

EMERGENCY MEDICAL SERVICES AUTHORITY

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July 9, 2015

Mr. Fred Claridge, EMS Director
Alameda County EMS
1000 San Leandro Blvd, Suite 200
San Leandro, CA 94577

Dear Mr. Claridge:

This letter is in response to your 2014 Alameda County EMS Plan submission to the EMS Authority.

I. Introduction and Summary:

The EMS Authority has concluded its review of Alameda County's 2014 EMS Plan and is approving the plan as submitted.

II. History and Background:

Historically, we have received EMS Plan documentation from Alameda County in 1995, 1999, 2004, 2007, 2009, 2010, 2011 and, most current, its 2014 plan submission.

Alameda County received its last Five-Year Plan approval on its 1999 submission and its last annual Plan Update approval in 2012 for its 2011 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, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with H&S Code § 1797.105(b).

III. Analysis of EMS System Components:

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

- | | Approved | Not
Approved | |
|----|-------------------------------------|--------------------------|--|
| A. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | System Organization and Management |
| B. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Staffing/Training |
| C. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Communications |
| D. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Response/Transportation |
| | | | 1. EOA Exclusivity |
| | | | <ul style="list-style-type: none">• Based on the documentation you provided, please see the attachment on the EMS Authority's determination of the exclusivity of Alameda County's EMS Agency's ambulance zones. |
| E. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Facilities/Critical Care |
| F. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Data Collection/System Evaluation |
| G. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Public Information and Education |
| H. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Disaster Medical Response |

IV. Conclusion:

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

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

V. Next Steps:

Alameda County's annual EMS Plan Update will be due on July 9, 2016. Please include any specialty program updates including Trauma Plan and Quality Improvement.

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

Sincerely,

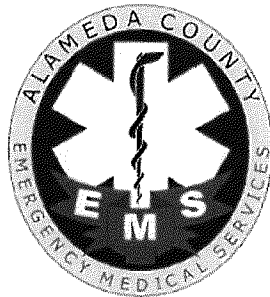


Howard Backer, MD, MPH, FACEP
Director

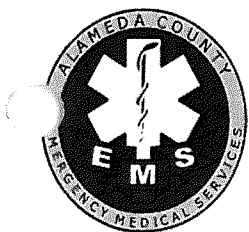
Attachment

ALAMEDA COUNTY EMERGENCY MEDICAL SERVICES

EMS SYSTEM PLAN 2014



Authors: Fred Claridge, EMS Director, EMT-P; Cynthia Frankel, RN, PHCC
11/2014



ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

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November 21, 2014

Dr. Howard Backer

Director

Emergency Medical Services Authority

10901 Gold Center Drive, 4th Floor

Rancho Cordova, CA 95670

Dear Dr. Backer,

Attached please find the Alameda County EMS Plan as requested by Lisa Galindo in July. The full Five-Year EMS Plan was actually due in December 2013. My apologies for the late submission.

This plan represents our best effort at accurately describing our EMS system as of *today*. Over the past several years, our county – like several others – has been undergoing tremendous change with regard to the larger healthcare system. That change is most acutely felt in the way our system is financed and reimbursed. These changes have had a very negative impact on the financial sustainability of our EMS system – particularly with regard to the private contractor that provides the bulk of our ambulance transportation. The challenges we face are significant.

In order to meet these challenges, we believe strongly that we are going to have to be flexible and nimble in the way we react to change. We are going to begin a process of redesigning our EMS system. Many of the assumptions and realities used in previous planning efforts are no longer valid in our view. The rapidly changing environment we find ourselves in necessitates that we consider new ideas – and that we not be unrealistically wedded to ideas that work for only a period of time before further change becomes necessary.

For that reason, we reserve the right to make changes to the basic design of our EMS system as those changes become necessary. We are happy to cooperate with the EMS Authority as we go forward in addressing the needs of our system. The Plan we are submitting to you cannot become an impediment to doing what we have to do to ensure the continued provision of quality emergency medical services to the citizens and visitors of Alameda County. We doubt our system will look exactly the way it does today five years from now. Change may come much sooner. As we go forward, we will work with you to the extent possible to make sure whatever happens here is done fairly and thoughtfully.

Please don't hesitate to contact me if you have any questions. I look forward to our meeting planned for December.

Sincerely,

A handwritten signature in black ink, appearing to be 'F. Claridge', written in a cursive style.

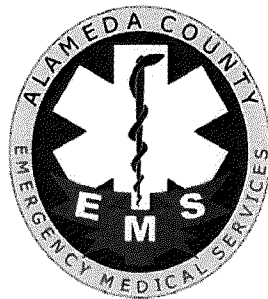
Fred Claridge

EMS Director

Cc Alex Briscoe, HCSA Director

ALAMEDA COUNTY EMERGENCY MEDICAL SERVICES

EMS SYSTEM PLAN 2014



Authors: Fred Claridge, EMS Director, EMT-P; Cynthia Frankel, RN, PHCC
11/2014

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ALAMEDA COUNTY EMS SYSTEM PLAN

EXECUTIVE SUMMARY – 2014

Executive Summary - Provide a brief overview of the plan. It should identify the major needs which have been found and a summary of the proposed program solutions.

EMS SYSTEM PLAN - OVERVIEW

EMS PLAN - Division 2.5 of the California Health and Safety Code, Section 1797.254 states "Local EMS agencies shall annually submit an emergency medical services plan for the EMS area to the Authority, according to the EMS Systems, Standards, and Guidelines established by the Authority."

The Alameda County EMS System Plan provides a comprehensive report with the required documentation for the compliance with the California EMS regulations and guidelines. The EMS standards are met to the minimal standards and in most cases exceed the requirements to ensure a quality EMS system. The Alameda County EMS responsibility for planning, implementing and evaluating the local EMS systems is documented in this report. Many of our responsibilities, and the authority needed to carry out our oversight role, are derived from Division 2.5 of the California Health and Safety Code, and related chapters of Title 22 of the California Code of Regulations

EMS SYSTEM OVERVIEW

ALAMEDA COUNTY EMS VISION

- **VISION** Alameda County EMS will explore new frontiers while creating an environment where collaboration and consensus building thrive among staff and stakeholders.
- **MISSION** Alameda County EMS ensures the provision of quality emergency medical services and prevention programs to improve health and safety in Alameda County.
- **VALUES** Alameda County EMS values a caring environment sustained by empowerment, honesty, integrity and mutual respect. We embrace excellence through innovation, teamwork and community capacity building.

ORGANIZATION

Alameda County Emergency Medical Services (ALCO EMS) is a division of the Health Care Services Agency. ALCO EMS is recognized by the California Emergency Medical Services Authority as a "Local EMS Agency," or LEMSA. Many different constituent groups make up the ALCO EMS System, including dispatch centers, fire departments, hospitals, private ambulance providers, and specialty centers for the emergency care of victims of major trauma, stroke, and certain types of heart attacks. ALCO EMS facilitates the coordination of the 911 medical responses through its contracts with EMS provider organizations, as well as through the development of policies and procedures for prehospital care.

The Alameda County EMS system responds to approximately 124,000 patients annually for medical emergencies. A fire department unit and a Paramedics Plus ambulance responds to emergency medical calls. Alameda, Albany, Berkeley and Piedmont Fire Departments provide ambulance transport services in addition to first response. In the remaining areas of the county, fire departments respond with ALS fire units and Paramedics Plus provides emergency transport services under contract with the County.

EMERGENCY AMBULANCE SERVICES - CONTRACTS

Alameda County EMS is responsible for the procurement of emergency ambulance services that includes contracts with Paramedics Plus and the cities of Alameda, Albany, Berkeley, and Piedmont for Advanced Life Support (ALS) services in Alameda County. These cities referenced above provide ambulance as well as first response ALS service. These cities have opted not to contract for an outside ambulance services provider and provide ambulance through their own city fire departments. EMS has separate ambulance provider contracts with the above cities to provide services within their jurisdiction. The terms of these contracts end on October 31, 2016. After the Board approved of the fee increases on January 28, 2014 for the County ambulance provider contract, the cities of Alameda, Albany, Berkeley, and Piedmont submitted a letter of intent to adopt the same user rates approved for Paramedics Plus which was approved.

COMMUNITY PROJECTS AND COLLABORATION

ALCO EMS staff collaborates closely with their EMS system-wide providers to continually improve the EMS system by basing policy and program changes on the analysis of the data they provide us, as well on the findings of recent research studies. As a part of the Health Care Services Agency, EMS contributes to promoting health equity through our injury prevention programs. Camp Sweeney and EMS Corps programs help prepare young adults from low income families for careers in health care.

ALCO EMS continues to be a visionary leader in local, regional and national EMS. ALCO EMS provides oversight for all aspects of the EMS system in the county; to include monitoring dispatch centers, first responder paramedic engines, transporting ambulances, and receiving hospitals. Alameda County EMS system has an innovative and highly skilled and competent professional staff that demonstrates leadership and innovation with leading edge models, projects and programs that have changed the prehospital care throughout California and the nation. Alameda County EMS has an integrated and collaborative team that recognizes the need for inclusive partnerships to leverage improvements and growth within the system.

2014 NEW CHANGES / HEALTH CARE SYSTEM AND POLICY

The Alameda County healthcare system has undergone significant hospital reorganizations and evolving transitions from 2012-14. In order to prevent any EMS disruptions and anticipate potential prehospital / ED patient overload, Alameda County EMS has and will continue to adapt with preemptive readiness and priority planning efforts.

RE-ORGANIZATIONS

- **EMS Organization** - Alameda County EMS has been reorganized under the Health Care Services Agency (HCSA) and is now a separate division under the Health Care Services Agency. The EMS Director Fred Claridge now reports directly to the Health Care Services Agency Director Alex Briscoe.
- **Hospital Mergers** - Significant reorganizations have occurred in Alameda County which requires shifts in the EMS provider community to accommodate the evolving changes. Although Alameda County EMS continues to have 13 receiving hospitals, some of the ALCO health care system hospitals have merged and or consolidated. The hospital landscape has changed.
 - The Oakland Children's Medical and Research Center is now a partner with UCSF. The new hospital name is UCSF Benioff Children's Hospital in Oakland.
 - The Kaiser Permanente Hayward Hospital has relocated to San Leandro. The new hospital name is Kaiser Permanente San Leandro
 - Kaiser Oakland Hospital has expanded with consolidated pediatric services in Oakland
 - Alameda County Medical Center has expanded to include the Alameda Hospital and San Leandro Hospitals. These hospitals now are known as the Alameda Health System.
- **Trauma Hospitals – New Designations** - American College of Surgeons (ACS) certification was completed at all Alameda County Trauma Centers in May 2013. UCSF Benioff Children's Hospital Oakland is now a Level 1 Pediatric Trauma Center.

POLICY CHANGES

- **Diversion Policy Change - Out-of-County Hospital Closure** - Effective August 1, 2014, Alameda County EMS suspended the use of ED Saturation and Critical Patient Overload (CPO) diversion indefinitely due to the potential impact of the closure of emergency services at Doctor's Medical Center, San Pablo (DMC). The prehospital impact is expected to increase patient transports and "walk-ins" to Alameda County. ALCO EMS has met with stakeholders throughout the Bay Area to plan for the potential surge of patients in the emergency departments. The ED status will be monitored closely and assessed to determine the impact.

NEW CONTRACTS

- **Paramedics Plus New Contract** – In June of 2010, Alameda County entered into a contract with Paramedics Plus for emergency ambulance services. The company began service November 1, 2011. The new contract contains significantly more stringent response time compliance standards and has resulted in the EMS system in Alameda County being one of the most high performance systems in the country. In addition, the new provider purchased equipment for the system including 110 mechanical CPR devices distributed to fire departments, new state of the art monitor defibrillators, and a comprehensive electronic patient care reporting system allowing for more sophisticated quality improvement efforts. Paramedics Plus has successfully been integrated as the 9-1-1 ambulance provider with a new modular design system. Response time standards have been fully met.
- **MPDS** - Our system was redesigned from the ground up to integrate MPDS determinants into our system response design. Alameda County EMS is working to fully operationalize a response system that reduces the number of unwarranted "lights and sirens" responses, as well as mobilizing the priority resources to the most acutely ill and/or injured patients..
- **Rural Metro Operating Company – CCT-P**
The State EMSA allows paramedic inter-facility transport of patients and requires that Alameda County EMS monitor and regulate all paramedic prehospital care. Inter-facility transport is used to transport patients who have been medical stabilized at one hospital and need to be transferred to another hospital for higher-level of care. EMS has adopted the use of state and national inter-facility transport standards to monitor and regulate this program. The CCT-P Interfacility Transport Agreement with Rural Metro Operating Company incorporates County EMS guidelines and standards, patient transfer protocols, data collection and reporting requirements that ensure patient safety. EMS has requested to enter into agreement from August 5, 2013 through May 31, 2018. Under this agreement, Rural Metro Operating Company will pay for the quality review of the initial CCT-P transports. This contract makes this interfacility transport available to the residents of Alameda County. Currently, other ambulance provider services in the County, including Paramedics Plus, only provide interfacility transport services with Emergency Medical Technicians.

NEW QUALITY IMPROVEMENT – PROCESS

- **Quality Improvement – “Patient Centric” System Performance** - Clinical / Operational Performance, Policy Compliance and Patient Centric Analysis - Alameda County EMS employs business intelligence software to analyze the system participant's performance on compliance with system policies. Operationally, Alameda County EMS ensures that system participants are compliant with response time requirements. Clinically, Alameda County EMS analyzes system data to ensure that patients are receiving appropriate prehospital medical care. Alameda County EMS not only measures compliance with clinical care policies, but also ensures that the measurements and analysis is patient centric. Since all Alameda County system participants are utilizing one single data collection system, Alameda County EMS has unprecedented access to a cohesive picture of the clinical and operational performance of our system.
- **Quality Improvement - Data Management System – “Single Entry Point”** - The FRALS and transport agencies are reporting on one data management system for patient care which provides a very streamlined data reporting process for the Alameda County EMS system. Our system with a single e-PCR system allows for unprecedented QI and an overview of our EMS System.

HPP PROGRAM

- **EMS HPP Program Changes** - The administration of the Hospital Preparedness Program (HPP) grant has been moved to the Alameda County Public Health Department. The Regional Disaster Medical /Health Specialist is located within Alameda County EMS and provides access to regional training and planning activities.
- **New Disaster Preparedness Health Coalition (DPHC)** - The EMS HPP EMSA Coordinator and the PHCC Communications coordinators participate on the new Steering Committee and Workgroups to leverage system-wide partners and to facilitate effective planning and exercises.

HPP PROGRAM (continued)

- **Medical Surge Deliverables** – The priority EMS benchmark is to strengthen medical surge, patient tracking, patient movement, and pediatrics capabilities.

COMMUNICATIONS AND INFORMATION MANAGEMENT

- **Information Management Upgrades - WEBEOC** – Alameda Operational Area has transitioned from RIMS to the new WEBEOC information management system.
- **ReddiNet Communications**– ReddiNet access and utilizations is expanding to include new participation with prehospital providers, clinics, and skilled nursing facilities
- **700 Megahertz Communications** – The EMS 800 Megahertz radio communications system is transitioning to the East Bay Regional Communications System (EBRICS) radios. Redundant and interoperable communications with common radio frequencies between fire and ambulance providers is a top priority.
- **Sydion Patient Tracking** – Beta-test and training with the mobile Sydion patient tracking system is being implemented with select prehospital partners.

EMS FELLOW

- Alameda County EMS has a contract with the University of California, San Francisco (UCSF) Department of Emergency Medicine for the provision of emergency medicine focused lectures with a Medical Fellow. UCSF has appointed a half-time Medical Fellow, who is a qualified physician in the field of emergency medicine to train EMS staff. In addition to the EMS focused training, the medical fellow will assist in the development of appropriate training materials for the annual paramedic update trainings and present at the Bay Area Paramedic Journal Club meetings.

RDMHS

- On December 4, 2012, the Board accepted a two-year agreement between the Alameda County EMS and CA EMSA to provide regional disaster medical health coordination services for the period July 1, 2012 through June 30, 2014. The funding is for the Regional Disaster Medical Health Specialist (RDMHS) position. This position is the component of the Regional Disaster Medical and Health Coordination Program that directly supports regional disaster preparedness, response, mitigation and recovery activities. A new contract has now been signed extending that contractual arrangement.

PATIENT CARE - TECHNOLOGY INNOVATION HIGHLIGHTS

- Lucas Devise For CPR - on all first responder engines
- Lifepak 15 Monitor/Defibrillators
- New System Status Plan ("Marvliis" System)
- Hydraulic Stretchers

NEW MODEL PROGRAMS AND PROJECTS AT THE FOREFRONT

- **Urban Shield** – Tactical EMS
- **EMS Corps**
- **CPR 7** – 10,000 7th graders trained in Alameda County (2010-12). The goal is to increase the percentage of sudden cardiac arrest victims who receive effective bystander CPR
- **CA Neonatal/Pediatric Disaster Coalition** – Project co-chair CA EMSA EMSC-TAC Workgroup and EMSC Coordinator facilitates pediatric Medical Surge / Disaster Readiness through a shared resource site and annual conferences.

NEW MODEL PROGRAMS AND PROJECTS AT THE FOREFRONT (continued)

- **ED Pediatric Readiness Project** – UCSF Children’s Hospital and Alameda County EMS conducts ED site visits to strengthen pediatric capability to care for children for Alameda County hospitals. The site visit provides customized training and a follow-up report with recommendations for improvement from the UCSF Children’s Hospital Oakland Site Visit Team (ED Medical Director, ED Nursing Director, and Emergency Planner).
- **Alameda County EMS Blog** - The EMS Agency established an online blog, *ALCO EMS Blog*, in Dec. 2013. We highlight new and changed policies, changes to the EMS system, provider updates, news about upcoming conferences and continuing education events, injury prevention news, staff updates, and stories of EMS in action. There is a subscribe button on the site.
- **Partnership for the Homeless Project - Beta-Test conducted August 2014**
- **Alameda County Health Coach Program** - With the support of the Robert Wood Johnson Foundation’s Workforce Development Program, young adults with a passion for health education will work with patients at Alameda Health System-Highland Hospital. This innovative program is the first to provide health coaching directly from the Emergency Department.
- **Cardiac Arrest Registry to Enhance Survival (CARES Registry)** – August 2014
- **Community Paramedicine** - Alameda County is set to launch its two year Community Paramedicine Pilot Project. It is one of thirteen sites statewide.
- **AED/PAD Program** - The Alameda County Project HeartSAFE became a reality in 2012. The project placed 185 AEDs in County and community buildings. To accomplish the aggressive plan, Alameda County EMS partnered with Ice Safety Solutions of Fremont for the site assessments, set-up and installation of the AEDs, CPR/AED training/recertification, set-up installation of the AEDs, and data management in a five year plan.
- **Sepsis Alert Program** – Screening tool designed to identify potential sepsis patients providing “sepsis alert” for Receiving Hospitals. Goal is to begin therapy in ED as quickly as possible.
- **Alameda County Stroke Centers** –
- **Alameda County STEMI Receiving Centers / Cardiac Arrest Centers**
- **Spinal Motion Restriction Publications** - In 2012, Alameda County embarked on a bold plan to decrease our use of backboards in the Alameda County community. This carefully designed plan was rolled out over a 12 month period with remarkable success. This program has been featured in JEMS and EMS World in the past year. This program has been copied successfully in over 6 California counties and more recently adopted by the state of Kansas.

PUBLICATIONS, RESEARCH, HONORS, AND AWARDS

- Select Highlights -

AWARDS 2013

- **EMS Medical Director of the Year Award - KARL SPORER, MD**
This award was given by the EMS Authority of the State of California for lifelong passion for innovation in healthcare, quality, medical direction, leadership and significant EMS contributions to the medicine and science of EMS in California.
- **Distinguished Service Award – CYNTHIA FRANKEL, RN, MN**
This award was given by the EMS Authority of the State of California for superior sustained statewide leadership, advocacy, and education in improving EMS for Children.
- **Meritorious Service Medal Award – MICHAEL JACOBS, EMT-P**
This award was given by the EMS Authority of the State of California for outstanding efforts involving the improvement of cardiac arrest survivability in the hospital and prehospital setting.
- **Meritorious Service Medal Award – JIM MORRISSEY, EMT-P**
This award was given by the EMS Authority of the State of California for 30 years of sustained, dedicated EMS service in the San Francisco area.

PEER REVIEWED PUBLICATIONS

- Sporer KA, Wilson KG. How Well Do Emergency Medical Dispatch Codes Predict Prehospital Medication Administration In A Diverse Urban Community? Journal of Emergency Medicine. 2013;44: 413-422.
- Sporer KA, Solares M, Durant EJ, Wang W, Wu AHB, Rodriguez RM. Accuracy of the Initial Diagnosis among Patients with an Acutely Altered Mental Status. Emergency Medicine Journal. 2013;30:243-246.
- McMullan JT, Pinnawin A, Jones E, Denninghoff K, Siewart N, Spaite DW, Zaleski E, Silbergleit R; Neurological Emergencies Treatment Trials investigators. The 60-day temperature-dependent degradation of midazolam and Lorazepam in the prehospital environment. Prehosp Emerg Care. 2013 Jan-Mar;17 (1):1-7.
- Hodell EM, Sporer KA, Brown JF. Which Emergency Medical Dispatch Codes Predict High Prehospital Nontransport Rates in an Urban Community? Prehosp Emerg Care. 2014;18:28-34.
- Morrissey JF, Kusel ER, Sporer KA. Spinal Motion Restriction: An Educational and Implementation Program to Redefine Prehospital Spinal Assessment and Care. Prehosp Emerg Care. 2014;18: 429-32.
- McMullan JT, Jones E, Barnhart B, Denninghoff K, Spaite D, Zaleski E, Silbergleit R. Neurological Emergencies Treatment Trials investigators. Degradation of Benzodiazepines after 120 Days of EMS Deployment. Prehosp Emerg Care. 2014 Jul-Sep;18(3):368-74.
- Hall MK, Raven M, Rodriguez R, Brown J, Sporer K. EMS-STARS: Emergency Medical Services Superuser Transport Association: a Retrospective Study. Prehospital Emergency Care. 2014 Aug 5. [Epub ahead of print]

NON PEER REVIEWED PUBLICATIONS

- Morrissey J. Active Shooter Response. EMS World, July 2011
- Sporer KA. Why We Need to Rethink C-Spine Immobilization. EMS World, 2012 Nov 74-76.
- Morrissey J. Spinal Immobilization Time for a Change. JEMS 2013 March 38(3):28-39.
- Sporer KA, English J. What Dispatch Really Shows? JEMS 2014 July 58-63.

ABSTRACTS

- Tataris K, Govindarajan P, Mercer M, Yeh C, Sporer K. Out-of-Hospital Aspirin Administration for Acute Coronary Syndrome in the United States: An EMS Quality Assessment Using the NEMSIS (National EMS Information System) Database. Prehospital Emergency Care 2014;18(1):127. Presented at NAEMSP 2014, New Orleans
- Pithia N, Sims L, Anderson CL, Kusel E, Omaish M, Schreiber M. Integrating Responder Resilience Competencies into the Urban Shield Mass Casualty Exercise. Presented at the National Center for Disaster Medicine and Public Health Annual conference and won the second place award.
- Schreiber M, Shields S, Kusel E. Building Responder Resilience Leveraging Coalitions: LA, Oakland and Texas. Selected for oral presentation at the 2014 National Healthcare Coalition Preparedness Conference in Denver, CO in December.

LECTURES

- Karl Sporer, MD- State of EMS Research in California, EMSAAC Annual Conference, San Diego, CA May 28, 2014.
- Cynthia Frankel, RN, MN – “Getting to Yes: Leveraging Sustainable Pediatric / Neonatal Capability Under All Conditions” Panel, California Hospital Association Conference, September 24, 2014

SYMPOSIUMS

- Michael Jacobs - ECCU 2010: "Taking Heart to the Streets"
- Michael Jacobs - ECCU 2012: "CPR7-CPR in Schools Community Outreach Initiative"
- Michael Jacobs - ECCU 2014: "Changing the Culture Surrounding Cardiac Arrest"
- Miriam Rabinovitz - 2014 Morton Kesten Summit, *Designing California's Future: Aging in Place Innovations*

PEER REVIEW

- Karl Sporer is a member of the Editorial Board of Prehospital Emergency Care.
- Karl Sporer is a peer reviewer for Resuscitation, Prehospital Emergency Care, Singapore Ministry of Health, Academic Emergency Medicine, Emergency Medical Journal, PLOS Medicine, Annals of Internal Medicine.

COALITIONS

- Cynthia Frankel, RN, MN, Co-Chair, California Neonatal/Pediatric Disaster Coalition

2014-15 PRIORITY WORKPLAN

IDENTIFIED MAJOR NEEDS

- Address Hospital Closures – consolidations
- Support Paramedics Plus and fire based responders – Monitor contract compliance
- Strengthen medical surge plans and leverage partners to participate in preparedness
- Strengthen redundant and interoperable communications
- Continued data collection cardiac and stroke focus

GOALS:

- Decrease ED patient overload
- Strengthen emergency medical surge plans, communications, and information management
- Increase cardiac and stroke survival – New Modalities

MAJOR PROGRAM SOLUTIONS

Refer to the new changes below that will strengthen the EMS system.

- **Monitor EMS System – Mitigate Doctor’s Hospital Closure Impact.** Modify plans and policies to adapt to changing health care system. Plan for patient ED surge and overcrowding. Assess ED Diversion Policy
- **Planning for Paramedics Plus** – Meetings with Health Care Services Agency Director
- **Continuous quality improvement** during hospital re-organizations. Expedite Emergency Department Pediatric Site Visit and Evaluations
- **Facilitate EMS New Policy and Procedure Update** – Disseminate annual information update and conduct training
- **Ensure Interoperable & Redundant Disaster Communications** - Strengthen infrastructure - interoperable and redundant communications. Expand participating partner access to ReddiNet.
- **Strengthen Disaster Resource System** - Strengthen regional resource inventory – Metrics for disasters
- **Strengthen Medical Surge Capability and Capacity** – Develop a framework for transportation to be addressed in the Operational Area (OA) medical surge planning. Given transportation assets have limitations on resources, a plan for medical surge acquisition and use of medical prehospital provider resources is a priority. Under the HPP workplan grant, a medical surge contractor will be hired to explore patient movement including preparing to move patients inside and outside of the OP area in the interest of increasing hospital acute care capability. Given the state and region EMSA, CDPH, OES, and the Bay Area UASI have several projects to expand surge capacity including Catastrophic Earthquake Planning, EMS is participating on planning committees and aligning surge plans accordingly.
- **Enhance Bi-Directional Data Sharing Capabilities with Dispatch Centers and EDs** – Leverage HL7 compliant software systems currently in place to get EMS data into hospital data systems and get outcome data out of hospital systems.
- **Promote Patient Care “Best Practices”** - Sustain and strengthen research and disseminate information via publications. Examples: Collaborate with Paramedics Plus on Tactical Medicine Program. And Beta Test Homeless Senior Program.
- **Reduce ED Overcrowding** - Facilitate Community Paramedic Project and Senior Homeless project beta-test as measures to decrease ED overload
- **Strengthen EMS System Capability and Capacity to continue research and innovation** – Ensure sustainable research funding sources. Seek revenue to enhance already existing programs and to conduct field testing

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

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		✓			
1.02 LEMSA Mission		✓			
1.03 Public Input		✓			
1.04 Medical Director		✓	✓		
Planning Activities:					
1.05 System Plan		✓			
1.06 Annual Plan Update		✓		✓	
1.07 Trauma Planning*		✓	✓	✓	✓
1.08 ALS Planning*		✓		✓	✓
1.09 Inventory of Resources		✓		✓	
1.10 Special Populations		✓	✓	✓	
1.11 System Participants		✓	✓		✓
Regulatory Activities:					
1.12 Review & Monitoring		✓		✓	✓
1.13 Coordination		✓			
1.14 Policy & Procedures Manual		✓		✓	
1.15 Compliance w/Policies		✓			✓
System Finances:					
1.16 Funding Mechanism		✓			
Medical Direction:					
1.17 Medical Direction*		✓		✓	✓
1.18 QA/QI		✓	✓	✓	✓
1.19 Policies, Procedures, Protocols		✓	✓	✓	

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20	DNR Policy		✓			
1.21	Determination of Death		✓			
1.22	Reporting of Abuse		✓			
1.23	Inter-facility Transfer		✓		✓	
Enhanced Level: Advanced Life Support						
1.24	ALS Systems		✓	✓		✓
1.25	On-Line Medical Direction		✓	✓	✓	✓
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		✓			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		✓		✓	
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		✓			✓

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

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		✓		✓	✓
2.02	Approval of Training		✓		✓	
2.03	Personnel		✓			
Dispatchers:						
2.04	Dispatch Training		✓			✓
First Responders (non-transporting):						
2.05	First Responder Training		✓	✓		
2.06	Response		✓			✓ on-going
2.07	Medical Control		✓			
Transporting Personnel:						
2.08	EMT-I Training		✓	✓		
Hospital:						
2.09	CPR Training		✓			
2.10	Advanced Life Support		✓			✓
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		✓		✓	
2.12	Early Defibrillation		✓			✓
2.13	Base Hospital Personnel		✓			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

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*		✓	✓		✓
3.02	Radios		✓	✓		
3.03	Interfacility Transfer*		✓			
3.04	Dispatch Center		✓			
3.05	Hospitals		✓	✓		
3.06	MCI/Disasters		✓			
Public Access:						
3.07	9-1-1 Planning/Coordination		✓	✓		✓
3.08	9-1-1 Public Education		✓			
Resource Management:						
3.09	Dispatch Triage		✓	✓		✓
3.10	Integrated Dispatch		✓	✓		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

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*		✓	✓		✓
4.02	Monitoring		✓	✓		
4.03	Classifying Medical Requests		✓			✓
4.04	Prescheduled Responses		✓		✓ on-going	
4.05	Response Time*		✓			✓
4.06	Staffing		✓			
4.07	First Responder Agencies		✓			✓
4.08	Medical & Rescue Aircraft*		✓			
4.09	Air Dispatch Center		✓			
4.10	Aircraft Availability*		✓			
4.11	Specialty Vehicles*		✓			
4.12	Disaster Response		✓			
4.13	Intercounty Response*		✓			✓
4.14	Incident Command System		✓			
4.15	MCI Plans		✓			
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		✓	✓		
4.17	ALS Equipment		✓			
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		✓			
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		✓			
4.20	"Grandfathering"		✓			
4.21	Compliance		✓			
4.22	Evaluation		✓			✓

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

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		✓	✓		
5.02	Triage & Transfer Protocols*		✓			
5.03	Transfer Guidelines*		✓			
5.04	Specialty Care Facilities*		✓			✓
5.05	Mass Casualty Management		✓	✓		
5.06	Hospital Evacuation*		✓			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation*		✓			
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		✓			
5.09	Public Input		✓			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		✓			
5.11	Emergency Departments		✓	✓		✓
5.12	Public Input		✓			
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		✓			
5.14	Public Input		✓			