

**CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY**

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August 5, 2016

Mr. Travis Kusman, EMS Director  
Alameda County EMS Agency  
1000 San Leandro Boulevard, Suite 200  
San Leandro, CA 94577

Dear Mr. Kusman:

This letter is in response to Alameda County's 2015 EMS Plan Update submission to the EMS Authority, dated July 5, 2016.

**I. Introduction and Summary:**

The EMS Authority has concluded its review of Alameda County's 2015 EMS Plan Update 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 California Health and Safety (H&SC) § 1797.105(b).

Alameda County received its last Full Plan approval for its 2014 plan submission, and its last annual Plan Update for its 2011 plan submission. Historically, we have received EMS Plan submissions from Alameda for the following years:

- 1995
- 1999
- 2004
- 2007
- 2009
- 2010
- 2011
- 2014

The 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 Alameda County's 2015 EMS Plan Update. 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:

- |  | Not                      |   |
|--|--------------------------|---|
| Approved                               | Approved                 |   |
| A. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>System Organization and Management</u> |
| B. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Staffing/Training</u>                  |
| C. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Communications</u>                     |
| D. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Response/Transportation</u>            |

#### 1. Ambulance Zones

- Based on the documentation provided by Alameda County, please find enclosed 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"/> | <u>Facilities/Critical Care</u>          |
| F. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Data Collection/System Evaluation</u> |
| G. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Public Information and Education</u>  |
| H. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Disaster Medical Response</u>         |

### IV. Conclusion:

Based on the information identified, Alameda County may implement areas of the 2015 EMS Plan Update 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*

Mr. Travis Kusman, EMS Director  
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*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 or before August 31, 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 black ink, appearing to read "Howard Backer". The signature is fluid and cursive, with a large initial "H" and a long, sweeping underline.

Howard Backer, MD, MPH, FACEP  
Director

Enclosure





ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

Rebecca Gebhart, Acting Director

**Emergency Medical Services District**

1000 San Leandro Blvd., Suite 200  
San Leandro, CA 94577

Travis Kusman, MPH, EMS Director

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Main (510) 618-2050

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July 5, 2016

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

Dear Dr. Backer,

Attached please find the Alameda County EMS Plan Update as requested in your correspondence dated July 9, 2015. This Update depicts those changes which have transpired within the Alameda County EMS system since November of 2014 when the most recent comprehensive EMS System Plan was submitted. Together, that Plan and this Update describe our EMS system at the present time.

Alameda County's EMS system continues to be impacted by changes associated with broader healthcare reform. In particular, changes in payer mix and reimbursement have adversely affected providers of 911 emergency ambulance services including the contractor that provides the majority of transports within our system. This has in turn challenged the financial construct of the current system design.

Alameda County EMS has accordingly evaluated the existing structure of our system, enacting stabilizing measures and embarking upon a change process to ensure that it is poised to prudently and nimbly adapt to the rapidly changing healthcare environment. In doing so, Alameda County EMS continues to strive to ensure the financially sustainable provision of high quality emergency medical services that are efficient and effective both clinically and operationally.

The team at Alameda County EMS looks forward to ongoing collaboration with the EMS Authority as deliberate changes in the interest of serving the needs of County residents and visitors transpire within our system. Please do not hesitate to contact me if you have any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read "Travis Kusman".

Travis Kusman, MPH, Paramedic  
EMS Director

Attachment

cc: Rebecca Gebhart, HCSA Acting Director

# ALAMEDA COUNTY EMS SYSTEM PLAN

## EXECUTIVE SUMMARY – (2015-16)

6/16/16

**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. Include any changes which have occurred in your system, such as a change in providers, the designation of new centers, a change in key personnel, etc.

### 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 compliance with the California EMS regulations and guidelines. The EMS standards are met and in most cases exceeded relative to the requirements to ensure a quality EMS system. The responsibility of Alameda County EMS (ALCO EMS) for planning, implementing and evaluating the local EMS system is documented in this annual update 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.

Alameda County EMS has adopted and continues to strive towards the National Highway Traffic Safety Administration (NHTSA) vision described in the “EMS Agenda for the Future.” Refer to the vision below:

- *“Emergency medical services (EMS) of the future will be community-based health management that is fully integrated with the overall health care system. It will have the ability to identify and modify illness and injury risks, provide acute illness and injury care and follow-up, and contribute to treatment of chronic conditions and community health monitoring. This new entity will be developed from redistribution of existing health care resources and will be integrated with other health care providers and public health and public safety agencies. It will improve community health and result in more appropriate use of acute health care resources. EMS will remain the public’s emergency medical safety net.”*
- A decade ago, the Institute of Medicine (IOM) released a report titled “*EMS at the Crossroads*” which accurately identified that “EMS operates at the intersection of health care, public health and public safety.”

Given the above vision and this reality, Alameda County EMS leverages partnerships to attain effective outcomes.

- Alameda County EMS facilitates collaboration with stakeholders and partners propagating a flexible system that continuously adapts to the changing healthcare environment. Alameda County EMS strives to deliver services that are consistent with the Institute for Healthcare Improvement's "*Triple Aim*" of:
  - Improving the patient experience of care (including quality and satisfaction)
  - Improving the health of populations; and
  - Reducing the per capita cost of healthcare

## **EMS VISIONARY LEADERSHIP AND COMPETENCY**

The Alameda County EMS system has an innovative, highly skilled, and competent professional staff that demonstrates leadership and innovation with leading edge models, projects and programs that have enhanced 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. ALCO EMS staff collaborates closely with EMS providers system-wide to continually improve the EMS system by ensuring policy and program changes based on: the analysis of the data submitted to ALCO EMS by the providers; and on the evidence-based findings of current research studies. 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 services, transporting ambulances, and receiving hospitals.

## **ORGANIZATION**

Alameda County Emergency Medical Services (ALCO EMS) is a division of the Alameda County 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 (including children), stroke, and certain types of cardiac conditions. ALCO EMS facilitates the coordination of 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. The majority of 911 emergency medical calls in the County are responded to with the configuration of an Advanced Life Support (ALS) fire department unit and a Paramedics Plus ALS ambulance. The fire departments of the cities of Alameda, Albany, Berkeley and Piedmont provide primary ALS ambulance transport services and first response within their respective incorporated areas. The Lawrence Livermore National Laboratory contracts with the Alameda County Fire Department for emergency medical services including ambulance transport.

## **EMERGENCY AMBULANCE SERVICES - CONTRACTS**

Alameda County EMS is responsible for the procurement and provision 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. The 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 services through their respective city fire departments. The terms of these contracts extend through April 2017. The County retains the unilateral right to enact two subsequent extensions of three months each, effectively extending the terms of the contracts through October 2017. Following approval of fee increases under the terms of the County ambulance provider contract by the Alameda County Board of Supervisors on January 28, 2014, the cities of Alameda, Albany, Berkeley, and Piedmont were approved to adopt the same user rates as the County ambulance provider.

## **COMMUNITY PROJECTS AND PARTNERSHIPS**

Consistent with the Alameda County Health Care Services Agency mission, ALCO EMS prioritizes promoting health equity and results based accountability in our ALCO EMS programs. For example, projects include:

- **STEMI / Cardiac Arrest Receiving Centers** - Alameda County EMS ensures that patients who were pulseless on scene (or in recurrent VF/VT) and experience return of spontaneous circulation (ROSC) are transported to a hospital that will provide appropriate use of Targeted Temperature Management, Percutaneous Cardiac intervention, and other specific therapy for the post ROSC patient.
- **CPR 7** is a program developed for public school 7th graders in Alameda County. In our 5th year (2014-2015 school year), 31 middle schools in Alameda County participated. 31,938 - 7<sup>th</sup> graders were trained in cardiopulmonary resuscitation (CPR) and in turn trained their families and friends, multiplying the impact of their own participation in the program. As of the conclusion of the 2015-2016 school year, Alameda County EMS estimates that it will have facilitated training nearly 10% of the Alameda County population in CPR. The CPR 7 program was featured in a recent edition of the Journal of Emergency Medical Services.
- **EMS Corps** is a full-time Alameda County EMS program designed to change the trajectory of Boys and Men of Color (BMOC) and create career opportunities for participants in EMS, public safety, and/or healthcare services. ALCO EMS facilitates the instruction of the EMT training component of the EMS Corps program, realistically preparing graduates for future success in the work environment.



## **2015-16 HEALTH CARE SYSTEM AND POLICY – New Changes**

Significant hospital mergers and reorganizations along with continually evolving transitions occurred within the Alameda County health care system in 2015-16. Alameda County EMS has and will continue to adapt with preemptive readiness and priority planning efforts to ensure continuity of overall system performance including the effective management of potential and real prehospital / emergency department patient overload.

### **EMS SYSTEM EVALUATION AND REQUEST FOR PROPOSALS (RFP)**

In July 2015, the Alameda County EMS Agency began preparing to release a RFP for 911 emergency ambulance services, with the goal of ensuring an EMS System that is clinically and operationally excellent as well as financially solvent:

- **OVERARCHING GOALS**
  - Sustain and improve quality of clinical care the patient receives
  - Stabilize or reduce the cost of EMS services
  - Improve patient satisfaction
- **SIX FUNDAMENTAL TENANTS**
  1. Preserving a high level of emergency medical response throughout the County
  2. Producing a system that is cost-effective while preserving a high level of response and care
  3. Designing a system that is County-wide (ie. Current Exclusive Operating Area (EOA) allowing for consistency of service throughout all areas and jurisdictions of the County)
  4. Maintaining and supporting the current workforce
  5. Producing a system that is sustainable for the long term
  6. Maintaining the appropriate regulatory and oversight functions between the local EMS agency (LEMSA) and the chosen provider(s)

### **RE-ORGANIZATIONS**

- **EMS Organization** - Alameda County EMS is now a division of the Alameda County Health Care Services Agency (HCSA) and no longer resides within the Public Health Department. As EMS Director, Travis Kusman, MPH, Paramedic, reports directly to the Health Care Services Agency Director Rebecca Gebhart.
- **Hospital Mergers** - Significant reorganizations have occurred in Alameda County which require shifts in the EMS provider community to accommodate the evolving changes. Although Alameda County EMS continues to have 13 receiving hospitals, some of the system hospitals have merged and/or consolidated. The hospital landscape has changed.
  - ValleyCare is now a part of Stanford. The new name is Stanford Health Care – ValleyCare Hospital.
  - The Oakland Children’s Medical and Research Center is now a partner with the University of California San Francisco (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 including the addition of pediatric beds in the pediatric intensive care unit.

- Alameda County Medical Center has expanded to include the Alameda Hospital and San Leandro Hospital. 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. ACS Certification is now a requirement of the Alameda County Trauma Center MOU. Alameda County Medical Center and Eden remain Level 2 trauma centers.

**POLICY CHANGES**

- **Bypass Policy** – A new ALCO EMS “Extended Wait Times” and “Bypass Policy” was added in May 2015 to mitigate ambulance patient offload delays. This policy was added in the EMS Field Manual 2016 Update.
- **Ambulance Rerouting Policy** – was updated in 2015.
- **ED Closure Policy** – is required for hospitals downgrading status and / or closures
- **Emergency Re-Triage and Transfers** is a new policy in 2015.
- **Transfer of Care Guidelines** – is a new policy in 2015.
- **Suspension of the Diversion** policy was implemented.
  - **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 of this “out-of-county” hospital closure increased ALCO patient transports and “walk-ins” to ALCO hospitals especially in North 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 is monitored closely and continually assessed to determine the impact.
- **Assault / Abuse Policy** – is planned for 2017
- **Proposed ALCO EMS New Policy Changes** - Planned for EMS Field Manual Update 2017
  - **MCI Policy** – will be strengthened to include additional patient triage, tracking and pediatric considerations and requirements
  - **Domestic Violence** - DV Policy in development in 2016; will be combined with the Assault / Abuse Policy

**NEW CONTRACTS, AMENDMENTS, & REQUIREMENT UPDATES - 2015- 2018**

- **ALAMEDA COUNTY BASE HOSPITAL SUBSIDY**
  - Alameda Health System - Oakland (previously Alameda County Medical Center / Highland) – Amendments 2016
- **TRAUMA CENTERS** – Master Contract Amendments July 2015-June 2018
  1. Alameda Health System – Oakland (previously Alameda County Medical Center / Highland)
  2. UCSF Benioff Children’s Hospital Oakland
  3. Sutter Health Eden Medical Center

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  - **Contract / MOUs** - Master Contract amendments for the 3 Trauma Centers approved for July 2015-16.
  - **ACS Certification** is now a requirement of the Alameda County Trauma Center MOU.

- In May 2016, Alameda County EMS facilitated the American College of Surgeons (ACS) “Trauma Consultation,” survey at the Alameda Health System – Highland Hospital. The completed consultation will assist in creating a roadmap for movement towards Level 1 certification.
- All trauma centers are scheduled for ACS visits in 2017.
- **FIRST RESPONDER ADVANCED LIFE SUPPORT (FRALS)** - Amendments to Agreements provide for services through April 2017. The County retains the unilateral right to enact two subsequent extensions of three months each, effectively extending the terms of the contracts through October 2017.

○ Alameda County Fire	○ City of Alameda *	○ City of Albany *	○ City of Berkeley *
○ City of Dublin	○ City of Emeryville	○ City of Fremont	○ City of Hayward
○ City of Livermore	○ City of Newark	○ City of Oakland	○ City of Piedmont *
○ City of Pleasanton	○ City of San Leandro	○ City of Union City	

\* Provides Ambulance Transport

- **ALAMEDA COUNTY REGIONAL EMERGENCY COMMUNICATIONS CENTER** – (ACRECC) Amendment provides for services through April 2017. The County retains the unilateral right to enact two subsequent extensions of three months each, effectively extending the term of the contract through October 2017. An option for extension through October 2021 upon mutual agreement is also contained therein.
- **REDDINET** – Communications renewal June 2016
- **CARDIAC ARREST, STROKE, AND STEMI**
  - Program administration and enhancements:
    - October 2015 Cardiac Arrest Registry to Enhance Survival (CARES)
    - January 2016 Primary Stroke Receiving Center MOU (Renewals)
    - January 2016 STEMI Receiving Center MOU (Renewals) with updates to include Cardiac Arrest Receiving designation
- **ePCR – Definitive Networks Incorporated Hosting / Training Services** – (refer to 2015-16 Progress Update form for additional information) - April 2016 through April 2017
- **PEDIATRIC READINESS PROJECT** – Contract with UCSF Benioff Children’s Hospital – Emergency Department (ED) Pediatric Readiness Project Site Visits conducted between April 2016-2018
- **PARAMEDICS PLUS** - 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 contract contains significantly more stringent response time compliance standards relative to the predecessor agreement, resulting in the EMS system in Alameda County being one of the highest performing clinically and operationally in the country.. Paramedics Plus has successfully been integrated into the system as the 9-1-1 ambulance provider. Contractual obligations including response time requirements continue to be met or exceeded. Changes in healthcare reimbursement have adversely impacted the system including Paramedics Plus.
- **\* Paramedics Plus Contract Amendment** – Alameda County approved an amendment to agreement which provides for services through April 2017. The County retains the unilateral right to enact two subsequent extensions of three months each, effectively extending the term of the contract through October 2017. The amendment also eliminated the Paramedics Plus walk-away provision in the contract.
- **MPDS** - Our system was redesigned from the ground up to integrate EMD and 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 mobilize resources to priority respond 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 medically stabilized at one hospital and need to be transferred to another hospital for a 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 Inter-facility 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.

### **QUALITY IMPROVEMENT – PROCESS - New**

- **Quality Improvement – “Patient Centric” System Performance** - Clinical / Operational Performance, Policy Compliance and Patient Centric Analysis - Alameda County EMS employs business intelligence software to analyze system participants’ 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 analyses are patient centric. Since all Alameda County system participants are utilizing one single data collection system, Alameda County EMS has unprecedented access to a comprehensive and cohesive picture of the clinical and operational performance of our system.
- **Quality Improvement - Data Management System – “Single Entry Point”** - FRALS and transport agencies report 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 electronic patient care reporting platform allows for unprecedented QI and a comprehensive overview of our EMS System.
- **EMS Data Analysis** – Alameda County EMS is expanding data sharing and analysis capability within the system. Currently, ALCO EMS is in the early stages of developing a bi-directional data exchange with Alameda County specialty receiving centers and other system hospitals. All specialty receiving facility MOUs beginning May 2016 will include language requiring participation in a bi-directional data exchange.
- **NEMSIS 3.4** – Implementation of NEMSIS 3.4 is scheduled for late 2016. ALCO EMS plans to implement the CEMSIS data elements (“primary impression” and other elements) in 2016.

### **DISPATCH SYSTEM AND QUALITY IMPROVEMENT**

- Alameda County maintains two International Academies of Emergency Dispatch (IAED) Centers of Excellence. Oakland Fire Department (OFD) provides Emergency Medical Dispatch (EMD) services for the City of Oakland. ACRECC (Alameda County Regional Emergency Communications Center) provides EMD services for the remainder of the county. The EMD Centers provide pre-arrival instructions and facilitate Medical Priority Dispatch Systems (MPDS) based prioritization.
- Alameda County has 18 Public Safety Answering Points (PSAPs) that receive 911 calls.
- In an effort to coordinate and standardize emergency medical dispatch functions throughout the County, Alameda County EMS has established a Medical Dispatch Review Committee (MDRC) that is comprised of

representatives from ACRECC and the Oakland Fire Department Dispatch Centers as well as the ALCO EMS Director, ALCO EMS Medical Director and provider agency leadership.

- The establishment of this committee has assisted in standardizing EMS resource assignment to incidents throughout the county. Establishing cross-center dialogue has improved our data collection with respect to MPDS activities. This improved data collection has provided us the means to more accurately assess the effectiveness of our MPDS implementation.

## **HPP PROGRAM**

- **EMS HPP Program Changes** - The administration of the Hospital Preparedness Program (HPP) grant continues under the Alameda County Public Health Department. The HPP EMS Coordinator Cynthia Frankel coordinates the HPP workplan deliverables with the HPP Coordinator in Public Health. ALCO EMS staff support activities of the HPP workplan (such as the ReddiNet and 700 megahertz Radios programs). ReddiNet coordination remains an essential component of this program.
- **Disaster Preparedness Health Coalition (DPHC)** - The EMS HPP EMS Coordinator – Cynthia Frankel, RN, continues to support the DPHC Steering Committee and Workgroups to leverage system-wide partners and to facilitate effective planning and exercises. The EMS Director and Prehospital Care Coordinators support the DPHC as needed. The Regional Disaster Medical / Health Specialist resides within Alameda County EMS and provides on-going state and regional updates, training and planning activities for DPHC.
- **Medical Surge Project** – The priority EMS benchmark in the contractor’s deliverables is to strengthen medical surge capability and capacity in a disaster. The focus is to clarify the health care system response for a surge of patients that exceeds the system’s routinely available existing resources. The goal is to strengthen the plan for medical surge bed expansion/decompression, patient tracking, patient movement, and effective pediatric response. In 2015, Alameda County started its Phase 1 Medical Surge project with a focus on health care facility assessments to identify their medical surge capabilities and needs. In Phase 2 which is currently active, the focus is on prehospital BLS medical surge capability assessment and development of expansion/decompression models. In 2016, the medical surge plan will be revised with a new framework for Medical Surge to leverage partners and clarify disaster response roles for both all-hazard and event specific scenarios.

## **COMMUNICATIONS AND INFORMATION MANAGEMENT – Emergencies / Surge Events**

- **ReddiNet Communications**– ReddiNet access and utilization is expanding beyond existing partners including hospitals and prehospital providers to also include clinics and skilled nursing facilities.
- **Radio Communications** – The EMS system has transitioned onto the East Bay Regional Communications System Authority (EBRCSA) platform. Current EBRCSA system capabilities include redundant and interoperable communications with common radio frequencies between fire and ambulance providers, hospitals and law enforcement.. Portable EBRCSA radios have been procured by EMS and distributed to hospital emergency command personnel at all receiving facilities with training in their use for emergency management purposes also provided.
- **California Health Alert Network (CAHAN)** – ALCO EMS staff - Adele Pagan, IT and Cynthia Frankel, RN, have completed the required CAHAN Administrator training. Quarterly exercises are conducted within the Operational Area with EMS system providers.

- **Local Alameda County Mass Notification System** – Everbridge – ALCO Office of Homeland Security has acquired a new mass notification system. The ALCO EMS Staff - Adele Pagan, IT, and Cynthia Frankel, RN, are also the points of contact for the EMS notification components.
- **Information Management Upgrades - WEBEOC** – Alameda Operational Area has transitioned from RIMS to the new WEBEOC information management system.
- **Master EMS Resource Directory** – has been updated in 2016 with Health Care System points of contact for disaster events. Facility Surge and Resource Capability information is also included in the directory.

## **RDMHS**

- **Regional Disaster Medical Health Specialist (RDMHS) position** - On December 4, 2012, the Alameda County Board of Supervisors accepted a two-year agreement between the Alameda County EMS Agency and the California EMS Authority to provide regional disaster medical health coordination services for the period July 1, 2012 through June 30, 2014. 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. Since that time successor agreements have been entered into thereby ensuring the ongoing provision of services by the RDMHS through the present time.
- **Regional Disaster Medical Health Specialist Program** - The RDMHS – Kelly Coleman, EMT-P, manages the program which includes: 24/7 response to Region II emergencies; emergency mutual aid coordination for medical and health including processing situation reports and resource requests from the Region II Operational Areas; management of the Alameda county MHOAC directory including the metrics resource directory; participation in Urban Shield including the organization of the Ambulance Strike Team mass casualty scenario. The RDMHS also leads the regional Ebola Transportation project.
- **Ebola Transportation Project:** - The RDMHS manages the workplan for the HPP Supplemental Ebola funding for EMS transport inclusive of working with the Region II MHOAC's to draft the Ebola transport ConOps and working with the Alameda Hospital Command Center (HCC) to purchase Ebola/ID Personal Protective Equipment and other supplies.

## **EMS MOBILE FIELD MANUAL**

- In an effort to modernize the delivery of our local field treatment protocols, ALCO EMS has developed a Mobile Field Manual that runs as a native application on both Android and iOS handsets and tablets. By digitizing the delivery of the ALCO EMS field manual, Alameda County EMS is better able to disseminate minor corrections mid-year relative to the previous dependence on a hard copy of the manual.
- The EMS Mobile Field Manual application also provides several useful drug calculators that can assist clinicians at the point of care; this is especially useful for weight based pediatric drug dosages. (Refer to EMS Progress Update Form – Standard 1.14 for additional information). Another feature that the application provides is a GPS enabled mapping system that can assist clinicians at the POC to make destination decisions for specialty care (STEMI, stroke, trauma, etc.) based on real-time traffic conditions. This will facilitate decision making during peak traffic hours when the closest hospital destination is not always the fastest one to get to.

## **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 and other services by a Medical Fellow. UCSF has appointed a half-time Medical Fellow, who is a qualified physician in the field of emergency medicine to educate and train EMS staff. The Fellow also assists in the development of appropriate training materials for the annual paramedic update trainings and presents at Bay Area Paramedic Journal Club meetings. The current EMS fellow is graduating in the very near future. The new EMS fellow is beginning in July 2016.

## **DISASTER READINESS AND EMERGENCY DISASTER DEPLOYMENTS**

### **EMERGENCY / SURGE PREPAREDNESS**

- Regional and State Planning Committees – Alameda County EMS staff – EMS Director, MHOAC and HPP EMSA Coordinator support state emergency planning projects
  - CA Children's Disaster CONOPs Planning - New Committee - supports to CDPH & EMSA
  - Association of Bay Area Health Officers (ABAHO) – Participated in developing Multi-Agency Coordination (MAC) Guide, Medical Shelter Project, and Incident Response Guides (IRG)
  - Medical health Operational Area Coordinator (MHOAC) – Region 2 Committee facilitated by the RDMHS.

### **EMERGENCY DISASTER DEPLOYMENTS**

- Rocky Fire, Lake County ; Valley Fire in Lake County, and the Wragg Fire in Napa and Solano County – Kelly Coleman, RDMHS coordinated situation reporting and mutual aid resource requests - September 2015
- Valley Fire and Calistoga Shelter Response, Napa – Cynthia Frankel, HPP EMSA Coordinator deployed for the EOC Medical Relief Team at the Calistoga Fairground from September 19-20, 2015. Kelly Coleman, EMT-P provided the regional mutual aid coordination as the RDMHS from September 12 through October 2015 and continues to support recover efforts.
- Super Bowl – Pre-planning and response – EMS staff participated in partial activation of the Alameda County EOC February 7, 2016. Deployment of tactical medical teams at the event site included members of the ALCO EMS team. EMS Director Travis Kusman served as the Alameda County EOC Medical Health Branch Director. He and Santa Clara County EMS Agency and EOC staff were supported by RDMHS Kelly Coleman and ALCO EMS personnel including Jim Morrissey, Elsie Kusel, Cynthia Frankel, Lee Siegel, and Joshua English.
- ACE Commuter Train Derailment Response – March 7, 2016. EMS Director Travis Kusman served as the Alameda County EOC Medical Health Branch Director and was supported by MHOAC Jim Morrissey, RDMHS Kelly Coleman and Prehospital Care Coordinators Elsie Kusel at the EOC and Michael Jacobs at the scene of the incident. The incident was stabilized with the transport of approximately 200 injured and non-injured persons accomplished in conjunction with multiple fire and law enforcement agencies and other emergency responders and management teams.

## **PATIENT CARE – TECHNOLOGY / SERVICE INNOVATION HIGHLIGHTS**

- Mechanical CPR devices are available on all first responder fire engines as well as EMS Supervisor vehicles.
- Fully functional cardiac monitor / defibrillators including 12 lead EKG acquisition and transmission, capnography, noninvasive blood pressure monitoring, quantitative and waveform end-tidal CO2 measurement, pulse oximetry and pacing capability are available on all ALS units
- System Status Management of the County EOA contractor's ambulances is guided by an evidence based posting plan and MARVLIS analytic technology.
- Hydraulic stretchers are available on all of the County EOA contractor's ALS and BLS transporting units
- Four field based and ALS capable and equipped EMS Supervisors are available 24/7 and actively involved in the system, responding to all ECHO as well as other high priority level incidents, providing real-time clinical guidance and feedback to other providers.
- In conjunction with the County EOA Contractor, ALCO EMS has implemented and continues to develop an active Tactical Emergency Medical Support (TEMS) program including 80 hours of training via a California EMS Authority approved curriculum and Level IIIA ballistic protection for Tactical Paramedics.

## **MODEL PROGRAMS AND PROJECTS AT THE FOREFRONT**

### **SPECIAL POPULATIONS - REGISTRY AND DATA COLLECTION**

- **Cardiac Arrest Registry** - to Enhance Survival (CARES Registry) – August 2014
- **Sepsis Alert Program** – Screening tool designed to identify potential sepsis patients with EMS providing “sepsis alert” to Receiving Hospitals in advance of patient arrival, thereby facilitating initiation of critical interventions in the ED at the earliest opportunity..

### **SPECIALTY CENTERS - STROKE AND STEMI / Cardiac Arrest**

- Primary Stroke Receiving Center (PSRC)
- STEMI / Cardiac Arrest Receiving Center (SRC / CARC)
- **Alameda County Stroke Centers** - MOUs

○ Kaiser Permanente Oakland	○ Alta Bates Summit Campus - Oakland
○ Alameda Health System – City of Alameda	○ Kaiser Permanente – San Leandro
○ Kaiser Permanente Fremont	○ Washington Hospital - Fremont
○ Sutter Eden – Castro Valley	

- **Alameda County STEMI Receiving / Cardiac Arrest Centers**

○ Alameda Health System – Highland	○ Alta Bates Summit Campus – Oakland
○ Kaiser Permanente Fremont	○ Washington Hospital – Fremont
○ St. Rose *	○ Stanford ValleyCare

\* Kaiser Permanente Oakland will become at STEMI Receiving / Cardiac Arrest Center in January 2017.

### **TRAINING**

- **Urban Shield** – Tactical EMS / Mass Casualty hi-fidelity training event – Alameda County EMS plans and leads the EMS Operations component of the Urban Shield event scheduled September 9-11, 2016. ALCO



EMS staff – Elsie Kusel, EMT-P, and Jim Morrissey, EMT-P, were the medical operations leads in September 2015 and 2016. Urban Shield has grown into a comprehensive full-scale regional preparedness exercise. Urban Shield provides the opportunity to assess the overall Bay Area UASI Region's response capabilities in a high-threat, high density, urban area.

- **EMS Corps** – Alameda County EMS has redesigned the EMT training component of the EMS Corps program. Alameda County EMS Prehospital Care Coordinators currently instruct the EMT curriculum component using a state of the art evidence based approach to adult learning and medical education.
- **CPR 7** – CPR 7 is a program developed to train public school 7<sup>th</sup> graders in Alameda County in CPR. The goal is to increase the percentage of sudden cardiac arrest victims who receive effective bystander CPR. Alameda County EMS is in the fifth school year (2014-15) of the program during which 31 middle schools participated. Alameda County EMS estimates that as of the end of this school year it will have facilitated training nearly 10% of the Alameda County population in CPR.
- **ED Pediatric Readiness Project** – UCSF Children's Hospital and Alameda County EMS conducts ED site visits to strengthen the capability of Alameda County hospitals to care for children. The site visit provides customized training and a follow-up report with recommendations for improvement prepared by the UCSF Children's Hospital Oakland Site Visit Team (ED Medical Director; ED Nursing Director, and Emergency Planner). The April and June 2016 pediatric site visits emphasize pediatric medical surge readiness. The overall goals include the following: 1) to conduct a pediatric mock code demonstration; 2) to conduct an assessment for ED pediatric capabilities ("Day-to-Day" and Emergency / Medical Surge Events); 3) to review the site-visit self-assessment tool from the California Pediatric Readiness Project; 4) to provide an ED on-site training with expert feedback and a post site visit hospital specific customized report which includes recommendations on strategies for improvement; and 5) to facilitate on-going collaboration and future training with UCSF Benioff Children's Hospital.

## **PLANS**

- **Children's Disaster CONOPs Annex** - to the County Emergency Operations Plan. The Emergency Medical Services for Children (EMS-C) Coordinator Cynthia Frankel supported the development of the ALCO Children's Disaster Annex. This Annex is now in the final review stages in the ALCO Operations Council for submission and approval by the Alameda County Board of Supervisors. The EMS-C Coordinator also supports the CDPH and EMSA Pediatric Medical Surge Planning project.

## **COALITIONS**

- **CA Neonatal/Pediatric Disaster Coalition** – Cynthia Frankel, RN, ALCO EMS is the project co-chair for the CA EMSA EMSC-Technical Advisory Committee (TAC) Workgroup and the CA Neonatal/Pediatric Disaster Coalition which provides current pediatric medical surge / disaster readiness resources and conference information via a Googlelist serve.

## **WEB-BASED INFORMATION**

- **Alameda County EMS Blog** - The EMS Agency established an online blog, "ALCO EMS Blog," in December 2013. ALCO EMS highlights new and changed policies, happenings within 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.

## **SPINAL MOBILIZATION**

- **Spinal Motion Restriction Publications** - In 2012, Alameda County embarked on a bold plan to decrease our use of backboards in the EMS system. 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, has been copied successfully in over 6 California counties and more recently adopted by the state of Kansas.

## **COMMUNITY PARTNERSHIPS / EDUCATION –**

### **SPECIAL POPULATIONS**

- **“At Risk” Boys and Men of Color (BMOC)** – Alameda County EMS provided EMS Corps training and peer support mentoring in 2015; the BMOC program opportunity will continue into 2017.
- **Older Populations (55+)** – Alameda County EMS provides fall prevention services via a two year grant from the Partners in Care Foundation for 2015-16.
- **Intellectual and Developmental Disabled Population (IDD)** – A newly formed IDD Forensic Team was initiated in 2016.
- **Patients with Mental Health Issues** – Alameda County EMS is a member of the Alameda County Multi-Discipline Forensic Team (MDFT) which started in 2016
- **Frequent 911/Emergency Users** – Alameda County EMS is involved in the “Hope Center Partnership” and the forthcoming “Whole Person Care” Project. These programs strive to develop and provide comprehensive care to those in need, ultimately decreasing their dependence on and use of the 911 system.
- **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, Alameda County EMS enables young adults with a passion for health education to work with patients at Alameda Health System-Highland Hospital. This innovative program is the first to provide health coaching directly from the Emergency Department and provides pay and career development opportunities for multiple coaches
- **Pipeline Project-** The Alameda County Healthcare Pipeline Partnership is a collaboration between Alameda County EMS and Berkeley Youth Alternatives (BYA) to build more health care internship positions for youth in Alameda County. BYA acts as the fiscal agent to oversee grants awarded to expose youth to hands-on-internship activities leading to employment in the health industry August 2015 to June 2016.
- **Senior Support Programs supported by the Alameda County EMS Injury Prevention Program**
  - **Afghan Health Promoter Project - City of Fremont** – Provides service linkage, medical management, and Health Education July 2015-June 2016
  - **DayBreak Adult Centers** – improves medication compliance July 2015-June 2016
  - **Senior Support Program of the Tri Valley** – improves medication compliance
  - **St. Mary’s Center** – ALCO EMS is conducting a “Medication Safety Pilot” July 15 – June 2016
  - **United Seniors of Oakland and Alameda** – Provides “Medication Safety Program” (Measure A funded)
- **Community Paramedicine** - Alameda County EMS’ two year Community Paramedicine Pilot Project continues in conjunction with the Alameda City Fire Department and the California EMS Authority. Alameda County is one of thirteen sites statewide. The initial term of the pilot is projected to terminate at the

conclusion of 2016. The evaluation of the Community Paramedicine Pilot Project is a three phase process. Phase I was focused on the collection of baseline data that illustrated details of the two targeted populations: patients discharged from the hospital with one of six diagnoses (congestive heart failure, chronic obstructive pulmonary disease, acute myocardial infarction, pneumonia, diabetes, and sepsis); and frequent utilizers of the 911 system and partner hospital emergency department. Phase II was focused on the training of the Community Paramedics (CP) and program infrastructure development. After completion of Phases I & II, Alameda County EMS was authorized as of July 1, 2015 to move into Phase III of CP 007's Post-discharge Patients and Frequent 911 User Pilot Projects, which focuses on CP Intervention and is contingent upon:

1. Conformity with Alameda County EMS Agency Approved Community Paramedicine Medical Protocols, Operations Manual, and all addendums and appendices.
  2. Conformity in participating with the Local CP Steering Committee in conducting retrospective audits of Community Paramedicine Patient encounters.
  3. Conformity with the requirement to report any and all adverse patient outcomes to the EMSA Pilot Project Manager within 24 hours of occurrence.
  4. Conformity with the collection and submission of Implementation Data to UCSF on a quarterly basis as required by California Code of Regulations.
- **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, and data management in a five year plan. The Alameda County AED Coordinator is pursuing an extended contract for the HeartSAFE project with the County Administrator's Office Safety Department.

## **INJURY PREVENTION PROGRAM (IPP)**

### **CHILDHOOD INJURY PREVENTION PROGRAM**

- **Injury Prevention – Car Seat Booster Community Event** was held March 19, 2016 in Oakland. At this event, 500 booster seats and 150 bicycle helmets were distributed to the community. 29 community organizations provided injury prevention/healthy living information and conducted participant activities. The Fremont Booster Distribution event was held April 16, 2016. 300 Boosters were distributed to the community. The City of Alameda Bike Festival was held April 9, 2016. 90 helmets, 100 safety vests, and 20 bike locks were distributed to the community at this event. 550 youth participated in a concussion/goggle exercise and education was conducted on helmet usage.
- **Alameda Safe Kids Coalition**:- Facilitated by Injury Prevention Program (IPP) staff, the Coalition focuses on prevention of unintentional injuries to children/youth. Coalition members include: East Oakland Health Center, Brighter Beginnings, Alameda Health System (Highland Hospital), Sutter Eden Hospital, Oakland Police Department, California Highway Patrol, Children's Hospital Oakland, Asian Health Services, Alameda County Lead Program, Safe Routes to School, Habitat and numerous non-profit and community based organizations.
- The **Safe Kids Coalition** meets monthly to share expertise, invites guest speakers and coordinates/participates in 10 car seat check-up events, 12 health fairs and the following annual events i.e., Safe Kids

International Walk to School Day (October) and World's Largest Swimming Lesson (June) and Safe Kids Day (April); IPP with assistance of EMS staff and designated partners coordinates the EMS Week Kids Day event in May annually.

- **Bike/Helmet Safety Presentations:** IPP staff conducted monthly bike/helmet 30 to 45 minute safety presentations in elementary and middle schools and participated in four (4) bike rodeos.
- **Child Passenger Safety Trainings (CPST):** With the support of certified instructors, IPP hosted and facilitated Child Passenger Safety Technician (CPST) certification classes in September 2015 and April 2016 and facilitated and hosted one continuing education class in October 2015.
- **Every Fifteen Minutes:** in May 2015 and 2016 Alameda County EMS collaborated with Alameda Health System, Sutter Eden Hospital and local law enforcement to provide the program
- **Grants:** - American Automobile Association awarded IPP 350 car seats in 2015 and 2016 for distribution to IPP community partners.- Safe Kids World Wide: Local coalition established in the early 1990's; organization routinely provides printed educational materials; updates on best practices, policies and laws; grants and technical assistance.

### **SENIOR INJURY PREVENTION PROGRAM (SIPP)**

- **Fall Prevention** – Education Forum conducted May 2016 and Train-the-Trainer programs being offered August 2015-July 2017
- **Senior Injury Prevention Partnership:** - Facilitated by IPP staff, Partnership focuses on prevention of unintentional injuries to seniors, age 60 plus. SIPP Partnership includes: Alameda County Area Agency on Aging, Vital Link, United Seniors Oakland-Alameda County, Alameda Health Systems, Sutter Eden Hospital, Spectrum, Senior Support Services of the Tri-Valley, Sutter Health Systems; City of Fremont, St. Mary's Health Center, and other community based and non-profit organizations.
- **SIPP Conference** - In addition to networking and advocacy, SIPP plans and facilitates an annual statewide Senior Injury Prevention Forum. In its 16<sup>th</sup> year, the 2016 forum was held May 25, 2016 in Emeryville, CA. IPP staff conducts the following sessions: Falls Prevention Discussion Groups: 25 presentations with residents and 5 sessions with nursing students/health/social service professionals.
- **Drive Smart:** a collaboration with California Highway Patrol (CHP), 3 to 4 hour Office of Traffic Safety (OTS) sponsored sessions have been conducted 5 times during FY 2015/16.
- **Emergency Preparedness:** Conducted quarterly in response to outreach to programs serving seniors.
- **Health Fairs:** Annually participate in planning and participate in the Healthy Living Festival sponsored by Alameda County Board of Supervisor Nate Miley. Alameda County EMS IPP participated at seven (7) community based fairs primarily between April and October.
- **Advocacy:** IPP Staff serves on **Alameda County Medication Coalition**
- **EMS Week:** Annually, host the May meeting of the Alameda County Round Table. Member organizations serve seniors.
- **Grants:** California Department of Public Health for the second year awarded IPP funds to implement two evidenced based programs—**Stepping On and Tai Chi.** Stepping On consists of 8 week sessions and Tai Chi consists of 12 week sessions held throughout the year. Partners In Care Foundation in September 2015 awarded IPP a two-year grant to implement Matter of Balance (MOB) and STEADI, two evidence

based programs. In February and April, two classes were held to train coaches. Two 8-week MOB sessions are scheduled to start in April 2016.

- **New Changes/Health Care System and Policy** - Evidenced Based Programs for Seniors—funding from California Department of Public Health and Partners In Care Foundation allowed IPP to introduce evidenced programs to Alameda County programs i.e. Stepping On, Tai Chi, Matter of Balance and STEADI. - Safe Kids Worldwide: Eliminated the provision of insurance coverage for registered Safe Kids Car Seat Check-Up events. This change resulted in partner organizations assuming responsibility for the provision of insurance.

## **PUBLICATIONS, RESEARCH, HONORS, AND AWARDS**

- Select Highlights -

### **AWARDS 2015-16**

- **ACE Commuter Train Derailment Response on March 7, 2016:** Honored at Board of Supervisors Meeting – March 29, 2016 - Travis Kusman, Jim Morrissey, Elsie Kusel, Kelly Coleman and Michael Jacobs
- **EMS Week 2016 Proclamation** - In honor of our EMS system partners ALCO EMS collaborated with the Board of Supervisors and May 15-21, 2016 was proclaimed as Emergency Medical Services Week in Alameda County. In part, the Proclamation reads that as EMS professionals, you are *“Called to Care” – serving on health care’s front line, working long hours under difficult situations, frequently risking their own safety to care for those with real and potentially life-threatening illnesses and injuries.*

### **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]
- Welch RD, Nicholas K, Durkalski-Mauldin VL, Lowenstein DH, Conwit R, Mahajan PV, Lewandowski C, Silbergleit R; Neurological Emergencies Treatment Trials (NETT) Network Investigators. Intramuscular midazolam versus intravenous lorazepam for the prehospital treatment of status epilepticus in the pediatric population. Epilepsia. 2015 Feb;56(2):254-62.  
(Co Principal Investigator at the UCSF NETT Site)
- Hall MK, Raven M, Rodriguez R, Brown J, **Sporer K.** EMS-STARS: Emergency Medical Services Super User Transport Association: a Retrospective Study. Prehospital Emergency Care. 2015;19:61-67.
- Savino PB, Sporer KA, Barger JA, Brown JF, Gilbert GH, Koenig KL, Rudnick EM, Salvucci AA. Chest Pain of Suspected Cardiac Origin: Current Evidence-based Recommendations for Prehospital Care. Western Journal of Emergency Medicine 2015;16:983-95.
- Guber NK, Sporer KA, Guluma KZ, Serra JP, Barger JA, Brown JF, Gilbert GH, Koenig KL, Rudnick EM, Salvucci AA. Acute Stroke: Current Evidence-based Recommendations for Prehospital Care. Western Journal of Emergency Medicine 2016;17:104-28.

#### **NON PEER REVIEWED PUBLICATIONS**

- Morrissey J. Tactical Medical Field Guide, author of 144 page tactical medical field guide for military, tactical, rescue task force and special operations medics who work in tactical environments. April, 2016
- Morrissey J. Wilderness Medical Associates' Field Guide, author of 100-page field guide for medical rescue personnel. Guide focuses on prevention, recognition and treatment of medical emergencies in remote settings. Note: over 65,000 copies, translated into five languages in print as of 1/2016
- Morrissey J. "EMS Response to Active Shooter Incidents", EMS World Magazine, July 2011
- Morrissey J. "Spine Immobilization, Are We Going Overboard?" Journal Of Emergency Medical Services (JEMS), feature article, March 2013
- Morrissey J. "Strategies for the Inclusion of Medical and Health Representation within Law Enforcement Intelligence Fusion Centers", Naval Postgraduate School Master's Thesis
- Morrissey J. "Tactical EMS: An overview", PoliceOne.com , July, 2013
- Morrissey J. "Tactical Medical Gear", PoliceOne.com, December, 2013
- Morrissey J. "Standard EMTs need to be ready for active shooters", EMS1.com, February, 2014
- Morrissey J. "Active Shooter: Rescue Task Force medics get to victims faster", EMS1.com, July, 2015
- Morrissey J. "Hybrid Targeted Violence vs. Active Shooter Incidents", EMS1.com, November 2015
- 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.

## CHAPTER

- Sporer KA and Govindarajan P: Communications and Dispatching, in Cooney D (ed): Cooney's EMS Medicine, 1st edition. New York, NY, McGraw Hill Education 2016. 98-104.

## ABSTRACTS

- Garrick J, Sheikh L, Choy K, Halimi K, Claridge F, Agcaoili C, Vorpahl C, Brennan B, Rodriguez M, Cisse B, Magee E, Kidane S, Haslam J, Taigman M, Sporer K, Siegel L. Prehospital identification of sepsis patients and alerting of receiving hospitals- the impact of early goal directed therapy. Prehospital Emergency Care 2015;19(1):149-50.
- Sporer KA, Jacobs MJ, Derevin L. Resuscitation bundle of care for out-of-hospital cardiac arrest improves survival with favorable neurologic outcomes. Prehospital Emergency Care 2015;19(1):171.
- 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 AND PRESENTATIONS

- Kelly Coleman, EMT-P, RDMHS, Napa Earthquake 2015 - Conference Panel Presentations: February 9, 2015, "Master the Disaster" and June 24, 2015 CDPH EPO Disaster Conference
- Kelly Coleman, EMT-P, RDMHS March 3, 2016, "Valley Fire Debrief" panel presentation at the Alameda county Emergency Managers Association and Disaster Preparedness Health Coalition meeting.
- Cynthia Frankel, RN, "Winter Flu and Medical Surge," East Bay Hospital Safety, July 15, 2015
- Cynthia Frankel, RN, "Pediatric Medical Surge Planning Updates," CA EMSC-TAC Meetings February 2015 and 2016
- Michael Jacobs, EMT-P, January 2015, New Orleans LA, National Association of Emergency Medical Services Physicians Conference (NAEMSP): "Cardiac Arrest Survival" (scientific abstract poster presentation)
- Michael Jacobs, EMT-P May 2015, San Diego CA, California Emergency Medical Services Administrators Association Conference (EMSAAC): "Cardiac Arrest Survival" (research presentation)
- Michael Jacobs, EMT-P November 2015, Orlando FL American Heart Association Scientific Sessions Resuscitation Symposium (AHA SS ReSS): "Cardiac Arrest Survival" (scientific abstract poster presentation)



- Michael Jacobs, EMT-P December 2015, San Diego CA,  
American Heart Association Emergency Cardiovascular Care Update Symposium (ECCU):  
“A Prescription for Success”: Alameda County EMS System of Care for out-of-hospital cardiac arrest  
(scientific presentation)
- Karl Sporer, MD, EMS Research in California, EMSAAC Annual Conference, San Diego, CA May 27, 2015.
- Karl Sporer, Recent Improvements in Cardiac Arrest Care, California Pediatric Emergency Care  
Conference, Oakland, April 30, 2015
- 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, Critical Care  
Medicine, Singapore Ministry of Health, Academic Emergency Medicine, Emergency Medical  
Journal, PLOS Medicine, Annals of Internal Medicine.
- Michael Jacobs, EMT-P, April 2016  
"Optimizing a Therapy Specific System of Care for Out-of-Hospital Cardiac Arrest Improves Survival with  
Favorable Neurologic Outcome", submitted to the journal of Prehospital Emergency Care for publication  
(currently under review).

### **LEADERSHIP – COALITIONS AND COMMITTEES**

- Cynthia Frankel, RN, MN, Co-Chair, California Neonatal/Pediatric Disaster Coalition
- Travis Kusman, MPH, Paramedic
  - Member EMS Administrators Association of California
  - Member Alameda County Health Care Services Agency Disaster Operations Leadership Team
  - Member Alameda County Whole Person Care Project Steering Committee
- Karl Sporer, MD,
  - Treasurer EMS Medical Directors of California (EMDAC)
  - Member EMS Authority, Data Advisory Group
  - Chair CARES for California Working Group
  - Member OSHPD Advisory Committee for Community Paramedicine

## 2015-16 PRIORITY WORKPLAN

### IDENTIFIED MAJOR NEEDS

1. EMS System Evaluation and RFP
2. Facilitate reduction in Ambulance Patient Offload Delays (APOD) and reduce the number of avoidable ambulance transports
3. Address Hospital Closures – Mergers / Consolidations
4. Ensure Contract Compliance - Paramedics Plus, fire based first responder and transport providers, Alameda County Regional Communications Center as priorities
5. Strengthen Medical Surge Plans - Leverage partners to participate in preparedness and exercises
6. Strengthen redundant and interoperable communications – ReddiNet, EBRCSA, and CAHAN
7. Facilitate Specialty Centers - Quality Improvement - Continued data collection for cardiac and stroke centers driving continual improvements in care; development of more robust and comprehensive collaborative trauma care quality improvement program
8. Ensure Quality Improvement - Electronic Patient Care Reporting (ePCR) Support for users and quality improvement data extracts and analysis
9. Sustain EMS and Healthcare Training and career development programs – EMS Corps and Health Pipeline Program including Health Coaches
10. Conduct Pediatric Readiness “Day to Day” and Medical Surge Hospital Site Visits
11. Promote retention and further development of existing specialty care centers

### GOALS:

1. Prepare to release a RFP for 911 EOA emergency ambulance services, with the goal of ensuring an EMS System that is clinically and operationally excellent as well as financially viable.
2. Decrease Ambulance Patient Offload Delays (APOD) – Implement First Watch Hospital Offload Dashboard and further develop analytic tools.
3. Monitor contract compliance
4. Strengthen emergency medical surge plans, communications, and information management infrastructure. Conduct exercises with focus on health care facility, first responder, BLS and ALS integration
5. Continued enhancement of quality improvement programs including those associated with cardiac, stroke and trauma specialty care systems
6. Engage in community partnerships facilitating intervention and more comprehensive service delivery to at-risk populations
7. Continue to participate in and host the Regional Trauma Care Committee.
8. Continue TXA pilot study.
9. Enhance preparedness to respond to multiple casualty incidents given reality of Hybrid Targeted Violence and multi-site coordinated attacks. Strengthen triage and patient tracking functions while simplifying associated workflow for responders. Deploy Point of Wounding / Triage response packs across system. Continue development of Tactical EMS and Rescue Task Force programs. Continue to design and implement Public Access Hemorrhage Control program.

## MAJOR PROGRAM SOLUTIONS

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

- **EMS System Evaluation, RFP and implementation** of new County EOA emergency ambulance services contract
- **Identify and implement solutions consistent with the Triple Aim** of the Institute for Healthcare Improvement
- **Identify, evaluate and support providers** in gaining access to specific appropriate revenue streams providing enhanced reimbursement for services rendered.
- **Strengthen Continuous Quality Improvement Program** on an ongoing basis.
- **Emergency Department Pediatric "Readiness"** - Site Visits and Evaluations - April and June in 2016
- **Facilitate EMS New Policy / Procedure Update** – Disseminate annual information update; conduct training
- **Ensure Interoperable& Redundant Disaster Communications** - Strengthen infrastructure - interoperable and redundant communications. Expand participating partner access to ReddiNet and EBRCSA system.
- Strengthen Disaster Response Capability - Strengthen regional resource inventory and relationships with neighboring Operational Areas
- **Strengthen Medical Surge Capability and Capacity** – Develop a framework for transportation to assist in facilitating expansion and decompression of Operational Area (OA) medical surge capacity. Given limited transportation resources, a plan for medical surge acquisition and use of prehospital provider resources including alternative transportation vehicles is a priority. Under the HPP work plan grant, a medical surge contractor has been hired to explore prehospital BLS surge capacity - patient movement including preparing to move patients within the OP area. Given that the state and region including EMSA, CDPH, OES, ABAHO and the Bay Area UASI have several ongoing projects to expand surge capacity including the MAC Project, IRG project, and Catastrophic Earthquake Planning, EMS is participating on planning committees and aligning surge plans accordingly.
- **Enhance Bi-Directional Data Sharing Capabilities** - amongst Dispatch Centers, First Responder, Transport Providers and hospitals – Leverage HL7 compliant software systems to get EMS data into hospital data systems and get outcome data out of hospital systems.
- **Support for ePCR system** – Provide fully functional ePCR Training System, business Intelligence Portal, Tier 4 Hosting Center and redundant hardware for servers starting April 2016 through April 2017
- **Promote Patient Care "Best Practices"** - Sustain and strengthen research and disseminate information via publications. Examples: Continue to Collaborate with EOA emergency ambulance services provider on Tactical EMS program as well as first responders on Rescue Task Force program. Beta Test new opportunities for service provision to vulnerable populations.
- **Provide Alameda Health System (AHS) "Hope Center Ambulatory Care" – Data Sharing Program** - Alameda County EMS will track avoidable hospitalizations, emergency department use for high risk patients, and monitor ambulance transport numbers. The EMS specific goals with AHS include: monitor program effectiveness as an important resource for the county; identify "high risk" patients for targeted interventions; serve as a proxy for ED visits to hospitals outside of AHS; and monitor programs' effect on individual patients

- **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 approved trials.

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT (2015-16)**

		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		✓			
1.02	LEMSA Mission		✓			
1.03	Public Input		✓			
1.04	Medical Director		✓	✓		
<b>Planning Activities:</b>						
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		✓	✓		✓
<b>Regulatory Activities:</b>						
1.12	Review & Monitoring		✓		✓	✓
1.13	Coordination		✓			
1.14	Policy & Procedures Manual		✓		✓	
1.15	Compliance w/Policies		✓			✓
<b>System Finances:</b>						
1.16	Funding Mechanism		✓			
<b>Medical Direction:</b>						
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	Interfacility Transfer		✓		✓	
<b>Enhanced Level: Advanced Life Support</b>						
1.24	ALS Systems		✓	✓		✓
1.25	On-Line Medical Direction		✓	✓	✓	✓
<b>Enhanced Level: Trauma Care System:</b>						
1.26	Trauma System Plan		✓			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
1.27	Pediatric System Plan		✓		✓	
<b>Enhanced Level: Exclusive Operating Areas:</b>						
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
<b>Local EMS Agency:</b>						
2.01	Assessment of Needs		✓		✓	✓
2.02	Approval of Training		✓		✓	
2.03	Personnel		✓			
<b>Dispatchers:</b>						
2.04	Dispatch Training		✓			✓
<b>First Responders (non-transporting):</b>						
2.05	First Responder Training		✓	✓		
2.06	Response		✓			✓
2.07	Medical Control		✓			
<b>Transporting Personnel:</b>						
2.08	EMT-I Training		✓	✓		
<b>Hospital:</b>						
2.09	CPR Training		✓			
2.10	Advanced Life Support		✓			✓
<b>Enhanced Level: Advanced Life Support:</b>						
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
<b>Communications Equipment:</b>						
3.01	Communication Plan*		✓	✓		✓
3.02	Radios		✓	✓		
3.03	Interfacility Transfer*		✓			
3.04	Dispatch Center		✓			
3.05	Hospitals		✓	✓		
3.06	MCI/Disasters		✓			✓
<b>Public Access:</b>						
3.07	9-1-1 Planning/Coordination		✓	✓		✓
3.08	9-1-1 Public Education		✓			
<b>Resource Management:</b>						
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
<b>Universal Level:</b>						
4.01	Service Area Boundaries*		✓	✓		✓
4.02	Monitoring		✓	✓		
4.03	Classifying Medical Requests		✓			✓
4.04	Prescheduled Responses		✓		✓	
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		✓			
<b>Enhanced Level: Advanced Life Support:</b>						
4.16	ALS Staffing		✓	✓		
4.17	ALS Equipment		✓			
<b>Enhanced Level: Ambulance Regulation:</b>						
4.18	Compliance		✓			
<b>Enhanced Level: Exclusive Operating Permits:</b>						
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
<b>Universal Level:</b>						
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*		✓			
<b>Enhanced Level: Advanced Life Support:</b>						
5.07	Base Hospital Designation*		✓			
<b>Enhanced Level: Trauma Care System:</b>						
5.08	Trauma System Design		✓			
5.09	Public Input		✓			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
5.10	Pediatric System Design		✓			
5.11	Emergency Departments		✓	✓		✓
5.12	Public Input		✓			
<b>Enhanced Level: Other Specialty Care Systems:</b>						
5.13	Specialty System Design		✓			
5.14	Public Input		✓			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**F. DATA COLLECTION/SYSTEM EVALUATION**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**G. PUBLIC INFORMATION AND EDUCATION**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**H. DISASTER MEDICAL RESPONSE**

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

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress	Objective
<b>Agency Administration:</b>						
1.01	LEMSA Structure	✓			<p><u>Progress to Date:</u> A new EMS Director was appointed – Travis Kusman, MPH, Paramedic. The new Acting Health Care Services Agency Director is Rebecca Gebhart. Refer to the EMS System plan Table 2 for the updated Alameda County EMS Organization Chart including the new Prehospital Care Coordinators: Susan Farren, EMT-P and Brian Aiello, EMT-P</p>	<p><u>Objective:</u> Ensure formal EMS organization with technical and clinical expertise and competency.</p>
1.02	LEMSA Mission	✓			<p><u>Progress to Date:</u> Alameda County EMS has adopted and continues to strive towards the National Highway Traffic Safety Administration (NHTSA) vision described in the "EMS Agenda for the Future." Given the vision, Alameda County EMS continues to leverage partners for effective outcomes:</p> <ul style="list-style-type: none"> <li>Alameda County EMS facilitates collaboration with stakeholders and partners (public and behavioral health as priorities), propagating a flexible system that continuously adapts to the changing healthcare environment.</li> <li>Collectively, Alameda County EMS is delivering services that are consistent with the Institute for Healthcare Improvement's "Triple Aim" of:                             <ul style="list-style-type: none"> <li>Improving the patient experience of care (including quality and satisfaction)</li> <li>Improving the health of populations; and</li> <li>Reducing the per capita cost of healthcare</li> </ul> </li> </ul>	<p><u>Objective:</u> To ensure EMS Plan, implementation, and evaluation of the EMS system</p> <p><b>ALAMEDA COUNTY EMS VISION</b></p> <ul style="list-style-type: none"> <li><b>VISION</b> Alameda County EMS will explore new frontiers while creating an environment where collaboration and consensus building thrive among staff and stakeholders.</li> <li><b>MISSION</b> Alameda County EMS ensures the provision of quality emergency medical services and prevention programs to improve health and safety in Alameda County.</li> <li><b>VALUES</b> 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.</li> </ul> <p>Refer to the "<b>EMS Agenda for the Future</b>," vision below:</p> <ul style="list-style-type: none"> <li>"Emergency medical services (EMS) of the future will be community-based health management that is fully integrated with the overall health care system. It will have the ability to identify and modify illness and injury risks, provide acute illness and injury care and follow-up, and contribute to treatment of chronic conditions and community health monitoring. This new entity will be developed from redistribution of existing health care resources and will be integrated with other health care</li> </ul>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress	Objective
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1.02	LEMSA Mission	✓				<ul style="list-style-type: none"> <li>providers and public health and public safety agencies. It will improve community health and result in more appropriate use of acute health care resources. EMS will remain the public's emergency medical safety net."</li> </ul>
1.03	Public Input	✓			<p><u>Progress to Date:</u></p> <ul style="list-style-type: none"> <li>Various committee collaborations are continuing to ensure public input and EMS agency representation as follows: EMS Quality Council; Emergency Medical Oversight Committee EMOC; Receiving Hospital Committee; STEMI Committee; Stroke Committee; Trauma Audit Committee; Regional Trauma Audit Committee; Data Steering Committee; ePCR Change Committee; EMS Section Chiefs Committee; Alameda County Fire Chiefs Committee; EMSAAC/EMDAAC; LEMSA Coordinators Meeting; and other ad-hoc committees</li> </ul>	<p><u>Objective:</u></p> <ul style="list-style-type: none"> <li>Continue obtaining input from consumer and healthcare partners.</li> </ul>
1.04	Medical Director	✓			<p><u>Progress to Date:</u></p> <ul style="list-style-type: none"> <li>As the Chair of the Alameda County EMS Quality Council, Dr. Sporer provides leadership, collaboration with system-wide partners and leverages input from our stakeholders from the committees listed in 1.03.</li> <li>New EMS fellow beginning in July 2016.</li> <li>Current fellow is graduating in 2016</li> </ul>	<p><u>Objective:</u></p> <ul style="list-style-type: none"> <li>Continue with the current staffing for EMS Medical Director – Karl Sporer, MD</li> </ul>
<b>Planning Activities:</b>						
1.05	System Plan	✓			<p><u>Progress to Date:</u></p> <ul style="list-style-type: none"> <li>The 2014 Alameda County EMS System Plan was approved in 2015.</li> <li>EMS SYSTEM Evaluation and Request for Proposals (RFP)</li> <li>In July 2015, the Alameda County EMS Agency began preparing to release a RFP for 911 EOA emergency ambulance services, with the goal of ensuring an EMS System based upon clinical and operational excellence as well as financial solvency.</li> </ul>	<p><b>NEW Objective: EMS System Planning</b></p> <p><b>NEW OVERARCHING GOALS</b></p> <ul style="list-style-type: none"> <li>Sustain and improve quality of clinical care the patient receives</li> <li>Stabilize or reduce the cost of EMS services</li> <li>Improve patient satisfaction</li> </ul> <p><b>SIX FUNDAMENTAL TENANTS</b></p> <ol style="list-style-type: none"> <li>Preserving a high level of emergency medical response throughout the County</li> <li>Producing a system that is cost-effective while preserving a high level of response and care</li> <li>Designing a system that is County-wide (ie. Current Exclusive Operating Area (EOA) allowing for consistency</li> </ol>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress	Objective
1.06	Annual Plan Update	✓	✓		<p><u>Progress to Date:</u> 2014 EMS System Plan submitted and approved in 2015. EMS System Plan Update for 2015-16 completed and submitted in July 2016.</p> <p><u>Progress to Date:</u> ACS Certification is now a requirement of current MOU. New MOU's completed in 2015.</p> <ul style="list-style-type: none"> <li><u>Alameda Health System - Highland Hospital</u> had a consultation visit for Level 1 status in May 2016 in which EMS leadership participated.</li> <li>All <b>trauma centers</b> are scheduled for their scheduled <b>ACS visits in 2017</b>. Continue to participate in and host the RTCC. Continue TXA pilot study.</li> <li>Alameda Health System – Highland Hospital continues its participation with American College of Surgeons (ACS) Reverification. Highland Hospital will provide funds to ACS for Reverification to occur every three years following Verification. Reverification will take place during first half of 2017.</li> </ul>	<p>of service Throughout all areas and jurisdictions of the County</p> <ol style="list-style-type: none"> <li>Maintaining and supporting the current workforce</li> <li>Producing a system that is sustainable for the long term</li> <li>Maintaining the appropriate regulatory and oversight functions between the local EMS agency (LEMSA) and the chosen provider(s)</li> </ol> <p><u>Objective:</u> Update the EMS System Plan yearly or as prescribed and submit to EMSA</p> <p><u>Objective:</u> The purpose of the trauma plan is to monitor the delivery of services, improve trauma care through use of best practice in reducing death and disability, and identify areas where improvement can be made.</p> <ul style="list-style-type: none"> <li><u>Short-Range Plan:</u> Maintain ACS Certification as a requirement of the MOU's with our trauma centers.</li> <li><u>Long-Range Plan – Completion of a System-Wide Trauma Evaluation</u></li> <li><u>NEW - Short Range Plan:</u></li> <li>Improve the functionality of our Trauma Audit Committee by adding a pre-TAC component. Improve our analysis of existing trauma data.</li> </ul>
1.07	Trauma Planning*	✓	✓		<p><u>Progress to Date:</u> Advanced Life Support has been available since 1986. Advanced Life Support available on first response vehicles since 2011. Medical Priority Dispatch (MPDS) has been implemented in over 90% of the system. Current contract allows the use of BLS for Alpha or Bravo calls. Currently using BLS for Alpha Calls in the north county. Evaluation of the MPDS system was completed and published.</p> <ul style="list-style-type: none"> <li>Data driven approach to response patterns implemented.</li> </ul>	<p>Overall <u>Objectives:</u> Ensure seamless delivery of 911 services to the citizens of Alameda County by integrating all FRALS providers into one contract template. Utilize evidence based process to tailor ALS response to provide enhanced focus on high acuity patients. Reconfigure resource contingent assigned to low acuity patients. Utilize a stakeholder based workgroup process to facilitate.</p> <ul style="list-style-type: none"> <li><u>Short-Range Plan:</u> Development of the work group.</li> <li><u>Long-Range Plan:</u> MPDS in 100% of the system with assigned response contingents defined on an ongoing basis to match patient needs in an evidence based manner.</li> </ul>
1.08	ALS Planning*	✓	✓	✓		



Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress	Objective
1.09	Inventory of Resources	✓	✓		<p><u>Progress to Date:</u>  <u>Resource Directories:</u></p> <ul style="list-style-type: none"> <li>• EMS Master Resource Directory /distribution lists updated 2015.</li> <li>• RDMHS updated Metrics with regional and operational area equipment resources and plans in 2015 and 2016.</li> </ul> <p><u>Facilities:</u></p> <ul style="list-style-type: none"> <li>• General Services Agency – Updated logistics Resource Inventories includes OA GIS Maps and Facilities.</li> </ul> <p><u>Equipment and Supplies - Updated</u></p> <ul style="list-style-type: none"> <li>• General Services Agency – Updated Logistics Equipment and Supply Resource Inventories</li> <li>• Private Sector Logistics Inventory Updated – Acculogistics location for Vericor mobile caches</li> <li>• Alameda County Public Health Department/EMS Resource Inventories – ACS Cache – MOUs Updated</li> <li>• EMS Emergency/Disaster Supply Inventory – EOC Medical/Health Branch updated; future; plan and implement increased availability of mobile disaster response communication and information management systems</li> </ul>	<p><u>Objectives:</u> Update the Resource Directory annually and submit EMS System Plan tables to EMSA annually. Coordinate with the RDMHS to ensure resources updates are included in the metrics information management system data.</p>
1.10	Special Populations	✓	✓		<p><u>Progress to Date:</u></p> <ul style="list-style-type: none"> <li>• <u>"At Risk" Boys and Men of Color (BMOC)</u> - <u>Progress:</u> EMS Corps training and peer support mentoring provided in 2015-16.</li> <li>• <u>Older populations (55+)</u> - <u>Progress:</u> Fall Prevention services provided - 2-yr grant from Partners in Care Foundation in 2015-16</li> <li>• <u>Intellectual and Developmental Disabled population (IDD)</u> – <u>Progress</u> Newly formed IDD Forensic Team in 2016</li> <li>• <u>Patients with mental health issues</u> - <u>Progress:</u> member of Alameda County Multi-Discipline Forensic Team (MDFT) in 2016</li> <li>• <u>Frequent 911/Emergency Users</u> - <u>Progress:</u> Hope Center Partnership; EMS is named partner in Whole Person Care Project grant application process in 2015-16 which remains in progress</li> </ul>	<p><b>NEW - "At Risk" Boys and Men of Color (BMOC)</b>  <u>Objectives:</u> full-time program aimed to change the trajectory of <b>BMOC</b> and create career opportunity for participants in EMS, public safety, and/or medical/healthcare</p> <ul style="list-style-type: none"> <li>• <u>Short term plan:</u> Facilitate EMT training portion of EMS Corps program with emphasis on preparedness for a realistic EMS workplace environment</li> <li>• <u>Long term plan:</u> Promote continuation of the program including development of staff to practice the same delivery model of curriculum</li> </ul> <p><b>Older populations (55+)</b>  <u>Objectives:</u> Stand-up Matter of Balance (MOB) workshops throughout the County with effort to offer workshops for</p>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress	Objective
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					<p><b>New Conferences – Pediatric “At Risk Populations”</b></p> <ul style="list-style-type: none"> <li>Promoting State and National Conferences on Pediatrics for Disaster Preparedness Coalition (DPHC)</li> <li>EMSC Coordinator attended National Pediatric Disaster Conference – in Arizona 2015</li> <li>EMSC and DPHC partners prioritizing Children &amp; Pediatrics – attending HPP Pediatric Conference in Contra Costa County June 2016.</li> </ul> <p><b>Existing and New Policies: General Policies:</b></p> <ul style="list-style-type: none"> <li>NEW - Domestic Violence - DV Policy in development in 2016</li> <li>Assault / Abuse new Policy</li> </ul> <p><b>Mental Health - Existing and New Operational Policies</b></p> <ul style="list-style-type: none"> <li>Psychiatric and Behavioral Emergencies Policies (Pediatric and Elderly) reviewed</li> <li>5150 Policy and system impact currently being reviewed</li> </ul> <p><b>Pediatric Policies</b></p> <ul style="list-style-type: none"> <li>Airway Obstruction; Anaphylaxis; Altered; ALTE; Bradycardia; Neonatal Resuscitation updated</li> </ul> <p><b>Pediatrics - New Plans (Disaster / Surge)</b></p> <ul style="list-style-type: none"> <li>Children’s Disaster CONOPs (Annex to operational Area EOP) submitted to Operations Council for submission to Alameda County Board</li> <li>EMSC Coordinator supporting planning committee for State Pediatric Medical Surge Planning – function specific chapter too CA Medical/Health EOM</li> <li>Alameda County EMS website updated with pediatric medical surge planning information and links for system-wide partners</li> </ul> <p><b>Child Injury Prevention – Alameda County EMS is expanding community outreach to reduce number of childhood injuries</b></p> <ul style="list-style-type: none"> <li>Safe Kids Coalition active and meets monthly</li> </ul> <p><b>Senior Injury Prevention Project – Alameda County EMS is reducing the number of preventable injuries to older adults in Alameda County through new programs: Senior Support Programs</b></p> <ul style="list-style-type: none"> <li>Afghan Health Promoter Project - City of Fremont – Service</li> <li>Linkage, medical management, &amp; Health Education 2015- 2016</li> <li>Day Break Adult Centers – improved medication compliance</li> <li>Senior Support. Tri Valley–improved medication compliance</li> </ul>	<p>underserved and non-English speaking older adults.</p> <p>Deliverables include implementing the prehospital use of STEADI (STop Elderly Accidents, Death, and Injury) to assess fall risk of certain EMS patients and referring them to this evidence-based program</p> <ul style="list-style-type: none"> <li><b>Short term plan:</b> Work with Injury Prevention to train MOB coaches and help promote workshops</li> <li><b>Long term plan:</b> Develop policy for using STEADI in the field and build infrastructure for referrals from the field</li> </ul> <p><b>Intellectual and Developmental Disabled population (IDD)</b></p> <p><b>Objectives:</b> multidisciplinary team working in collaboration to promote training, navigation and policy for those in crisis identified as having IDD. Crisis includes medical and behavioral emergencies.</p> <ul style="list-style-type: none"> <li><b>Short term plan:</b> Develop mission statement, identify community partners, investigate training models for first responders and others who would interact with this population during crisis</li> <li><b>Long term plan:</b> Secure funding and promote policy for sustainability</li> </ul> <p><b>Patients with Mental Health Issues</b></p> <p><b>Objectives:</b> Collaborate with local law enforcement (LE) agencies and Behavioral Health Care Services (BHCS) to navigate those with MH issues in crisis to appropriate care and services</p> <ul style="list-style-type: none"> <li><b>Short term plan:</b> Foster productive collaborative relationships with LE and BHCS, promote and implement multidisciplinary training</li> <li><b>Long term plan:</b> Develop policy and procedure to navigate</li> </ul>
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Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress	Objective
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					<ul style="list-style-type: none"> <li>• <u>St. Mary's Center – Medication Safety Pilot July 15 – June 2016</u></li> <li>• <u>United Seniors of Oakland /Alameda</u> <ul style="list-style-type: none"> <li>o Medication Safety Program (Measure A)</li> </ul> </li> </ul>	<p>those with MH issues in crisis to appropriate transport, care, and services</p> <p><b>Frequent 911/Emergency Users</b></p> <p><u>Hope Center Partnership - Objectives:</u> collaborate with <u>Hope Center</u> from Highland Hospital to coordinate/navigate appropriate care for identified frequent users</p> <ul style="list-style-type: none"> <li>• <u>Short term plan:</u> enter into MOU with Hope Center for collaboration, share data between systems</li> <li>• <u>Long term plan:</u> Develop policy and procedure for data sharing, referrals and care planning</li> </ul> <p><u>Whole Person Care Project - Objectives:</u> new broad based collaboration in conjunction with the County Health Care Services Agency and other service providers to develop novel approaches to integrating medical, health, mental health, and social services</p> <ul style="list-style-type: none"> <li>• <u>Short term plan:</u> Contribute to pool data for analysis for planning, participate in drafting application for MediCal 2020</li> <li>• <u>Long term plan:</u> Investigate options for sustainability</li> </ul> <hr/> <p><b>"At Risk Populations" – Policies and Training</b></p> <p><u>Objectives:</u> Integrate policies, procedures, and training to include "At Risk" functional needs populations. Collaborate with organizations that serve "At Risk" populations to leverage effective solutions and ensure "inclusive" planning.</p> <ul style="list-style-type: none"> <li>• <u>Short-Range Plan:</u> Maintain established partnerships/collaborations and program/activities</li> </ul> <p><b>NEW:</b> Develop Domestic Violence Policy for 2017</p>
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Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress	Objective
1.11	System Participants	✓		✓	<p><u>Progress to Date:</u>  <u>Hospital Policy Issues:</u> EMS Medical Director met with Hospital ED Medical Directors to address policy issues  <u>STEMI/Cardiac Arrest Centers</u></p> <ul style="list-style-type: none"> <li>Changed <u>STEMI to STEMI/Cardiac Arrest Centers</u>, Shared Hospital Specific Outcome Data for Stroke, STEMI, and Cardiac Arrest Outcomes, Cardiac Arrest Registry to Enhance Survival implemented in late 2015.</li> <li>All MOU's for specialty receiving hospitals are updated or in progress.</li> </ul> <p><u>Hospital Mergers:</u></p> <ul style="list-style-type: none"> <li>ValleyCare is now part of Stanford Healthcare. The new name is Stanford Health Care – ValleyCare Hospital. Alameda Health System includes Highland, Alameda, and San Leandro Hospitals.</li> </ul> <p><u>Contracts:</u></p> <ul style="list-style-type: none"> <li><u>Paramedics Plus - Amendment to Agreement</u> provides for services through October 2017</li> <li><u>First Responder Advanced Life Support (FRALS) – Amendments to Agreements approved April 2016</u> (Provides for services through October 2017: Alameda County Fire, City of Alameda; City of Albany; City of Berkeley; City of Dublin; City of Emeryville; City of Fremont; City of Hayward; City of Livermore; City of Newark; City of Oakland; City of Piedmont; City of Pleasanton; City of San Leandro; and City of Union City</li> <li><u>Alameda County Regional Emergency Communications Center (ACRECC) – Amendment April 2016</u>; Provides for services through October 2017</li> <li><u>ReddiNet Communications Renewal June 2016</u></li> <li><u>ePCR – Definitive Networks Incorporated Data Hosting / Training Services April 2016-17</u></li> </ul> <p><u>EMS Corps</u> - Alameda County EMS has redesigned and formatted the training program. The Alameda County EMS PHCCs currently instructs the EMT curriculum component using a state of the art evidence based approach</p>	<p><u>Objectives:</u></p> <ul style="list-style-type: none"> <li><u>Hospital Policy Issues - Objective:</u> Coordinate with Alameda County receiving hospitals – EMS Medical Director will meet with ED Medical Directors to address issues including policy issues</li> <li><u>STEMI/Cardiac Arrest Centers - Enhance Survival –</u> Cardiac Arrest Outcomes. Sustain MOUs for specialty receiving hospitals. Add bidirectional health information exchange component to MOUs.</li> <li><u>Contracts:</u> Renew Contracts to ensure sustainability</li> </ul>
<b>Regulatory Activities:t65</b>						
1.12	Review & Monitoring	✓	✓	✓	<p><u>Progress to Date:</u></p> <ul style="list-style-type: none"> <li>Expanding Alameda County EMS data analysis</li> </ul>	<p><u>Objectives:</u> Coordinate analysis of all patient care data from “first ring” at PSAP to discharge from receiving hospital. Apply</p>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress	Objective
1.13	Coordination	✓			<ul style="list-style-type: none"> <li>Currently, Alameda County EMS is in the early stages of developing a bi-directional data exchange with Alameda County specialty centers and EDs</li> <li>All specialty receiving facility MOUs beginning May 2016 will include language requiring participation in a bi-directional data exchange.</li> </ul> <p>EMS Agency coordinates: EMS System per Division 2.5 of the Health and Safety Code: Chapter 4. EMS coordinates Quality Improvement; committees; committees (Refer to 1.03 for committees) – No Change</p>	<p>data analysis to policy changes and educational venues.</p> <ul style="list-style-type: none"> <li><u>Short-Range:</u> Expanded pre-hospital data analysis with dashboards monitoring performance.</li> <li><u>Long-Range Plan:</u> EMS link to Receiving Hospital data.</li> <li><u>NEW:</u> Update QI Plan in 2015, will update in 2016</li> </ul> <p><u>Objective:</u> Alameda County EMS coordinating EMS system operations</p>
1.14	Policy & Procedures Manual	✓	✓		<p><u>Progress to Date:</u></p> <ul style="list-style-type: none"> <li>Free online <u>EMS Policy and Protocol app</u> is available on Google and Apple app stores.</li> <li>In an effort to modernize the delivery of our <u>field treatment protocols</u>, Alameda County EMS has developed a Mobile Field Manual that runs as a native application on both Android and iOS handsets and tablets. By digitizing the delivery of the Alameda County EMS field manual, Alameda County EMS is better able to disseminate minor corrections mid-year.</li> <li>Alameda County EMS has a plan to phase out the printing of field manuals, instead opting for a print on demand service for those individuals and agencies that would still like to utilize paper manuals. Alameda County EMS Mobile Field Manual application also provides several useful drug calculators that can assist clinicians at the point of care; this is especially useful for weight based pediatric drug dosages. Another feature that the application provides is a GPS enabled mapping system that can assist clinicians at the POC to make destination decisions for specialty care (STEMI, stroke, trauma, etc.) based on real-time traffic conditions. This will facilitate decision making during peak traffic hours when the closest hospital destination is not always the quickest one to get to</li> <li>New EMS policy 2016 field manual developed.</li> </ul>	<p><u>Objectives:</u> Develop policies and best practices based on the latest best available evidence from studies, best practices, and local data analysis. Yearly review of policy and procedure manuals</p> <p><u>Short Range Plan:</u> Continue to develop and update field policy manual as needed. Ensure accessible formats.</p> <p><u>NEW:</u></p> <ul style="list-style-type: none"> <li>Implement online field manual application</li> <li>Improve administration review and update process</li> <li>Ensure annual field manual update</li> </ul>
1.15	Compliance w/Policies	✓		✓	<p><u>Progress to Date:</u></p> <ul style="list-style-type: none"> <li>Development of a bidirectional exchange of data with hospitals.</li> <li>Implementation of <u>NEMIS 3.4</u> scheduled for late 2016.</li> <li>Alameda County EMS plans to implement the CEMIS data elements ("primary impression" and other elements) in 2016.</li> <li>Ensuring overarching Monitoring Mechanism: QI Committee and Plan; Policy</li> </ul>	<p><u>Objective: Data:</u></p> <ul style="list-style-type: none"> <li>Leverage HL7 compliant software systems currently in place to get EMS data into hospital data systems, and get outcome data out of hospital systems</li> <li><u>Long Range Plan:</u> Continue Monitoring via site visits to monitor and evaluate system components; Continue 24/7</li> </ul>

Standard	EMS A Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress	Objective
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					<p>Review; Unusual Occurrences; Trauma Audit; Training Program and CE Provider; and System Audits – Cardiac Arrest; intubation</p> <ul style="list-style-type: none"> <li>On-going Evaluation &amp; Improvement Plans - MCI "Real Event": Train Derailment Incident March 7, 2016 – Evaluated MCI, ReddiNet, and HAVBED Policy</li> </ul>	On-Call and response capabilities for unusual occurrences, MCIs and other immediate system needs; and MCI after action reports and improvement plans
<b>System Finances:</b>						
1.16	Funding Mechanism	✓			<p>Progress to Date: 2015-16 EMS District annual report for CSA EM1983-1 including financial reports completed and filed with the Board of Supervisors inclusive of recommendation / request for special district rate increase of 3.02% per benefit unit for 2016-17. EMS system fiscal analysis completed as component of emergency ambulance services RFP process which is in progress.</p>	<p>Objective: Continue to work with appropriate entities to ensure long term EMS system financial sustainability</p>
<b>Medical Direction:</b>						
1.17	Medical Direction*	✓	✓	✓	<p>Progress to Date:</p> <p>Alameda County has a comprehensive plan and program for the provision of on and off-line medical direction within the EMS system. The plan identifies Highland Hospital as the system Base Hospital</p> <ul style="list-style-type: none"> <li>Current Base Hospital (Alameda County Health System – Highland) has been designated since 2004.</li> <li>MOU with \$200,00 annual subsidy completed in 2011</li> <li>Sole Base Hospital Agreement for the County</li> <li>Base Hospital Coordinator and Medical Director Assigned</li> <li>All calls are recorded for QI purposes</li> </ul>	<p>Objectives:</p> <ul style="list-style-type: none"> <li>Short-Range Plan: Update / revise Base Hospital Course for second year residents in Alameda County Health Center as necessary</li> <li>Long Range Plan: Review subsidy &amp; MOU as needed</li> </ul>
1.18	QA/QI	✓	✓	✓	<p>(No change)</p> <p>Alameda County EMS ensures QI System-Wide Procedures and Plan</p> <ul style="list-style-type: none"> <li>Provider based QI Plans</li> <li>EMS QI Plan approved by state EMSA</li> <li>CA EMSA Core Measures</li> <li>One ePCR data collection and reporting system for all 911 providers</li> <li>Data analysis and trend identification</li> <li>Training based on trends</li> <li>Policy Review</li> <li>QI committee groups: EMSA Core Measures; Quality Council, ePVR; Equipment, STEM, Stroke, Trauma Audit, and Receiving Hospital</li> </ul>	<p>Objectives:</p> <ul style="list-style-type: none"> <li>Short Range Plan: Continue pre-hospital data analysis and reporting from EMS and providers utilizing Tableau analytic tool</li> <li>Long-Range Plan - Integration of data with hospitals via HIE and/or other methods</li> </ul> <p>NEW:</p> <ul style="list-style-type: none"> <li>2015 QI Plan on Website, Update QI plan in 2016</li> <li>Improve QI communication to field from LEMSA</li> </ul>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress	Objective
1.19	Policies, Procedures, Protocols	✓	✓		<p><u>Progress to Date:</u></p> <ul style="list-style-type: none"> <li>Yearly review conducted of Clinical Protocols</li> <li>EMS Medical Director participates on EMDAC Prehospital Protocol Evidence Based Reviews</li> </ul> <p><u>EMS Operations Policies – Reviewed, Updated, and Additional Policies added:</u></p> <ul style="list-style-type: none"> <li>NEW - Ambulance Rerouting Policy (Updated 2015)</li> <li>Census Reporting Policy – Required for Hospital Bed Status</li> <li>ED Closures Policy – Required for Hospital downgrading status and/or closures</li> <li>Emergency Re-triage and Transfers</li> <li>NEW - EMS Extended Wait Times "<u>Bypass Policy</u>" added in May 2015 to mitigate ambulance patient offload delays (APOD) at hospitals</li> <li>NEW – <u>Transfer of Care Guidelines</u> for Hospital facilities.</li> </ul> <p><u>EMS Field Manual Policy 2016 Updates</u></p> <ul style="list-style-type: none"> <li>NEW - Ambulance Rerouting Criteria</li> </ul> <p>GENERAL SECTION:</p> <ul style="list-style-type: none"> <li>Trauma Patient Care</li> <li>TXA</li> </ul> <p>ADULT /PEDIATRIC SECTIONS</p> <ul style="list-style-type: none"> <li>Acute Stroke</li> <li>Asystole / PEA</li> <li>Chest Pain</li> <li>Respiratory Distress</li> <li>ROSC</li> <li>Severe Nausea Pediatric / Adult Policy</li> </ul> <p>OPERATIONS SECTION</p> <ul style="list-style-type: none"> <li>Death in the Field</li> <li>Equipment</li> </ul> <p><u>EMS Field Manual Policy 2017 – Reviewing and planning Proposed Changes for 2017</u></p> <ul style="list-style-type: none"> <li>General Section – TXA; Abuse, and Transport Guidelines</li> <li>Adult Pediatric Sections - Anaphylaxis; Acute Stroke; Asystole / Anaphylaxis/Respiratory Distress</li> <li>Operations Section – Equipment / Supplies</li> <li>Procedures Section – MCI</li> </ul>	<p><u>Objective:</u></p> <ul style="list-style-type: none"> <li>Sustain objective - "Provide the right resource to the right patient at the right time"</li> <li>Prepare <u>QI Plan 2015</u> - Improve patient outcomes</li> <li><u>Short-Range</u> – Implement MPDS at Berkeley Fire Department Dispatch</li> </ul> <p>Update Policies &amp; Add Policies as needed:</p> <ul style="list-style-type: none"> <li>In 2015 - Establish <u>standards for transfer of patient care</u> for 911. EMS will routinely report <u>Patient Transfer of Care</u> times by hospital</li> <li>Mitigate APOD at hospitals</li> <li>Update Stroke &amp; Other Policies</li> <li>Develop Domestic Violence Reporting Policy</li> <li>Review and update MCI policy including triage and patient tracking</li> </ul>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Objective
1.20	DNR Policy	✓			<ul style="list-style-type: none"> <li>ePCR – Primary Assessment; Domestic Violence; DNR/POLST; Stroke; and Epinephrine</li> <li>Alameda County EMS is developing plans to reorganize our policies and develop a schedule plan for future review.</li> </ul> <p><u>Progress to Date:</u> Will implement in 2016</p> <p><u>NEW:</u> Improve tracking of POLST and DNR patients in ePCR</p>
1.21	Determination of Death	✓			<p>(No Change)</p> <p><u>Progress to Date:</u> Alameda County EMS has a "Death in the Field Policy" – allows for the discontinuation of a medical cardiac arrest after the persistence of a non-shockable rhythm after for rounds of drugs and/or 20 minutes of ACLS.</p> <p><u>Objective:</u> Annually review "Death in the Field" policy and ensure effective.</p>
1.22	Reporting of Abuse	✓			<p><u>Progress to Date:</u> "Reporting of Abuse" policy planning, development, and training in 2016, Alameda County EMS will implement in 2017</p> <p><u>Objectives:</u> Provide appropriate care and emotional support for patient and families. Notify the appropriate agencies including law enforcement, hospital staff, child and adult protective services of all suspected abuse.</p> <p><u>NEW:</u> Develop detailed Domestic Violence Reporting Policy for 2017</p>
1.23	Inter-facility Transfer	✓	✓		<p><u>Progress to Date:</u></p> <ul style="list-style-type: none"> <li>Pediatric Site Visits provided data on trauma re-triage. Educating all receiving hospitals on Trauma Re-triage policy.</li> <li>Investigating development of Sodium Bicarb Policy for CCT-P</li> </ul> <p><u>Objectives:</u></p> <ul style="list-style-type: none"> <li><u>Short-Range Plan:</u> Monitor Trauma Re-Triage</li> </ul>
<b>Enhanced Level: Advanced Life Support</b>					
1.24	ALS Systems	✓	✓		<p><u>Progress to Date:</u> - ALS Contract Extensions</p> <ul style="list-style-type: none"> <li><u>ALS Transport Provider</u> – Exclusive Operating Area – Contract with Paramedics Plus since 2011</li> <li><u>Paramedics Plus</u> - In October 2015, the Board of Supervisors approved a contract amendment with Paramedics Plus which provides for continuation of service through April 2017. The County retains the unilateral right to enact two subsequent extensions of three months each, effectively extending the term of the contract through October 2017. The amendment also eliminated the walk-away provision in the contract.</li> <li><u>Fire-based Transporting entities</u> – Contract extensions with City of Berkeley, City of</li> </ul> <p><u>Objective:</u> Maintain current arrangements</p> <ul style="list-style-type: none"> <li><u>Long-Range Plan:</u> Re-evaluation of EOA contract at 5 year</li> </ul> <p><u>NEW:</u></p> <ul style="list-style-type: none"> <li>RFP for County EOA emergency ground ambulance transport services in 2016, new EOA provider contract in 2017</li> <li>FRALS Contract extensions to 2017</li> <li>Fire-based transport Contract extensions to 2017 for the incorporated Cities of Alameda, Albany, Berkeley and</li> </ul>



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1.25	On-Line Medical Direction	✓	✓	✓	<p>Albany, City of Piedmont, and City of Alameda. Extensions provide for continuation of service through April 2017. The County retains the unilateral right to enact two subsequent extensions of three months each, effectively extending the term of the contracts through October 2017.</p> <ul style="list-style-type: none"> <li>• <u>Non-Transport FRALS</u> – Contract extensions for Alameda County Fire, City of Alameda, City of Albany, City of Berkeley, City of Dublin, City of Emeryville, City of Fremont, City of Hayward, City of Livermore, City of Newark, City of Oakland, City of Piedmont, City of Pleasanton, City of San Leandro, City of Union City. Extensions provide for continuation of service through April 2017. The County retains the unilateral right to enact two subsequent extensions of three months each, effectively extending the term of the contracts through October 2017.</li> </ul>	Piedmont
					<p><u>Progress to Date:</u></p> <ul style="list-style-type: none"> <li>• Alameda County EMS continues to have on-line medical direction provided by a base hospital – MOU contract extension with Alameda Health System (Highland Hospital)</li> <li>• Continuous quality improvement process; quarterly audits of base hospital calls. Refer to Quality Improvement policies</li> <li>• Yearly Base Hospital Course for incoming second year EM residents.</li> <li>• More involvement of EM residents during their EMS rotation.</li> </ul>	<p><u>Objective:</u> Continuing monitoring QI and Base Hospital physician training</p> <ul style="list-style-type: none"> <li>• <u>Short-Range Plan</u> – QI and physician training yearly</li> </ul>
<b>Enhanced Level: Trauma Care System:</b>						
1.26	Trauma System Plan	✓			<p><u>Progress to Date:</u></p> <p>Alameda County EMS has a plan for trauma care and determines the optimal system design for trauma care.</p> <p><u>Trauma Centers:</u> Alameda Health System (Highland Hospital) Sutter – Eden Medical Center; and UCSF Benioff Children's Hospital, Oakland</p> <p><u>Trauma Plan Status:</u></p> <ul style="list-style-type: none"> <li>• Trauma System Plan accepted in 2015 with Alameda County partners</li> <li>• 2014 Trauma plan submitted in December 2014 and approved by EMSA in 2015</li> <li>• MOU extended contracts with the 3 designated Trauma Centers</li> </ul> <p><u>Trauma Patient Volume for 2015</u> – The total number of trauma activations at each of the trauma centers in 2015 is provided below:</p> <ul style="list-style-type: none"> <li>• UCSF Benioff Children's Hospital .....787</li> <li>• Sutter Eden Medical Center.....2239</li> </ul>	<p><u>Objective:</u> Review and update a trauma care system plan</p>

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					<ul style="list-style-type: none"> <li>Alameda Health System – Highland Hospital ..... 2324.</li> <li>Total critical trauma patients transported to trauma centers in 2015...5350</li> </ul> <p><u>Trauma Patient Volume for 2014</u> (not previously included)</p> <ul style="list-style-type: none"> <li>UCSF Benioff Children's Hospital .... 807</li> <li>Sutter Eden Medical Center ..... 1947</li> <li>Alameda Health System – Highland Hospital ... 2305</li> </ul> <p><u>Receiving Facilities/Non-Trauma Centers</u> – The non-trauma facilities in Alameda County receive some patients meeting Trauma Patient Criteria (CTP), as outlined in EMS Policy Trauma Triage Criteria. These facilities are directed to all 911 for emergent transfers to the closest trauma center.</p> <ul style="list-style-type: none"> <li>Priority education and training on the Emergency Triage to Trauma Center Policy – Ensure process for re-triage of patients needing trauma care from non-trauma hospitals is efficiently adhered to.</li> </ul>	
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
1.27	Pediatric System Plan	✓	✓		<p><u>Progress to Date:</u> Alameda County EMS with the assistance of pediatric experts , has developed a comprehensive work plan to include:</p> <ul style="list-style-type: none"> <li>Trauma System Plan; Pediatric Patient Care Policies; EMSC Coordinator; Hospital Pediatric Readiness for "Day to Day" and Medical Surge; Pediatric Medical Surge Plan, and Children's Disaster Annex to the Operational Area EOP.</li> </ul> <p>The 2015-16 plans and projects include:</p> <ul style="list-style-type: none"> <li>Education on <u>EMSC Prehospital Policies and Procedures</u> – New Pediatric updates for 2015-16</li> <li>Conducted Hospital <u>ED Pediatric Readiness Site Visits</u> for "Day to Day" and Medical Surge Readiness in April and June 2016. Contract with UCSF Benioff Children's Hospital to conduct ED Site visits, training, feedback, and improvement plans</li> <li>Promote Pediatric Resource Information via Alameda County EMS Website and National Pediatric Googlelist Server.</li> <li>Support Alameda County Children's Disaster CONOPS annex project; final review in preparation for Board of Supervisors approval</li> <li>Support California Department of Public Health and Emergency Medical Services Authority on new pediatric medical surge planning project.</li> </ul>	<p><u>Objective:</u> The overall goal of the Alameda County EMS for Children (EMSC) program is to ensure that acutely ill and injured children have access to high quality, coordinated, and comprehensive emergency and critical care services appropriate for children's special needs.</p> <ul style="list-style-type: none"> <li>Continue to assess the local EDs for pediatric capability.</li> </ul> <p>Facilitate hospital and ALS pediatric readiness with focus on medical surge</p>

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					<ul style="list-style-type: none"> <li>Partnership with Alameda County EMS Injury Prevention Program</li> <li>Integrated pediatrics in Medical/Health Statewide Exercises</li> <li>Participates in the CA EMSC-TAC Committee – Co-Chair, Disaster Committee.</li> </ul>	
<b>Enhanced Level: Exclusive Operating Areas:</b>						
1.28	EOA Plan	✓		✓	<p>EOA Plan - Service Area and Service Provided by:</p> <ul style="list-style-type: none"> <li>Alameda County Exclusive Operating Area (EOA) – Paramedics Plus</li> <li>City of Albany – Albany Fire Department</li> <li>City of Berkeley – Berkeley Fire Department</li> <li>City of Piedmont – Piedmont Fire Department</li> <li>City of Alameda – Alameda City Fire Department</li> </ul>	<p><u>Objective:</u> Continue current system evaluation and RFP process</p>
<b>Local EMS Agency:</b>						
2.01	Assessment of Needs	✓	✓	✓	<p>Alameda County EMS continues to assess personnel and training needs. The primary mechanisms contribute to the assessment of needs:</p> <ul style="list-style-type: none"> <li>Provider Agency QI Plan</li> <li>Alameda County EMS QI Plan 2015 (available on the Alameda County EMS website)</li> <li>Unusual Occurrence Process – Quality Improvement Administrative Policy</li> <li>"Ride-Along" with transport providers</li> <li>Mandatory Update policy training</li> <li>Case Reviews by Medical Director</li> <li>Training Needs based on data</li> <li>Fulltime QI/PHCC Coordinator</li> <li>ED Pediatric Readiness Site Visits with assessment, training, and evaluation with recommendations for improvement</li> </ul>	<p><u>Objectives:</u> Use the data management system to assess provider compliance with Policy 2000 (Ongoing). To conduct training sessions regarding policy changes – done annually following the policy review process and prior to the implementation of new policies. To assess paramedic current knowledge and skills competency (No Change)</p>
2.02	Approval of Training	✓	✓		<p>The Alameda County EMS agency has a mechanism to approve EMS education programs that require approval:</p> <ul style="list-style-type: none"> <li>CE provider/training program approval process policy</li> <li>CE provider application</li> </ul> <p><u>Prehospital Training Programs:</u></p> <ul style="list-style-type: none"> <li>15 # - Prehospital Training Programs (2 Paramedic Training Programs; 8 Private EMS Training Programs; and 5 Public Safety Agency Training programs)</li> </ul>	<p><u>Objective:</u> Continue adding and approving CE providers</p>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress	Objective
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2.03	Personnel	✓			<ul style="list-style-type: none"> <li>15.# - Approved Training Programs</li> <li><u>CE Providers:</u> <ul style="list-style-type: none"> <li>33 Approved CE Providers</li> <li>On-going audits of training programs</li> </ul> </li> </ul> <p><u>Progress to Date:</u></p> <ul style="list-style-type: none"> <li><u>EMS Continuing Education</u> <ul style="list-style-type: none"> <li>Web-based delivery with 24/7 access to CE certificate option provided by LEMSA.</li> </ul> </li> <li><u>Paramedic Preceptor Program</u> <ul style="list-style-type: none"> <li>Oversight, and regulation of paramedic preceptors</li> </ul> </li> <li><u>Bay Area Paramedic Journal Club</u> <ul style="list-style-type: none"> <li>Leadership attends Quarterly Meetings with field providers and guest speakers</li> </ul> </li> </ul>	<p><u>NEW EMS Continuing Education</u></p> <p><u>Objectives:</u> Evaluate efficacy of contract with Target Solutions (formerly Centrelearn Solutions) in providing asynchronous CE to all prehospital personnel in Alameda County</p> <ul style="list-style-type: none"> <li><u>Short Term Plan:</u> Create and upload custom content relative to Alameda County needs</li> <li><u>Long Term Plan:</u> Increase number of active users in system</li> </ul> <p><u>NEW EMS Paramedic Preceptor Program</u></p> <p><u>Objectives:</u> Promote quality paramedic field training and patient care through preceptor program</p> <ul style="list-style-type: none"> <li><u>Short term plan:</u> policy development to limit preceptor approval term to 2 years (as opposed to continuous). Approved preceptors to satisfy County requirements including, but not limited to completing 8 extra hours of continuing education units in the topic of EMS Education (in addition to the regular 48 hours for paramedic re-licensure). Hold annual Preceptor Seminars that cover principles and practices of adult learning</li> <li><u>Long term plan:</u> develop comprehensive standardized paramedic preceptor program that is consistent and integrated across provider agencies</li> </ul> <hr/> <p><u>Objective:</u> EMT Certification</p> <ul style="list-style-type: none"> <li><u>Short-Range Plan</u> – Incorporate all actively accredited EMT-Ps into state EMISA database</li> </ul>
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Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress	Objective
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(No Change)						
<b>Dispatchers:</b>						
2.04	Dispatch Training	✓		✓	<p><u>Progress to Date:</u>  <u>EMD</u> - Alameda County maintains two AED Centers of Excellence.</p> <ul style="list-style-type: none"> <li><u>ACRECC (Alameda County Regional Emergency Communications Center)</u>, provides EMD services for all areas of the County other than the City of Oakland. ACRECC also dispatches first responder and ambulance transport apparatus for several municipalities as well as Paramedics Plus County-wide.</li> <li><u>Oakland Fire Department</u> provides EMD services for the City of Oakland.</li> </ul> <p><u>Medical Dispatch Review Committee</u></p> <ul style="list-style-type: none"> <li>In an effort to coordinate and standardize emergency medical dispatch functions throughout the County, Alameda County EMS has established a Medical Dispatch Review Committee that is comprised of representatives from ACRECC and the Oakland Fire Department Dispatch center as well as field personnel, the EMS Director, EMS Medical Director and provider agency and leadership.</li> <li>The establishment of this committee has assisted in standardizing the assignment of EMS resources throughout the county.</li> <li>Establishing cross-center dialogue has improved our data collection with respect to MPDS activities.</li> <li>This improved data collection has provided us the means to more accurately assess the effectiveness of our MPDS implementation.</li> </ul>	<p><u>Objective</u> – Continuously monitor compliance</p> <p>Public safety answering point (PSAPs) operators with medical dispatch responsibilities and all medical dispatch personnel are trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines</p>
<b>First Responders (non-transporting):</b>						
2.05	First Responder Training	✓			<p>No Change</p> <p><u>Progress to Date:</u>  <u>Training – Policies and Agreements</u> – Requirements</p> <ul style="list-style-type: none"> <li>Refer to the Alameda County 2016 Field Manual – General Operational Policies (available on the Alameda County EMS website):</li> <li>Refer to the Alameda County EMS Administrative Manual – EMT Certification Policy and Paramedic Accreditation</li> </ul> <p><u>Provider Contracts/Agreements</u></p> <ul style="list-style-type: none"> <li>Refer to the EMS First Responder Advanced Life Support Services Agreements (FRALs) with Fire Departments</li> </ul> <p><u>County-Wide Automatic External Defibrillators</u></p>	<p><u>Objective:</u> At least one person on each non-transporting first response unit trained in first aid and CPR every two years.</p>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress	Objective
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2.06	Response	✓		✓	<ul style="list-style-type: none"> <li>2046 - Total AEDs in Alameda County, as of May 2016</li> <li>Refer to the Alameda County EMS Website for AED/PAD program and the new 2015 regulations including SB 658</li> </ul> <p><b>Quality Improvement Plan</b></p> <ul style="list-style-type: none"> <li>Refer to the 2015 Quality Improvement Plan with training Program Requirements on the Alameda County EMS Website</li> </ul> <p><b>Progress to Date:</b> On-going</p> <p><b>EMS Policy Manual 2016</b></p> <ul style="list-style-type: none"> <li>Refer to the Alameda County Administration and Policy Manual 2016 (available on the Alameda County EMS Website)</li> </ul> <p><b>Tactical Medicine</b></p> <ul style="list-style-type: none"> <li>Training Prehospital using EMSA / POST approved tactical medicine curriculum</li> <li>Planning for 2016 Urban Shield Event to prepare responders to effectively manage complex multi-casualty incidents. Conducted effective 2015 Urban Shield Training</li> </ul> <p><b>AED/PAD Program</b></p> <ul style="list-style-type: none"> <li>As of May 2014, 2046 # of AEDs in Alameda County</li> <li>Project HeartSAFE placed 185 AEDs throughout Alameda County.</li> <li>ICE Safety Solutions is conducting the CPR/AED recertifications and providing AED battery and pad replacements</li> <li>ICE Safety Solutions is continuing to complete their 5-year contract. Discussions underway to extend contract for County Agencies that have been given the HeartSAFE project AEDs.</li> <li>Paramedics Plus funded 10 AEDs for community sites in Alameda County in 2015.</li> </ul>	<p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li><b>PAD Program</b> – Sustain the existing programs in Alameda County and expand if possible</li> <li><b>Tactical Medicine</b> – Provide a standards based, tactically trained EMS workforce to be available to Law Enforcement on an as needed basis as well as provide enhanced capability to respond to violent high risk events like active shooter incidents</li> <li><b>CPR 7</b> – continue program (Refer to 2.09)</li> </ul>
2.07	Medical Control	✓			<p><b>Progress to Date:</b></p> <ul style="list-style-type: none"> <li>MOU signed by all First Responder ALS providers</li> <li>EMS Policy Manual 2016 (available on the EMS website)</li> <li>Annual Protocols Update Training on the Alameda County EMS website</li> <li>Provider contracts and service agreements in place</li> </ul>	<p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li><b>Short-Range Plan:</b> Ongoing Performance improvement monitoring</li> <li><b>Long-range Plan</b> - Renew MOUs when appropriate (NEW - 2016 Policy Manual)</li> </ul>
<b>Transporting Personnel:</b>						
2.08	EMT-I Training	✓			<p>No change</p> <p><b>Progress to Date:</b> All emergency medical transport vehicles have personnel certified at least at EMT-1 level.</p> <ul style="list-style-type: none"> <li>Policy – Refer to Operations Policy "Staffing"</li> </ul>	<p><b>Objective</b> – All emergency medical transport vehicles have personnel certified at least at EMT-1 level.</p>