



Santa Cruz EMS Plan Update 2011



No changes in staffing since our last plan and we continued a furlough schedule.

We have officially approved another ALS Fire service (non-transport) in June, 2011. The University of California, Santa Cruz Fire Department became our newest ALS service and is now in the process of undergoing a merger with the City of Santa Cruz Fire Department (already a very busy ALS Fire service, also non-transporting).

We are continuing the process of a designation of one of our two receiving hospitals as a STEMI Receiving Center and are gradually moving our 9-1-1 call to balloon times downward.

We are in the process of testing a new electronic patient care record system which will greatly improve our ability to extract useful data and participate in CEMISIS. We hope to fully implement a go-live in August or September and "turn off" our current electronic patient care record system.

Work on Field Treatment sites continues, using funding from the HPP LEMSA program.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.13	Intercounty Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	With the change in ambulance provider for Santa Clara County, this issue will become a higher priority for Santa Cruz County. Previously, both counties had the same provider. <i>2012 Update - Santa Clara County responded rapidly and favorably to a mutual aid request earlier this year despite the absence of an agreement between the counties.</i>	The local EMS agency shall develop agreements permitting intercounty response of emergency medical transport vehicles and EMS personnel.
4.22	Evaluation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The Emergency Medical Care Commission will need to establish an RFP committee to assist the EMS office with preparing for an RFP. <i>2012 Update: The Committee has been evaluating the current contract and is making recommendations.</i>	The local EMS agency shall periodically evaluate the design of exclusive operating areas.
8.11	CCP Designation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CCPs are not pre-designated in Santa Cruz County but are event-dependent. The current effort is to pre-designate field treatment sites. <i>Update 2012 - work on this initiative is continuing with Hospital Preparedness Program funding for LEMSA.</i>	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).

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: 10/11

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: Santa Cruz

- | | |
|---|-------------|
| A. Basic Life Support (BLS) | _____ % |
| B. Limited Advanced Life Support (LALS) | _____ % |
| C. Advanced Life Support (ALS) | _100_____ % |

2. Type of agency
- a) Public Health Department
 - b) County Health Services Agency
 - c) Other (non-health) County Department
 - d) Joint Powers Agency
 - e) Private Non-Profit Entity
 - f) Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to
- a) Public Health Officer
 - b) Health Services Agency Director/Administrator
 - c) Board of Directors
 - d) Other: Chief of Public Health

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

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

Table 2 - System Organization & Management (cont.)

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$	<u>259,155</u>
Contract Services (e.g. medical director)		<u>100,000</u>
Operations (e.g. copying, postage, facilities)		<u>71,546</u>
Travel		<u> </u>
Fixed assets		<u>1,000</u>
Indirect expenses (overhead)		<u> </u>
Ambulance subsidy		<u> </u>
EMS Fund payments to physicians/hospital		<u> </u>
Dispatch center operations (non-staff)		<u> </u>
Training program operations		<u> </u>
Other: _____		<u> </u>
Other: _____		<u> </u>
Other: _____		<u> </u>
TOTAL EXPENSES	\$	<u>431,701</u>

Table 2 - System Organization & Management (cont.)

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]		
Preventive Health and Health Services (PHHS) Block Grant	\$	_____
Office of Traffic Safety (OTS)		_____
State general fund		_____
County general fund		<u> 142,261 </u>
Other local tax funds (e.g., EMS district)		_____
County contracts (e.g. multi-county agencies)		_____
Certification fees		<u> 35,000 </u>
Training program approval fees		_____
Training program tuition/Average daily attendance funds (ADA)		_____
Job Training Partnership ACT (JTPA) funds/other payments		_____
Base hospital application fees		_____
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		<u> 55,000 </u>
Contributions		_____
EMS Fund (SB 12/612)		<u>164,440</u>
Other grants: _ambulance late fees		<u> 35,000 </u>
Other fees: _____		_____
Other (specify): _____		_____
TOTAL REVENUE	\$	<u> 431,701 </u>

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

Table 2 - System Organization & Management (cont.)

7. Fee structure

We do not charge any fees

Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	<u>75</u>
EMT-I certification	<u>\$100 in county/\$200 out of county</u>
EMT-I recertification	<u>same as above</u>
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
EMT-II certification	_____
EMT-II recertification	_____
EMT-P accreditation	<u>75</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>75</u>
MICN/ARN recertification	<u>25</u>
EMT-I training program approval	<u>\$1,500 initial/\$500 continuing</u>
EMT-II training program approval	_____
EMT-P training program approval	<u>same as EMT-1</u>
MICN/ARN training program approval	_____
Base hospital application	_____
Base hospital designation	_____
Trauma center application	_____
Trauma center designation	_____
Pediatric facility approval	<u>400</u>
Pediatric facility designation	_____
Other critical care center application Type: _____	
Other critical care center designation Type: _____	
Ambulance service license	\$ _____
Ambulance vehicle permits	<u>5,000/vehicle</u>
Other: _____	_____
Other: _____	_____
Other: _____	_____

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Administrator	1.0	\$55.51	33	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./ Training Coordinator					
Program Coordinator/ Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	Medical Director		\$95/hour		Contracted/hourly
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

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

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	Departmental Systems Analyst	.4	\$39.65	33	
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical	Typist Clerk III	.65	\$23.18	33	
Data Entry Clerk					
Other					

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

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Reporting Year: 10/11

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	286			44
Number newly certified this year	95			29
Number recertified this year	191			15
Total number of accredited personnel on July 1 of the reporting year			148	
Number of certification reviews resulting in:				
a) formal investigations				
b) probation				
c) suspensions				
d) revocations				
e) denials				
f) denials of renewal				
g) no action taken				

1. Early defibrillation:

a) Number of EMT-I (defib) certified

b) Number of public safety (defib) certified (non-EMT-I)

2. Do you have a first responder training program

yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

County: Santa Cruz County

Reporting Year: 10/11

- | | |
|--|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>2</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>1</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>2</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
<u>Santa Cruz Regional 9-1-1</u> | |
| 7. Who is your primary dispatch agency for a disaster?
<u>Santa Cruz Regional 9-1-1</u> | |
| 8. Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>154325</u> | |
| b. Other methods | |
| c. Can all medical response units communicate on the same disaster communications system? | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | X Yes <input type="checkbox"/> No |
| 1) Within the operational area? | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | X Yes <input type="checkbox"/> No |

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

Reporting Year: 10/11

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers _____

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder				
Early defibrillation responder				
Advanced life support responder	8	12	20	8-20
Transport Ambulance	12	18	30	12-30

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

Reporting Year: 10/11

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>3,821</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance (air or ground)	<u>approx 325</u>
3. Number of major trauma patients transferred to a trauma center	<u>unk</u>
4. Number of patients meeting triage criteria who weren't treated at a trauma center	<u>unk (at this time)</u>

Emergency Departments

Total number of emergency departments	2
1. Number of referral emergency services	0
2. Number of standby emergency services	0
3. Number of basic emergency services	2
4. Number of comprehensive emergency services	0

Receiving Hospitals

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: 10/11

County: Santa Cruz County

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Not pre-designated
 - b. How are they staffed? Region II mutual aid, Medical Reserve Corps, DMAT
 - c. Do you have a supply system for supporting them for 72 hours? Yes No

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 No

 - b. For each team, are they incorporated into your local response plan? Yes No

 - c. Are they available for statewide response? Yes No

 - d. Are they part of a formal out-of-state response system? Yes No

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

OPERATIONS

- 1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes No

- 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 5

- 3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes No
 - b. exercise? Yes No

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

- 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes No

- 6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? Yes No

- 7. Are you part of a multi-county EMS system for disaster response? Yes No

- 8. Are you a separate department or agency? Yes No

- 9. If not, to whom do you report? Chief of Public Health

- 8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? Yes No

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Santa Cruz County

Provider: American Medical Response Telephone Number: (831) 423-7030
Address: 116 Hubbard Street
Santa Cruz, CA 95060 **Number of Ambulances:** 11

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

Transporting Agencies

18,000 Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

12,000 Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

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

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

Table 9: Resources Directory

Facilities

County: Santa Cruz County

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

Facility: Watsonville Community Hospital Telephone Number: (831) 724-4741
Address: 75 Nielson
Watsonville, CA 95076

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency</p> <p><input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: Santa Cruz County

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

Facility: Dominican Santa Cruz Hospital Telephone Number: (831) 462-7700
Address: 1555 Soquel Drive
Santa Cruz, CA 95062

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

TABLE 10: SOURCES DIRECTORY -- Approved Training Programs
County: Santa Cruz County Reporting Year 10/11

Training Institution: <u>Emergency Training Services</u>		Telephone Number: <u>(831) 477-4910</u>
Address: <u>3050 Paul Sweet Road, Santa Cruz, 95065</u>		
Student Eligibility*: <u>General Public</u>	**Program Level <u>I</u>	
Cost of Program:	Number of students completing training per year:	
Basic: <u>500</u>	Initial training: _____	
Refresher: <u>165</u>	Refresher: _____	
	Continuing Education: _____	
	Expiration Date: <u>11/1/12</u>	
	Number of courses:	
	Initial training: <u>6</u>	
	Refresher: <u>4</u>	
	Continuing Education: _____	

Training Institution: <u>Cabrillo College</u>		Telephone Number: <u>(831) 430-9669</u>
Address: <u>6500 Soquel Drive, Aptos, CA 95003</u>		
Student Eligibility*: <u>General Public</u>	**Program Level <u>I</u>	
Cost of Program:	Number of students completing training per year:	
Basic: <u>300-375</u>	Initial training: <u>150</u>	
Refresher: <u>300-375</u>	Refresher: <u>20</u>	
	Continuing Education: _____	
	Expiration Date: <u>12/31/12</u>	
	Number of courses:	
	Initial training: <u>2</u>	
	Refresher: <u>2</u>	
	Continuing 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 11: SOURCES DIRECTORY -- Dispatch Agency

County: Santa Cruz County

Reporting Year: 10/11

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

Name:	Santa Cruz Regional 9-1-1	Primary Contact:	Dennis Kidd
Address:	495 Upper Park Road Santa Cruz, CA 95065		
Telephone Number:	(831) 471-1000		
Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	X Day-to-Day X Disaster	Number of Personnel Providing Services: ___26___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other
Ownership: X Public <input type="checkbox"/> Private	If Public: X Fire X 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 <u>Joint Powers Authority</u>	

Name:		Primary Contact:	
Address:			
Telephone Number:			
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: ___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Santa Cruz County
Area or subarea (Zone) Name or Title:
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> American Medical Response, uninterrupted service for County since 1980s.
Area or subarea (Zone) Geographic Description: Santa Cruz County
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusivity
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> ALS
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> Competitive RFP, current agreement is 09/01/03 – 12/31/13, 89 pages long, available on-line at http://www.santacruzhealth.org/pdf/amrcc.pdf

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DRIVE, SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



August 20, 2012

Celia Barry, EMS Administrator
Santa Cruz County EMS Agency
1080 Emeline Avenue
Santa Cruz, CA 95061

Dear Ms. Barry:

We have completed our review of *Santa Cruz County's 2011 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*. Following are comments on your EMS plan update:

Trauma System Status Report: The EMS Authority approved Santa Cruz County's last Trauma System Status Report on February 2011 and requested your Trauma System Status Report be submitted with the 2012 submission of your 2011 EMS plan update. While in the past the Trauma System Status Reports have been requested separate from the EMS plan updates, the EMS Authority is working with all local EMS agencies to submit both documents on the same schedule. Since your submittal is overdue please expedite the submission of your 2011 Trauma System Status Report.

Transportation Plan:

Based on the documentation you provided please see the attachment on the EMS Authority's determination of the exclusivity of Santa Cruz County's ambulance zones.

Your 2012 annual update will be due on August 20, 2013. Please submit Santa Cruz County EMS Agency's 2012 Trauma System Status Report, as a separate document, with your EMS Plan Update. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 431-3688.

Sincerely,

A handwritten signature in black ink that reads 'Howard Backer'.

Howard Backer, MD, MPH, FACEP
Director

Attachment

Ambulance Service Scope of Operations Definitions

9-1-1 Emergency Ambulance Transport Response

A ground ambulance service response to the scene of an emergency generated from a request via the 9-1-1 telephone system.

Telephone "7-digit" Emergency Ambulance Transport Response

A ground ambulance service response to the scene of an emergency generated from a request to a "7-digit" telephone number.

ALS Ambulance Service

A ground ambulance staffed by at least one licensed and accredited paramedic working for an approved Paramedic Service provider, and has equipment and supplies necessary to perform advanced life support.

ALS Ambulance with Critical Care Transport Service

A ground ambulance staffed by at least one licensed RN or MD working, or a licensed and accredited paramedic with CCTP authorization, and has equipment and supplies necessary to perform advanced life support at the critical care transport level.

Emergency

Anytime the destination or potential is an acute care hospital or patient is going in an unscheduled(able) manner.

Inter-facility Transport Response

A ground ambulance service response to transport a patient from one facility to another facility or return to home. May be either emergency or non-emergency responses and may be staffed at the ALS, LALS, or BLS level.

Non-Emergency Ambulance

A ground ambulance that provides non-emergency / non-urgent transportation or stand-by ambulance services at special events.

Air Ambulance Service

An air ambulance staffed by at least two ALS personnel that responds to emergency or non-emergency responses or inter-facility transports. This does not include aircraft classified as Air Rescue

Levels of Exclusivity for Scope of Operations of "Emergency Ambulance Services"

Ground

I. All Emergency Ambulance Services

Allows for the limitation to the number of emergency ambulance providers for 9-1-1, 7-digit, IFT, CCT, Non-Emergency, Standby Transportation only within a specified area or subarea.

II. Limited Emergency Ambulance Services

A. Emergency Response

- **9-1-1 Emergency Response**

Allows for the limitation to the number of emergency ambulance providers for 9-1-1 Emergency Ambulance Responses only within a specified area or subarea.

- **"7-Digit" Emergency Response**

Allows for the limitation to the number of emergency ambulance providers for telephone "7-digit" Ambulance Responses only within a specified area or subarea.

B. Transport Services

- **ALS Ambulance**

Allows for the limitation to the number of emergency ambulance providers for ALS transportation within a specified area or subarea.

- **All ALS Ambulance Services**

Allows for the limitation to the number of emergency ambulance providers for 9-1-1 and "7-digit" emergency ambulance responses and Inter-Facility Transfers only within a specified area or subarea.

- **All CCT/ALS Ambulance Services**

Allows for the limitation to the number of emergency ambulance services providing Critical Care Transport and all ALS Ambulance Services only within a specified area or subarea.

- **BLS Non-Emergency Service**

Allows for the limitation to the number of emergency ambulance providers for non-emergency ambulance services, to include routine transportation within a specified area or sub-area (e.g. hospital to home, home to physician, etc).

- **Critical Care Transport**

Allows for the limitation to the number of emergency ambulance providers for Critical Care Transportation (CCT) within a specified area or sub-area. Both the starting and ending destinations must be licensed facilities (e.g. hospital to skilled nursing facility, hospital to hospital, etc).

- **Standby Service with Transportation Authorization**

Allows for the limitation to the number of emergency ambulance providers for standby ambulance services authorized to provide transportation, if needed, within a specified area or sub-area.

Air

Emergency Air Ambulance

Allows for the limitation to the number of air ambulance services for 9-1-1 Emergency Responses only within a specified area or subarea.

All Air Ambulance

Allows for the limitation to the number of air ambulance services within a specified area or sub-area. This level is inclusive of both emergency and non-emergency responses and inter-facility transports.