

COPY

EMERGENCY MEDICAL SERVICES AUTHORITY

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(916) 322-4336 FAX (916) 324-2875



August 5, 2014

Mr. Richard Todd, Administrator
El Dorado County EMS Agency
415 Placerville Drive, Suite J
Placerville, CA 95667

Dear Mr. Todd:

This letter is in response to your 2011 El Dorado County EMS Plan submission to the EMS Authority in March 2013.

I. Introduction and Summary:

The EMS Authority has concluded its review of El Dorado County's 2011 EMS Plan and cannot approve this plan as submitted.

II. History and Background:

El Dorado County has inconsistently submitted EMS Plans to the EMS Authority. Historically, we have received EMS Plan documentation from El Dorado County for its 1998, 2006, 2007, and 2010 plan submissions, and most current, its 2011 plan submission.

El Dorado County received its last Five-Year Plan approval for its 1998 plan submission, and its last annual Plan Update approval for its 2010 plan submission. The California Health and Safety (H&S) Code § 1797.254 states:

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

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, pursuant to H&S Code § 1797.105(b). Due to the pattern of inconsistent EMS Plan submissions, an ongoing assessment of the EMS system in El Dorado County has been difficult and, therefore, has delayed this review.

III. Analysis of EMS System Components:

Following are comments related to El Dorado County's 2011 EMS Plan. Areas that indicate the plan submitted is not concordant and consistent with applicable guidelines or regulations and H&S Code § 1797.254 and the EMS system components identified in H&S Code § 1797.103 are indicated below:

A. System Organization and Management

1. System Assessment Form

- Standard 1.27 is to implement a pediatric critical care system. While these are Enhanced Level standards, it is recommended that El Dorado County review the manual titled "Development and Implementation of EMS-C: A Step by Step Approach," found on the EMS Authority's website at: <http://www.emsa.ca.gov/Media/Default/PDF/EMS-C.pdf>, which will assist El Dorado County in developing an EMS Program for Children. Please provide an update on the implementation of the pediatric critical care system.

B. Staffing/Training

C. Communications

D. Response/Transportation

1. Requests for Proposal Processes

CSA #3 – South Shore: In the El Dorado County Health and Human Services Agency letter dated June 24, 2013, you stated: "EMSA has changed its position with regard to both CSA #3 and CSA #7 and the County's use of the public utility model (PUM) to provide emergency medical services (EMS) within the County." "Although the county submitted the 2001 RFP as part of its EDC 2001, it did so only in an abundance of caution and not because it was required to do so."

- The Authority acknowledges that it approved the El Dorado County 2000 EMS Plan and RFP #11-0073, but the RFP did not indicate the provisions that the county was awarding the

zone to itself. In any case, the county cannot award itself an area or subarea on its own solicitation. For this reason, the Response/Transportation section of the EMS Plan is not approved.

- In a letter dated April 25, 2011, from the Authority to Patricia Beck, the Authority stated *"[t]he current proposal, RFP #11-0073, states that the County may convey market rights to itself and declares itself as being the exclusive emergency ambulance operator in CSA #3. As previously stated, since the County did not submit a proposal in the bid for the exclusive operating area, the County of El Dorado cannot designate itself as the exclusive provider for these services through a performance contract with the successful bidder. As currently written, RFP #11-0073 would not be approved by the Authority and the El Dorado County EMS Agency may potentially be open to suit without state action immunity under federal antitrust laws provided for under Health and Safety Code 1797.6."*
- In El Dorado County's letter dated June 24, 2013, you stated *"[t]he County adopted the public utility model by action of the Board of Supervisors and EMSA has cited no authority for its alleged ability to override local policy decisions."* If it is your contention that you have adopted a "public utility model" for the provision of EMS services, then the information substantiating that process was not tendered with your latest EMS plan. Therefore, please provide documentation to support your claim that such process was completed according to California Public Utilities Code, Division 3, Chapter 1, Article 1 (commencing at Section 6001). Additionally, the provisions of State statutes override local ordinances or policy decisions when they are in conflict. If you believe that El Dorado County Local ordinances or Board of Director's decisions are not in conflict with the state EMS Act, please state the basis for this conclusion.
- Further, in your letter you stated: *"[a]lthough the county submitted the 2001 RFP as part of its EDC 2001, it did so only in an abundance of caution and not because it was required to do so."* Pursuant to the H&S Code § 1797.254, a local EMS agency is required to annually submit in its EMS plan exclusivity information for the ambulance zones within its jurisdiction.

- H&S Code § 1797.76: "*Emergency medical services plan' means a plan for the delivery of emergency medical services consistent with state guidelines addressing the components listed in Section 1797.103.*"
- H&S Code § 1797.224: "*A local EMS agency which elects to create one or more exclusive operating areas in the development of a local plan shall develop and submit for approval to the authority, as part of the local EMS plan, its competitive process for selecting providers and determining the scope of their operations. This plan shall include provisions for a competitive process held at periodic intervals.*"
El Dorado County did not obtain pre-approval of the last RFP from the EMS Authority.

2. Butte County Decision

The Butte County decision (County of Butte v California Emergency Medical Services Authority (2010) 187 Cal. App. 4th 1175) is illustrative of your transportation issue. Some pertinent parts from the decision state:

- "*Section 1797.224 unambiguously authorizes a local EMS agency to create one or more EOAs in the development of a local plan if either (1) a competitive process is used to select the exclusive providers, or (2) the local plan continues the use of the existing providers operating within a local EMS area in a manner and scope in which the services have been provided without interruption since January 1, 1981. If the local EMS agency creates EOAs in the development of a local plan, such agency must submit to the Authority for its approval the competitive process used for selecting the exclusive providers and determining the scope of their operations.*"
- "*Given a literal reading, section 1797.224 would require the local EMS agency to submit to the Authority for its approval the competitive process used to select the exclusive providers even if the local EMS agency chose to continue using existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981.*"

For these reasons, the Response/Transportation section of the EMS Plan is not approved.

E. Facilities/Critical Care

1. System Assessment Forms

- Standards 5.10 and 5.12 are to implement a pediatric critical care system. While these are Enhanced Level standards, it is recommended that El Dorado County review the manual titled "Development and Implementation of EMS-C: A Step by Step Approach," found on the EMS Authority's website at: <http://www.emsa.ca.gov/Media/Default/PDF/EMS-C.pdf>, which will assist El Dorado County in developing an EMS Program for Children. Please provide an update on the implementation of the pediatric critical care system.

F. Data Collection/System Evaluation

1. Quality Improvement (QI) Program

- Pursuant to Title 22, California Code of Regulations (CCR), § 100404, a Local EMS Agency shall develop and implement a written QI Program, and annually provide the written Program to the Authority. In accordance with the EMS Authority's *EMS System Quality Improvement Program Model Guidelines (EMSA #166)*, please submit a written QI Program that includes use of the EMS Core Measures as listed in *EMSA #166*.

G. Public Information and Education

H. Disaster Medical Response

IV. Conclusion:

Based on the information identified, El Dorado County may not implement areas of the 2011 EMS Plan that have not been approved. Pursuant to H&S Code § 1797.105(b):

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

Mr. Richard Todd, Administrator

August 5, 2014

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V. Next Steps:

Within four (4) months from the date of this notification, El Dorado County has the option to submit a revised EMS plan correcting all disapproved items identified in this letter, or to appeal the Authority's determination. Per H&S Code § 1797.105(c):

"A local EMS agency may appeal a determination of the Authority pursuant to subdivision (b) to the Commission."

Please let the EMS Authority know within the established timeframe if you wish to appeal the EMS Authority's disapproval of your EMS Plan.

Please contact Mr. Tom McGinnis, EMS Systems Division Chief, at (916) 431-3695 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Howard Backer". The signature is fluid and cursive, with a large initial "H" and "B".

Howard Backer, MD, MPH, FACEP
Director



EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY

Emergency Medical Services

Daniel Nielson, M.P.A.
Director

Richard Todd
EMS Agency Administrator

March 25, 2013

Howard Backer, MD, MPH, FACEP
Director
California Emergency Medical Services Authority
10901 Gold Center Dr., Suite 400
Rancho Cordova, CA 95670

RE: El Dorado County EMS Plan and Trauma Plan

Dear Dr. Backer,

Enclosed please find the updated EMS Plan and Trauma Plan for the County of El Dorado, as approved by the County Board of Supervisors on March 19, 2013. The updated plans are a result of an extensive review by the system partners and reflect the recent amendment to the County Ambulance Ordinance.

We are requesting the EMS Authority review and approval of both updated plans. If you have any questions, please contact me directly at (530) 621-6505 or via email at richard.todd@edcgov.us.

Sincerely,

Richard Todd, Administrator
El Dorado County EMS Agency

Enclosure

cc: Daniel Nielson, M.P.A., Director, Health and Human Services Agency
Janet Walker-Conroy, Chief Assistant Director, Health and Human Services Agency
Patricia Beck, Chief Assistant County Counsel
Chris Weston, Program Manager II
David Brazzel, M.D., EMS Agency Medical Director
File

Strengthening, Empowering and Protecting the Residents of El Dorado County

415 Placerville Drive, Suite J ❖ Placerville, CA 95667 ❖ (530) 621-6500 ❖ FAX (530) 621-2758



County of El Dorado

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Minute Order - Draft Board of Supervisors

Ron Briggs, Chair, District IV
Norma Santiago, First Vice Chair, District V
Ray Nutting, Second Vice Chair, District II
Ron Mikulaco, District I
Brian K. Veerkamp, District III

James S. Mitrison, Clerk of the Board of Supervisors
Terri Daly, Chief Administrative Officer Edward Knapp, County Counsel

Tuesday, March 19, 2013

8:00 AM

Board of Supervisors Meeting Room

25. 12-1555

Health and Human Services Agency recommending the Board approve:

- 1) Update to the County of El Dorado Emergency Medical Services Plan;
- 2) Update to the County of El Dorado Emergency Medical Services Trauma Plan; and
- 3) Memorandum of Understanding 466-M1311 with Marshall Medical Center, to establish rates for interfacility transfers specific to Marshall Medical Center, effective upon execution by the Board, for a five year term that may be renewed, extended or modified by mutual consent. (Est. Time: 1 Hr.)

FUNDING: Fee for Service, Property Tax and Special Tax Assessment.

PUBLIC COMMENT

T. Abraham

A motion was made by Supervisor Veerkamp, seconded by Supervisor Mikulaco, to approve this matter.

Yes: 5 - Briggs, Santiago, Mikulaco, Veerkamp and Nutting

I CERTIFY THAT:
THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE.

Attest: James S. Mitrison, Clerk of the Board of Supervisors of the County of El Dorado, State of California.

By: *Marcie MacFarland*
Marcie MacFarland, Deputy Clerk

Date: *3/22/13*

County of El Dorado
Emergency Medical Services

EMS PLAN

July 2012

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SECTION I - EXECUTIVE SUMMARY

El Dorado County is a popular outdoor recreation tourist destination for snow sports, rafting, hiking, camping, horseback riding, fishing and boating. The North Lake Tahoe Visitor's Bureau estimates that three million people visit the Lake Tahoe area annually. El Dorado County is located in the Sierra-Nevada mountain range in the northeast area of California. The County had an estimated resident population of 181,058 in 2010. During the last decade, County population increased from 156,299 in 2000, a 16% increase in population, significantly higher than 10% the statewide population increase during the same period (U.S. Census Bureau, 2010 Census).

El Dorado County encompasses 1,708 square miles, primarily of rolling foothills and mountainous terrain, with a population density of approximately 106 persons per square mile. Elevations in the County range from 200 feet to more than 10,800 feet. The County is separated into two geographical areas: the Lake Tahoe Basin in the northeast corner and the "West Slope" west of the Lake Tahoe Basin and Echo Summit.

The County contains two municipalities: the City of South Lake Tahoe with a 2010 population of 21,403 and the City of Placerville on the West Slope with a 2010 population of 10,389 (U.S. Census Bureau, 2010 Census). The remainder of the County's residents live outside of these two incorporated areas.

U.S. Highway 50 runs between Sacramento and the City of South Lake Tahoe, and bisects the County west to east. El Dorado County is heavily impacted by tourism, particularly by rafters on the American River, hikers and campers in the National Forests, and skiers and gamblers in the Lake Tahoe area. These activities create a high-risk need for prehospital trauma care.

Geopolitically, the County is divided into two County Service Areas (CSA's), CSA No. 3 (the Lake Tahoe Basin, the City of South Lake Tahoe, and the Meeks Bay and Tahoma areas) and CSA No. 7 (the western slope of El Dorado County, including Placerville and the bedroom communities of Sacramento).

The County Service Areas are funding mechanisms to subsidize enhanced ambulance and dispatch services, with the citizens of the Meeks Bay and Tahoma areas and CSA No. 7 paying special taxes, and the citizens of the Tahoe Basin and the City of South Lake Tahoe paying benefit assessments. Additional revenues for funding emergency medical services are generated from billings for ambulance transports and transfers, medical skills provided, and supplies used.

El Dorado County has operated under a Public Utility Model (PUM) in CSA #7 since 1976, directly providing, among other services, medical control, ambulance billing and financial oversight of ambulance services. The County contracts transport and dispatch services via a performance-based contract with the El Dorado County Emergency Services Authority, a Joint Powers Authority (JPA). The JPA subcontracts with CAL FIRE for dispatch services.

El Dorado County has operated under a Public Utility Model (PUM) in CSA #3, directly providing, among other services, medical control, ambulance billing and financial oversight of ambulance services to the South Shore area of CSA #3. The County contracts transport and dispatch services with the California Tahoe Emergency Services Operations Authority. The California Tahoe Emergency Services Operations Authority subcontracts with the City of South Lake Tahoe to provide emergency medical dispatch for the South Shore area.

The West Shore of Lake Tahoe (Meeks Bay and Tahoma area) is an isolated area, where the North Tahoe Fire Protection District, which is dispatched by Interagency Command Center, Grass Valley, California under contract with CAL FIRE, provides ambulance service.

During fiscal year 2010/11, there were approximately 14,500 emergency medical calls for assistance in El Dorado County.

There are two in-County base hospitals: Marshall Medical Center in Placerville, and Barton Memorial Hospital in the City of South Lake Tahoe. Marshall Medical Center is a designated Level III Trauma Center. Barton Memorial Hospital functions as a Level IV

Trauma Receiving Center and is actively pursuing designation as a Level III Trauma Center.

El Dorado County utilizes helicopter transport companies to augment emergency medical transport capabilities.

The State EMS Authority approved the initial County of El Dorado Trauma Plan in August 1998. This enabled the EMS Agency to move forward in several areas:

- ◆ Ability to designate Trauma Centers;
- ◆ Ongoing Continuous Quality Improvement (CQI) utilizing Trauma Registry System (Collector); and
- ◆ Ability to improve relationships with contiguous Trauma Centers that provide higher levels of trauma care.

The County of El Dorado EMS Agency has multiple opportunities to improve the system, including, but not limited to:

- ◆ Enhanced, integrated data collection and surveillance for improved system status management and trauma patient outcome tracking; and
- ◆ Comprehensive disaster planning and coordination with the Office of Emergency Services (OES) to address common disaster threats including forest fires, floods, rock and mudslides, avalanches, major vehicle Multiple Casualty Incidents (MCI's), and earthquakes.

SECTION II - ASSESSMENT OF SYSTEM

The California EMS System Standards and Guidelines were prepared pursuant to Section 1797.103 of the California Health and Safety Code, which used the Federal EMS Act as a model. Its purpose is to guide local EMS agencies in the planning, organization, management, and evaluation of local EMS systems. The Federal EMS Act defines an EMS system as “a system which provides for the arrangement of personnel, facilities, and equipment for the effective and coordinated delivery in an appropriate geographic area of health care services under emergency conditions (occurring either as a result of the patient’s condition or of natural disasters or similar conditions) and which is administered by a public or nonprofit private entity which has the authority and the resources to provide effective administration of the system.” [Section 1201(1), U.S. Public Health Service Act]

System standards for each of the eight components of the EMS Plan are summarized, including the Current Status, Needs and Objectives established for El Dorado County.

TABLE 1: SUMMARY OF SYSTEM STATUS

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.01 LEMSA Structure		X	None		
1.02 LEMSA Mission		X	None		
1.03 Public Input		X	None		
1.04 Medical Director		X			

Planning Activities

1.05 System Plan		X	None		
1.06 Annual Plan Update		X	None		
1.07 Trauma Planning*		X	X		X
1.08 ALS Planning*		X	None		
1.09 Inventory of Resources		X	None		
1.10 Special Populations		X	X		
1.11 System Participants		X	X		

Regulatory Activities

1.12 Review & Monitoring		X	None		
1.13 Coordination		X	None		
1.14 Policy & Procedures Manual		X	None		
1.15 Compliance w/Policies		X	None		

System Finances

1.16 Funding Mechanism		X	None		
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Medical Direction	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.17 Medical Direction*		X	None		
1.18 QA/QI		X	X		
1.19 Policies, Procedures, Protocols		X	X		
1.20 DNR Policies		X	None		
1.21 Determination of Death		X	None		
1.22 Reporting of Abuse		X	None		
1.23 Interfacility Transfer		X	None		

Enhanced Level: Advanced Life Support

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	None		
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Enhanced Level: Pediatric Emergency Medical and Critical Care System

1.27 Pediatric System Plan		X	None		
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Enhanced Level: Exclusive Operating Areas

1.28 EOA Plan		X	None		
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B. STAFFING/TRAINING

Local EMS Agency	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
2.01 Assessment of Needs		X	None		
2.02 Approval of Training		X	None		
2.03 Personnel		X	None		

Dispatchers

2.04 Dispatch Training		X	X		
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First Responder (non-transporting)

2.05 First Responder Training		X	X		
2.06 Response		X	None		
2.07 Medical Control		X	None		

Transporting Personnel

2.08 EMT-I Training		X	X		
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Hospital

2.09 CPR Training		X	None		
2.10 Advanced Life Support		X	X		

Enhanced Level: Advanced Life Support

2.11 Accreditation Process		X	None		
2.12 Early Defibrillation		X	None		
2.13 Base Hospital Personnel		X	None		

C. COMMUNICATIONS

Communications Equipment	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
3.01 Communications Plan*		X	X		
3.02 Radios		X	X		X
3.03 Interfacility Transfer*		X	None		
3.04 Dispatch Center		X	None		
3.05 Hospitals		X	X		
3.06 MCI/Disasters		X	None		

Public Access

3.07 9-1-1 Planning/Coordination		X	X		
3.08 9-1-1 Public Education		X	None		

Resource Management

3.09 Dispatch Triage		X	X		
3.10 Integrated Dispatch		X	X	X	