate, participate and provide critique in local, operational area and regional disaster drills that utilize hospital evacuation plans			Ongoing
Provide resource to hospitals using the EMSA/RDMHC Coordinator as a clearinghouse for standardization of medical disaster planning			Ongoing

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

There are eight (8) hospitals in Ventura County. Of the eight, four are Paramedic Base Stations. Given the geographic diversity of the County, there are many situations in which a hospital(s) could become landlocked from flood, fire or earthquake.

Hospitals are required under JCAHO to establish multi-functional disaster plans and conduct quarterly drills. Many of the hospitals are updating their existing disaster plans through the implementation of the HEICS. Hospitals are encouraged to develop mutual-aid plans with other hospitals and or facilities that can accommodate the medically fragile. The Regional Disaster Medical Health Coordinator (Los Angeles County Department of Health Services) would coordinate regional resources in the event of a disaster. Operational Area Disaster Medical Health Coordinators are set-up in all OES Region One counties to liaison between the local hospitals and the Regional Coordinator. The Regional Coordinator coordinates with the OES Regional Emergency Operations Center (REOC) to obtain resources from outside of the region. State OES coordinates with FEMA for out of State assistance.

NEEDS:

- **Review evacuation plans for hospitals and medically fragile patients**
- **Collaborate with EMS system participants and hospital representatives to promote and develop cooperative agreements with like facilities that may be utilized to house and support medically fragile patients**
- **Develop, coordinate, participate in and provide feedback for disaster exercises**

SECTION II - ASSESSMENT OF SYSTEM

E. Facilities and Critical Care

Enhanced Level Advanced Life Support

Minimum Standard

Recommended Guidelines

5.07 The local EMS Agency shall, using a process which allows all eligible facilities to apply, designate Receiving Hospitals or alternative base stations as it determines necessary to provide medical direction of prehospital personnel.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish criteria for Base Hospital qualification and identify minimal criteria for being an approved Receiving Hospital.			X
Bi-annually review hospital designations.			Ongoing
Review performance of approved hospital emergency departments in their capacity to deliver prehospital care within the local EMS System			Ongoing

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

Ventura County EMS currently approves those hospitals who desire to be Base or Receiving Hospitals based upon their ability to provide service. This is accomplished by having the hospital submit a letter of intent to provide emergency services at the level for which they are capable. The letters are registered with the local EMS office and recommendation to approve the facilities is forwarded to the Ventura County Board of Supervisors for review and approval. The facilities voluntarily comply with the minimum requirements set forth by Ventura County EMS.

NEEDS:

- Develop a check off list in conjunction with approval guidelines for Base or Receiving hospitals
- Perform Bi-annual review of hospital performance in the delivery of prehospital services
- Develop feedback mechanism for hospital service improvement within the EMS system

SECTION II - ASSESSMENT OF SYSTEM

E. Facilities and Critical Care

Enhanced Level Trauma Care System

Minimum Standard

5.08 Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

- a) the number and level of trauma centers (including the use of trauma centers in other counties),
- b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- e) a plan for monitoring and evaluation of the system.

Recommended Guidelines

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop a matrix for an assessment process	6/99	9/99	
Establish a Trauma Task Force	9/99	3/00	
Develop a written Trauma Plan	3/00	9/00	
Conduct an annual review of the "Trauma System" effectiveness and implement necessary changes	Will be ongoing		

RESPONSIBLE PERSON: Medical Director, Administrator

SECTION II - ASSESSMENT OF SYSTEM

E. Facilities and Critical Care

5.08 (Cont'd.)

ENHANCED LEVEL STATUS DESCRIPTION:

Currently all local hospital emergency departments are operating at or about the same level of capability. Some of the facilities in the County are physically smaller and may not have the capability to function at a higher level. In the urban population areas there are four Hospitals that are designated as Paramedic Base Stations that may be able to achieve a modified "Trauma Center" designation based upon available staffing and resources. Distances between facilities necessitate that ambulances must go to the closest facility for stabilization. Patient(s) may be transported to the "next" closest facility with medical control approval, provided the patient(s) fall within certain criteria and the facility is capable of accepting the patient(s).

NEEDS:

- **Development of a Trauma Plan task force**
- **Development of a Trauma Plan**

SECTION II - ASSESSMENT OF SYSTEM

E. Facilities and Critical Care

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan	X	Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish a Trauma Taskforce to assist in developing an EMS Trauma Plan			

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

The current EMS system in Ventura County has no formal trauma plan. Funding for initial assessment and design may be covered by grant funding if/when available. Hospital and transport providers work closely on a day to day basis to assure that all who need acute trauma care will indeed receive the most appropriate treatment that is available within the system. Distances between hospitals makes it difficult to implement a Trauma Center System since most transports are about 20 minutes between facilities. A review of trauma care was conducted in the mid-1980's and determined that a Trauma Center System was not feasible at that time.

NEEDS:

- **Establish a Trauma Task Force comprised of members from the Prehospital Care Committee**
- **Collect and evaluate trauma data for local EMS system**
- **Develop and implement Trauma Plan**

SECTION II - ASSESSMENT OF SYSTEM

E. Facilities and Critical Care

Enhanced Level: Pediatric Emergency Medical And Critical Care System

Minimum Standard

Recommended Guidelines

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

- a) the number and role of system participants, particularly of emergency departments,
- b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- c) identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specially care centers,
- d) identification of providers who are qualified to transport such patients to a designated facility,
- e) identification of tertiary care centers for pediatric critical care and pediatric trauma,
- f) the role of non-pediatric specially care hospitals including those which are outside of the primary triage area, and
- g) a plan for monitoring and evaluation of the system.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Compare pediatric emergency medical and critical care to existing standards			X
Develop system design and plan for pediatric emergency medical and critical care			X
Consider the development of Memos of Understanding for pediatric emergency medical and critical care with trauma facilities in other jurisdictions			
Conduct review of air transport services pertaining to pediatric emergency medical and critical care		4/99	

RESPONSIBLE PERSON: Medical Director, Administrator

SECTION II - ASSESSMENT OF SYSTEM

E. Facilities and Critical Care

ENHANCED LEVEL STATUS DESCRIPTION:

Ventura County EMS has completed a State EMSA block grant to review and improve our current delivery of prehospital Pediatric services. The EMS-C Program has interviewed facilities and providers and performed an initial evaluation of the emergency care capability of the EMS System. In addition, Ventura County EMS is promoting on-going training for the delivery of pediatric care. Training aids have been purchased to help assist in the on-going training of field and facility personnel.

NEEDS:

- **Procurement and implementation of an update data collection system**
- **Data collection and analysis of pediatric care for Ventura County**
- **Development of an annual report for the delivery of pediatric prehospital care**

SECTION II - ASSESSMENT OF SYSTEM

E. Facilities and Critical Care

Minimum Standard

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

- a) staffing,
- b) training,
- c) equipment,
- d) identification of patients for whom consultation with a pediatric critical care center is appropriate,
- e) quality assurance/quality improvement, and
- f) data reporting to the local EMS Agency.

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Solicit input from both prehospital and hospital providers and consumers concerning the pediatric emergency medical and critical care system	1996	1998	X
Appoint a Pediatric Trauma Task Force to review and assist in the design for pediatric emergency medical and critical care within a trauma system	1996	1998	Ongoing
Review and develop a matrix of various trauma systems and compare their pediatric component to existing local standards.	1996	1998	
Review pediatric statistics through a quarterly CQI compliance process. Include morbidity/mortality statistics annually.	1996		Ongoing

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

Under the EMS-Children Plan, Ventura County EMS is improving the way pediatric care is delivered throughout the system.

Local accreditation requires Paramedics to be ALS and PALS certified. Equipment and supplies for pediatric type calls varies from facility to facility and provider to provider. Because of the distance/time between facilities, pediatric cases are generally transported to the closest facility. An EMS-C grant with specific changes has been fulfilled. Currently no specialized trauma system or pediatric component within a trauma system exists in Ventura County. The data collection system needs upgrading. Data is collected for pediatric calls in a broad reporting format by use of the Prehospital Field Report (PFR). Additional QA/CQI areas are being developed for the EMS-C Program and will extend into the pediatric trauma system component.

SECTION II - ASSESSMENT OF SYSTEM

E. Facilities and Critical Care

5.11 (Cont'd.)

NEEDS:

- **Development of an EMS Trauma Advisory Committee and Task Force**
- **Procurement and implementation of an upgraded data collection system**

- **Development of CQI indicators and thresholds for pediatric patient trauma care**

- **Completion of the EMS-C Master Plan**

- **Completion of EDAP Certifications for Ventura County hospitals**

SECTION II - ASSESSMENT OF SYSTEM

E. Facilities and Critical Care

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Perform a needs assessment of transport providers and emergency departments.	1996	1998	
Designate a Pediatric Task Force to review data and participate in the design of a pediatric emergency medical and critical care plan.	1996		Ongoing
Compare current capability with recommended EMSA guidelines for pediatric care.	1996	1998	
Review and revise use of air medical transport services pertaining to pediatric emergency medical and critical care.	1996	1998	
Develop minimum Pediatric Training Standards, a CQI component and implement local EMS policies for pediatric care.	1996		Ongoing
Consider EMS-C Masterplan when developing the County Trauma Plan .	1998		
Perform an annual assessment of pediatric care provision.	1996		Ongoing

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

Ventura County has completed a State EMSA grant to develop an EMS-C Program. The needs assessment was performed and key organizations and individuals were invited to participate on the development task force.

Statistics were tabulated and reviewed for pediatric cases in Ventura County. A broad invitation went out to various organizations and individuals that manage pediatric patients. State (EMSA) guidelines were forwarded to those willing to participate in the pediatric taskforce. Transport providers and emergency departments were then evaluated for capability and given recommendations for development of a countywide standardized system of care for pediatrics. Additionally, training needs for prehospital personnel were identified and additional equipment to meet those needs was purchased.

NEEDS:

- Procurement and implementation of an upgraded data collection system
- Development of CQI indicators and thresholds for pediatric patient trauma care
- Development of an annual report for pediatric outcomes in prehospital care for the Ventura County EMS System

SECTION II - ASSESSMENT OF SYSTEM

E. Facilities and Critical Care

Enhanced Level: Other Specialty Care Systems

Minimum Standard

Recommended Guidelines

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

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

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Collect and analyze data specific to specialty care			
If indicated, develop specialty care plan including a COI component.			
If established, review specialty care plans			

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

The call volume, call types and population size are low enough that developing enhanced services for any given area or system wide may not be feasible. Such enhancements may include but are not limited to burn centers, spinal injury centers, pediatric critical care centers and trauma centers. Additional evaluation of data obtained through prehospital reporting may lead to the pursuit of specialty care centers in the future as the population of the County grows.

NEEDS:

- Procurement and implementation of an upgraded data collection system
- Evaluation of call types by occurrence and location

SECTION II - ASSESSMENT OF SYSTEM

E. Facilities and Critical Care

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Receive input on specialty care needs from both prehospital and hospital providers and consumers.	1/00		
Review current system capability to render specialty care	1/00		
Develop a specialty care plan to meet the needs of end-users contingent upon the availability of necessary resources.	1/00		
Review specialty care capability and results annually through CQI process in order to modify specialty plans.		12/00	

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

There are no current plans to provide additional specialty care mechanisms within the system until an analysis of system capability and need are performed. Specific needs of prehospital service providers, Base and Receiving Hospitals would be surveyed by Ventura County EMS through the Prehospital Care Committee and through the CQI process. Agency(s) seeking system enhancements would be asked to provide supportive data which would be reviewed by the Medical Director and Administrator and forwarded to the Prehospital Care Committee for additional review and recommendation. If the requesting agency was in need of additional supportive or corroborative data, that data may be extracted from the Ventura County EMS Agency's field care database.

NEEDS:

- **Procurement and implementation of an upgraded data collection system**
- **Input and development of specific criteria for the expansion of specialty care facilities**
- **Collection and evaluation of current and future data (response time and clinical indicators)**
- **Recommendations to the EMS medical community for expansion of enhanced services**

SECTION II - ASSESSMENT OF SYSTEM

F. Data Collection and System Evaluation

GENERAL INFORMATION

The local EMS system should have mechanisms to collect data regarding operational and clinical aspects of the system, covering all stages of the system. Both day-today quality assurance/quality improvement audits and overall evaluations of system operations are necessary.

Minimum Standard

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

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan	X	Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop methodology for assessment and evaluation of current QA/CQI programs		7/99	
Conduct assessment and evaluation of current system			On going
Procure and implement an updated data collection system		7/99	
Develop EMS database that incorporates field care, emergency department care and patient outcome data. Coordinate data collection and distribution with system participants.		6/2000	
Design and implement standardized data reporting periods based upon specific call types and defined indicators and thresholds which includes response times.		6/2000	
Ensure that education, training and remedial programs are in place to address identified needs through the CQI Process.			Ongoing

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County EMS has had a semi-automated process for data collection in place approximately 7 years. Technologically the system has improved. Mechanically it is very labor intensive for field crews and EMS Office staff. The strength of the current system is that mass data has been saved and archived for future analysis.

SECTION II - ASSESSMENT OF SYSTEM

F. Data Collection and System Evaluation

6.01 (Cont'd.)

NEEDS:

- **Procure and implement an updated data collection system**
- **Integrate data sharing links with other EMS system participants as they become available**
- **Establish reporting criteria including: clinical indicators, thresholds and milestones**
- **Provide timely QA/CQI feedback to the EMS community**
- **Develop EMS Office Annual System Summary based upon gained information**

SECTION II - ASSESSMENT OF SYSTEM

F. Data Collection and System Evaluation

Minimum Standard

Recommended Guidelines

6.02 Prehospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS Agency.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Draft and distribute policy that states patient reporting requirements and develop an operational guide for report writing			X
Ensure that prehospital records for all patient responses are completed and forwarded to the local EMS Agency			X
Develop a policy for retaining and the disposal of local agency records			X
Review and implement an improved wide area network (WAN) data collection system to replace existing semi-automated system.		6/2000	
Annually review for compliance, prehospital records submissions			On going

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Prehospital personnel are required to complete a hard copies of prehospital reports for patient contacts. First responders are required to prepare "First Responder" forms for their respective agencies and forward copies to the receiving hospital and to Ventura County EMS. Transport personnel are required to provide the Base and Receiving Hospitals, provider agency and the EMS office with copies of their "Prehospital Field Report (PFR)". Any PFRs that are deficient are returned to the provider personnel for correction/completion. The completed PFRs are scanned via a high-speed scanner and converted to a permanent electronic graphic record. Data fields are edited by a data entry clerk and processed into a general database. Information related to response time and clinical performance are made through queries from that database. There can be significant lags in the acquisition, analysis and summary of data due to the mechanical nature our current data system.

NEEDS:

- **Procure and implement an upgraded database management system**
- **Develop a mechanism to provide as close to "real time", significant data that may immediately impact EMS operations or medical control**

SECTION II - ASSESSMENT OF SYSTEM

F. Data Collection and System Evaluation

Minimum Standard

6.03 Audits of prehospital care including both system response and clinical aspects, shall be conducted.

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan	X	Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Conduct audits of prehospital care for all system participants		Ongoing	
Explore options to link prehospital records with emergency medical dispatch, emergency department, and patient outcomes		6/00	
Evaluate and implement an updated data collection system		6/00	
Establish reporting periods, indicators, thresholds and milestones for system use and evaluation of clinical aspects and response performance		6/00	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Audits of prehospital care records occur on an as needed basis. Records are pulled when a question regarding patient care arises or statistics are needed to complete a study. CQI programs at the provider level are asked to perform patient chart audits. The EMS CQI committee has historically developed different studies that are of clinical significance. Some of the topics are based upon trends or need. Input for change comes from the EMS Medical Director or other participants who may bring new information regarding clinical performance. Data is tabulated and analyzed with a decision to change the system occurring after a period of discussion through the committee process. Changes are made in the EMS policies and procedures as needed. Training and education programs are established and follow-up analysis is attempted. Individual plans for improvement are made at the provider level. Trends are monitored by the EMS Office, Prehospital Care Coordinators and EMS Providers.

NEEDS:

- Procure and implement an upgraded database management system
- Develop clinical indicators, thresholds and milestones for response time performance and clinical aspects
- Electronically link EMS data sources together when feasible
- Perform random audits and provide system providers with timely feedback from database

**SECTION II - ASSESSMENT OF SYSTEM
F. Data Collection and System Evaluation**

Minimum Standard

Recommended Guidelines

6.04 The local EMS Agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post dispatch directions.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop & implement mechanism to review medical dispatch			On going
Provide input and medical direction in the development of a broad based data-collection system that is capable of measuring response time, clinical care, outcomes		6/2000	
Contingent upon the availability of necessary resources, link various discipline databases together in order to evaluate EMS system and accelerate evaluation time		6/2000	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County currently has EMD in place and operating at it's primary PSAPs. In addition, the development and initiation of prioritized dispatch is nearing fruition. In the meantime, PSAP supervisors are required to audit tapes and give feedback to EMD Dispatchers. Ventura County EMS conducts monthly tape review audits with the PSAPs to evaluate medical calls for EMD protocol compliance. The EMD dispatchers are also required to attend these audits in order to maintain their EMD dispatcher status. The EMS Medical Director or designate is present for these audits to answer any questions or to get input for system adjustments within the EMD protocols. There is no data base to track the types of calls and the type of EMD compliance that are being met or correlate EMD pre-arrival instructions to patient outcomes other then obvious dramatic rescues such as near drowning saves or CPR saves. Random tape audits have been conducted by Ventura County EMS.

NEEDS:

- **Expand QA/CQI component for EMD/Prioritized Dispatch programs**

SECTION II - ASSESSMENT OF SYSTEM

F. Data Collection and System Evaluation

Minimum Standard

6.05 The local EMS Agency shall establish a data management system which supports its system-wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

Recommended Guidelines

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

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Procure and implement an automated data collection system		6/99	
Develop methodology to assess and evaluate needs of high risk patient groups and evaluate quality of patient care		6/2000	
Develop standardized reporting formats and timeframes			X
Conduct timely acquisition and analysis		6/2000	
Conduct annual reviews of the data management system			On going

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The current data management system is outdated in terms of software and user friendliness. Connectivity with other agencies/providers and their databases is limited. The method of scanning and interpreting data has been improved through form design, provider input, data processing and hardware improvements. Simplistic evaluation of certain patient groups and clinical thresholds have been performed on an as needed basis. The labor intensive process for acquisition and processing of data limits the amount of time available for analyzing the data once it has been collected. A data grant has been approved by the State EMS Authority and subsequent changes in the data collection system and process will be initiated after a system is identified and procured.

NEEDS:

- Procure and implement a new data management system
- Network providers, receiving hospitals and EMS Office together with a data link
- Develop and implement various reporting programs/formats for regularly analysis of the system

**SECTION II - ASSESSMENT OF SYSTEM
F. Data Collection and System Evaluation**

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard	X	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish an evaluation matrix for regular review of the EMS system based on contract compliance and all applicable laws		6/99	
Assess the effectiveness of the evaluation matrix through a CQI committee headed by the Medical Director		12/99	
Contingent upon availability of resources, develop and implement programs to address newly identified needs			
Consider Public/Private partnerships to reach common health prevention goals			
Actively seek other disciplines to share in prevention program development, information and data relative to those programs.			
Re-evaluate the process and the ability to respond to those identified needs utilizing State standards and guidelines.			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Our local EMS system has many dedicated veteran participants that contribute on a variety of issues. A general consensus of the Prehospital Care Committee is generally needed in order to change the system. The challenge for the Committee is the ability for all members to understand what each other's specific needs are in a certain community and adjust the system to meet the needs of all participants in a fair and equitable manner. Doing so, without compromising patient care or response capability. The ultimate goal is to provide the safest, quickest and appropriate care to those in need.

SECTION II - ASSESSMENT OF SYSTEM

F. Data Collection and System Evaluation

6.06 (Cont'd.)

The establishment of ambulance service provider contracts has served well to maintain medical control in the prehospital setting. The implementation and evaluation of training programs and the use of Prehospital Care Coordinators (PCCs) to monitor local prehospital needs has added consistency in the regulation of care given by field providers. Interaction between ambulance supervisors and PCCs to discuss and implement remedial or disciplinary action has also benefited the system. A specific improvement plan for individuals, communities or region occurs as a result of need. Joint education programs between the Ventura County EMS Agency, transport providers, first responders and other interested organizations has occurred over the years.

An excellent and successful example of this is the Driving and Surviving Program which united Mothers Against Drunk Drivers (MADD) with all participants in the local EMS system to conduct simulated vehicle accident scenarios at area High Schools in the effort to promote sobriety amongst teenagers. Programs focusing on specific patient care issues have been developed and delivered to field personnel through the spring and fall EMS updates that are delivered countywide each year. Individual care provider improvement needs are as a rule, handled by the provider agency or Base Hospital direction. The EMS Office only gets involved if a complaint is registered with the Office or there is a disciplinary issue that requires Medical Director or Administrator intervention.

NEEDS:

- **Develop policy for incident reporting (*positive and negative*), required reporting and minimum reporting guidelines**
- **Evaluate incident impacts on the provision of service(s) in order to improve the system**
- **Provide feedback to provider agencies and field staff on improvement recommendations**

SECTION II - ASSESSMENT OF SYSTEM

F. Data Collection and System Evaluation

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Require all transport providers to participate in established CQI Programs			Ongoing
Develop Quality Improvement indicators, thresholds and milestones for all aspects of EMS			
Establish an auditing/reporting matrix that includes clinical and response time performance			Ongoing
Require EMS provider participation in system-wide evaluation			Ongoing

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County has developed a CQI Program Guide for system participants to adopt or model in their internal QA/CQI programs. The contracted transport providers are required to establish and conduct continuous quality improvement programs and to participate in the CQI process at the system level. The three contracted ambulance (3) providers have established CQI programs of varying degree. The CQI Committee is meeting quarterly to develop and review topics relative to clinical care. This Committee and the CQI process are dependent on accurate, quantifiable data. Data is acquired from system participants, processed and distributed back to the group for analysis and discussion with the EMS Medical Director.

NEEDS:

- Procure and implement an upgraded database management system
- Develop clinical indicators, thresholds and milestones for response time performance and clinical aspects
- Develop and publish timely system analysis/performance reports
- Collaborate with system participants to expand effective QA/CQI programs

SECTION II - ASSESSMENT OF SYSTEM

F. Data Collection and System Evaluation

Minimum Standard

Recommended Guidelines

6.08 The local EMS Agency shall, at least annually report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan	X	Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Publish the local EMS System plan		3/99	
Solicit EMS participant comments for EMS Plan and adjust plan accordingly			X
Acquire Board of Supervisors approval for plan			X
Submit approved plan to EMS Authority			X
Provide copies of approved plan to provider agencies, hospitals and members of the Prehospital Services Committee and CQI Committee.		3/99	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The Ventura County EMS System has historically responded to clinical and response need based upon after action reports and/or anecdotal evidence. The current EMS Plan addresses current need and looks ahead at future demands of the system. EMS system participants volunteer input and make necessary adjustments for positive change.

A survey is being developed to solicit system improvement ideas, needs and what is beneficial for the citizens of Ventura County. Facts gathered from the survey will be tabulated and reviewed by the EMS Medical Director and Administrator and forwarded for review by the Prehospital Care Committee. Appropriate changes will be made based upon consensus and feasibility.

SECTION II - ASSESSMENT OF SYSTEM

F. Data Collection and System Evaluation

6.08 (Cont'd.)

NEEDS:

- **Complete the annual draft of the EMS Plan and submit to system participants for review**
- **Solicit input and comment for system improvement/enhancement**
- **Adjust EMS Plan to reflect recognized needs**
- **Obtain EMS Plan approval from Board of Supervisors**
- **Forward approved EMS Plan to California EMSA**
- **Implement changes within system**
- **Prepare annual summary of system impacts, milestones and needs for improvement**

SECTION II - ASSESSMENT OF SYSTEM

F. Data Collection and System Evaluation

Enhanced Level: Advanced Life Support

Minimum Standard

6.09 The process used to audit treatment provided by advanced life support providers shall evaluate both Receiving Hospital (or alternative base station) and prehospital activities.

Recommended Guidelines

The local EMS Agency's integrated data management system should include prehospital, Base Hospital, and Receiving Hospital data.

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Evaluate data collection system(s) and specify new system components		6/00	
Develop an assessment tool for prehospital activities at the Base and Receiving facilities		6/00	
Develop an assessment tool to evaluate the local EMS Agency's ability to manage the data system, statistics and reporting		6/00	
Develop standardized clinical reporting formats		6/00	
Perform analysis and establish indicators, thresholds and milestones		6/00	
Contingent upon the availability of resources, establish data-sharing links system wide which allows data merging from PSAPs, prehospital providers, hospitals		6/00	
Establish/coordinate EMS training for all system participants		6/00	

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

The current data collection system is made up of several manual and automated processes. The chance for data loss and/or error is higher because of the human interface and old technology. Reporting requirements are in place for contracted transport providers. Information is pulled from the data base as needed. Different committees and system participants have needs for specific information. Those requests are generated as submitted to the local EMS Agency. Currently all field personnel manually prepare patient care documents which are scanned electronically into a data management file. The files are then edited for processing and graphic copies of the reports are saved as permanent patient records. Education and review for accuracy is performed at the provider level.

SECTION II - ASSESSMENT OF SYSTEM

F. Data Collection and System Evaluation

6.09 (Cont'd.)

NEEDS:

- **Procure and implement an upgraded database management system**
- **Network providers, receiving hospitals and EMS Office together with a data link**
- **Develop clinical indicators, thresholds and milestones for response time performance and clinical aspects**
- **Develop and publish timely system analysis/performance reports**
-

- **Collaborate with system participants to expand effective QA/CQI programs**
- **Coordinate and conduct timely training for prehospital care providers**

SECTION II - ASSESSMENT OF SYSTEM

F. Data Collection and System Evaluation

Enhanced Level: Advanced Life Support

Minimum Standard

Recommended Guidelines

6.10 The local EMS Agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including:

- a) a trauma registry,
- b) a mechanism to identify patients whose care fell outside of established criteria, and
- c) a process of identifying potential improvements to the system design and operation.

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Medical Director will appoint a Trauma Task Force			
Assess current system capability for rendering trauma care			
Compare local capability to State and National trauma care standards			
Implement system changes for trauma care as appropriate			
Collect and analyze data to assess effectiveness of system change			

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

The local EMS system does not have a trauma center system. The aggregate population of the County is approximately 700,000 divided amongst ten cities and the unincorporated area. Transport times to a receiving facility and the receiving facility's capability to render trauma care are variable within each catchment area or region. The larger facilities generally have greater resources in terms of personnel and equipment.

Some ALS personnel have Basic Trauma Life Support (BTLS) and Advanced Trauma Life Support (ATLS) but it is not a requirement for accreditation. Personnel are required to have Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS).

A Trauma Registry is not established. All larger hospitals have specialists available for consult to the Emergency Room. In rare cases a patient may be transferred via ALS ambulance to a facility that is able to provide specific care such as neuro or cardiac services. These transfers usually occur when the patient's vitals are deemed stable or where the patient's condition will certainly deteriorate without the care. Transfer decisions are made by patients attending physician or medical control at the Base Hospital. "Real-time" hospital census polling is not routinely monitored due to the lack of available resources.

SECTION II - ASSESSMENT OF SYSTEM

F. Data Collection and System Evaluation

6.10 (Cont'd.)

NEEDS:

- **Develop a Trauma Task Force**
- **Identify key components of an effective trauma system**
- **Assess the local EMS system's capability for rendering trauma care**
- **Adjust system to meet minimum standards for the provision of trauma care based upon identified standards**
- **Re-evaluate the effectiveness of trauma care delivery within the local system**

SECTION II - ASSESSMENT OF SYSTEM

F. Data Collection and System Evaluation

Enhanced Level: Advanced Life Support

Minimum Standard

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

Recommended Guidelines

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

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Procure and implement an upgraded data collection system			
Develop policy requiring all system participants to provide data for trauma patients as part of the QA/CQI program and overall system analysis			
Develop trauma reporting formats including indicators, thresholds and milestones			
Identify and designate facilities capable of delivering specific levels of trauma care			
Obtain patient care outcomes from facilities including Medical Examiner/Coroner information on poor outcomes when feasible			
Produce timely trauma reports or summaries that will assist in making improvements to the trauma system			

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

Trauma care within local EMS system is in need of assessment. Establishing a trauma center system would have fiscal impacts for all system participants. A comprehensive analysis of system capability has not been performed. Based on past estimates it is assumed that the current population and acute trauma call volume cannot support the cost of establishing a Level One trauma center or system. Projected growth for the County over the next 20 years may make it feasible for the development of that type of system. The EMS Medical Director is preparing to evaluate the current trauma care delivery for the County. Minimal trauma data is obtained via patient care records.

NEEDS:

- **Develop a Trauma Task Force**
- **Develop policy and procedures for trauma reporting**
- **Define trauma reporting criteria and implement system**
- **Collect data and review patient outcomes**
- **Recommend necessary system adjustments**

SECTION II - ASSESSMENT OF SYSTEM
G. Public Information and Education

GENERAL INFORMATION

The local EMS system should provide programs to establish an awareness of the EMS system, how to access the system and how to use the system. Programs to train members of the public in first aid and CPR should be available.

Minimum Standard

7.01 The local EMS Agency shall promote the development and dissemination of information materials for the public which addresses:
 a) understanding of EMS system design and operation,
 b) proper access to the system,
 c) self help (e.g., CPR, first aid, etc.),
 d) patient and consumer rights as they relate to the EMS system,
 e) health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
 f) appropriate utilization of emergency departments.

Recommended Guidelines

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

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Survey system participants for current public education programs		∞	
Work with Public Health Education and other Agencies to co-develop injury prevention information for all age groups		Ongoing	
Designate a PIO for the EMS Office to work with agencies and organizations in prevention programs, public safety announcements and multi-media presentations.		6/99	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County EMS requires current contracted transport providers to develop/participate in community education programs. Educational programs have been presented throughout the County for various aspects EMS. These range from EMS System Access, Drunk Driver Awareness, CPR Courses, First-Aid and other programs.. No long term data has been collected to demonstrate the effectiveness of any given EMS prevention program.

SECTION II - ASSESSMENT OF SYSTEM

G. Public Information and Education

7.01 (Cont'd.)

NEEDS:

- **Procure and implement an updated data collection system**
- **Develop an integrated plan for public information and education events**

- **Utilize data collection program to acquire and analyze program effectiveness**
- **Determine types of programs to be presented to the public**

SECTION II - ASSESSMENT OF SYSTEM

G. Public Information and Education

Minimum Standard

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

Recommended Guidelines

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

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Collaborate with Public Health Education and other community-based agencies to design educational programs for: violence prevention, child and elder abuse prevention, community traffic safety and other identified high risk areas requiring prevention education		2001	
Develop and distribute appropriate prevention materials for English and non-English speaking residents		2001	
Develop and distribute injury prevention materials for special needs or vulnerable population groups		2001	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County EMS was integrated into the Ventura County Public Health Department in December 1995. Since that time the EMS Office has worked with Public Health Education on identifying special needs populations, sharing data and cooperating in program development. EMS works with community organizations such as Volunteer Organizations Aiding in Disaster (VOAD) and Community Awareness and Emergency Response (CAER). Programs conducted include: drills for emergency preparedness for businesses, public health and safety fairs, group or civic presentations. Annually EMS participates in the Public Health Week activities. Educational materials for these events have been produced for specific events. This material can be adapted to meet other programs needs.

NEEDS:

- **Develop a master planning calendar for public education/information events**
- **Determine target groups for injury/prevention programs**

**SECTION II - ASSESSMENT OF SYSTEM
G. Public Information and Education**

Minimum Standard

7.03 The local EMS Agency, in conjunction with the local Office of Emergency Services, shall promote citizen disaster preparedness activities.

Recommended Guidelines

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

Does currently standard	not meet	X	Meets minimum standard		Meets recommended guidelines		Short-range plan	X	Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Meet with local OES office to assess current programs (public information) relative to EMS/Medical/Health		12/99	
Collaborate with OES to develop public information/educational programs relative to Medical/Health needs in major emergencies or disasters		12/99	
Implement educational/information programs, e.g. PSAs, press releases, etc.		2002	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County EMS works closely with the local Office of Emergency Services which is directed by the County Sheriff. During disaster activation the EMS office functions in the Operations Section of the Emergency Operations Center (EOC) during "operational periods". Past incidents have allowed for post-critique regarding the response and role of EMS. Although Ventura County has not had a major incident involving injuries and death of scores of people, it has experienced its share of man-made and natural disasters. From brushfires, flooding, chemical spills and earthquakes the EMS Agency has been involved in the response as coordinated through OES. Additionally, the State RDMHC Program has also benefited Ventura County. EMS has worked closely with the Region One Disaster Medical Health Coordinator (LA County EMS) in disaster exercises and disaster system response development.

NEEDS:

- **Plan and coordinate medical/health disaster drills**
- **Develop plans for evacuation procedures including sheltering issues for special needs groups**
- **Co-develop terrorist incident response plan with law enforcement and fire agencies**
- **Attend meetings and conferences offered by OES to aid in smooth disaster coordination/communication**

SECTION II - ASSESSMENT OF SYSTEM

G. Public Information and Education

Minimum Standard

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

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Identify local agencies or organizations who offer CPR courses		Ongoing	
Work with contracted ambulance providers to sponsor community CPR and first aid courses such as the "Start-a-Heart" program		Ongoing	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Over the years Ventura County EMS has sponsored several large community and county efforts for CPR training. Under current contract requirements the transport providers are required to perform community service work including but not limited to education. This provides an opportunity for first aid and CPR classes which can be conducted by qualified field staff. This provides a secondary benefit of letting the public know who their ALS providers are and how to access the EMS system appropriately. There is no current mechanism for tracking all CPR Instructors/Programs or calendared public medical education events (other then planned/approved C.E. by hospitals).

NEEDS:

- **Develop public safety announcements for 9-1-1 access**
- **Develop an aggressive campaign to ensure CPR training for the general public**
- **Work with American Red Cross and American Heart Association to develop training calendars for public distribution**

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

GENERAL INFORMATION

The local EMS system must be capable of expanding its standard operations to meet the needs created by multi-casualty incident and medical disasters, including integration of out-of-area resources.

Minimum Standard

Recommended Guidelines

8.01 In coordination with the local Office of Emergency Services (OES), the local EMS Agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
EMS Medical Director shall appoint a disaster medical/health task force		6/00	
EMS will work directly with the County Health Officer in development of a broad based medical/health response plan		Ongoing	
EMS will work with the RDMHC to coordinate consistent medical/health response plans that integrate jurisdictions and regions including such things as catastrophic disasters and toxic substances or WMDs.		Ongoing	
Meet with the local Office of Emergency Services (OES) to re-evaluate medical response plans as they relate to general disaster response plans		Ongoing	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County has designated the County Health Officer (CHO) as the lead official for medical/health issues in disaster. In a "Unified Command" with the Sheriff, the CHO has the authority to direct and command the resources necessary to mitigate a health threat or hazard. The Ventura County EMS Office works directly with the CHO to coordinate efforts in medical/health disasters or incidents. In disaster scenarios Ventura County EMS coordinates prehospital field resources, tracks patient treatment and patient destination as well as establish or coordinate establishment of shelters for the medically fragile/special needs groups. Ventura County EMS is the liaison to contracted ambulance providers. Ventura County EMS is the conduit for obtaining outside mutual medical/health resources.

Ventura County EMS enjoys a good working relationship with the Ventura County Sheriff's Office of Emergency Services (OES) in planning, drills and activation during a major disaster or incident. The CHO is appointed to the Ventura County Disaster Council and provides representation for Public Health and EMS to the Board of Supervisors in disasters or major medical/health incidents.

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

8.01 (Cont'd.)

NEEDS:

- **Develop a detailed Medical/Health Disaster plan and integrate it into the County's Multi-Function Hazard Plan**
- **Allocate additional hours for the Disaster Medical Planner to focus on disaster related issues**

**SECTION II - ASSESSMENT OF SYSTEM
H. Disaster Medical Response**

Minimum Standard

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

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines	X	Short-range plan	X	Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
EMS Medical Director and EMS Administrator shall designate an EMS Operational Area Disaster Medical Health Coordinator (OADMHC) to work with the CHO in an EMS/Public Health Disaster Response Plan which includes addressing toxic substances			X
The OADMHC shall work closely with the Regional Disaster Medical Health Coordinator (RDMHC) to develop response plans that will allow for transition/integration of Regional resources			X
Develop & implement medical response plans for catastrophic disasters utilizing the California Office of Emergency Services multi-hazard functional plan as a basic template for development		12/99	
Meet with the local Office of Emergency Services (OES) to review medical/health response plan updates and integration into overall disaster plan for the County		12/99	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County EMS has maintained disaster medical/health provisions in the County's Multi-Function Plan for many years. The local Office of Emergency Services is currently updating their multi-function plan. Ventura County EMS is collecting resource material and working with Public Health and the RDMHC to revise the EMS Disaster Medical/Health Response component in that plan.

NEEDS:

- **Complete revisions of the OADMHC Plan**
- **Incorporate updates into the education programs for EMS providers and the public where applicable**
- **Expand the focus for handling and sheltering special needs groups or the medically fragile**

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan	X	Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Evaluate prehospital participant's capability to respond to and handle hazardous materials incidents		12/99	
Establish local EMS Policy for EMS response in haz-mat incidents including terrorism, chemical, biological or WMD	Ongoing		
Ensure that all EMS providers are properly trained and/or equipped for response to hazardous incidents including toxic substances, terrorism, chemical, biological or WMD		12/99	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Local Fire Service Agencies are in charge of all Hazardous Materials Incidents. Ambulance personnel are trained by their employers to the level of "Haz-Mat First Responder". When ambulance personnel discover a potential hazardous situation they are to stage outside of the hazard area and wait for entry instructions are given by fire personnel.

In disasters or incidents involving hazardous materials and medical need, the fire service agencies will utilize EMS field personnel to assess any/all victims after assuring that decontamination has taken place. Transportation of any victim that has been exposed to a hazardous substance does not occur until decontamination is performed. As an additional safety measure, all hospitals are required to have a decontamination process/area in the event of "walking wounded" self-transporting to the medical facility without going through the decontamination process.

NEEDS:

- **Assure that all non-fire service field personnel are trained to appropriate levels by employers**
- **Plan and coordinate drills to measure knowledge of policies and procedures**

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

Minimum Standard

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

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines	X	Short-range plan		Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Adopt by policy, the Standardized Emergency Management System (SEMS) for EMS disaster coordination.			X
Coordinate and implement Incident Command System (ICS) training for all prehospital field personnel			X
Coordinate multi-agency disaster medical drills utilizing the ICS for management of casualties		Ongoing	
Update disaster medical/health plans to reflect SEMS and ICS standards		Ongoing	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

In 1990 Ventura County EMS coordinated initial ICS train-the trainer classes and mandated all ALS/BLS ambulance providers to train personnel to a minimum level. The Ventura County Fire Department was the lead agency for the training.

In 1996 the Federal government required all State and Local government agencies to adopt and implement SEMS as the disaster management method in order to be eligible for disaster reimbursement through the Federal Emergency Management Agency (FEMA). ICS is now a component of SEMS.

NEEDS:

- **Develop SEMS courses for contracted ambulance providers**
- **Conduct drills utilizing SEMS/ICS**
- **Identify additional personnel who may serve as EOC representatives in the role as liaison or medical transportation coordination**

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

Minimum Standard

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

Recommended Guidelines

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

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Designation of an Operational Area Disaster Medical Health Coordinator (Disaster Medical Planner)		6/99	
OADMHC shall identify hospitals and other special facilities with capabilities for receipt and treatment of patients who have sustained radiation, chemical contamination and other extraordinary injuries that may require isolation or specialized care.		10/99	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County EMS currently has a designated Multi-Casualty Incident Committee. The goal of this committee is to develop policies and procedures for the management of victims involved in day-to-day incidents but not specifically addressing disaster scenarios with mass casualty. The current committee is composed of representatives the prehospital medical community.

The Ventura County EMS has dedicated staff time to manage disaster medical plans and drills as needed while managing other duties. Disaster Medical/Health drills are conducted by various providers and fire service organizations.

NEEDS:

- **Creation of a Disaster Medical Health planning task force**
- **Identify needed planning and training topics**
- **Develop a disaster medical health response plan including contingency, mutual aid, medical surveillance and recovery issues**

**SECTION II - ASSESSMENT OF SYSTEM
H. Disaster Medical Response**

Minimum Standard

Recommended Guidelines

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

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines	X	Short-range plan		Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Maintain redundant communications for maintaining contact with RDMHC and State Medical/Health Officials			Ongoing
Plan and conduct annual disaster medical/health exercises with local and regional EMS system participants that incorporate use of procedures for determining necessary mutual medical/health resources			Ongoing

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

In event of disaster the Ventura County Sheriff's Office of Emergency Services is the conduit for all disaster requests. Ventura County Fire Department is responsible for coordinating fire suppression and rescue resources. In disaster scenarios mutual aid EMS resources are coordinated by the EMS Agency staff and additional medical aid requested through OES and the RDMHC. Ventura County's contracted transport providers participate in drills throughout the county. These drills are generally conducted at the local level in cities or regions within the County.

NEEDS:

- **Continue development and implementation of the OADMHC position in Ventura County**
- **Develop medical/health early assessment procedures for field personnel including notification pathways**
- **Lead the development and coordination of local disaster medical/health disaster drills**
- **Participate in regional disaster medical/health planning, education, training and exercises**

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan	X	Long-range plan	
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Coordinate with the Ventura County Sheriff's OES and Ventura County Communications in establishing designated communications frequencies for use in major emergencies or disasters.		Ongoing	
Review and revise current EMS/Public Health Communication Plan to interface with other disciplines participating in disaster response and recovery operations		12/99	
Procure and implement designated frequencies in existing EMS/Public Health communications equipment		Ongoing	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The Ventura County Sheriff's OES is the lead agency coordinating the development of frequencies for disasters. The communications plan for the County of Ventura considers SEMS implementation in disasters. The communication plan is designed for all responding agencies to have radio frequencies preprogrammed so that all may communicate during disaster operations. At this time twelve (12) channels have been designated as SEMS channels. The frequencies are used on a daily basis by the various agencies who are licensed to use them. In the event of disaster their use would be redesignated by the EOC or Communications on a priority basis.

NEEDS:

- **Participate in the development and implementation of the Sheriff's OES disaster communication plan**
- **Add additional EMS frequency(s) as needed to improve communications ability**
- **Develop education and training for use of disaster medical/health communication equipment and frequencies**
- **Identify and delegate senior EMS personnel to use advanced communications equipment (Satellite/datalink phone) and integrate into the SEMS positions for disaster management**

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

Minimum Standard

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

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines	X	Short-range plan		Long-range plan	X
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PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Utilizing State standards for disaster preparedness, develop a list of minimum resources needed to support medical/health operations in an operational area disaster. Include contingency plans for operating in an austere medical environment.		8/99	
Maintain an inventory of disaster medical resources for response to multi-casualty incidents and disasters		Ongoing	
Establish MOU's with fire service and contracted transport providers in the deployment or distribution of disaster medical/health supplies.		Ongoing	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Over the last eight years Ventura County EMS has been adding multi-casualty/disaster medical supply cache trailers to specific areas throughout the County. There are currently five trailers located within the County (Piru-Fillmore-Simi-Thousand Oaks-Oxnard) and additional trailers are being sought. The disaster cache trailers are capable of supporting 10 laydown victims and many additional walking wounded. The trailers can be towed or slung under helicopter if needed.

By contractual agreement there are additional supplies maintained by transport providers to supplement disaster response capability. Additionally, the County has one "drop box" type steel container in the Lake Piru community, which is remote and often isolated in inclement weather. Ventura County EMS is encouraging individual cities, communities, large civic groups and schools to consider using this type of storage mechanism. Some schools and medical facilities have procured this sort of storage mechanism.

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

8.08 (Cont'd.)

NEEDS:

- **Develop educational materials for the public which address medical/health disaster preparedness**
- **Continue promoting disaster preparations and resource procurement**
- **Identify additional vendors or supply mechanisms for disaster supplies**
- **Maintain a dynamic inventory of disaster medical supplies/storage locations**
- **Coordinate training to access disaster supplies**

**SECTION II - ASSESSMENT OF SYSTEM
H. Disaster Medical Response**

Minimum Standard

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

Recommended Guidelines

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

Does not currently meet standard	NA	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
----------------------------------	----	------------------------	------------------------------	------------------	-----------------

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Explore political and community interest in establishing a local DMAT team.			
EMS will work with local agencies and the RDMHC to develop and coordinate drills that bring DMAT team(s) for interface with local responders			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County does not have resources available to maintain a DMAT team. Over the next few years the demographics of Ventura County may make it feasible to develop a DMAT team. With the location of the Air National Guard's 146th Air Squadron based at Channel Islands, it may be useful and feasible to assemble a DMAT in Ventura County for deployment locally, regionally and nationally.

To undertake establishing a DMAT team requires fiscal support, personnel and equipment and physical storage and deployment site. Pursuing the establishment of DMAT will require commitment of many agencies and organizations.

NEEDS:

- **Perform an interest survey to determine whether a DMAT team could be supported in Ventura County**
- **Develop drills that would include utilization of DMATs from other areas to Ventura County**

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

Minimum Standard

Recommended Guidelines

8.10 The local EMS Agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan	X	Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	---	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Explore mutual aid agreements with surrounding counties, identifying existing MOUs, automatic aid and notification sequences			
Participate in the development of a regional medical mutual aid or cooperative agreement	1994	1997	8/97
Gain final approval for a Regional Mutual Aid Agreement			11/97
Annually review agreements for mutual aid and automatic aid. Revise policy and procedures as needed to maintain adequate resource availability	Ongoing		

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County has maintained mutual aid agreements with Santa Barbara, Los Angeles and Kern Counties. Under the California Master Mutual Aid Plan all Counties may be utilized to assist each other in any disaster or major emergency situation without concern for reimbursement to the responding county.

Ventura County has signed an Inter-Regional Cooperative Agreement for the RDMHC Program which applies to those Counties within OES Region One and OES Region Six. All Southern California counties collectively make-up these two regions. There are additional planning and operational issues being developed for Region One and Region Six.

Requests and coordination of disaster medical/health resources in disaster will occur through each OADMHC and inter regional coordination would occur between RDMHC representatives and State DHS/OES/EMSA at the REOC.

**SECTION II - ASSESSMENT OF SYSTEM
H. Disaster Medical Response**

8.10 (Cont'd.)

NEEDS:

- **Continue development of the OADMHC/RDMHC areas of accountability, procedures, planning, communication, and logistics**
- **Pursue additional support from the RDMHC in medical/health disaster planning and resource acquisition**

**SECTION II - ASSESSMENT OF SYSTEM
H. Disaster Medical Response**

Minimum Standard

Recommended Guidelines

8.11 The local EMS Agency, in coordination with the local OES and County Health Officer(s), and using state guidelines, shall designate casualty collection points (CCPs).

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan	X	Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	---	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Identify CCPs and procedures for activation		8/99	
Formally designate sites that are to be used as CCPs		12/99	
Consider developing Public Safety Announcements (PSAs) for those sights which would include radio and video media for local cable and radio.			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

After the Northridge Earthquake and other events involving multiple casualties it was discovered that most people automatically migrate to hospitals for treatment. Therefore, all hospitals in the County are considered CCPs. The facilities are set-up to accommodate moderate amounts of victims on the property adjacent to their facilities (parking lots, fields, parkways). Additional sights that citizens may migrate to would include urgent care centers, Public Health clinics and schools.

NEEDS:

- **Re-evaluate current CCP sights and make recommendations for additional sights**
- **Develop PSAs to be incorporated into any countywide disaster drills or events to indicate CCPs or shelters**
- **Identify additional healthcare providers who may be able to man these additional CCPs**

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

Minimum Standard

Recommended Guidelines

8.12 The local EMS Agency, in coordination with the local OES, shall develop plans for establishing CCPs and a means for communicating with them.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan	X	Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	---	-----------------	--

	START DATE	END DATE	COMPLETED
Develop plans for establishing alternate CCPs		12/99	
Establish a communication network between CCPs and the EOC and Medical Control		6/00	
Conduct drills for establishing communications at CCPs			
Establish drills that utilize medical facility CCP sites for patient triage			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The EMS Agency has established emergency communication (HAM Radio) at the hospitals (CCPs). This is in addition to the already existing "Med Net" Radio system that links hospitals with ambulance transport providers and the Ventura County Sheriff's Central Dispatch. The Ventura County EOC should monitor HAM and Med Net. during disaster operational periods. Ventura County Public Health clinics if needed for the treatment of walking wounded etc., are capable and also have the ability to communicate via the Med Net radio or other SEMS designated channels.

NEEDS:

- **Complete the EMS/Public Health Communication Plan for disasters**
- **Distribute radio equipment to Public Health clinics**
- **Perform regular training and drills for EMS and Public Health that utilize all participants and exercise their ability to communicate**

**SECTION II - ASSESSMENT OF SYSTEM
H. Disaster Medical Response**

Minimum Standard

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

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan	X	Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	---	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop and/or coordinate programs for disaster medical training of EMS responders including management of casualties exposed to and/or contaminated by chemical, biological or radioactive materials	1990	∞	On going
Conduct reviews of policy and procedures for the prehospital management of exposed casualties.	1989		On going

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County Fire Department in connection with the Ventura County Environmental Health Department are responsible for coordinating, planning, response and mitigation of hazardous materials incidents. Acts of terrorism including such things as WMDs may be recognized, access restricted to and left for Federal or military personnel to mitigate or neutralize. In the event of an incident, the safety agency in charge will secure the area if possible, deny entry or mitigate situation, decontaminate victims prior to turning them over to the transport provider and/or releasing for transport to any facility. Hospitals have emergency decontamination procedures and limited resources to manage multiple victims.. Efforts are made to control the scene so there is less risk to ambulance and hospital personnel.

NEEDS:

- **Conduct drills that have a hazardous materials component where multiple victims or casualties exist**
- **Work with local receiving facilities to identify means to manage convergent patients**
- **Evaluate the local EMS system’s ability to manage victims from hazardous materials exposure**
- **Create additional incentives for participation in drills such as continuing education credits (CEUs)**

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

Minimum Standard

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

Recommended Guidelines

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS Agency, and prehospital medical care agencies.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan	X	Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	---	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Coordinate disaster plans and exercises with local hospitals, surrounding counties and the RDMHC			Ongoing
Assist medical facilities in planning internal and external disasters			Ongoing
Make training available for the Hospital Emergency Incident Command System (HEICS) for hospitals			Ongoing
Conduct an annual disaster exercise involving hospitals and EMS field personnel.			Ongoing

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Under JCAHO requirements hospitals are required to have emergency and disaster plans, conduct drills and work with other agencies. EMS participates with hospitals in the development and execution of disaster drills. Some drills involve prehospital field personnel, ambulance transportation and other agencies. Ambulance transport providers are required to have a disaster plan and to participate in disaster education, training and drills. Many of the hospitals have received HEICS training. HEICS is an adaptation of SEMS for hospital management in disaster. Several hospitals have a form of the Incident Command System within their operations. EMS has and will continue to work with the local branch of the "Healthcare Association of Southern California" in unifying and developing consistent, high standard disaster drills with participation of those member hospitals.

NEEDS:

- Review disaster plans for all hospitals
- Develop, coordinate and observe various disaster drills that incorporate emergency responders including ambulance personnel
- Conduct regular testing of the disaster communications system at County hospitals

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan	X	Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	---	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish written protocols for activation of HAM radio operators at hospitals		9/99	
Develop an action plan for hospitals to monitor "Med Net" radio for a variety of situations or conditions		9/99	
Upgrade EOC Med-Net radio console to allow DTMF encoding in order to "unmute" radios for hospital polling		9/99	
Collaborate with Ventura County Sheriff's OES to develop a data pool for use in emergency notification/activation of personnel via automated means		9/99	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County has minimal redundancy built into the emergency medical communications system. With the addition of HAM radios at area hospitals, the County has the ability to get information even when the Med Net radio system fails. The limiting factor for the HAM radio system is the number of licensed and available HAM operators.

There are many prehospital personnel living in the County. Notifying them to return to work for an emergency situation or trying to pass along information is labor intensive and can take an inordinate amount of time. The Ventura County Sheriff's OES has a computer program in that allows for notification of emergency personnel via multiple methods such as paging, telephone and e-mail. This program requires correct data. EMS could provide some of the data for field staff to this OES Program. All prehospital personnel, hospital administration, personnel from other disciplines could be entered into the database so that they can be notified. In addition, there are other untapped personnel resources in the County that could be called upon in disaster if there were a mechanism to maintain data and make contact.

NEEDS:

- **Develop disaster notification phone trees for internal and external use**
- **Identify additional mechanisms to callback or activate off-duty EMS personnel**
- **Explore expanding the new County EMS data collection system to include callback database and autodialer for callbacks**

**SECTION II - ASSESSMENT OF SYSTEM
H. Disaster Medical Response**

Minimum Standard

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

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan	X	Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	---	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Review and revise the disaster medical/health component of the Ventura County Sheriff's OES Multi-Hazard Functional Plan.		6/99	
Coordinate disaster medical/health drills, training programs with hospitals, transport providers and fire service training departments		Ongoing	
Distribute updated policies and procedures for disaster medical/health issues to all system participants		Ongoing	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County EMS has coordinated various drills with hospitals and multiple agencies. The drills have included ambulance transport providers, first responder fire service, military service, forest service/park service, hospitals, mental health, law enforcement and others. Since the requirement for use of SEMS in December 1996 there have been a few small scale drills but no large scale disaster drill or exercise to test the capabilities of the field personnel or hospital facilities.

Training for the use of the Incident Command System (ICS) has occurred in the past. Additionally, an MCI task force has been convened to review the MCI Policies and Procedures currently in use.

NEEDS:

- **Review current policies and procedures for the management of MCI's**
- **Conduct MCI and disaster casualty management courses**
- **Develop, coordinate and evaluate the effectiveness of EMS system management for MCIs**

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

Enhanced Level Advanced Life Support

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan	X	Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	---	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish policies & procedures allowing ALS personnel & mutual aid responders to respond during significant medical incidents		7/99	
Establish communication procedures for mutual aid resources arriving in the County		8/99	
Establish a medical re-supply method for ALS mutual aid responders		7/99	
Maintain notification process through the County Health Officer for communicable disease exposure for health disaster workers		Ongoing	

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

Local resources will be quickly overwhelmed in a disaster and the request for outside resources should be activated immediately. When the request for outside resources is made it should trigger a mechanism to anticipate the needs of those that will render mutual aid. This included communication, staging location, infection control issues, liaison with other agencies, patient tracking and record keeping, patient destination, re-supply, decontamination (if needed) and recovery (reimbursement) issues. The Inter Region Cooperative Agreement (mutual aid) for the RDMHC Program targets many of these issues but it is up to the local EMS office to develop guidelines, policies and procedures so that the issues are addressed. Preparation allows for better organizational response in disasters.. It is the responsibility of local transport providers to implement their internal disaster plans and to take necessary preparatory action in order to avoid "operational paralysis" in the event of a disaster.

NEEDS:

- **Audit contracted EMS provider internal disaster plans and operational readiness plans for disaster response**
- **Develop redundant communication mechanisms for EMS dispatch, EMS responders and hospitals**
- **Perform disaster drills to reinforce disaster communication, protocols and tracking**
- **Coordinate with the Region One RDMHC for regional response and drills**

**SECTION II - ASSESSMENT OF SYSTEM
H. Disaster Medical Response**

Enhanced Level Specialty Care Systems

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X
----------------------------------	---	------------------------	--	------------------------------	--	------------------	--	-----------------	---

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Identify medical facilities that offer specialty care services		12/00	
Evaluate the ability of those specialty centers to integrate into the disaster response plan		12/00	
Develop mechanisms for specialty care centers to participate in disaster planning and integration during disaster		12/00	
Work with specialty care centers to develop operational guidelines that will allow for transition from ancillary care to disaster medical/health participation		12/00	
Develop a post-incident evaluation tool to measure effectiveness of participation		12/00	

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

The use of trauma or specialty care facilities within Ventura County for disaster has not been explored. Growth in local populations has created an opportunity for EMS to examine alternative medical resources within Ventura County. There are numerous Clinics, Urgent Care Centers, Long Term Care Facilities, Skilled Nursing Facilities and Visiting Nurse Associations. All these resources offer specific services that may potentially be accessed in the event of a disaster or major medical emergency. Integration of these facilities and services into a disaster response situation may provide for quicker recovery of a fragile medical community.

NEEDS:

- **Identify and specify roles of various healthcare providers/facilities for disaster response**
- **Work with OES to obtain disaster worker identification for qualified individuals**
- **Collaborate with other disciplines and private agencies to identify existing disaster response plans**
- **Develop post incident critique for emergency medical/health management**

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

Enhanced Level: Exclusive Operating Areas/Ambulance Regulation

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
----------------------------------	--	------------------------	---	------------------------------	--	------------------	--	-----------------	--

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop and implement EMS policy that gives the County Health Officer, EMS Medical Director or their designate the authority to waive all exclusivity rights for service areas in disaster or major incidents			
Develop and implement EMS policy that allows the County Health Officer, EMS Medical Director or their designate the authority to modify or waive prehospital policy and procedure guidelines in the event of medical/health disaster or major incident including staffing variance			

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

Ventura County has not experienced a major medical/health disaster or incident that has overwhelmed the system. The Northridge Earthquake tested local response capability and pointed out the need to continue planning and drilling for disasters. State regulations are in place that allow the County Health Officer to mandate resources as necessary to contain or mitigate a medical/health disaster. Ventura County EMS has established communication failure protocols that allow for ALS provisions in disaster scenarios. Current EOA contracts require providers to respond and function in and during disasters or as requested by Ventura County EMS.

NEEDS:

- **Develop medical/health mutual aid agreements with bordering Counties**
- **Conduct annual disaster drills for medical/health providers**
- **Identify medical/health resources adjacent to Ventura County that may be utilized in disaster/major incidents for the provision of healthcare and/or transportation**

SECTION III - SYSTEM RESOURCES & OPERATIONS

TABLE 2: System Organization and Management

TABLE 3: Personnel/Training

TABLE 4: Communications

TABLE 5: Response/Transportation

TABLE 6: Facilities/Critical Care

TABLE 7: Disaster Medical

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: Ventura County **Reporting Year:** 1996

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

1. Percentage of population served by each level of care by county:

(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: Ventura

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

2. Type of agency

a. Public Health Department	X
b. County Health Services Agency	
c. Other (non-health) County Department	
d. Joint Powers Agency	
e. Private Nonprofit Entity	
f. Other:	

3. The person responsible for day-to-day activities of EMS Agency reports to

a. Public Health Officer	
b. Health Services Agency Director/Administrator	
c. Board of Directors	
d. Other: Public Health Department Administrative Director	X

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

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

Table 2 - System Organization & Management (cont.)

Continuing education	
Personnel training	
Operation of oversight of EMS dispatch center	
Non-medical disaster planning	
Administration of critical incident stress debriefing (CISD) team	X
Administration of disaster medical assistance team (DMAT)	
Administration of EMS Fund [Senate Bill (SB) 12/612]	X
Other:	
Other:	
Other:	

5. EMS Agency budget for FY 96-97

A. EXPENSES

Salaries and benefits (all but contract personnel)	\$310,700
Contract Services (e.g. medical director)	111,600
Operations (e.g. copying, postage, facilities)	144,000
Travel	5,300
Fixed assets	
Indirect expenses (overhead)	40,300
Ambulance subsidy	190,800
EMS Fund payments to physicians/hospital	529,600
Dispatch center operations (non-staff)	
Training program operations	
Other:	
Other:	
Other:	
TOTAL EXPENSES	\$1,332,300

Table 2 - System Organization & Management (cont.)

B. SOURCES OF REVENUE	
Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$89,996
Office of Traffic Safety (OTS)	
State general fund	
County general fund	524,304
Other local tax funds (e.g., EMS district)	
County contracts (e.g. multi-county agencies)	
Certification fees	9,000
Training program approval fees	
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	
Base Hospital application fees	
Base Hospital designation fees	
Trauma center application fees	
Trauma center designation fees	
Pediatric facility approval fees	
Pediatric facility designation fees	
Other critical care center application fees	
Type:	
Other critical care center designation fees	
Type:	
Ambulance service/vehicle fees	
Contributions/Interest	9,000
EMS Fund (SB 12/612)	700,000
Other grants:	
Other fees:	
Other (specify): ISF Rebates	
TOTAL REVENUE	\$1,332,300

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

Table 2 - System Organization & Management (cont.)

6. Fee structure for FY 1996-97

We do not charge any fees	X
Our fee structure is:	
First responder certification	
EMS dispatcher certification	
EMT-I certification	\$23.25
EMT-I recertification	19.00
EMT-defibrillation certification	
EMT-defibrillation recertification	
EMT-II certification	
EMT-II recertification	
EMT-P accreditation	28.00
Mobile Intensive Care Nurse/Authorized Registered Nurse (MICN/ARN) Certification	
MICN/ARN recertification	
EMT-I training program approval	224.75
EMT-II training program approval	
EMT-P training program approval	
MICN/ARN training program approval	
Base Hospital application	
Base Hospital designation	
Trauma center application	
Trauma center designation	
Pediatric facility approval	
Pediatric facility designation	
Other critical care center application	
Type:	
Other critical care center designation	
Type:	
Ambulance service license	
Ambulance vehicle permits	

Other:

Other:

7. Complete the table on the following two pages for the EMS Agency staff for the fiscal year of .96-97

Ventura County Public Health Department
EMERGENCY MEDICAL SERVICES

EMS PLAN

Table 2 - System Organization & Management (cont.)

EMS System: Ventura County

Reporting Year: 1996

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	Supervisor, Public Health Services	1.0	\$30.90	35%	
Asst. Admin./ Admin. Asst./ Admin. Mgr.	Administrative Assistant II	0.4	\$19.86	30%	
ALS Coord./ Field Coord./ Trng. Coord.					
Program Coord./Field Liaison (Non-clinical)					
Trauma Coord.					
Med. Director	Medical Director	0.3	\$60.00	---	Independent Contractor
Other MD/ Med. Consult./ Trng. Med. Dir.					
Disaster Med. Planner	Administrative Assistant II	0.3	\$19.86	30%	

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

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor					
Dispatch Supervisor					
Data Evaluator/ Analyst	Office Systems Coordinator II	1.0	\$21.77	30%	
QA/QI Coordinator	Administrative Assistant II	0.3	\$19.86	30%	
Public Info. & Ed. Coord.					
Ex. Secretary	Management Assistant II	1.0	\$14.68	30%	
Other Clerical	Office Assistant I	0.25	\$10.23	---	Extra Help - Grant supported position
Data Entry Clerk	Data Entry Operator I	1.0	\$10.27	30%	
Other EMSC Coord.	Health Educator	0.5	\$19.63	30%	Grant supported position

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

TABLE 3: SYSTEM RESOURCES AND OPERATIONS
Personnel/Training

EMS System: Ventura County

Reporting Year: 1996

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIIs	EMT - Ps	MICN	EMS Dispatchers
Total certified	1206	NA		80	
Number of newly certified this year	196	NA			
Number of recertified this year	134	NA			
Total number of accredited personnel on July 1 of the reporting year			121		
Number of certificate reviews resulting in: a) formal investigations b) probation c) suspensions d) revocations e) denials f) denials of renewal g) no action taken					

1. Number of EMS dispatchers trained to EMSA standards:

2. Early defibrillation:

a) Number of EMT-I (defib) certified

Manual = 35

AED = 404

b) Number of public safety (defib) certified

(non-EMT-I)

None

3. Do you have a first responder training program?

[] yes [X] no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS
Communications

EMS System: Ventura County
County: Ventura
Reporting Year: 1996

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

1. **Number of primary Public Service Answering Points (PSAP)** 6
2. **Number of secondary PSAPs** 1
3. **Number of dispatch centers directly dispatching ambulances** 2
4. **Number of designated dispatch centers for EMS Aircraft** 0
5. **Do you have an operational area disaster communication system?** yes no
 - a. **Radio primary frequency** 155.205 MHz
 - b. **Other methods**
 - c. **Can all medical response units communicate on the same disaster communications system?**
 yes no
 - d. **Do you participate in OASIS?** yes no
 - e. **Do you have a plan to utilize RACES as a back-up communication system?**
 yes no
 - 1) **Within the operational area?** yes no
 - 2) **Between the operational area and the region and/or state?** yes no
6. **Who is your primary dispatch agency for day-to-day emergencies?**
7. **Who is your primary dispatch agency for a disaster?** Disaster information is coordinated through the Ventura County Sheriff's Office of Emergency Services and coordinated through the operational area EOC. The Sheriff's Central Dispatch operates as a DOC and coordinates law enforcement issues. The Ventura County Fire Department coordinates fire suppression and rescue operations through their communications center.

TABLE 5: SYSTEM RESOURCES AND OPERATIONS

Response/Transportation

EMS System: Ventura County

Reporting Year: 1996

Note: Table 5 is to be reported by agency.

TRANSPORTING AGENCIES

1. Number of exclusive operating area	7
2. Percentage of population covered by Exclusive Operating Areas (EOA)	99%
3. Total number responses	35,134
a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	26,595
b) Number non-emergency responses (Code 1: normal)	223
4. Total number of transports	21513
a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	21,247
b) Number non-emergency transports (Code 1: normal)	266

Early Defibrillation Programs

5. Number of public safety defibrillation programs	0
a) Automated	
b) Manual	
6. Number of EMT-Defibrillation programs	8
a) Automated	5
b) Manual	3

Air Ambulance Services

7. Total number of responses	0
a) Number of emergency responses	0
b) Number of non-emergency responses	0
8. Total number of transports	0
a) Number of emergency (scene) responses	0
b) Number of non-emergency responses	0

TABLE 5: SYSTEM RESOURCES AND OPERATIONS -- Response/Transportation (cont.)

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEM WIDE
1. BLS and CPR capable first responder.	Not Defined	Not Defined	Not Defined	
2. Early defibrillation capable responder.	Not Defined	Not Defined	Not Defined	
3. Advanced life capable responder.	Not Defined	Not Defined	Not Defined	
4. EMS transport unit.	10 min 0 sec	20 min 0 sec	30 min 0 sec, ASAP	

TABLE 6: SYSTEM RESOURCES AND OPERATIONS

Facilities/Critical Care

EMS System: Ventura County

Reporting Year: 1996

NOTE: Table 6 is to be reported by agency.

Trauma care system Ventura County does not have a formal Trauma System

Trauma patients:

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

Emergency departments:

Total number of emergency departments	8
a) Number of referral emergency services	0
b) Number of standby emergency services	1
c) Number of basic emergency services	7
d) Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of Receiving Hospitals with agreements	4
2. Number of Base Hospitals with written agreements	4

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

Disaster Medical

EMS System: Ventura County
County: Ventura
Reporting Year: 1996

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- | | | |
|------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------|
| a. Where are your CCPs located? | Hospital Parking Lots | |
| b. How are they staffed? | Call back hospital staff | |
| c. Do you have a supply system for supporting them for 72 hours? | | yes <input checked="" type="checkbox"/> no <input type="checkbox"/> |

2. CISD

Do you have a CISD provider with 24 hour capability? yes no

3. Medical Response Team

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| a. Do you have any team medical response capability? | yes <input type="checkbox"/> no <input checked="" type="checkbox"/> |
| b. For each team, are they incorporated into your local response plan? | yes <input type="checkbox"/> no <input type="checkbox"/> |
| c. Are they available for statewide response? | yes <input type="checkbox"/> no <input type="checkbox"/> |
| d. Are they part of a formal out-of-state response system? | yes <input type="checkbox"/> no <input type="checkbox"/> |

4. Hazardous Materials

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| a. Do you have any HazMat trained medical response teams? | yes <input type="checkbox"/> no <input checked="" type="checkbox"/> |
| b. At what HazMat level are they trained? _____ | |
| c. Do you have the ability to do decontamination in an emergency room? | yes <input checked="" type="checkbox"/> no <input type="checkbox"/> |
| d. Do you have the ability to do decontamination in the field? | yes <input checked="" type="checkbox"/> no <input type="checkbox"/> |

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 jurisdiction EOCs you will need to interact with in a disaster?
12

3. Have you tested your MCI Plan this year in a:

- | | |
|----------------|---------------------------------------------------------------------|
| a. real event? | yes <input type="checkbox"/> no <input checked="" type="checkbox"/> |
| b. exercise? | yes <input type="checkbox"/> no <input checked="" type="checkbox"/> |

4. List all counties with which you have a written medical mutual aid agreement.

Medical /Health Cooperative Agreement with all counties in OES Regions One and Six (RDMHC program).

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

Disaster Medical

OPERATIONS

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. 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 []

SECTION IV - RESOURCES DIRECTORY

TABLE 8: Providers

TABLE 9: Approved Training Programs

TABLE 10: Facilities

TABLE 11: Disaster Medical Responders

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Ventura County

County: Ventura

Reporting Year: 1996

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

Name, address & telephone: AMR, 72 Moody Court, Thousand Oaks, CA 91360 805 496 4664					
Primary Contact: Brian Ranger, Operations Manager					
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D 40 <input type="checkbox"/> LALS <input checked="" type="checkbox"/> ALS 80
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 17

Name, address & telephone: Gold Coast Ambulance Service, 321 South C Street, Oxnard, CA 93030 805 487 5541					
Primary Contact: Kendall R. Cook, Owner Tony Norton, Operations Manager					
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS 4 <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> ALS 16
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 8

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Ventura County

County: Ventura

Reporting Year: 1996

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

Name, address & telephone: Ojai Ambulance Service, 1301 Maricopa Hwy., Suite 1, Ojai, CA 93023 805 646 9000					
Primary Contact: Stephen E. Frank, Owner					
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D 3 <input type="checkbox"/> LALS <input checked="" type="checkbox"/> ALS 6
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2

Name, address & telephone: Ventura City Fire Department, 1425 Dowell Drive, Ventura, CA 93003 805 339 4300					
Primary Contact: Dennis Downs, Chief Michael J. Harris, Operations Manager					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Ventura County County: Ventura Reporting Year: 1996

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

Name, address & telephone: Ventura County Fire Protection District, 165 Durley Avenue, Camarillo, CA 93010					
Primary Contact: Bob Roper, Chief Wendee Riegner, EMS Coordinator					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input checked="" type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

Name, address & telephone: Oxnard Fire Department,					
Primary Contact: Henry Lenhart, Acting Chief Brad Winsor, EMS Coordinator					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input checked="" type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Ventura County County: Ventura Reporting Year: 1996

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

Name, address & telephone: Santa Paula Fire Department Primary Contact: Paul Skeels, Chief					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input checked="" type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Volunteer	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

Name, address & telephone: Fillmore Fire Department Primary Contact: Patrick Askren, Chief					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input checked="" type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Volunteer	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Ventura County County: Ventura Reporting Year: 1996

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

* 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		Contact Person Telephone no.
Conejo Valley Adult School 1025 Old Farm Road Thousand Oaks, CA 91360		Dan Arterburn 805-497-2761
Student Eligibility: * Open	Cost of Program [basic/refreshers]: Basic: \$450.00 Refresher: 95.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 34 Refresher: 0 Cont. Education: NA Expiration Date: 02-29-99 Number of courses: Initial training: 4 Refresher: 1 Cont. Education: NA

Training Institution Name / Address		Contact Person telephone no.
Fillmore Fire Department P.O. Box 487 Fillmore, CA 93015		Pat Askren 805-524-0586
Student Eligibility: * Fire personnel	Cost of Program [basic/refreshers]: Department absorbs the cost	**Program Level: EMT-I Number of students completing training per year: As needed Initial training: 0 Refresher: 11 Cont. Education: NA Expiration Date: 04-30-00 Number of courses: As needed Initial training: 0 Refresher: 1 Cont. Education: NA

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Ventura County County: Ventura Reporting Year: 1996

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

* 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		Contact Person telephone no.
Oxnard Fire Department 251 So. C Street Oxnard, CA 93030		Brad Windsor 385-7722
Student Eligibility: * Fire personnel	Cost of Program [basic/refreshers]: Department absorbs the cost	**Program Level: EMT-I Number of students completing training per year: As needed Initial training: 0 Refresher: 0 Cont. Education: NA Expiration Date: 09-30-99 Number of courses: As needed Initial training: 0 Refresher: 0 Cont. Education: N/A

Training Institution Name / Address		Contact Person telephone no.
Oxnard College 4000 So. Rose Ave. Oxnard, CA 93033		James Smith 805-488-0911
Student Eligibility: * Open	Cost of Program [basic/refreshers]:	**Program Level: EMT-I Number of students completing training per year: Initial training: 64 Refresher: 44 Cont. Education: NA Expiration Date: 11-30-99 Number of courses: Initial training: 2 Refresher: 2 Cont. Education: NA

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

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Ventura County County: Ventura Reporting Year: 1996

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

* 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		Contact Person telephone no.
St. John's Regional Medical Center 1600 N. Rose Ave. Oxnard, CA 93030		Tony Norton 805-486-6333
Student Eligibility: * Ambulance Personnel	Cost of Program [basic/refreshers]: Department absorbs the cost	**Program Level: EMT-I Number of students completing training per year: As needed Initial training: 0 Refresher: 2 Cont. Education: NA Expiration Date: 10-31-98 Number of courses: As needed Initial training: 0 Refresher: 1 Cont. Education:

Training Institution Name / Address		Contact Person telephone no.
Santa Paula Fire Department 214 So. 10th St. Santa Paula, CA 93060		Paul Skeels 805-525-4478
Student Eligibility: * Fire Personnel	Cost of Program [basic/refreshers]: Department absorbs the cost	**Program Level: EMT-I Number of students completing training per year: As needed Initial training: 10 Refresher: 0 Cont. Education: NA Expiration Date: 08-31-99 Number of courses: As needed Initial training: 1 Refresher: 0 Cont. Education:

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

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Ventura County County: Ventura Reporting Year: 1996

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

* 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		Contact Person telephone no.
Simi Valley Adult School 3150 School Road Simi Valley, CA 93062		Marirose Kozak 579-6200 X 203
Student Eligibility: * Open	Cost of Program [basic/refresher]:	**Program Level: EMT-I Number of students completing training per year: Initial training: 19 Refresher: 8 Cont. Education: NA Expiration Date: 09-30-99 Number of courses: Initial training: 2 Refresher: 1 Cont. Education: NA

Training Institution Name / Address		Contact Person telephone no.
Simi Valley Police Department 3200 Cochran St. Simi Valley, CA 93065		Randy Adams 805-583-6950
Student Eligibility: * Private	Cost of Program [basic/refresher]: Department absorbs the cost	**Program Level: EMT-I Number of students completing training per year: As needed Initial training: 0 Refresher: 0 Cont. Education: NA Expiration Date: 07-31-00 Number of courses: As needed Initial training: 0 Refresher: 0 Cont. Education: NA

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

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

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: Ventura County County: Ventura Reporting Year: 1996

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Name, address & telephone: Ventura County Medical Center 3291 Loma Vista Road, Ventura, CA 93003 805 652 6000		Primary Contact: Samuel Edwards, MD, Administrator			
Written Agreement <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		If Trauma Center what Level:****

Name, address & telephone: Columbia Los Robles Regional Medical Center 215 W. Janss Road. Thousand Oaks, CA 91360 805 497 2727		Primary Contact: Robert Shaw, Administrator			
Written Agreement <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		If Trauma Center what Level:****

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: Ventura County County: Ventura Reporting Year: 1996

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Name, address & telephone: St. John's Regional Medical Center 1600 N. Rose Avenue, Oxnard, CA 93030 805 988 2500		Primary Contact: Daniel Herlinger, Administrator		
Written Agreement <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

Name, address & telephone: Simi Valley Hospital and Health Care Center 2975 N. Sycamore, Dr., Simi Valley, CA 93062 805 527 2462		Primary Contact: Allen Rice, Administrator		
Written Agreement <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: Ventura County County: Ventura Reporting Year: 1996

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Name, address & telephone: Community Memorial Hospital Loma Vista at Brent, Ventura, CA 93003 805 652 5011		Primary Contact: Michael Bakst, Administrator		
Written Agreement [X] yes [] no	Basic/Comp EMS Permit H&SC Section 1798.101: [X] yes [] no	Base Hospital: [] yes [X] no	Pediatric Critical Care Center: * [] yes [X] no	
EDAP:** [] yes [X] no	PICU:*** [] yes [X] no	Burn Center: [] yes [X] no	Trauma Center: [] yes [X] no	If Trauma Center what Level:****

Name, address & telephone: Ojai Valley Community Hospital 1306 Maricopa Highway, Ojai, CA 93023 805 646 1401		Primary Contact: Mark Turner, Administrator		
Written Agreement [X] yes [] no	Basic/Comp EMS Permit H&SC Section 1798.101: [X] yes [] no	Base Hospital: [] yes [X] no	Pediatric Critical Care Center: * [] yes [X] no	
EDAP:** [] yes [X] no	PICU:*** [] yes [X] no	Burn Center: [] yes [X] no	Trauma Center: [] yes [X] no	If Trauma Center what Level:****

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: Ventura County County: Ventura Reporting Year: 1996

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Name, address & telephone: St. John's Pleasant Valley Hospital 2309 Antonio Avenue, Camarillo, CA 93010 805 484 2831		Primary Contact: Charles Padilla, Administrator			
Written Agreement [X] yes [] no	Basic/Comp EMS Permit H&SC Section 1798.101: [X] yes [] no	Base Hospital: [] yes [X] no	Pediatric Critical Care Center: * [] yes [X] no		
EDAP:** [] yes [X] no	PICU:*** [] yes [X] no	Burn Center: [] yes [X] no	Trauma Center: [] yes [X] no	If Trauma Center what Level:****	

Name, address & telephone: Santa Paula Memorial Hospital 825 North 10th Street, Santa Paula, CA 93060 805 525 7171		Primary Contact: William Green, Administrator			
Written Agreement [X] yes [] no	Basic/Comp EMS Permit H&SC Section 1798.101: [X] yes [] no	Base Hospital: [] yes [X] no	Pediatric Critical Care Center: * [] yes [X] no		
EDAP:** [] yes [X] no	PICU:*** [] yes [X] no	Burn Center: [] yes [X] no	Trauma Center: [] yes [X] no	If Trauma Center what Level:****	

TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders

EMS System: Ventura County

County: Ventura

Date: 1997

NOTE: Information on Table 11a is to be completed for each county.

County Office of Emergency Services (OES) Coordinator:

Alternate's Name:

Laura Hernandez, Asst. Director

Work Telephone No.: 805-654-2552
Home Telephone No.: 805-382-2719
Office Pager No.: 805-639-7162
FAX No.: 805-648-9258
24-HR No.: 805-662-6588
Cell Phone: 805-444-0945
Email: Laura.Hernandez@mail.co.ventura.ca.us

Dale Carnathan, Program Administrator

Work Telephone No.: 805-654-5152
Home Telephone No.: 805-646-9788
Office Pager No.: 805-639-7163
FAX No.: 805-648-9258
24-HR No.: 805-662-6588
Cell Phone: 805-444-0946
Email: Dale.Carnathan@mail.co.ventura.ca.us

County EMS Disaster Medical Services (DMS) Coordinator:

Alternate's Name:

Jim Eads, EMT-P, Administrative Assistant

Work Telephone No.: 805-677-5270
Home Telephone No.: 805-583-1749
Office Pager No.: 805-675-7872
FAX No.: 805-677-5290
24-HR No.: 805-675-7872

Cell Phone 805-377-0802

Barbara Brodfuehrer, RN EMS Administrator

Work Telephone No.: 805-677-5270
Home Telephone No.: 805-577-1220
Office Pager No.: 805-645-9262
FAX No.: 805-677-5290
24-HR No.: 805-645-9262
Email: Barbara.Brodfuehrer@mail.co.ventura.ca.us
805-377-0803

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders (cont.)

NOTE: Information on Table 11a is to be completed for each county.

County Health Officer's Name:

Alternate's Name:

Bob Levin, MD
Work Telephone No.: 805-677-5200
Home Telephone No.: 805-646-9086
Office Pager No.: 805-675-6061
FAX No.: 805-677-5223
24-HR No.: 805-677-5200

Don Koepp, Deputy Director of Environmental Health
Work Telephone No.: 805-654-2818
Home Telephone No.:
Office Pager No.:
FAX No.:
24-HR No.:

Medical/Health EOC telephone no.:

Medical/Health EOC FAX No.:

Amateur Radio contact name: David Gilmore- AA6VH
Work Telephone No.:
Home Telephone No.: 805-988-4346
Pager 805-389-8634
Email: dgilmore@rain.org

Medical/Health radio frequency used: 155.205 MHz.

Who is the RDMHC for your region?

Los Angeles County Department Of Health Services/EMS Agency
Mitch Saruwatari, RDMHC Program Coordinator
5555 Ferguson Drive Ste 220
Commerce, CA 90022
213-890-7519 FAX 213-890-8536

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

TABLE 11b: RESOURCES DIRECTORY -- Disaster Medical Responders (cont.)

OES Region: Southern

County: Ventura

Date: 12-3-97

NOTE: Information on Table 11b is to be completed by counties with RDMHC projects.

Regional OES Coordinator:

Denita Shelton
Work Telephone No.: 562-795-2900
Home Telephone No.:
Office Pager No.:
FAX No.: 562-795-2877
24-hour No.: 562-795-2900

Alternate's Name:

Keith C. Harrison
Work Telephone No.: 562-795-2900
Home Telephone No.:
Office Pager No.: 916-535-8014
FAX No.: 562-795-2877
24-HR No.: 562-795-2900

Regional Disaster Coordinator:

NA
Work Telephone No.:
Home Telephone No.:
Office Pager No.:
FAX No.:
24-hour No.:

Alternate's Name:

NA
Work Telephone No.:
Home Telephone No.:
Office Pager No.:
FAX No.:
24-HR No.:

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

TABLE 11b: RESOURCES DIRECTORY -- Disaster Medical Responders (cont.)

NOTE: Information on Table 11b is to be completed by counties with RDMHC projects. **(LOS ANGELES COUNTY TO COMPLETE)**

Regional Disaster Medical Health Coordinator:

Alternate's Name:

Work Telephone No.:
Home Telephone No.:
Office Pager No.:
FAX No.:
24-hour No.:

Work Telephone No.:
Home Telephone No.:
Office Pager No.:
FAX No.:
24-HR No.:

Regional Ambulance Transportation Coordinator:

Alternate's Name:

Work Telephone No.:
Home Telephone No.:
Office Pager No.:
FAX No.:
24-hour No.:

Work Telephone No.:
Home Telephone No.:
Office Pager No.:
FAX No.:
24-HR No.:

Medical/Health EOC telephone no.:
Amateur Radio contact name:

Medical/Health EOC FAX No.:
Medical/Health radio frequency used:

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

EXCLUSIVE OPERATING AREAS

EMSPLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Ventura County EMS Agency
Area or Subarea (Zone) Name or Title: Ambulance Area 1, Ojai and surrounding unincorporated areas
Name of Current Provider(s): Ojai Ambulance Service Include company name(s) and length of operation (uninterrupted) in specified area or subarea. 1980 Owner, Jerry Claussen 1995 Ownership transferred to Stephen E. Frank with Board of Supervisors approval. By September 2001, there will be a name change: Ojai Ambulance Service dba Lifeline Medical Transport.
Area or subarea (Zone) Geographic Description: See attached Ambulance Area Map
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive provider of emergency response and transportation services.
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 ambulance service, etc.). The provider responds to all requests for emergency medical services, both 9-1-1 dispatches and 7 digit calls to the company, provides BLS and ALS services and transports the patient to the hospital.
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. In 1973, Ventura County entered into joint powers agreements with the then existing cities to govern the provision of emergency medical services. The County has retained this role since that time and has grandfathered contracts. The current contract expires in 2006. In 1980, Ojai Ambulance provided BLS care. Given the permissive language in the contract regarding provision of ALS services, Ojai implemented an ALS level program in 1987 with the approval of the Board of Supervisors. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Not Applicable

EXCLUSIVE OPERATING AREAS

EMSPLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:	Ventura County EMS Agency
Area or Subarea (Zone) Name or Title:	Ambulance Area 2, Santa Paula/Fillmore and surrounding unincorporated areas
Name of Current Provider(s):	American Medical Response Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
	1980 Courtesy Ambulance Service, Howard Marsh, Owner 1990 Sold to Pruner Health Services with Board of Supervisors approval 1994 Assignment of Agreement to Careline, Inc. upon Pruner Health Services becoming a wholly owned subsidiary of Careline, Inc. 1995 Assignment of Agreement to Laidlaw, Inc. upon Careline, Inc. becoming a wholly owned subsidiary of Laidlaw, Inc., dba MedTrans 1996 Name change from Laidlaw, Inc., dba MedTrans to Laidlaw, Inc., dba AMR.
Area or subarea (Zone) Geographic Description:	See attached Ambulance Area Map
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Include intent of local EMS agency and Board action. Exclusive provider of emergency response and transportation services.
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 ambulance service, etc.). The provider responds to all requests for emergency medical services, both 9-1-1 dispatches and 7 digit calls to the company, provides BLS and ALS services and transports the patient to the hospital.
Method to achieve exclusivity, if applicable (HS 1797.224):	If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. In 1973, Ventura County entered into joint powers agreements with the then existing cities to govern the provision of emergency medical services. The County has retained this role since that time and has grandfathered contracts. The current contract expires in 2006. In 1980, Courtesy Ambulance provided BLS care. Given the permissive language in the contract regarding provision of ALS services, AMR, as an approved ALS provider, implemented an ALS level program in 1990 with the approval of the Board of Supervisors. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Not Applicable

EXCLUSIVE OPERATING AREAS

EMSPLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:	Ventura County EMS Agency
Area or Subarea (Zone) Name or Title:	Ambulance Area 3, Simi Valley and the surrounding unincorporated areas.
Name of Current Provider(s):	American Medical Response Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
	1980 Pruner Health Services 1994 Assignment of Agreement to Careline, Inc. upon Pruner Health Services becoming a wholly owned subsidiary of Careline, Inc. 1995 Assignment of Agreement to Laidlaw, Inc. upon Careline, Inc. becoming a wholly owned subsidiary of Laidlaw, Inc., dba MedTrans 1996 Name change from Laidlaw, Inc., dba MedTrans to Laidlaw, Inc., dba AMR.
Area or subarea (Zone) Geographic Description:	See attached Ambulance Area Map
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Include intent of local EMS agency and Board action.
	Exclusive provider of emergency response and transportation services.
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 ambulance service, etc.).
	The provider responds to all requests for emergency medical services, both 9-1-1 dispatches and 7 digit calls to the company, provides BLS and ALS services and transports the patient to the hospital.
Method to achieve exclusivity, if applicable (HS 1797.224):	If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.
	Contractor is grandfathered. ALS care was provided in this ambulance area beginning in 1978.
	If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.
	Not Applicable

EXCLUSIVE OPERATING AREAS

EMSPLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:	Ventura County EMS Agency
Area or Subarea (Zone) Name or Title:	Ambulance Area 4, Thousand Oaks/Moorpark and the surrounding unincorporated areas.
Name of Current Provider(s):	American Medical Response
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
1980	Pruner Health Services
1994	Assignment of Agreement to Careline, Inc. upon Pruner Health Services becoming a wholly owned subsidiary of Careline, Inc.
1995	Assignment of Agreement to Laidlaw, Inc. upon Careline, Inc. becoming a wholly owned subsidiary of Laidlaw, Inc., dba MedTrans
1996	Name change from Laidlaw, Inc., dba MedTrans to Laidlaw, Inc., dba AMR.
Area or subarea (Zone) Geographic Description:	
See attached Ambulance Area Map	
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
Exclusive provider of emergency response and transportation services.	
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 ambulance service, etc.).	
The provider responds to all requests for emergency medical services, both 9-1-1 dispatches and 7 digit calls to the company, provides BLS and ALS services and transports the patient to the hospital.	
Method to achieve exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
Contractor is grandfathered. ALS care has been provided in this ambulance area since 1977.	
If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
Not Applicable	

EXCLUSIVE OPERATING AREAS

EMSPLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:	Ventura County EMS Agency
Area or Subarea (Zone) Name or Title:	Ambulance Area 5, Camarillo
Name of Current Provider(s):	American Medical Response
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
1980	Pruner Health Services
1994	Assignment of Agreement to Careline, Inc. upon Pruner Health Services becoming a wholly owned subsidiary of Careline, Inc.
1995	Assignment of Agreement to Laidlaw, Inc. upon Careline, Inc. becoming a wholly owned subsidiary of Laidlaw, Inc., dba MedTrans
1996	Name change from Laidlaw, Inc., dba MedTrans to Laidlaw, Inc., dba AMR.
Area or subarea (Zone) Geographic Description:	
See attached Ambulance Area Map	
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
Exclusive provider of emergency response and transportation services.	
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 ambulance service, etc.).	
The provider responds to all requests for emergency medical services, both 9-1-1 dispatches and 7 digit calls to the company, provides BLS and ALS services and transports the patient to the hospital.	
Method to achieve exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
In 1973, Ventura County entered into joint powers agreements with the then existing cities to govern the provision of emergency medical services. The County has retained this role since that time and has grandfathered contracts. The current contract expires in 2006.	
In 1980, Pruner Health Services provided BLS care. Given the permissive language in the contract regarding provision of ALS services, PHS implemented an ALS level program in 1982 with the approval of the Board of Supervisors.	
If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
Not Applicable	

EXCLUSIVE OPERATING AREAS

EMSPLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

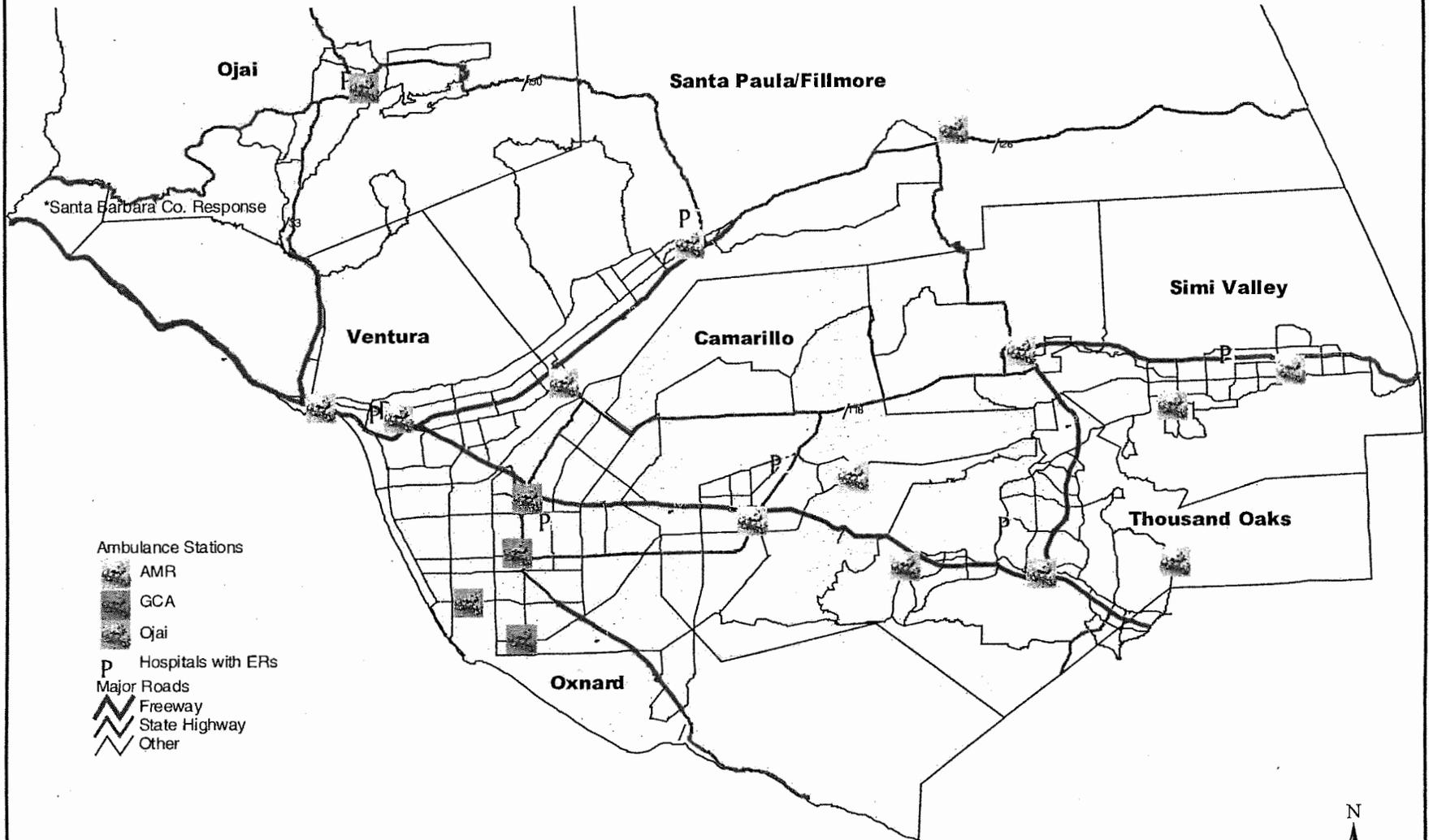
Local EMS Agency or County Name: Ventura County EMS Agency
Area or Subarea (Zone) Name or Title: Ambulance Area 6, Oxnard/Port Hueneme and surrounding unincorporated areas
Name of Current Provider(s): Gold Coast Ambulance Service Include company name(s) and length of operation (uninterrupted) in specified area or subarea. 1980 Oxnard Ambulance Service 1996 Change of corporate name to Gold Coast Ambulance. Ownership remained the same.
Area or subarea (Zone) Geographic Description: See attached Ambulance Area Map
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive provider of emergency response and transportation services.
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 ambulance service, etc.). The provider responds to all requests for emergency medical services, both 9-1-1 dispatches and 7 digit calls to the company, provides BLS and ALS services and transports the patient to the hospital.
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. In 1973, Ventura County entered into joint powers agreements with the then existing cities to govern the provision of emergency medical services. The County has retained this role since that time and has grandfathered contracts. The current contract expires in 2006. In 1980, Oxnard Ambulance Service provided BLS care. Given the permissive language in the contract regarding provision of ALS services, an ALS level program was implemented in 1984 with the approval of the Board of Supervisors. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Not Applicable

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:	Ventura EMS Agency
Area or Subarea (Zone) Name or Title:	Ambulance Area 7, Ventura and surrounding unincorporated areas
Name of Current Provider(s):	American Medical Response Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
	<p>1980 Courtesy Ambulance Service, Howard Marsh, Owner</p> <p>1991 Sold to Pruner Health Services with Board of Supervisors approval</p> <p>1994 Assignment of Agreement to Careline, Inc. upon Pruner Health Services becoming a wholly owned subsidiary of Careline, Inc.</p> <p>1995 Assignment of Agreement to Laidlaw, Inc. upon Careline, Inc. becoming a wholly owned subsidiary of Laidlaw, Inc., dba MedTrans</p> <p>1997 Name change from Laidlaw, Inc., dba MedTrans to Laidlaw, Inc., dba AMR.</p>
Area or subarea (Zone) Geographic Description:	See attached Ambulance Area Map
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Include intent of local EMS agency and Board action.
	Exclusive provider of emergency response and transportation services.
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 ambulance service, etc.).
	The provider responds to all requests for emergency medical services, both 9-1-1 dispatches and 7 digit calls to the company, provides BLS and ALS services and transports the patient to the hospital.
Method to achieve exclusivity, if applicable (HS 1797.224):	If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.
	In 1973, Ventura County entered into joint powers agreements with the then existing cities to govern the provision of emergency medical services. The County has retained this role since that time and has grandfathered contracts. The current contract expires in 2006.
	In 1980, Pruner Health Services provided BLS care. Given the permissive language in the contract regarding provision of ALS services, PHS implemented an ALS level program in 1982 with the approval of the Board of Supervisors.
	If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.
	Not Applicable

Ventura County Ambulance Areas



- Ambulance Stations
- AMR
 - GCA
 - Ojai
- Hospitals with ERs
- P
- Major Roads
- Freeway
 - State Highway
 - Other

0 5 Miles

Source Data: Ventura County EMS & Public Works.
Prepared for Barbara Brodfehrer September 10, 1999
Projection: UTM
Cartography: Paul Van Zuylen
1999 Ventura County Public Health



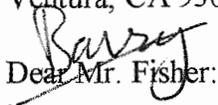
EMERGENCY MEDICAL SERVICES AUTHORITY

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



August 13, 2002

Barry Fisher, EMS Administrator
 Ventura County EMS Agency
 2323 Knoll Drive
 Ventura, CA 93003


 Dear Mr. Fisher:

We have completed our review of *Ventura's 1999 Emergency Medical Services Plan*, and have found it to be in compliance with the *EMS System Standards and Guidelines and the EMS System Planning Guidelines*.

Our reviewers raised some concerns regarding certain sections of the plan. I have listed those sections along with the specific comment below.

SECTION	COMMENT
1.10 Special Populations	Agency already has a list of licensed child care facilities and licensed convalescent facilities. Need to identify other population groups (handicapped and non-English speakers) that require specialized services.
1.19 Policies, Procedures, Protocols	e) On-scene treatment times - there needs to be a policy, procedure or protocol for this standard.
1.26 Trauma System Plan	Need to develop a trauma system plan.
8.05 Distribution of Casualties	Need to develop procedures for distributing disaster casualties to appropriate medical facilities.

These comments are for your information and may be addressed in your annual update. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,



Richard E. Watson
 Interim Director

REW:SS