

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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June 6, 2016

Mr. Clarence Teem, EMS Coordinator  
Tuolumne County EMS Agency  
20111 Cedar Road North  
Sonora, CA 95370

Dear Mr. Teem:

This letter is in response to your EMS plan submission to the EMS Authority.

**I. Introduction and Summary:**

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

**II. History and Background:**

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 Health and Safety Code (H&SC) § 1797.105(b).

Tuolumne County received its last full Plan approval for its 2011 plan submission, and its last annual Plan Update approval for its 2009 plan submission.

Historically, we have received EMS Plan documentation from Tuolumne County for its 2006, 2007, 2009, 2011 plan submissions, and most current, its 2014 plan submission.

The California H&SC § 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”.*

### III. Analysis of EMS System Components:

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

A.                  System Organization and Management

1. Table 1

- The rating of several standards identified on Table 1 does not match the rating identified on the System Assessment Forms. Please ensure this information is updated and consistent with the plan information before the next plan submission.

B.                  Staffing/Training

C.                  Communications

1. Standards

- Standard 3.01. As written, it is unclear whether the minimum standard is met. In the next plan submission, please include an update on this standard detailing what the communications plan currently addresses, and also provide an update in the 'needs/objectives' sections.
- Standard 3.04. There is no information on how this standard is met. In the next plan submission, please include an update on this standard. The update should identify the communication capabilities of transport vehicles.

D.                  Response/Transportation

1. Ambulance Zones

- Based on the documentation you provided, please see the attachment on the EMS Authority's determination of the

exclusivity of Tuolumne County's EMS Agency's ambulance zones.

E.               Facilities/Critical Care

1. Standards

- Standard 5.02. The minimum standard is met; however, because the protocols and agreements in use are those adopted by the former regional EMS system, it is recommended that these be reviewed, evaluated, and updated every three years. Please include an update in your next plan submission.
- Standard 5.03. A resource guide for specialty services has not been developed. In the next plan submission, please provide an update on this development.
- Standards 5.10 and 5.11. The minimum standard is not met. While this is an enhanced level, in the next plan submission, please provide an update on the development of an EMS-C system, including a system assessment and evaluation, and the development of written agreements. In addition, please indicate what data will best describe the recommendations and develop a mechanism to collect and submit the data.
- Standard 5.13. In your Executive Summary, you mention that a STEMI Program has been established. In the next plan submission, please include an update on this standard with details (e.g., designated hospital(s), 12 lead ECG, agreement with neighboring LEMSAs and hospitals, etc.) of the program.

F.               Data Collection/System Evaluation

1. Standards

- Standard 6.03. In the next plan submission, please provide an update on the development of a multi-functioning approach to QA/QI, and provide an estimated time of completion.

- Standard 6.04. The minimum standard is not met. Please develop a plan to meet the minimum standard. In the next plan submission, please provide an update on the establishment of system based performance and evaluation criteria for medical dispatching.
- Standard 6.05. Standard 6.03 states the current capability of linking data; however, Standard 6.05 indicates there is a need to collect the data in an electronic format capable of importing. In the next plan submission, please provide an update on the linkage capabilities.

## 2. CEMSIS EMS Data

- Using information submitted by the Local EMS Agency, the EMS Authority shall assess each EMS area or the system's service area to determine the effectiveness of emergency medical services (H&SC § 1797.102) as it relates to data collection and evaluation (H&SC § 1797.103). To enable the EMS Authority to make this determination, information shall be made available by data submission using the current versions of NEMSIS and CEMSIS standards (H&SC § 1797.227).

G.            Public Information and Education

H.            Disaster Medical Response

## 1. Standard

- Standard 8.18. There is no information on how this standard is met. In the next plan submission, please include an update on this standard. The update should identify the role of specialty centers as it relates to patient transfers.

## IV. Conclusion:

Based on the information identified, Tuolumne County may implement areas of the 2014 EMS Plan that have been approved. Pursuant to H&SC § 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:**

Tuolumne County's annual EMS Plan Update will be due on or before June 6, 2017.

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

Sincerely,

A handwritten signature in blue ink that reads "Daniel R. Shirley for". The signature is written in a cursive style.

Howard Backer, MD, MPH, FACEP  
Director

Attachment



## EXECUTIVE SUMMARY

The Tuolumne County Emergency Medical Services (EMS) Agency was created by the Board of Supervisors as a department within the Human Services Agency on July 1, 1997, in order to fulfill the responsibilities of a local EMS agency as contained in Health and Safety Code, Division 2.5 et seq. By statute, the primary responsibility of the Tuolumne County EMS Agency is to plan, implement and evaluate an emergency medical services system, in accordance with the provisions of Division 2.5 of the Health and Safety Code, consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures. Section 1797.254 of the Health and Safety Code requires local EMS agencies to annually submit a plan for their EMS area to the State EMS Authority. These plans must be consistent with the EMS System Standards and Guidelines established by the EMS Authority.

In general, the EMS system for Tuolumne County is a stable system that provides efficient and timely prehospital emergency medical services to its residents and visitors through universal 9-1-1 access; county, special district and city first response agencies; Tuolumne County Ambulance, Petroleum Helicopters Inc. (PHI); out of county response from Mercy Ambulance; neighboring air ambulance providers; one acute care hospital located within the county; and tertiary medical centers located outside the county. With this in mind, there remain parts of the EMS system requiring both minor and major improvements.

The Tuolumne County EMS System currently meets or exceeds 115 of the State EMS Authority's 121 minimum standards and recommended guidelines. Medical Dispatch accounts for every one of the six standards and recommended guidelines not met by Tuolumne County.

Medical Dispatch: Implementing an emergency medical dispatch (EMD) program based remains the major challenge for Tuolumne County. Cost and manpower issues are the major road blocks to implementing an EMD program.

### Accomplishment:

- System upgrade, all ALS units now have 12 Lead ECG capability
- STEMI program established
- Trauma Guidelines updated
- Core Measures submitted

**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
<b>Agency Administration:</b>						
1.01	LEMSA Structure		X			
1.02	LEMSA Mission		X			
1.03	Public Input		X			
1.04	Medical Director		X			
<b>Planning Activities:</b>						
1.05	System Plan		X			
1.06	Annual Plan Update		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			
<b>Regulatory Activities:</b>						
1.12	Review & Monitoring		X			
1.13	Coordination		X			
1.14	Policy & Procedures Manual		X			
1.15	Compliance w/Policies		X			
<b>System Finances:</b>						
1.16	Funding Mechanism		X			
<b>Medical Direction:</b>						
1.17	Medical Direction*		X			
1.18	QA/QI		X			
1.19	Policies, Procedures, Protocols		X			



**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		X			
1.21	Determination of Death		X			
1.22	Reporting of Abuse		X			
1.23	Interfacility Transfer		X			
<b>Enhanced Level: Advanced Life Support</b>						
1.24	ALS Systems		X			
1.25	On-Line Medical Direction		X			
<b>Enhanced Level: Trauma Care System:</b>						
1.26	Trauma System Plan		X			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
1.27	Pediatric System Plan		X			
<b>Enhanced Level: Exclusive Operating Areas:</b>						
1.28	EOA Plan	N/A				

**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
<b>Local EMS Agency:</b>						
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		X			
<b>Dispatchers:</b>						
2.04	Dispatch Training	X				X
<b>First Responders (non-transporting):</b>						
2.05	First Responder Training		X			
2.06	Response		X			
2.07	Medical Control		X			
<b>Transporting Personnel:</b>						
2.08	EMT-I Training		X			
<b>Hospital:</b>						
2.09	CPR Training		X			
2.10	Advanced Life Support		X			
<b>Enhanced Level: Advanced Life Support:</b>						
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		X			

**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
<b>Communications Equipment:</b>						
3.01	Communication Plan*		X			
3.02	Radios		X			
3.03	Interfacility Transfer*		X			
3.04	Dispatch Center	X				X
3.05	Hospitals		X			
3.06	MCI/Disasters		X			
<b>Public Access:</b>						
3.07	9-1-1 Planning/Coordination	X				X
3.08	9-1-1 Public Education	X				X
<b>Resource Management:</b>						
3.09	Dispatch Triage	X				X
3.10	Integrated Dispatch	X				X

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



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