STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY EDMUND G. BROWN JR., *Governor*

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 322-1441

September 25, 2017

Mr. Bruce Barton, EMS Agency Director
Riverside County EMS Agency
4210 Riverwalk Parkway, Suite 300
Riverside, CA 92505

Dear Mr. Barton:

This letter is in response to Riverside County's 2017 EMS Plan Update submission to the EMS Authority on August 31, 2017.

I. Introduction and Summary:

The EMS Authority has concluded its review of Riverside County's 2017 EMS Plan Update and is approving the plan as submitted.

II. History and Background:

Riverside County received its last full plan approval for its 2009 plan submission, and its last annual plan update for its 2013 plan submission.

Historically, we have received EMS Plan submissions from Riverisde County for the following years:

- 1995
- 1999
- 2005
- 2009
- 2010
- 2012
- 2013

Health and Safety Code (HSC) §1797.254 states:

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

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with HSC §1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to Riverside County's 2017 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations, HSC §1797.254, and the EMS system components identified in HSC §1797.103, are indicated below:

Executive Summary – The EMS Authority acknowledges the QI report for the STEMI and Stroke program systems in Riverside County EMS Agency's jurisdiction. It is very informative, and the EMS Authority is looking forward to seeing more reports like these and comparisons that helps with increasing the quality of care in California

	Approved	Not Approved	
A.	☒	☐	System Organization and Management
B.	☒	☐	Staffing/Training
C.	☒	☐	Communications
D.	☒	☐	Response/Transportation

1. Ambulance Zones

   - Based on the documentation provided by Riverside County, please find enclosed the EMS Authority's determination of the exclusivity of Riverside County's ambulance zones.

2. Response Time

   - Section 4.05 - Does not meet standard. For the next EMS Plan Update, please have developed and adopted Riverside County policies to meet the response time standard criteria.

E.	☒	☐	Facilities/Critical Care

1. Emergency Departments

- Section 5.11 – The Executive Summary specifies future goals and objectives for this item, but the EMS Authority would like to see a stronger connection between the summary and actual self-assessments.

F. ☒ ☐ Data Collection/System Evaluation

1. Trauma Care System

- Sections 6.10 and 6.11 – Riverside County's Executive Summary delivered the most on-point description of relevant program issues and next steps of any plan reviewed to date.

G. ☒ ☐ Public Information and Education

H. ☒ ☐ Disaster Medical Response

1. Distribution of Casualties

- Section 8.05 – The EMS Authority has noted Riverside County's effort in creating and updating the guideline for a large mass casualty incident, and the EMS Authority is looking forward to the completion of the comprehensive multiple patient management plan by December 2018.

IV. Conclusion:

Based on the information identified, Riverside County's 2017 EMS Plan Update is approved.

Pursuant to HSC §1797.105(b):

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

consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."

V. <u>Next Steps</u>:

Riverside County's next annual EMS Plan Update will be due on or before October 31, 2018. If you have any questions regarding the plan review, please contact Ms. Nancy Steiner-Keyson, Acting EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

Howard Backer, MD, MPH, FACEP
Director

Enclosure

ZONE	EXCLUSIVITY			TYPE			LEVEL								
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
Cathedral City	X														
Central Zone		X	Non-Competitive	X				X							
Cove Communities		X	Non-Competitive	X				X							
Desert Zone		X	Non-Competitive	X				X							
Idyllwind FPD		X	Non-Competitive	X				X							
Indio City Zone	X														
Mountain Plateau	X														
Northwest		X	Non-Competitive	X				X							
PaloVerde Valley Zone		X	Non-Competitive	X				X							
Pass Area	X														
San Jacinto/Hemet Valley		X	Non-Competitive	X				X							
Southwest		X	Non-Competitive	X				X							

RIVERSIDE COUNTY
EMS
AGENCY

Tom McGinnis, Chief EMS Systems Division
California EMS Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA. 95670

August 31, 2017

Dear Tom,

Please accept the submission of the Riverside County EMS Agency's (REMSA) 2017 EMS Plan. We look forward to the EMS Authority's review, comments and approval. If you have any questions please contact me at (951)358-5029.

Thank You

Bruce Barton
EMS Agency Director
Riverside County Emergency Management Department

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County of Riverside

EMS Plan

Submitted by
The
Riverside Emergency Medical Services Agency
(REMSA)
2017

RIVERSIDE COUNTY EMS PLAN
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EXECUTIVE SUMMARY

The EMS Plan has been completed with the input from Riverside County EMS stakeholder organizations. The Plan reveals how our system complies with The EMS System Standards and Guidelines. The plan identifies accomplishments since the last EMS plan approval as well as areas of improvement to continuously enhance EMS service delivery to the residents and visitors to Riverside County. The last EMS Plan was approved by EMSA on August 22, 2016.

Major Accomplishments and Improvements to the EMS System since 2013

1. In June 2015 the Riverside County Board of Supervisors created the Emergency Management Department (EMD). The EMD includes REMSA as the Local EMS Agency designated pursuant to the California Health and Safety Code, Division 2.5, Section 1797.200. EMD also includes the former Office of Emergency Management and the former Public Health Emergency Preparedness and Response (PHEPR) Branch.

2. The EMS Agency (REMSA) collaborated with all stakeholders and partner entities to complete a comprehensive EMS system evaluation and strategic planning process in 2013-2014. The Abaris Group was contracted to perform the evaluation and develop the EMS System Strategic Plan. The EMS System Strategic Plan was approved by the Board of Supervisors and establishes goals to improve the EMS system over a five to seven year period. All documents related to the system evaluation and strategic planning process may be accessed at rivcoems.org.

3. Following Board of Supervisors approval, REMSA implemented an updated 9-1-1 emergency ambulance contract effective July 1, 2015. **(EMS Strategic Plan Goal 10**). Highlights of the updated contract include:
   - Improvements in all operational, clinical and customer service aspects of contractor performance.
   - Enhanced operational, clinical, patient satisfaction, community service and financial performance monitoring and reporting.
   - Retention of ambulance services to Mental Health patients including partnering with law enforcement and the Department of Mental Health for the care and transportation of 5150 patients from the field.
   - Terms for support of Fire Department ALS First Responder services within a two-tiered cooperative regional EMS system.
   - An upgraded emergency ambulance fleet.
   - Upgraded medical equipment.
   - Support for patient outcome focused research.

- Improved integration with EMS system partners.
- Increased system enhancement fees (formerly known as penalty fees) based upon response time performance.
- Increased reserve resource requirements for EMS system surge events and Disasters.

4. REMSA completed a request for proposals (RFP) for a new electronic patient care reporting (ePCR) and data management system. Implementation work began July 1, 2015 with the goal of completing field deployment by June 30, 2017. All EMS providers are utilizing the new Image Trend Elite ePCR system as of August 31, 2017. **(EMS Strategic Plan Goal 1)** Highlights of the new data system include:
   - All EMS providers are on a single integrated patient care reporting platform.
   - Provides for significant improvement in data collection, management and reporting functionality that will enable REMSA and EMS system partners to improve patient care.
   - Provides a digital platform for integration with Hospital EMR systems.
   - Provides a digital platform for integration with the Inland Empire Healthcare Information Exchange (HIE).
   - Complies with State data reporting and the National EMS Information System (NEMSIS) requirements.
   - Provides for transition to on-line credentialing for all EMTs, Paramedics and Mobile Intensive Care Nurses (MICN) working in the County EMS system.

5. REMSA completed improvements to the ambulance permitting process including implementation of new policies for quality of service and patient care standards. All new ambulance providers are required to be credentialed by the Commission on Accreditation of Ambulance Standards (CAAS) which is the National "gold standard" of quality for ambulance services. **(EMS Strategic Plan Goal 6)**

6. REMSA, EMD and partner agencies completed a tabletop exercise evaluating the capabilities for patient distribution and movement during a large scale multiple casualty incident (MCI). The exercise included participants from LA, Riverside, San Diego, Imperial, San Bernardino, Inyo and Mono Counties (Region VI Counties) as well as representatives from The California Department of Public Health (CDPH) and EMS Authority (EMSA). The exercise was the first step in creating both Operational Area and Regional Multiple Patient Movement Plan(s) that will improve the care and transportation of patients during large MCIs impacting Counties in Regions I and VI. In January 2017 REMSA created a MCI workgroup to develop the Multiple Patient Management Plan inclusive of patient distribution procedures, resource

management, healthcare evacuations and pediatric disaster readiness. **(EMS Strategic Plan Goal 2)**

7. REMSA updated the County Trauma Plan inclusive of a new data dashboard for the enhanced evaluation and reporting of trauma patient demographics, care and outcomes. The trauma patient dashboard will be utilized by the Trauma Audit Committee (TAC) to evaluate patient care and provide direction for development of trauma policies and protocols. The State EMS Authority approved the new plan in February 2017. **(EMS Strategic Plan Goal 1)**

8. The EMS Quality Improvement Plan (EMSQIP) was updated by REMSA and approved by EMSA on June 28, 2016.

9. On June 1, 2015 REMSA implemented a field research project on the use of Tranexamic Acid (TXA) for critical trauma patients. This innovative project is intended to improve care for trauma patients and is supported by published studies that show patients who receive TXA have significantly better outcomes. EMSA has approved the study to run until June 2018. **(EMS Strategic Plan Goals 1 and 3)**

10. In 2014 REMSA implemented a Regional ambulance patient offload delay (APOD) workgroup in partnership with ICEMA, hospitals, Fire Chiefs Associations and ambulance providers. The workgroup has provided collaborative input into the development of policies to complement on-going data collection and reporting processes designed to reduce the occurrence of ambulance patient offload delay (APOD) at Hospitals. As of mid-year 2017 the four (4) year trend in APOD data shows promising trends toward a reduction in APOD. Some Hospitals have improved significantly in reducing the occurrence and event duration of APOD and overall APOD hours. During the first half of 2017 REMSA data unit completed realignment of APOT data collection and reporting to comply with the EMSA guidelines as approved by the EMS Commission in December 2016. APOT data collection is now integrated with the Image Trend Elite ePCR program. **(EMS Strategic Plan Goal 5)**

11. REMSA Stroke and STEMI specialty care programs have matured. There are 17 General Acute Care Hospitals (GACH) approved as Prehospital Receiving Centers (PRCs) within Riverside County EMS system. Six hospitals are designated STEMI Receiving Centers and 12 hospitals are designated as Stroke Receiving Centers. STEMI and Stroke system advisory committees meet quarterly to review performance reports and identify quality improvement opportunities. REMSA has

employed a specialty care/RN coordinator to develop and implement a plan to re-align specialty care programs with new Title 22 requirements for STEMI and Stroke.

12. The REMSA protocol, policy and procedures manual has been completely re-written inclusive of a reference section that cites the evidence utilized to promulgate the manual.

13. REMSA developed a EMS system resource coordination workgroup made up of system participants to evaluate and develop improvements in the operating efficiency of the system. In 2016 and 2017 the workgroup developed and implemented the following:
    - Improvements to REMSA Emergency Medical Dispatch (EMD) policy that require standardization to International Academies of Emergency Dispatch (IAED) standards, including the use of Medical Priority Dispatch System (MPDS) and ProQA for continuous quality improvement and data reporting.
    - Developed and implemented a continuum of care timeline that identifies critical time stamps and time intervals from the time a 9-1-1 call is received until the patient is discharged from the hospital. Standardized nomenclature and definitions have been developed utilizing NFPA 1710 standards tied to NEMSIS 3.4 data elements to provide for consistency in data collection, analysis, reporting and action planning.
    - Preliminary discussions are under way to evaluate alternatives for the transport of patients to medical or behavioral health facilities that are more appropriate based upon their needs.
    - Development of the first phase of resource response triage based upon EMD is began in early 2017 with the Riverside County Fire Department and American Medical Response (AMR). Phase one of the project is implementation of Medical Priority Dispatch System (MPDS) protocols for responding without red lights and siren (RLS) to 9-1-1 calls triaged as Omega and Alpha. On July 15, 2017 the first phase on the program was successfully implemented resulting in a 15% decrease in the use of RLS during response. During the first 45 days of use the program metrics for triage accuracy, occurrence of under triage and response upgrades meet or exceed initial expectations.

Current Challenges and Major System Improvement Initiatives for 2017/2018.

1. **EMS System Response Efficiency** – REMSA and system partners will continue to develop improved operational data collection, system performance reporting and recommendations for prioritization of EMS resource response. Following a comprehensive EMS system evaluation and strategic planning process, The Abaris Group report identified that the current 9-1-1 EMS resource response is not matched to the medical needs of the patient. Throughout most of the County 9-1-1 EMS response receives a paramedic fire engine or squad and a paramedic ambulance responding with red lights and siren (RLS). This is true regardless of the patient(s) situation or medical needs. The Cities of Corona, Riverside and the Riverside County Fire Department have implemented caller interrogation, pre-arrival dispatch instructions and the medical prioritization components of Emergency Medical Dispatch (EMD). Priority dispatch for EMS resource response is in the beginning stages of implementation. Thirty years of evidence based medical research demonstrate the efficacy and safety of properly implemented medical priority dispatch and resource triage. Analysis of preliminary EMD data stratifying patient acuity based upon the national gold standard for pre-arrival medical triage indicates that a significant number of individuals utilizing the 9-1-1 system for EMS fit into categories for lower priority (non-RLS) response. As part of the on-going efforts to achieve the goals provided by the EMS System Strategic Plan, the EMS System Resource Coordination Group (ESCRG) will continue to focus efforts on development of EMD including development of recommendations for modified EMS response protocols. Additionally, the ESRCG will be evaluating and developing recommendations for transporting Basic Life Support (BLS) patients to definitive care destinations other than acute care hospital emergency departments. ESCRG meeting minutes and documents can be accessed at http://remsa.us/documents/committees/esrcg. **(EMS Strategic Plan Goal 2 and 3)**

2. **Data Collection, Analysis and Reporting** - The Image Trend Elite implementation was completed in 2017 with all 9-1-1 EMS prehospital providers up on the system as of July 1, 2017. Consistent participation and cooperation of all hospitals to fully integrate with data collection efforts, utilize the tools provided by REMSA (e.g. FirstWatch TOC) and provide patient outcome data is a challenge that persists. REMSA and system partners will continue implementation and development of the Riverside County EMS Information System (REMSIS). REMSIS consists of several data collection, analysis and reporting tools, including Image Trend Elite electronic patient care report, Image Trend Licensing Management System (LMS), Digital Innovations Trauma Registry, ReddiNet and First Watch Informatics Systems. System wide education and maturation in the use of these tools will enable consistent improvement in data analytics, reporting and meaningful use, specifically toward the goal of continuously improving EMS patient care. In 2017-2018 REMSA will work with EMS system partners on EMS information systems integration, automation and development the System Clinical and Operational Performance

Evaluation (SCOPE) dashboard. SCOPE will utilize the outputs from REMSIS to communicate key performance metrics. Those metrics will provide REMSA and EMS partners the ability to develop evidence based clinical treatment protocols, education/training initiatives and system design improvements. The first draft of the SCOPE dashboard will be completed by December 2017. **(EMS System Strategic Plan Goal 1, 2, 3, 7, 9 and 12).**

3. **Patient Management and Movement During Mass Casualty Events** – There have been several improvements to REMSA Multiple Casualty Incident (MCI) policies and protocols that have strengthened the on-scene Incident Command structure. Improvements in the capabilities for REMSA and the Medical Health Operational Area Coordination (MHOAC) Program to effectively coordinate and manage patient care and movement across the entire system and region are required. REMSA will develop a comprehensive plan for the management and movement of patients during mass casualty incidents. Catastrophic earthquake plans that were developed utilizing state of the art scientific data prognosticate that there may be tens of thousands injured and in need of emergency medical care within the Southern California Area. Additionally, several hospitals and healthcare facilities may be damaged adding to the need for patients to be evacuated and transported into and out of the County. Recent Countywide drills and planning activities have evaluated the current process for managing patient movement during simulated mass casualty incidents. Gaps in required capabilities have been identified for development of a Multiple Patient Management Plan (MPMP) that include the capability for REMSA and the MHOAC Program to manage the system wide movement and tracking of patients. The Emergency Management Department has provided REMSA with funding to hire a contractor to develop the MPMP. The contractor is in place and has begun initial activities as of August 2017. The plan will be completed by December 2018. Elements of the plan will include:
    - Developing criteria for quickly communicating the occurrence and severity (size) of mass casualty incidents.
    - Automated triggers identifying all EMS system partners roles and responsibilities.
    - Medical mutual aid processes and procedures aligned with the California Public Health and Medical Emergency Operations Manual (EOM).
    - Expanded technical and staffing development of the Medical and Health Coordination Center (MHCC) to provide for single point coordination of medical mutual aid, patient movement and patient tracking.
    - Development of healthcare facility evacuation plans.
    - Development of improved pediatric disaster readiness with all General Acute Care Hospitals (GACH)
    - Integration with the Hospital Preparedness Program (HPP) for improving hospital resiliency.
    - Integration with the EMSA California Patient Movement Plan.

    REMSA has initiated a broad stakeholder and partner workgroup comprised of representatives from Hospitals, ambulance providers, Fire Departments, law enforcement, educational institutions and neighboring Counties who will be providing

expert subject matter input into development of the plan. Once completed the plan and accompanying REMSA policies, protocols and procedures will be included in the Riverside County EMS Plan. **(EMS Strategic Plan Goal 2 and 9)**

4. **Specialty Care Programs** – REMSA will realign STEMI, Stroke and EMS for Children (EMSC) specialty care programs for improved regional continuity of care and compliance with new State regulations governing specialty care program approval. In 2017-2018 REMSA will develop and implement a Specialty Care Program Realignment Plan to implement program improvements in compliance with proposed and existing regulations and guidelines and criteria determined by the REMSA Medical Director. Specific activities to be conducted by REMSA include:
   - Develop and maintain written plans and timelines
   - Conduct stakeholder and partner meetings and work groups to solicit input from the appropriate subject matter experts
   - Update all REMSA policies, protocols and procedures related to specialty care.
   - Update designated specialty care hospital contracts.
   - Work with EMS partners to develop clinical, patient outcome and operational performance data reports.
   - Assist hospitals with implementation of new Specialty Care data registries.
   - Realign advisory committee membership, activities and outputs.
   - Assist in developing and communicating educational and training requirements with hospitals and EMS providers. Including standards for field triage, treatment and transportation of patients requiring emergency medical care; monitors performance of EMS providers to ensure adherence to authorized standards of practice and to identify training needs.
   - Provide specialty care related subject matter recommendations for the development of the Multiple Patient Management Plan (Mass Casualty Plan in development).
   - Provide oversight and direction to hospitals for specialty care programs (i.e., STEMI, Stroke) and update policies/ protocols/ contracts/ perform hospital audits as needed
   - Develop and implement a Specialty Care fee schedule to cover the County's cost for regulatory oversight of Specialty Care Programs, including STEMI, Stroke, EMSC and Trauma.
   - Evaluate initial results from implementation of the Specialty Care Realignment Plan.
   - Perform CQI case reviews. Assure all related Continuous Quality Improvement (CQI) meetings meet State regulatory requirements relating to patient privacy and appropriate evidence codes.
   - Deliver specialty care system reports.

   (EMS System Strategic Plan Goal 1)

5. All Riverside County EMS system improvement goals are included in the EMS System Strategic Plan. The plan can be accessed at rivcoems.org.

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:					
1.01 LEMSA Structure		X			X
1.02 LEMSA Mission		X			X
1.03 Public Input		X			
1.04 Medical Director			X		X
Planning Activities:					
1.05 System Plan		X			
1.06 Annual Plan Update		X		X	
1.07 Trauma Planning*			X		X
1.08 ALS Planning*		X		X	
1.09 Inventory of Resources		X			
1.10 Special Populations		X			X
1.11 System Participants			X		X
Regulatory Activities:					
1.12 Review & Monitoring		X			X
1.13 Coordination		X			X
1.14 Policy & Procedures Manual		X			X
1.15 Compliance w/Policies		X			
System Finances:					
1.16 Funding Mechanism		X		X	
Medical Direction:					
1.17 Medical Direction*		X			
1.18 QA/QI			X	X	
1.19 Policies, Procedures, Protocols			X		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

B. STAFFING/TRAINING

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:					
2.01 Assessment of Needs		X		X	
2.02 Approval of Training		X			
2.03 Personnel		X			
Dispatchers:					
2.04 Dispatch Training			X		X
First Responders (non-transporting):					
2.05 First Responder Training			X	X	
2.06 Response	X			X	
2.07 Medical Control		X			
Transporting Personnel:					
2.08 EMT-I Training			X		
Hospital:					
2.09 CPR Training		X			
2.10 Advanced Life Support		X			
Enhanced Level: Advanced Life Support:					
2.11 Accreditation Process		X			X
2.12 Early Defibrillation		X			
2.13 Base Hospital Personnel		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

C. COMMUNICATIONS

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:					
3.01 Communication Plan*			X		X
3.02 Radios			X		
3.03 Interfacility Transfer*		X			X
3.04 Dispatch Center		X			X
3.05 Hospitals			X		
3.06 MCI/Disasters		X			X
Public Access:					
3.07 9-1-1 Planning/ Coordination			X		
3.08 9-1-1 Public Education		X		X	
Resource Management:					
3.09 Dispatch Triage			X		X
3.10 Integrated Dispatch			X		X

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

D. RESPONSE/TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01 Service Area Boundaries*			X		
4.02 Monitoring			X		
4.03 Classifying Medical Requests		X			X
4.04 Prescheduled Responses		X		X	
4.05 Response Time*	X				X
4.06 Staffing		X			
4.07 First Responder Agencies		X		X	
4.08 Medical & Rescue Aircraft*		X			X
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability*	X				X
4.11 Specialty Vehicles*		X			
4.12 Disaster Response		X			X
4.13 Intercounty Response*			X		X
4.14 Incident Command System		X			
4.15 MCI Plans		X			X
Enhanced Level: Advanced Life Support:					
4.16 ALS Staffing			X		
4.17 ALS Equipment		X			
Enhanced Level: Ambulance Regulation:					
4.18 Compliance		X			X
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan		X		X	
4.20 "Grandfathering"		X			
4.21 Compliance		X		X	
4.22 Evaluation		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

E. FACILITIES/CRITICAL CARE

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
5.01 Assessment of Capabilities		X			
5.02 Triage & Transfer Protocols*		X		X	
5.03 Transfer Guidelines*		X			
5.04 Specialty Care Facilities*		X		X	
5.05 Mass Casualty Management			X		X
5.06 Hospital Evacuation*		X			X
Enhanced Level: Advanced Life Support:					
5.07 Base Hospital Designation*		X		X	
Enhanced Level: Trauma Care System:					
5.08 Trauma System Design		X			X
5.09 Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
5.10 Pediatric System Design		X			X
5.11 Emergency Departments			X		X
5.12 Public Input		X			
Enhanced Level: Other Specialty Care Systems:					
5.13 Specialty System Design		X			X
5.14 Public Input		X			

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
Universal Level:					
6.01 QA/QI Program			X		X
6.02 Prehospital Records		X		X	
6.03 Prehospital Care Audits		X			X
6.04 Medical Dispatch		X			X
6.05 Data Management System*		X			X
6.06 System Design Evaluation		X			X
6.07 Provider Participation		X			
6.08 Reporting		X		X	
Enhanced Level: Advanced Life Support:					
6.09 ALS Audit		X			X
Enhanced Level: Trauma Care System:					
6.10 Trauma System Evaluation		X		X	
6.11 Trauma Center Data		X			X

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
Universal Level:					
7.01 Public Information Materials			X		X
7.02 Injury Control			X		X
7.03 Disaster Preparedness			X		
7.04 First Aid & CPR Training			X		X

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
Universal Level:					
8.01 Disaster Medical Planning*		X			X
8.02 Response Plans			X		X
8.03 HazMat Training		X			
8.04 Incident Command System			X		X
8.05 Distribution of Casualties*		X			X
8.06 Needs Assessment			X		X
8.07 Disaster Communications*		X			
8.08 Inventory of Resources		X			
8.09 DMAT Teams			X		
8.10 Mutual Aid Agreements*		X			
8.11 CCP Designation*		X			X
8.12 Establishment of CCPs		X			X
8.13 Disaster Medical Training		X			
8.14 Hospital Plans			X		
8.15 Interhospital Communications		X			
8.16 Prehospital Agency Plans			X		
Enhanced Level: Advanced Life Support:					
8.17 ALS Policies		X			
Enhanced Level: Specialty Care Systems:					
8.18 Specialty Center Roles		X			X
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:					
8.19 Waiving Exclusivity		X			X

SYSTEM ASSESSMENT FORMS – REMSA 2017 EMS PLAN DRAFT

SYSTEM ORGANIZATION AND MANAGEMENT

1.01 LEMSA STRUCTURE

MINIMUM STANDARDS:

Each local EMS agency shall have a formal organization structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. The Riverside County EMS Agency (REMSA) has four functional teams each with a supervisor that meets established subject matter expert criteria to lead the team. The teams are organized in the following functional categories; Clinical Programs, Data Management, Operations and Administration. In addition to the Director and the Medical Director, REMSA has the following staff assigned across the four functional teams; one Assistant Director, three Senior EMS Specialists, one Assistant Nurse Manager, six EMS Specialists, one Secretary, one Research Specialist, two Administrative Services Assistants, two Office Assistants and three part time administrative support positions. EMS Specialists are required to possess either an EMT certificate, paramedic license, R.N. license or have the appropriate education and past experience in EMS. REMSA is designated the LEMSA pursuant to California Health and Safety Code, Section 1797.200 by the Riverside County Board of Supervisors as a division of the Emergency Management Department (EMD). REMSA is provided support services for Human Resources, Information Technology, fiscal and administration from the EMD. Additionally, REMSA has developed several advisory committees that utilize stakeholder subject matter experts in the evaluation, design, development and implementation of EMS system improvements.

NEED(S):

REMSA will continue to: Identify staffing needs, review and modify job descriptions and employee classifications; evaluate non-agency resources and establish relationships that would enhance the technical and clinical expertise available to REMSA.

OBJECTIVE:

1.To continuously evaluate REMSA's organization chart, determine internal staffing needs, initiate partnerships and develop staff to support continuous development and improvement of the EMS system.
2. Add a consulting specialist to assist in the development of a Specialty Care Realignment Plan.
3. Continue development of REMSA's data management unit.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS – REMSA 2017 EMS PLAN DRAFT

SYSTEM ORGANIZATION AND MANAGEMENT

1.02 LEMSA MISSION

MINIMUM STANDARDS:

Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement (QA/QI) and evaluation processes to identify system changes.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. REMSA facilitates a system-wide EMS Quality Improvement Plan (EQIP), approved by EMSA, to monitor, review, evaluate and improve the delivery of prehospital care services using prospective, concurrent, retrospective and reporting/feedback activities. In addition, performance-based contract reviews provide comprehensive oversight and control of EMS providers. All EMS providers have REMSA approved EQIPs. REMSA has developed the Continuous Quality Improvement Leadership Team (CQILT) made up of REMSA staff, EMS providers and hospitals to connect all CQI activities. Numerous standing and ad-hoc sub-specialty workgroups including STEMI, Stroke, Trauma, MCI/EMS Operations, EMSC, hospital preparedness, EMS education and community education have been developed that provide detailed subject matter expert input to the CQILT. Examples of reports utilized by the CQI workgroups and committees have been included in addendum (X).

NEED(S):

REMSA needs to complete implementation of the ImageTrend Elite ePCR system and associated reporting tools. IT Elite provides REMSA, EMS provider agencies and hospitals with a robust, state of the art EMS data collection and reporting system.

OBJECTIVE:

Integrate all EMS data collection systems to form the Riverside County EMS Information System (REMSIS). REMSIS will include the data collection and reporting tools IT Elite, Digital Innovations (Trauma Data), Image Trend STEMI/Stroke Registries, First Watch, ReddiNet, CARES and other tools to populate the System-Based Clinical and Operational Performance Evaluation (SCOPE) dashboard.

Implement linkages between SCOPE reports, REMSA and advisory committees to ensure meaningful use of the information including policy/protocol development, action planning, focused audits and research projects.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS – REMSA 2017 EMS PLAN DRAFT

SYSTEM ORGANIZATION AND MANAGEMENT

1.03 PUBLIC INPUT

MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism (including EMCCs and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies and procedures, as described in the State EMS Authority's EMS Systems Standards and Guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. The EMS Agency currently utilizes the Emergency Medical Care Committee (EMCC), and the Prehospital Medical Advisory Committee (PMAC) to receive consumer and health care provider input and advice. The EMCC is made up of representatives from Riverside County Supervisory Districts and representatives from other stakeholder organizations. PMAC membership consists of representatives from: provider agencies, hospitals, medical directors and EMS training institutions within Riverside County. Representatives from this committee provide advice on various medical issues based on their expertise and direct interaction with the public.

The Continuous Quality Improvement Leadership Team (CQILT), utilizing detailed subject matter input from sub-specialty work groups, develop system improvement recommendations for submission to PMAC for the medical issues and EMCC for the administrative and operational issues. PMAC and EMCC are the formal committees that directly advise REMSA on EMS system changes. The EMCC prepares annual reports to the Board of Supervisors on the current and anticipated conditions of emergency medical services within Riverside County.

In 2013 REMSA contracted with The Abaris Group to complete a comprehensive analysis of the EMS system, develop recommendations for global EMS system improvement and design a EMS System Strategic Plan. The almost two year process included broad stakeholder/public input and was completed in late 2014 with implementation of the EMS System Strategic Plan. Progress on completion of the goals and objectives contained in the EMS System Strategic Plan are reported in EMCC meetings. In 2017 REMSA again convened broad stakeholder workshops to review and update the EMS System Strategic Plan. All documents related to the system evaluation and planning process are available on the REMSA website at rivcoems.org.

NEED(S):

On-going stakeholder and public input.

OBJECTIVE:

Continue to work toward completion of goals developed in the EMS System Strategic Plan and report on progress to EMCC.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS – REMSA 2017 EMS PLAN DRAFT

SYSTEM ORGANIZATION AND MANAGEMENT

1.04 MEDICAL DIRECTOR

MINIMUM STANDARDS:

Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

RECOMMENDED GUIDELINES:

The local EMS agency medical director should have administrative experience in emergency medical services systems.

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and pre-hospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guidelines. REMSA's medical director is engaged by contract. The terms of the contract specify and require that the medical director's qualifications, roles and responsibilities meet this standard and the recommended guidelines. The current Medical Director, Reza Vaezazizi, MD is board certified in emergency medicine. Dr. Vaezazizi receives input from emergency and specialty care physicians and surgeons that are members of established medical advisory committees including the Trauma Audit Committee (TAC), Regional Trauma Coordination Committee (RTCC), Prehospital Medical Advisory Committee (PMAC) and various specialty care workgroups including STEMI, stroke and EMS of Children (EMSC). Dr. Vaezazizi is also the ICEMA Medical Director. REMSA and ICEMA collaborate on policies, protocols and procedures toward the goal of continuity of care facilitated by a common medical direction model.

NEED(S):

Additional staffing to assist the medical director

OBJECTIVE:

Explore opportunities to develop an assistant medical director position including partnering with the EMS Fellowship program at Loma Linda University Medical Center (LLUMC)

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS – REMSA 2017 EMS PLAN DRAFT

SYSTEM ORGANIZATION AND MANAGEMENT

1.05 SYSTEM PLAN

MINIMUM STANDARDS:

Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority.

The plan shall:

- assess how the current system meets these guidelines,
- identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
- provide a methodology and time-line for meeting these needs.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. This is a countywide EMS plan developed by Riverside County for submission to the State EMS Authority. The plan assesses how the County EMS system meets the state guidelines, identifies system needs and provides clearly identified objectives with timeframes for addressing identified needs.

Progress on completion of the goals and objectives contained in the EMS System Strategic Plan are reported in EMCC meetings. In 2017 REMSA again convened broad stakeholder workshops to review and update the EMS System Strategic Plan. EMS system goals, objectives and improvements form the EMS Strategic Plan are included in this EMS plan submission. All documents related to the strategic plan are available on the REMSA website at rivcoems.org.

NEED(S):

OBJECTIVE

REMSA will utilize an annual workplan to assure the agency's work is aligned with accomplishing the objectives contained within the EMS and strategic plans.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS – REMSA 2017 EMS PLAN DRAFT

SYSTEM ORGANIZATION AND MANAGEMENT

1.06 ANNUAL PLAN UPDATE

MINIMUM STANDARDS:

Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the Standard. REMSA's EMS plan update was last approved by EMSA in August 2016.

NEED(S):

The Five year EMS plan is due for submission to EMSA.

OBJECTIVE:

Submit an EMS plan to EMSA every five (5) years for approval with updates submitted annually. This EMS plan will be submitted to EMSA by August 31, 2017.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS – REMSA 2017 EMS PLAN DRAFT

SYSTEM ORGANIZATION AND MANAGEMENT

1.07 TRAUMA PLANNING

MINIMUM STANDARDS:

The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

RECOMMENDED GUIDELINES:

The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guidelines. The Riverside County Trauma Plan has been adopted by the County Board of Supervisors and approved by the State EMS Authority. The last update of the trauma plan was approved by EMSA in February 2017. This is inclusive of MOU's with the specialty care centers provided by contiguous trauma centers for Level I pediatrics and regional burn center. The Trauma Audit Committee (TAC) is comprised of regional representatives from stakeholder organizations within Riverside County and the ICEMA Region. These representatives provide for CQI, oversight and make recommendations on the design, development and function of the trauma system.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination is accomplished through formal and informal communication with ICEMA, San Diego County EMS, Imperial County EMS and Orange County EMS. The EMS Agency is playing a leadership role in the Southeast Regional Trauma Coordinating Committee (RTCC) which was formed in 2008.

NEED(S):

Continuously refine the trauma plan and complete initiatives begun by the RTCC.

OBJECTIVE:

Continue to utilize the approved, comprehensive trauma plan, and modify this plan as necessary to meet the systems needs and support RTCC goals.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS – REMSA 2017 EMS PLAN DRAFT

SYSTEM ORGANIZATION AND MANAGEMENT

1.08 ALS PLANNING

MINIMUM STANDARDS:

Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. All emergency ambulances that respond to 9-1-1 calls within Riverside County provide ALS service. First responder service is provided at either the ALS or BLS level throughout the County. All ALS providers have a written agreement with REMSA to participate in the EMS system. REMSA re-wrote the ALS policies, protocols and procedures manual in 2012 inclusive of a section of that cites the medical evidence that was reviewed and weighed during development of the medical protocols.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

The ALS program has grown considerably in the last 10 years. REMSA has identified the need for a comprehensive written program document inclusive of updating all of the ALS policies based upon the program design.

OBJECTIVE:

To develop and implement an updated comprehensive ALS program policy by April 2018.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS – REMSA 2017 EMS PLAN DRAFT

SYSTEM ORGANIZATION AND MANAGEMENT

1.09 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. REMSA implemented the ImageTrend Licensing Management System (LMS) linked to the ImageTrend Elite ePCR. LMS maintains a comprehensive real time inventory of EMS resources including personnel, vehicles and facilities. This LMS is complemented by the annual ambulance permitting process and REMSA Policy 8101 which is a comprehensive EMS system resource list that is updated annually through the policy review process.

NEED(S):

None

OBJECTIVE:

Continuous updating of the LMS and Policy 8101.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS – REMSA 2017 EMS PLAN DRAFT

SYSTEM ORGANIZATION AND MANAGEMENT

1.10 SPECIAL POPULATIONS

MINIMUM STANDARDS:

Each local EMS agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

RECOMMENDED GUIDELINES:

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. REMSA participates in programs that service special populations such as the Emergency Medical Services for Children (EMSC) program and Curtailing Abuse Related to the Elderly (CARE) program and we are partnering with the Emergency Management Department, Preparedness Division on the outreach program to the deaf community. The trauma system manager participates in the child death review and domestic violence and elder abuse death review teams. Additionally, paramedics working for contracted EMS providers are required to have a recognized pediatric program certification. REMSA facilitates exposure to specialized population training, such as geriatric emergency medical services. REMSA has served as a distribution point for literature that seeks to educate and assist EMS providers in serving special needs populations. The trauma system manager has developed a team for reviewing concerns of elder falls. Injury Prevention Branch participates in data collection and active preventive measures in near drowning and /drowning and co-sleeping events. Tools used by REMSA to identify special needs populations include the Riverside University Healthcare System, Department of Public Health, community health profile report, the trauma data base, the REMSA data collection system (ImageTrend Elite ePCR) and feedback from the Emergency Management Department, Preparedness and Operations Divisions.

NEED(S):

1. Identification and development of additional EMS training programs focusing on geriatric, children, handicapped and non-English speaking populations.

OBJECTIVE:

2. Coordinate with the Department of Public Social Services and population health programs to develop specific training for EMS personnel.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS – REMSA 2017 EMS PLAN DRAFT

SYSTEM ORGANIZATION AND MANAGEMENT

1.11 SYSTEM PARTICIPANTS

MINIMUM STANDARDS:

Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

RECOMMENDED GUIDELINES:

Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guidelines. All participants in the EMS system have clear roles and responsibilities assigned to them through REMSA policies. Adherence to assigned roles and responsibilities is ensured through CQI processes which are also codified in system policies. Additionally, REMSA has written agreements in place with all ALS providers except for one provider (Idyllwild Fire Department) as well as agreements in place with all base hospitals and specialty care hospitals (trauma, pediatrics, STEMI and stroke). Base hospitals assist REMSA with assuring policy compliance. All 9-1-1 emergency ambulance service areas of the County are identified as either exclusive or non-exclusive operating areas.

NEED(S):

Written agreements need to be developed and put into practice with air ambulance service providers and non-specialty care prehospital receiving centers. Agreements, policies, protocols and procedures governing the use of air medical providers should be developed to maximize their use as a regional resource.

OBJECTIVE:

Develop and implement written agreements with the parties identified above.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS – REMSA 2017 EMS PLAN DRAFT

SYSTEM ORGANIZATION AND MANAGEMENT

1.12 REVIEW AND MONITORING

MINIMUM STANDARDS:

Each local EMS agency shall provide for review and monitoring of EMS system operations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. EMS system operations are routinely reviewed and monitored through EMS and trauma data surveillance, CQI reviews, and performance-based contract reviews. REMSA provides ongoing and direct review and monitoring of system components and service providers participating in the EMS system; documents compliance with performance-based contracts; enforces penalties for noncompliance; communicates findings of system reviews to affected system participants; and facilitates programs to improve operations efficiency and effectiveness. REMSA has established an operations unit, inclusive of a duty officer program, EMS Communications Center (EMS COMM), field response capability and integrated communications systems like FirstWatch, ReddiNet and 700 MHz two-way radio communication on the County Public Safety Communications System (PSEC). The REMSA Operations Unit monitors EMS system function 24/7 through the on-call duty officer program.

NEED(S):

Monitoring EMS system operations through an on-call system duty officer program is sub-optimal. Response time of duty officer staff to EMS COMM leaves a critical gap in real time operational monitoring, management and coordination of the EMS system. This gap is particularly problematic for managing large numbers of patients during multiple casualty incidents (MCI).

OBJECTIVE:

REMSA and partner agencies will develop and implement a multiple patient management plan that includes 24/7 staffing and operation of the EMS COMM.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS – REMSA 2017 EMS PLAN DRAFT

SYSTEM ORGANIZATION AND MANAGEMENT

1.13 COORDINATION

MINIMUM STANDARDS:

Each local EMS agency shall coordinate EMS system operations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. System operations are coordinated and refined on a continuous basis. REMSA accomplishes this by coordinating the development of EMS planning documents, policies and procedures, review of compliance by EMS provider agencies and individuals, coordination and staffing of various committees and task forces, and monitoring of performance based contracts and agreements. REMSA has established an operations unit, inclusive of a duty officer program, EMS Communications Center (EMS COMM), field response capability and integrated communications systems like FirstWatch, ReddiNet and 700 MHz two-way radio communication on the County Public Safety Communications System (PSEC). The REMSA Operations Unit monitors EMS system function 24/7 through the on-call duty officer program.

NEED(S):

1. REMSA's capability to coordinate and manage the EMS system during day-to-day and multiple/mass casualty incidents must be improved. Integrated infrastructure for the coordination of information and activities between Medical Health Operational Area Coordinator (MHOAC) and the Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S) must be implemented. Both internal OA and mutual aid systems for patient distribution require robust communication and information management capability.

2. REMSA policies and procedures need to be aligned with the EMSAAC MHOAC Program Guide and the EMSA State Patient Movement Plan.

OBJECTIVE:

Same as Standard 1.12 - REMSA and partner agencies will develop and implement a multiple patient management plan that includes 24/7 staffing and operation of the EMS COMM.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS – REMSA 2017 EMS PLAN DRAFT

SYSTEM ORGANIZATION AND MANAGEMENT

1.14 POLICY & PROCEDURES MANUAL

MINIMUM STANDARDS:

Each local EMS agency shall develop a policy and procedures manual that includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. REMSA policies and procedures manual is a dynamic document that is under continuous review, development and revision. The REMSA manual includes, evidence based literature citations, input from EMS stakeholders and advise from the Prehospital Medical Advisory Committee (PMAC). The policy manual has been transitioned to on-line availability and individual communications device (smart phone) compatible for utilization in the field.

NEED(S):

REMSAwill continue to develop and refine the EMS policy and procedures manual to meet this standard.

OBJECTIVE:

Continue to maintain a comprehensive policy and procedure manual and make it available to all EMS system participants; review and modify on an annual basis.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS – REMSA 2017 EMS PLAN DRAFT

SYSTEM ORGANIZATION AND MANAGEMENT

1.15 COMPLIANCE WITH POLICIES

MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. REMSA has contracts and agreements in place with base hospitals and transportation providers to enhance enforcement activities and compliance with local EMS policies and procedures. Statute, regulations and Riverside County Ambulance Ordinance compliance are monitored by program coordinator staff through regular quality assurance reviews and performance-based contract reviews. Unusual occurrences and non-compliance are addressed by REMSA through corrective action plans and/or disciplinary processes as appropriate. REMSA has promulgated CQI review and disciplinary investigation policies to guide staff and system participants and ensure due process..

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS – REMSA 2017 EMS PLAN DRAFT

SYSTEM ORGANIZATION AND MANAGEMENT

1.16 FUNDING MECHANISM

MINIMUM STANDARDS:

Each local EMS agency shall have a funding mechanism, which is sufficient to ensure its continued operation and shall maximize use of its emergency medical services fund.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. REMSA is fully funded by a combination of dollars from various sources including system fees and the EMS fund. Occasionally, REMSA receives grant funds for specific projects. In the past decade, REMSA's budget has either grown or, at a minimum, maintained previous year funding levels. Funding received by REMSA is maximized by securing staff and technology improvements for improved system monitoring, expanding scope of services and implementing EMS system enhancements. Additional staffing has provided the capabilities to enhance the system with the addition of specialty care programs and a two tiered duty officer program that monitors the system 24/7. Improved technologies include data collection systems (e.g. FirstWatch, trauma data base, ePCR) and the addition of a stand-up communications center (EMS COMM) that enables REMSA to collect and communicate information during unusual events.

NEED(S):

Maddy (SB12) and Richie's (SB 1773) Funding has decreased over time. REMSA must assess on-going costs to maintain sufficient staffing, particularly with increasing regulatory requirements for data collection and submission, specialty care (Trauma, STEMI, Stroke and EMS for Children) and operational management and coordination. REMSA is one of the few remaining LEMSAs that does not charge fees for any of the above to offset the County's cost of regulating the EMS system as required by law.

OBJECTIVE:

Develop a comprehensive fee schedule to cover the County's cost for regulating the EMS system.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS – REMSA 2017 EMS PLAN DRAFT

SYSTEM ORGANIZATION AND MANAGEMENT

1.17 MEDICAL DIRECTION

MINIMUM STANDARDS:

Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of pre-hospital and hospital providers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. Medical control is accomplished through development and enforcement of EMS system protocols, policies and procedures, Base Hospital agreements, and quality assurance reviews of EMS service delivery. The EMS medical director exercises indirect medical control over the County EMS system through standing order protocols. On-Line medical control is accomplished through REMSA designated base hospital roles and responsibilities identified in base hospital agreements and in the base hospital policy. Roles and relationships between prehospital and hospital providers are established in the EMS system protocols, policies and procedures, base hospital agreements, and ALS provider agreements. Base Hospital Paramedic Liaison Nurses (PLNs) assist REMSA with compliance to medical control policies and are very active in CQI activities. Base hospital emergency department medical directors and emergency department physicians undergo an orientation and an EMS competency exam in order to function as base hospital physicians. Base hospital physicians and PLNs are required to attend Prehospital Medical Advisory Committee (PMAC) meetings. PMAC is the primary advisory committee to REMSA and its medical director.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS – REMSA 2017 EMS PLAN DRAFT

SYSTEM ORGANIZATION AND MANAGEMENT

1.18 QA/QI

MINIMUM STANDARDS:

Each local EMS agency shall establish a quality assurance/quality improvement (QA/QI) program. This may include use of provider-based programs which are approved by the local EMS agency and which are coordinated with other system participants.

RECOMMENDED GUIDELINES:

Pre-hospital care providers should be encouraged to establish in-house procedures, which identify methods of improving the quality of care provided.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guidelines. REMSA facilitates a system-wide CQI program to monitor, review, evaluate and improve the delivery of prehospital care services. This program involves all system participants and involves prospective, concurrent, retrospective, and reporting/feedback mechanisms. Each provider agency is required to submit a CQI program to REMSA for review and approval. Annual reviews and updates of each organization's CQI plans are to be submitted to REMSA for approval. REMSA coordinates the effort with all EMS participants through the CQI Leadership Team (CQILT) to update CQI plans and procedures to comply with the Title 22, Chapter 12 regulations. REMSA's EMS Quality Improvement Plan (EMSQIP) is approved by EMSA, the last annual update was submitted to EMSA in 2016.

NEED(S):

REMSA is implementing a new NEMSIS 3 electronic data collection system with a comprehensive reporting suite. Once the new system is fully implemented, REMSA will need to update elements of the EMSQIP.

OBJECTIVE:

Update the EMSQIP and all provider agency CQI plans by August 30, 2018.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS – REMSA 2017 EMS PLAN DRAFT
SYSTEM ORGANIZATION AND MANAGEMENT

1.19 POLICIES, PROCEDURES, PROTOCOLS

MINIMUM STANDARDS:

Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to:

- triage,
- treatment,
- medical dispatch protocols,
- transport,
- on-scene treatment times,
- transfer of emergency patients,
- standing orders,
- base hospital contact,
- on-scene physicians and other medical personnel, and
- local scope of practice for pre-hospital personnel.

RECOMMENDED GUIDELINES:

Each local EMS agency should develop (or encourage the development of) pre-arrival/post dispatch instructions.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guidelines. Policies, procedures and protocols are in place for all of the above listed system components, as well as other clinical and operational situations. All REMSA program documents including protocols, policies and procedures can be accessed at rivcoems.org.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS – REMSA 2017 EMS PLAN DRAFT

SYSTEM ORGANIZATION AND MANAGEMENT

1.20 DNR POLICY

MINIMUM STANDARDS:

Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the pre-hospital setting, in accordance with the EMS Authority's DNR guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. A "Do Not Resuscitate" (DNR) policy (REMSA 4203) is in place in accordance with the EMS Authority DNR guidelines. Physicians Orders for Life Sustaining Treatment (POLST) form was incorporated into REMSA's End of Life Care policy (REMSA 4205).

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS – REMSA 2017 EMS PLAN DRAFT
SYSTEM ORGANIZATION AND MANAGEMENT

1.21 DETERMINATION OF DEATH

MINIMUM STANDARDS:

Each local EMS agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. A "Determination of Death" policy (REMSA 4203) is in place.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS – REMSA 2017 EMS PLAN DRAFT

SYSTEM ORGANIZATION AND MANAGEMENT

1.22 REPORTING OF ABUSE

MINIMUM STANDARDS:

Each local EMS agency shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. Reporting of abuse policies (REMSA 4102, Forms 9406 & 9407) are included in REMSA's Policy Manual. REMSA participates in the Coroner's Child Death Review Team and the Elder and Domestic Violence Death Review Team.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS – REMSA 2017 EMS PLAN DRAFT
SYSTEM ORGANIZATION AND MANAGEMENT

1.23 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

The local EMS medical director shall establish policies and protocols for scope of practice of pre-hospital medical personnel during interfacility transfers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. Policies and procedures have been developed and are in place for identifying the scope of practice for prehospital medical personnel during Interfacility Transfers (IFT). REMSA Policy 5501.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS – REMSA 2017 EMS PLAN DRAFT

SYSTEM ORGANIZATION AND MANAGEMENT

1.24 ALS SYSTEMS

MINIMUM STANDARDS:

Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.

RECOMMENDED GUIDELINES:

Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. All but one (1) ALS services in Riverside County have written agreements with REMSA. Riverside County is divided into twelve (12) operational zones. All zones are served by ALS provider agencies. Exclusive operating area agreements are in place for nine (9) of the twelve (12) zones. In the remaining three (3) zones, ALS services are furnished by two (2) provider agencies that historically served those areas. Idyllwild Fire Protection District (IFPD) isthe sole remaining ALS service provider that requires a written agreement with Riverside County. An agreement has been drafted and sent to the IFPD but no further progress has occurred at this time. No progress has been made in securing written agreements with Helicopter Emergency Medical Services (HEMS) providers. All air ambulance providers are included the annual permitting process.

NEED(S):

An ALS provider authorization agreement is needed with Idyllwild Fire Protection District to be compliant with Title 22, Chapter 4, Article 7, 100167(b)(4). Agreements with HEMS providers are needed. ALS agreements with HEMS providers should take into consideration the need for a regional approach to service the EMS system.

OBJECTIVE:

1. A draft ALS agreement was provided to IFPD in January 2017. Discussions are on-going. This requires follow up and completion to be compliant with regulations.
2. Work with surrounding LEMSA's to develop a regional solution to the ALS agreement requirement for HEMS providers.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS – REMSA 2017 EMS PLAN DRAFT

SYSTEM ORGANIZATION AND MANAGEMENT

1.25 ON-LINE MEDICAL DIRECTION

MINIMUM STANDARDS:

Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

RECOMMENDED GUIDELINES:

Each EMS system should develop a medical control plan that determines:

- the base hospital configuration for the system,
- the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and
- the process for determining the need for in-house medical direction for provider agencies.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guidelines. Seven (7) General Acute Care Hospitals (GACHs) in Riverside County have been designated by REMSA as base hospitals. They provide on-line medical control through physicians or certified mobile intensive care nurses. Base hospital agreements are in place. Base hospital medical directors and PLNs organize frequent training and CQI feedback activities for EMS providers. Each base hospital has a REMSA approved EMSQIP containing prospective, concurrent and retrospective elements. REMSA has written agreements in place with all base hospitals that are updated every three (3) years.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS – REMSA 2017 EMS PLAN DRAFT

SYSTEM ORGANIZATION AND MANAGEMENT

1.26 TRAUMA SYSTEM PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for trauma care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the Standard: The current trauma plan was approved by EMSA in February 2017.

NEED(S):

Review the new EMSA guidance for trauma planning (previously known as the state trauma plan), including alignment with the PIPS, recommendations from the California American College of Surgeons (ACS) review and the inclusion of TQIP.

OBJECTIVE:

1. All Trauma Centers to obtain ACS verification within two years
2. Update the Trauma Plan for submission to EMSA in 2018.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ 1.Short-Range Plan (one year or less)
- ☒ 2. Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS – REMSA 2017 EMS PLAN DRAFT
SYSTEM ORGANIZATION AND MANAGEMENT

1.27 PEDIATRIC SYSTEM PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for pediatric emergency medical and critical care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. The pediatric readiness survey project was completed for all 17 prehospital receiving centers within the EMS system in 2013. Following that survey a determination was made that all receiving facilities and prehospital providers in the County met or exceeded the standards for basic pediatric emergency medical care pursuant to EMSA guidelines. Regional facilities have been identified as destinations for critical pediatric patients. Riverside University Medical Center (RUMC) is designated by REMSA as a Level II pediatric trauma center. In partnership with the Inland Counties EMS Agency (ICEMA), the trauma plan also recognizes Loma Linda University Medical Center (LLUMC) as the level I pediatric trauma center for the transport and transfer of patients from the Riverside County EMS system.

NEED(S):

Review the new EMSC regulations once approved.

OBJECTIVE:

Realign the EMSC program with the new EMSC regulations once they are approved.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS – REMSA 2017 EMS PLAN DRAFT

SYSTEM ORGANIZATION AND MANAGEMENT

1.28 EOA PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop and submit for State approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas, that determines: a) the optimal system design for ambulance service and advanced life support services in the EMS area, and b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. Riverside County is divided into twelve (12) operational zones. All zones are served by ALS 9-1-1 emergency ambulance providers. Eight of the twelve zones are serviced by American Medical Response (AMR) under contract with the County. Six of those eight zones are designated as exclusive operating areas (EOAs) under 1797.224 including the following zones; Northwest, Central, Southwest, San Jacinto, Desert and Palo Verde. Two of the eight zones are designated as non-exclusive Operating Areas (Non-EOA).

Agreements are in place for eight (8) of the twelve (12) zones. County ordinances require a competitive bidding process prior to the awarding of any exclusive operating agreement.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.01 ASSESSMENT OF NEEDS

MINIMUM STANDARDS:

The local EMS agency shall routinely assess personnel and training needs.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the Standard. Uniform field performance standards and objective evaluation tools have been developed and implemented to benchmark core competencies of field providers. EMS personnel are evaluated through the EMSQIP utilizing Skills Competency Verification (SCV) and a similar SCV associated with written field performance standards. The EMSQIP and associated processes also utilize identified topical issues, low frequency/high risk skills, annual policy/protocol updates and new EMS research to develop mandatory annual update training for all personnel. Development of standards by which personnel can be objectively and consistently assessed has enabled all agencies to ensure optimal patient care and implement focused and cost effective continuing EMS education/training. The REMSA EMSQIP and Field Performance Standards can be accessed at http://www.remsa.us/policy/.

NEED(S):

Refine data analysis and retrospective CQI activities based upon the implementation of ImageTrend Elite and the robust data that will be available through the comprehensive reporting suite.

OBJECTIVE:

Update REMSA, provider agency and base hospital EMSQIPs in 2018.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.02 APPROVAL OF TRAINING

MINIMUM STANDARDS:

The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs that require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. REMSA has a program in place to approve and monitor EMS training and prehospital Continuing Education (CE) programs/providers including policies and procedures to be followed by the programs/providers. EMS training programs are reviewed regularly to ensure compliance with standards. REMSA collects and analyzes data to determine educational needs and compliance with regulations.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.03 PERSONNEL

MINIMUM STANDARDS:

The local EMS agency shall have mechanisms to accredit, authorize, and certify pre-hospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for pre-hospital providers to identify and notify the local EMS agency of unusual occurrences that could impact EMS personnel certification.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. Policies and personnel are in place for REMSA to accredit, authorize and certify prehospital emergency medical personnel, according to state regulations. In 2015 REMSA transitioned to the ImageTrend Licensing Management System (LMS) and full on-line credentialing for all EMS personnel. REMSA's credentialing and enforcement unit has implemented policies that ensure unusual occurrences which could impact EMS personnel certification be reported to REMSA within specific timelines. Credentialing and certification personnel also utilize the EMSA registry for updating EMS personnel records. REMSA's assistant director and medical director regularly review the credentialing program for full compliance with all applicable laws and regulations.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.04 DISPATCH TRAINING

MINIMUM STANDARDS:

Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

RECOMMENDED GUIDELINES:

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the Standard and the recommended standard. Through the medical dispatch program approval process, medical dispatch personnel are oriented and receive training according to REMSAs medical dispatch policies. Existing REMSA policies for medical dispatch program approval, operations, training and CQI have been developed incorporating EMSA EMD guidelines. (ref. REMSA Policies 1101, 2101 and 7101)

The Emergency Medical Dispatch (EMD) program has also been expanding with 92 percent of the County 9-1-1 EMS requests for service are processed through PSAPs that have implemented a REMSA approved EMD program utilizing Medical Priority Dispatch System (MPDS) protocols. In the EMS system strategic plan REMSA established an objective to implement full EMD with Priority Dispatch and accredited International Academies of Emergency Medical Dispatch (IAEMD) Centers of Excellence in the next 5-7 years. In 2016 REMSA modified its EMD policy to require system wide adaptation of MPDS protocols. All approved EMD dispatch center personnel go through education and training programs in compliance with IAEMD standards which vastly exceed EMSA guidelines.

NEED(S):

Continue to work with all PSAPs to implement full EMD programs.

OBJECTIVE:

All PSAPs that dispatch EMS resources have implemented EMD and received IAEMD Center of Excellence credentialing by December 2022.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.05 FIRST RESPONDER TRAINING

MINIMUM STANDARDS:

At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

RECOMMENDED GUIDELINES:

At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one person on each non-transporting EMS first response unit should be currently certified at the EMT level and have available equipment commensurate with such scope of practice.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guideline. All non-transporting EMS first response personnel are required to maintain current first aid and CPR certification. All non-transporting EMS first response units, with the exception of Blythe Volunteer Fire Department are staffed with a minimum of an EMT or paramedic with all equipment required by REMSA policy.

NEED(S):

REMSA needs to develop and implement policies and protocols consistent with California Code of Regulations, Title22, Chapter 1.5.

OBJECTIVE:

Develop and implement policies and protocols for inclusion in the annual policy, protocol and procedure manual update for 2018.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.06 RESPONSE

MINIMUM STANDARDS:

Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Does not meet the standard. "Public safety agencies" are not defined in the standard. Currently fire departments are the only agencies fitting into a "public safety agency" description that respond as part of the organized EMS system. Industrial first aid teams are not identified or utilized as part of the organized EMS system.

NEED(S):

REMSA needs to further review the definition of public safety agencies and industrial first aid teams within the context of the California Code of Regulations, Title 22, Chapter 1.5 for including those entities in the organized EMS system. Once they have been identified, additional efforts are needed to incorporate public safety agencies and industrial first aid teams into the overall EMS system response mechanism where such coordination does not currently exist.

OBJECTIVE:

1. Build relationships with entities providing first responders that may be operating outside the current sphere of the formal EMS system.
2. Encourage all such entities to request recognition by REMSA and to operate in a manner that is consistent with all local EMS agency policies.
3. Develop and enter into written agreements with such entities as deemed appropriate.
4. Update policies, protocols and procedures consistent with CCR Title 22, Chapter 1.5 for 2018.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.07 MEDICAL CONTROL

MINIMUM STANDARDS:

Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. All non-transporting EMS first responder organizations recognized by REMSA operate under medical direction policies specified by REMSA's medical director. EMS first response providers are identified in REMSA policy.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.08 EMT-I TRAINING

MINIMUM STANDARDS:

All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

RECOMMENDED GUIDELINES:

If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guideline. All emergency medical transport vehicles have personnel currently certified at the EMT level with AED capability. All 9-1-1 emergency ambulances are staffed with a minimum of one REMSA accredited paramedic.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.09 CPR TRAINING

MINIMUM STANDARDS:

All allied health personnel who provide direct emergency patient care shall be trained in CPR.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. Current CPR certification is required for all personnel who provide direct emergency patient care. This includes first responders, Emergency Medical Responders (EMRs), EMTs, Advanced EMT (AEMT)s, paramedics and MICNs.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.10 ADVANCED LIFE SUPPORT

MINIMUM STANDARDS:

All emergency department physicians and registered nurses that provide direct emergency patient care shall be trained in advanced life support.

RECOMMENDED GUIDELINES:

All emergency department physicians should be certified by the American Board of Emergency Medicine.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. All emergency department physicians and registered nurses who provide direct emergency patient care are trained in advanced life support.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.11 ACCREDITATION PROCESS

MINIMUM STANDARDS:

The local EMS agency shall establish a procedure for accreditation of advanced life support personnel that includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance/quality improvement process.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. REMSA has an established paramedic accreditation policy. Accreditation criteria includes affiliation with a REMSA authorized ALS provider agency. Authorized ALS provider organizations are required to provide orientation to advanced life support personnel regarding system policies and procedures, roles and responsibilities of providers and the CQI process. To assure consistent education across the EMS system, the orientation curriculum including testing on optional scope of practice is provided to ALS provider agencies by REMSA. REMSA also has a re-verification policy in place that assures paramedics remain eligible for continuous accreditation pursuant to the California Code of Regulations, Title 22, Chapter 4, Section 100166(g). Re-verification is conducted every two (2) years on all paramedics.

NEED(S):

The current accreditation process has been identified to contain process variation and differing cognitive outcomes due to ALS provider agencies divergent interpretations of REMSAs curriculum, policies, protocols and procedures. Additionally, there is no standardized competency based didactic testing or supervised field evaluation process required for accreditation.

OBJECTIVE:

Develop improvements to the accreditation process that includes a REMSA administered written test and supervised field evaluation by REMSA authorized paramedic preceptors.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.12 EARLY DEFIBRILLATION

MINIMUM STANDARDS:

The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the Standard. All Basic Life Support (BLS) personnel that are functioning as part of the organized EMS system must be certified in CPR for the healthcare provider which includes use of an AED.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.13 BASE HOSPITAL PERSONNEL

MINIMUM STANDARDS:

All base hospital/alternative base station personnel who provide medical direction to pre-hospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. REMSA policies and contracts with base hospitals require base hospital personnel who provide medical direction to prehospital personnel to be knowledgeable in REMSA policies, protocols and procedures including radio communications. Base hospital ED physicians are required to be orientated and show competency on REMSA policies. MICNs are required to practice and review hi-risk low-frequency EMS skills.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.01 COMMUNICATIONS PLAN

MINIMUM STANDARDS:

The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.

RECOMMENDED GUIDELINES:

The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guidelines. REMSA updates its communication policies annually to require all entities listed in the EMS system resource list to have interoperable communications capabilities. The Radio Communication Standard (REMSA 2201) defines standard radio frequencies for all EMS providers and guidelines to be observed by prehospital and hospital personnel operating in Riverside County during normal and multi-casualty and disaster operations. The standard includes requirements for provider communications centers for dispatch, support and tactical (car-to-car) operations. A universal Countywide radio frequency annex was also implemented. REMSA policy 2201 with the associated annexes constitute the County EMS Communications plan.

COORDINATION WITH OTHER EMS AGENCIES:

REMSA also houses the Region VI RDMHC Program. Coordination of communications and resources between LEMSA's is a standing agenda item in that meeting. The RDMHS has developed a communications matrix for use by all LEMSAs within Region VI.

NEED(S):

The current communications center configuration has developed over the last 30 years. There are 17 PSAPs and 1 emergency ambulance dispatch center operated by the contracted 9-1-1 emergency ambulance provider. There are multiple non-911 ambulance dispatch providers. REMSA has developed an EMS System Resource and Coordination Group in order to develop improvements to EMS communications. Current reviews have shown that the EMS communications infrastructure is inadequate to support EMS management requirements during disaster operations. The following needs have been identified:

1. A single point of contact for field providers to receive patient destinations and coordinate patient distribution across the operational area and the region during mass casualty events.
2. Communications infrastructure and a staffing within a centralized venue to support the single point of contact model.
3. An EMS communications plan for coordinated countywide management of EMS assets during mass casualty events. This plan will provide for functional and operational elements consisting of multiple radio communications redundancies.

OBJECTIVE:

To address the identified communications needs by developing capabilities within a comprehensive multiple patient management plan to be completed by December 2018.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.02 RADIOS

MINIMUM STANDARDS:

Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

RECOMMENDED GUIDELINES:

Emergency medical transport vehicles should have two-way radio communications equipment that complies with the local EMS communications plan and that provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guidelines. REMSA requires that all EMS responders and response vehicles have two-way radio equipment that comply with the communications policy/plan and provide for off-the-hip and vehicle to vehicle communication. The county has invested significant capital in the new Public Safety Communications System (PSEC). PSEC provides integrated county-wide 700 MHz backbone for radio and data communications. Riverside County fire agencies, including exclusive and non-exclusive operating area ambulance providers operate on a VHF radio communications network utilizing a standardized frequency plan (annex).

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.03 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

Emergency medical transport vehicles used for interfacility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. REMSA requires that all ALS emergency medical transport vehicles and BLS ambulances have two-way communications capabilities with all sending and receiving facilities. This includes two-way vehicle and on-the-hip radios and cellular telephones. All REMSA authorized Prehospital Receiving Centers (PRCs) are provided 700 MHz PSEC radios through the Hospital Preparedness Program (HPP).

COORDINATION WITH OTHER EMS AGENCIES:

All hospitals within the region are included in the REMSA resource list. Contact with hospitals outside Riverside County is accomplished by cellular telephone or transferred through the appropriate dispatch center(s).

NEED(S):

Better two-way radio communications interoperability with surrounding operational areas (OAs)

OBJECTIVE:

Explore options to improve communications capabilities with out of county facilities.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.04 DISPATCH CENTER

MINIMUM STANDARDS:

All emergency medical transport vehicles where physically possible, (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. REMSA has implemented a communication policy that standardizes the criteria for frequency use and provider requirements for radio interoperability. This policy/plan provides the capability for any EMS unit in the field to be able to communicate on the same countywide disaster communications system or talk to any communications center or incident command post in the county, however command and control of EMS system resources does not occur under a single dispatch center. REMSA currently houses Med/Health COMM that stands up during large MCIs or unusual events to coordinate medical and health information and resources.

NEED(S):

1. Develop Med/Health COMM into a single point of contact for management of patient destinations and coordinate patient distribution across the operational area and the region during mass casualty events consistent with the California Patient Movement Plan.
2. Upgrade Med/Health COMM communications infrastructure and a staffing within a centralized venue to support the single point of coordination model.
3. An EMS communications plan for coordinated countywide management of EMS assets during mass casualty events. This plan will provide for functional and operational elements consisting of multiple radio communications redundancies.

OBJECTIVE:

To address the identified communications needs by developing capabilities within a comprehensive multiple patient management plan to be completed by December 2018.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.05 HOSPITALS

MINIMUM STANDARDS:

All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

RECOMMENDED GUIDELINES:

All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the Standard and the recommended guidelines. All Riverside County hospitals are on the ReddiNet system which allows for them to have real-time communications with each other in the event of a disaster or to ascertain services from another hospital.
700 MHz radios have been installed in all prehospital receiving centers. ReddiNet was upgraded in 2012 to include satellite and internet redundancies.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.06 MCI/DISASTERS

MINIMUM STANDARDS:

The local EMS agency shall review communications linkages among providers (pre-hospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. REMSA reviews its communication capabilities on a regular basis through countywide disaster drills and review of communications policies. A single REMSA communications policy (Plan) with its associated equipment requirements and frequency annex provide the capability for providers to communicate with each other during day-to-day and MCIs.

NEED(S):

1. A single point of contact (Med/Health COMM) to coordinate patient destinations and coordinate patient distribution across the operational area and the region during mass casualty events.
2. Med/Health COMM communications infrastructure and a staffing within a centralized venue to support the single point of contact model.
3. A single operational area EMS/ambulance dispatch center.
4. An EMS communications plan for coordinated countywide management of EMS assets during mass casualty events. This plan will provide for functional and operational elements consisting of multiple radio communications redundancies.

OBJECTIVE:

To address the identified communications needs by developing capabilities within a comprehensive multiple patient management plan to be completed by December 2018.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.07 9-1-1 PLANNING/COORDINATION

MINIMUM STANDARDS:

The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

RECOMMENDED GUIDELINES:

The local EMS agency should promote the development of enhanced 9-1-1 systems.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guidelines. Enhanced 9-1-1 system is in place in Riverside County inclusive of hang-up address location and call back capabilities. REMSA participates in the Riverside County Public Safety Communications Workgroup. Complete transition of all cellular phone 9-1-1 calls from CHP to the county communications center was completed in 2014.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.08 9-1-1 PUBLIC EDUCATION

MINIMUM STANDARDS:

The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard: REMSA is not directly involved in 9-1-1 public education. However, other offices within Riverside County Emergency Management Department (REMSA's parent agency) provide age-and language-appropriate education as part of the Community Preparedness program. Additionally, REMSA has developed and implemented public education requirements that have been included in the county ambulance agreement for the appropriate use of 9-1-1.

NEED(S):

REMSA recognizes that the public misuse of the 9-1-1 system for EMS is a growing problem in Riverside County. Efforts must be made to continue with programs that educate the public on the proper use of 9-1-1. Additionally, the expanded use of EMD with priority dispatch by PSAPs would help to alleviate this problem.

OBJECTIVE:

To work with Public Information Officers (PIO)s to develop community message points on the appropriate use of 9-1-1.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.09 DISPATCH TRIAGE

MINIMUM STANDARDS:

The local EMS agency shall establish guidelines for proper dispatch triage that identifies appropriate medical response.

RECOMMENDED GUIDELINES:

The local EMS agency should establish a emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guidelines. All EMS dispatch centers adhere to REMSA guidelines for EMS responses. Currently there is no mandate for organizations to be EMD provider agencies and utilize priority resource triage or modified resource response. This is a very expensive undertaking of which many providers have no funding to implement. Organizations requesting approval of their EMD program must submit a request to REMSA which must include compliance with Medical Priority Dispatch System (MPDS) protocols, program performance objectives, and other program and quality assurance information. In 2008 the City of Riverside, the largest city in the county, implemented an EMD program. In August 2012 Riverside County Fire Department implemented their EMD program. The Emergency Medical Dispatch (EMD) program to date the program has expanded to where 92 percent of the County 9-1-1 EMS requests for service are processed through PSAPs that have implemented a REMSA approved EMD program utilizing MPDS protocols. In Riverside County's EMS System Strategic Plan REMSA established an objective to fully implement EMD using Priority Dispatch with the International Academies of Emergency Medical Dispatch (IAEMD) Accredited Centers of Excellence in the next 5-7 years. In 2016 REMSA modified the EMD policy to require system wide adaptation of MPDS protocols. All approved EMD dispatch center personnel are required to go through education and training programs in compliance with IAEMD standards which vastly exceed EMSA guidelines.

NEED(S):

Continue to work with all PSAPs to implement full EMD programs and work toward IAEMD credentialing.

OBJECTIVE:

All PSAPs that dispatch EMS resources have implemented EMD and received IAEMD Center of Excellence credentialing by December 2022.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.10 INTEGRATED DISPATCH

MINIMUM STANDARDS:

The local EMS system shall have a functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.

RECOMMENDED GUIDELINES:

The local EMS agency should develop a mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guideline. REMSA's communication standard policy establishes processes for system-wide integrated dispatch for all EMS providers and is integrated with countywide emergency services using standardized communication frequencies. Contracts with major ALS providers address adequate coverage during periods of peak demand in all areas of the county.

NEED(S):

Functional integration is not the same as a single point for coordination and management of EMS resources. The following needs have been identified:

1. Develop a single point of contact (Med/Health COMM) to coordinate patient destinations and coordinate patient distribution across the operational area and the region during mass casualty events.
2. Develop Med/Health COMM communications infrastructure and staffing within a centralized venue to support the single point of contact model.
3. Develop an EMS communications plan for coordinated countywide management of EMS assets during mass casualty events. This plan will provide for functional and operational elements consisting of multiple radio communications redundancies.

OBJECTIVE:

To address the identified communications needs by developing capabilities within a comprehensive multiple patient management plan to be completed by December 2018.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.01 SERVICE AREA BOUNDARIES

MINIMUM STANDARDS:

The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

RECOMMENDED GUIDELINES:

The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g., ambulance response zones).

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guidelines. Riverside County is divided into twelve (12) 9-1-1 emergency ambulance operating areas. All areas within the county are served by 9-1-1 ALS emergency ambulance providers. Agreements are in place for ten (10) of the twelve (12) zones. In the remaining two (2) operating zones, ALS services are furnished by provider agencies that have historically served those areas. The boundaries of emergency medical transportation service areas were established by the Riverside County Board of Supervisors in coordination with the Western Riverside Council of Governments and the Coachella Valley Association of Governments.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.02 MONITORING

MINIMUM STANDARDS:

The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

RECOMMENDED GUIDELINES:

The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guidelines. REMSA's policies and licensing measures provide for retrospective, concurrent, and prospective quality assurance to ensure compliance. Riverside County Ordinance NO. 756 provides for the authorization and permitting of ambulance services within the county.

NEED(S):

The ambulance ordinance is due to be updated.

OBJECTIVE:

Update Riverside County Ordinance NO. 756.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.03 CLASSIFYING MEDICAL REQUESTS

MINIMUM STANDARDS:

The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. Our BLS utilization guidelines assists BLS ambulance providers to determine appropriate level of transport. Policies are in place providing EMS responders with appropriate response and transport criteria. Such policies include, but are not limited to: Emergency Medical Dispatch, and Do Not Attempt Resuscitation. General BLS treatment guidelines provide direction to BLS providers for requesting ALS response. As of May 31, 2017 all 9-1-1 calls in the county still receive emergent Red Lights and Siren (RLS) responses with an ALS first responder and ALS emergency ambulance. In June 2017 REMSA incorporated MPDS recommendations into the EMD provider agency approval process. The first phase of priority dispatch includes non-RLS responses to 9-1-1 requests that are coded as Omega and Alpha.

NEED(S):

Continue with Countywide implementation of EMD with full implementation of Medical Priority Dispatch System (MPDS) resource triage protocols for all 9-1-1 responses.

OBJECTIVE:

Work with provider agencies to implement EMD and attain IAEMD's Accredited Center of Excellence (ACE) by December 2022.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.04 PRESCHEDULED RESPONSES

MINIMUM STANDARDS:

Service by emergency medical transport vehicles that can be prescheduled without negative medical impact shall be provided only at levels that permit compliance with local EMS agency policy.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. Pre-scheduled ambulance transports can only be done by REMSA permitted providers and vehicles. REMSA has an ambulance enforcement officer that strictly monitors compliance with County Ordinance 756 and REMSA policies. This includes an annual permitting process and day-to-day field monitoring of ambulance transport operations.

NEED(S):

To incorporate ALS interfacility authorization for all permitted ambulance providers.

OBJECTIVE:

To develop and implement an updated ALS program policy by April 2018.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.05 RESPONSE TIME STANDARDS

MINIMUM STANDARDS:

Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch time intervals and driving time.

RECOMMENDED GUIDELINES:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergency responses, response times shall not exceed:

	Metropolitan/Urban Area	Suburban/Rural Area	Wilderness Area
BLS and CPR Capable First Responder	5 minutes	15 minutes	As quickly as possible
Early Defibrillation – Capable Responder	5 minutes	As quickly as possible	As quickly as possible
ALS Capable Responder (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible
EMS Transportation Unit (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Does not meet the standard. REMSA has adopted a standard of ALS ambulance response standards of 10 minutes or less (Metro/Urban), 14 minutes or less (Suburban), 30 minutes or less (Rural) and 60 minutes or less (Wilderness). Current written agreements require that contracted ALS Ambulance providers arrive at the scene within the appropriate response time 90 percent of the time for 9-1-1 responses. No such agreements are currently in place with respect to BLS first response or for other non-contracted ALS ambulance providers. Countywide response time criteria has not been established for first responder services. In 2017 REMSA adopted a new prehospital data collection system that will enable accurate collection, analysis and reporting of response time performance for all EMS providers.

COORDINATION WITH OTHER EMS AGENCIES:

REMSA time standards for emergency ambulance response are consistent with surrounding LEMSA standards.

NEED(S):

Appropriate policies need to be developed to establish response time criteria for all EMS providers. Metrics need to be developed to track the time interval(s) from receipt of 9-1-1 call at the primary PSAP to delivery of the patient to the ED. With this being said, REMSA recognizes that tracking response times can be used as an insufficient substitute for measuring EMS performance. It needs to be recognized that there is a growing body of evidence that does not recognize response times as a significant contributor to improved patient outcomes for the vast majority of EMS patients. Additionally, disproportionate focus on minimal response times for all 9-1-1 responses significantly increases EMS system costs. The EMS system response design must be updated so that resources and care are matched to the patient's acuity and medical care need(s). EMS performance measurements based on clinical outcomes and Continuous Quality Improvement (CQI) indicators are superior for evaluating EMS system performance.

OBJECTIVE:

1. Develop and implement standardized performance metrics for time interval data collection, analysis and reporting for utilization within EMSQIP activities.
2. Identify appropriate evidence based response time standards for Riverside County.
3. Develop and enact written agreements, which include multiple response time zones within each EOA and non-EOA, that ensure compliance with the adopted response time standards.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.06 STAFFING

MINIMUM STANDARDS:

All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. REMSA policies, procedures, contracts, and County Ordinance NO. 756 establish staffing and equipment requirements. All emergency medical transports vehicles currently meet state and local regulations for staffing and equipment. As of April 1, 2017, all non-government 9-1-1 and IFT ambulance providers must be accredited by the Commission on Accreditation of Ambulance Services (CAAS) as a condition of permitting to operate within the county.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.07 FIRST RESPONDER AGENCIES

MINIMUM STANDARDS:

The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. All fire department first responders are integrated into the EMS System. A first responder AED policy is in place. Industrial first aid teams may integrate though the Emergency Management Department (EMD) disaster preparedness program. REMSA supported the Pechanga Fire Department to incorporate the Pechanga Casino first aid teams into the organized EMS system.

NEED(S):

REMSA needs to continue to increase its efforts in incorporating public safety and first aid agencies and industrial first aid teams into the overall EMS system response mechanism where such coordination does not currently exist.

OBJECTIVE:

1. Evaluate where entities providing public safety first responders and first aid may be operating outside the current sphere of the organized EMS system.
2. Evaluate Title 22, Chapter 1.5 Regulations for Public Safety, CPR and first aid responders and implement REMSA policies, protocols and procedures to integrate these providers into the organized EMS system.
3. Develop and enter into written agreements with such entities as deemed appropriate.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.08 MEDICAL & RESCUE AIRCRAFT

MINIMUM STANDARDS:

The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

- authorization of aircraft to be utilized in pre-hospital patient care,
- requesting of EMS aircraft,
- dispatching of EMS aircraft,
- determination of EMS aircraft patient destination,
- orientation of pilots and medical flight crews to the local EMS system, and
- addressing and resolving formal complaints regarding EMS aircraft.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. Current policies make provisions for the authorization of aircraft operations, including requesting of EMS aircraft, dispatching of EMS aircraft and patient destination. Air ambulances operating in Riverside County are permitted by REMSA, so they have familiarity with the local EMS system standards. HEMS CQI procedures require all EMS providers to report unusual occurrences, and REMSA collects all PCRs relating to patients transported by air. HEMS utilization review and policy level guidance has been placed under the auspices of the Trauma Audit Committee (TAC).

COORDINATION WITH OTHER EMS AGENCIES:

TAC is a regional committee that includes the Inland Counties EMS Agency (ICEMA). Additionally, HEMS issues are routinely discussed at the Southwest Regional Trauma Coordination Committee (RTCC).

NEED(S):

Policies, protocols and procedures governing the use of air medical providers should be developed to maximize their use as a regional resource.

OBJECTIVE:

Work with surrounding LEMSAs to revisit the EMSA HEMS guidelines, particularly to evaluate the concepts of regional approval of HEMS providers, inter-county operational communications, flight following and credentialing of HEMS paramedics.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.09 AIR DISPATCH CENTER

MINIMUM STANDARDS:

The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. Current REMSA policy requires that all EMS aircraft requests shall be made through Riverside County Fire Department's Emergency Command Center (ECC). The HEMS CQI committee reviews 100 percent of HEMS utilization for compliance with policies.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.10 AIRCRAFT AVAILABILITY

MINIMUM STANDARDS:

The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Does not meet the standard. Current policies require aeromedical services operating within the EMS area to notify REMSA when there is an interruption in their availability. REMSA has not established written agreements with aeromedical providers, however all HEMS providers are subject to the annual permitting process with 100 percent compliance achieved.

COORDINATION WITH OTHER EMS AGENCIES:

TAC is a regional committee that includes the Inland Counties EMS Agency (ICEMA). Additionally, HEMS issues are routinely discussed at the Southwest Regional Trauma Coordination Committee (RTCC).

NEED(S):

Policies, protocols and procedures governing the use of air medical providers should be developed to maximize their use as a regional resource this includes revisiting the EMSA HEMS guidelines, particularly to evaluate the concepts of regional approval of HEMS providers, inter-county operational communications, flight following and credentialing of HEMS paramedics

OBJECTIVE:

Develop and implement written agreements that address the standard but also incorporate the need identified above.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.11 SPECIALTY VEHICLES

MINIMUM STANDARDS:

Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles.

RECOMMENDED GUIDELINES:

The local EMS agency should plan for response by and use of all-terrain vehicles, snow mobiles, and water rescue vehicles areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. REMSA has established personnel staffing, drug and equipment standards in policy. The purpose of this policy is to set equipment and staffing requirements for REMSA authorized FR/EMR, EMT, AEMT, PM, or CCP staffed light response, first response, ground transport, and air transport operations. A detailed list of all EMS response vehicles is maintained in the ImageTrend Licensing management System (LMS) which is linked to the ImageTrend Elite electronic patient care reporting (ePCR) program. The REMSA EMS System Resource List (Policy 8101) contains all EMS system provider agencies. Special services (water rescue, technical rescue, ATVs) are shared amongst provider agencies when needed through the mutual aid process.

COORDINATION WITH OTHER EMS AGENCIES:

REMSA houses the Region VI RDMHC program. Specialty EMS resources may be requested through processes established by the California Public health and Medical Emergency Operations Manual (EOM).

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.12 DISASTER RESPONSE

MINIMUM STANDARDS:

The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. REMSA has established a Medical and Health Operational Area Coordination (MHOAC) Program. REMSA has developed an Operational Area Medical and Health Communications Center (Med/Health COMM) as part of the MHOAC program. Med/Health COMM is responsible for the management and coordination of EMS resources during a disaster. Complementary to the MHOAC program, the master ambulance agreement, county ambulance ordinance and County Emergency Operations Plan include provisions for mobilizing EMS response and transport vehicles under the MHOAC during disasters. In 2015 REMSA was moved into the Emergency Management Department (EMD) along with what was formerly known as the Office of Emergency Services (OES) and Public Health Emergency Preparedness and Response (PHEPR). This new alignment of county agencies within a unified department further improves overall emergency management functionality during disasters.

NEED(S):

Develop and implement improved functional capabilities of Med/Health COMM including exploration of 24/7 staffing.

OBJECTIVE:

Incorporate the function of Med/Health COMM into the Multiple Patient Management Plan.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.13 INTERCOUNTY RESPONSE

MINIMUM STANDARDS:

The local EMS agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

RECOMMENDED GUIDELINES:

The local EMS agency should encourage and coordinate development of mutual aid agreements that identify financial responsibility for mutual aid responses.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guidelines. REMSA houses the RDMHC program for Region VI. All counties within Region VI and Region I are parties in a regional cooperative agreement for medical and health mutual aid following the principles of the California Public Health and Medical Emergency Operations Manual (EOM). The Region I and VI cooperative agreement identifies financial responsibility for mutual aid resource requests.

COORDINATION WITH OTHER EMS AGENCIES:

The Region I and VI Cooperative Agreement is in place.

NEED(S):

Identify opportunities to integrate concepts from the EMSA Statewide Patient Movement Plan into the MHOAC and Multiple Patient Management Plan (MPMP).

OBJECTIVE:

Update the MHOAC and draft the Multiple Patient Management Plan (MPMP).

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.14 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

The local EMS agency shall develop multi-casualty response plans and procedures that include provision for on-scene medical management using the Incident Command System.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. Currently this standard is met by a singular policy that establishes a flexible medical management and documentation strategy for multi-casualty incidents to improve medical management and decrease scene time. REMSA policy is incorporated into the county's overall disaster plans. ICS is included in all levels of operational planning. The current MCI policy has been updated to be consistent with FIRESCOPE.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.15 MCI PLANS

MINIMUM STANDARDS:

Multi-casualty response plans and procedures shall utilize state standards and guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the Standard. REMSA MCI policies meet all EMSA standards and guidelines. The MHOAC program establishes policies, procedures and processes that meet EMSA Disaster Medical Services (DMS) guidelines (EMSA 214) and are consistent with guidance provided in the California Public Health and Medical Emergency Operations Manual (EOM). EMSA will be completing the Statewide Patient Movement Plan in late 2017. REMSA will re-align the MHOAC program and develop the multiple patient management plan utilizing the new EMSA guidance.

NEED(S):

1. Evaluate principles and recommendations contained in the statewide patient movement plan.
2. Develop Med/Health COMM into a single point of contact for management of patient destinations and coordinate patient distribution across the operational area and the region during mass casualty events consistent with the California Patient Movement Plan and EOM.
3. Upgrade Med/Health COMM communications infrastructure and a staffing within a centralized venue to support the single point of coordination model.

OBJECTIVE:

To address the identified needs by developing capabilities within a comprehensive multiple patient management plan to be completed by December 2018.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.16 ALS STAFFING

MINIMUM STANDARDS:

All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

RECOMMENDED GUIDELINES:

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew member.

On an emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guidelines. REMSA has established minimum staffing for an ALS ambulance is one certified EMT and one Riverside County accredited paramedic. REMSA's cardiac monitor specifications for ALS ambulances require that all ECG monitor defibrillators to have the capability to be utilized as AEDs. Use of AED is now a compulsory element of CPR training for all EMS personnel.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.17 ALS EQUIPMENT

MINIMUM STANDARDS:

All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. Current REMSA policies ensure that all emergency ALS ambulances are appropriately equipped for the ALS scope of practice. Reference REMSA Policy 3301. http://www.remsa.us/policy/

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.18 TRANSPORT COMPLIANCE

MINIMUM STANDARDS:

The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. County Ordinance NO. 756 and written agreements ensure compliance by EMS transportation agencies. Policies and procedures govern other elements of clinical care, EMSQIP and system operations. REMSA has an ambulance permitting process overseen by the ambulance enforcement officer. The ambulance enforcement officer ensures provider agency compliance with REMSA protocols, policies and procedures. The enforcement officer performs field inspections and audits of permitted providers throughout the year. In 2015 the County of Riverside contracted with ImageTrend for the use of the Licensing Management System (LMS) with integration to the Elite ePCR platform further improving provider agency data collection and compliance reporting. As of April 2017 all non-government ambulance providers are credentialed by the Commission on Accreditation of Ambulance Services (CAAS).

NEED(S):

The ambulance ordinance is now 20 years old and requires a comprehensive review for potential updating to include reference to the REMSA ALS program policy.

OBJECTIVE:

Develop the ALS program policy and update the ambulance ordinance by July 1, 2018.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.19 TRANSPORTATION PLAN

MINIMUM STANDARDS:

Any local EMS agency that desires to implement exclusive operating areas, pursuant to Section 1797.224, H&S Code, shall develop an EMS transportation plan which addresses: a) minimum standards for transportation services; b) optimal transportation system efficiency and effectiveness; and c) use of a competitive bid process to ensure system optimization.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. Riverside County is divided into twelve (12) 9-1-1 emergency ambulance operating areas. All areas within the County are served by REMSA authorized 9-1-1 ALS emergency ambulance providers. Eight (8) of the twelve (12) areas are deemed as exclusive operating areas pursuant to Section 1797.224 of the Health and Safety Code, these include the; Northwest, Central, Southwest, San Jacinto, Desert, Cove Communities, Palo Verde and Idyllwild Fire Protection District Zones. The four (4) remaining areas have been determined by EMSA in previous transportation plans to be non-exclusive, these include the; Pass, Mountain, Cathedral City and Indio Zones. The non-exclusive areas are serviced by the historical REMSA authorized 9-1-1 ALS emergency ambulance providers. REMSA assures compliance with established standards through written ALS agreements, permitting via the county ambulance ordinance and the EMSQIP.

In 2013 REMSA contracted with The Abaris Group to complete a comprehensive analysis of the EMS system, develop recommendations for global EMS system improvement and design a EMS system strategic plan. As a part of that 2 year work plan, The Abaris Group performed an in depth analysis of the EMS transportation plan including all 9-1-1 emergency ambulance operating zones. The zones were evaluated for a number of parameters, including but not limited to; call volume, response time standards, population density and economic viability. Findings of the analysis were that the current transportation plan zone configuration was balanced within these parameters. Details from The Abaris Group's review can be accessed at http://remsa.us/documents/systemevaluation/. All results from The Abaris Groups evaluation and recommendations were vetted with EMS system stakeholders and included public input from a number of venues including public meetings in all five (5) supervisorial districts, the Emergency Medical Care Committee (EMCC), Riverside County Board of Supervisors workshop/meetings and focus group interviews. Following the EMS system evaluation the Riverside County Board of Supervisors decided to maintain the existing transportation plan and continue contracting with the historical 9-1-1 emergency ambulance provider. Additionally, REMSA has recently completed ALS agreements with the cities of Indio and Cathedral City. In those agreements the County and the cities agree that ALS emergency ambulance services provided by the cities are meeting the EMS transportation needs within those cities.

NEED(S):

Further evaluate the Mountain Plateau and Pass non-exclusive operating areas for the feasibility of combining the two contiguous areas in a competitive bidding process for establishment of a single exclusive operating area (EOA).

OBJECTIVE:

Request direction from the Riverside County Board of Supervisors on exploring the feasibility of a competitive bid for the Mountain Plateau and Pass non-exclusive operating areas. Follow the direction of the Riverside County Board of Supervisors.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.20 "GRANDFATHERING"

MINIMUM STANDARDS:

Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. Eight (8) of the twelve (12) 9-1-1 emergency ambulance operating areas in the transportation plan are identified as exclusive operating areas (EOAs) under the grandfathering clause of Section 1797.224 of the H&SC. All eight (8) 9-1-1 emergency ambulance EOAs have been approved by EMSA as grandfathered EOAs in previous EMS Plans. Within those EOAs the providers have continuously provided uninterrupted 9-1-1 emergency ambulance service without a change to manner or scope since the last EMS plan approval by EMSA.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.21 EOA COMPLIANCE

MINIMUM STANDARDS:

The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. The Riverside County Ordinance NO. 756 and written ALS agreements with all EMS transportation and/or authorized ALS agencies with exclusive operating permits must comply with applicable REMSA policies, protocols and procedures regarding system operations and patient care. The ambulance enforcement officer works with the ambulance permit officer to ensure provider agency compliance with policies. All EMS transportation and ALS provider agencies are required to comply with the REMSA EMSQIP and submit data by utilizing the REMSA ImageTrend Elite ePCR. Quarterly quality improvement and specialty care performance metrics are collected from all ALS providers. REMSA analyzes and reports quarterly performance metrics in the Continuous Quality Improvement Leadership Team (CQILT) and specialty care (STEMI and stroke) meetings.

NEED(S):

Analyze REMSA staffing and resources to continuously support improvements in data collection, analysis and reporting capabilities.

OBJECTIVE:

Update the REMSA organization chart annually.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.22 EOA EVALUATION

MINIMUM STANDARDS:

The local EMS agency shall periodically evaluate the design of exclusive operating areas.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. Through review of mandated performance reports, REMSA continually evaluates the design of exclusive operating areas. Modifications to the exclusive operating area response time zones have been made on a periodic basis as a result of this review.

In 2013 REMSA contracted with The Abaris Group to complete a comprehensive analysis of the EMS system, develop recommendations for global EMS system improvement and design a Riverside County EMS System Strategic Plan. As a part of that two year work plan, The Abaris Group performed an in depth analysis of the EMS transportation plan including all 9-1-1 emergency ambulance operating zones. The zones were evaluated for a number of parameters, including but not limited to; call volume, response time standards, population density and economic viability. Findings of the analysis were that the current transportation plan zone configuration was balanced within these parameters. Details from The Abaris Group's review can be accessed at http://remsa.us/documents/systemevaluation/. All results from The Abaris Groups evaluation and recommendations were vetted with EMS system stakeholders and included public input from a number of venues including public meetings in all five (5) supervisorial districts, the Emergency Medical Care Committee (EMCC), the Riverside County Board of Supervisors workshop/meetings and focus group interviews. Following the EMS system evaluation the Riverside County Board of Supervisors decided to maintain the existing transportation plan and continue contracting with the historical 9-1-1 emergency ambulance provider.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.01 ASSESSMENT OF CAPABILITIES

MINIMUM STANDARDS:

The local EMS agency shall assess and periodically reassess the EMS related capabilities of acute care facilities in its service area.

RECOMMENDED GUIDELINES:

The local EMS agency should have written agreements with acute care facilities in its service area.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard: REMSA regularly evaluates the EMS-related capabilities of acute care facilities and maintains an updated inventory of specialty care capabilities as well as patient capacity. REMSA maintains ongoing communications with all acute care facilities through various means, including direct polling via ReddiNet and reports through advisory committees. REMSA maintains written agreements with all base hospitals, trauma centers, STEMI receiving hospitals and stroke receiving centers in the County. There are no current written agreements with the three (3) remaining acute care receiving facilities that do not fit into one of these specialty categories. REMSA performs periodic sight visits to all general acute care hospitals that are designated as Prehospital Receiving Centers (PRCs) as well as periodic formal on-site audits for base, trauma and specialty care hospitals. Through the Hospital Preparedness Program (HPP) the Emergency Management Department, Preparedness Division performs regular site visits to assure hospital compliance with disaster medical capabilities and planning.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.02 TRIAGE & TRANSFER PROTOCOLS

MINIMUM STANDARDS:

The local EMS agency shall establish pre-hospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. Prehospital triage protocols are established by REMSA protocols, policies and procedures. These include a prehospital triage scheme based upon the patients identified medical need matched to the patient preference or hospital medical care capability. Following prehospital assessment and triage patients are transported to REMSA Prehospital Receiving Centers (PRCs) that include authorized specialty care hospitals such as; trauma centers, STEMI centers, stroke centers, pediatric trauma centers, OB/childbirth centers and a regional burn center. REMSA has also established continuation of care policies where trauma and STEMI patients can be stabilized, re-triaged and emergently transferred by non-specialty care hospitals to specialty care receiving centers without delay utilizing 9-1-1 emergency ambulances. Appropriate patient destinations including use of continuation of care policy are evaluated through the REMSA EMSQIP and specialty care center reporting. REMSA EMS system resource list is maintained so that transferring hospitals may quickly identify hospital medical capabilities for transfer of patients to higher level of care.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

Improvements in data collection continue to provide for better analysis of patient destinations. It has been identified that many pediatric trauma patients are being transported and transferred to out-of-county pediatric trauma centers.

OBJECTIVE:

Preform a detailed analysis of pediatric trauma patient destinations and evaluate the possible drivers for out-of-county pediatric trauma transports and transfers.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.03 TRANSFER GUIDELINES

MINIMUM STANDARDS:

The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. REMSA maintains an EMS resource list of specialty care facilities to assist hospitals in making determinations about patient transfer destinations. REMSA assisted trauma, STEMI and stroke centers and non-receiving centers in developing agreements for transfer of care to higher levels of capability. REMSA has a Interfacility Transport (IFT) policy that establishes criteria and scope of practice for personnel that provide care to patients during transfer to higher level of care. The EMS system has a robust Critical Care Transportation (CCT) program that provides resources to Hospitals when the highest level of care is required for IFT. All REMSA policies are promulgated with input from hospitals, specialty care subject matter experts and are vetted through the Pre-hospital Medical Care Committee (PMAC).

COORDINATION WITH OTHER EMS AGENCIES:

Specialty care transportation policies include transport of patients across County lines in coordination with the Inland Counties EMS Agency (ICEMA).

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.04 SPECIALTY CARE FACILITIES

MINIMUM STANDARDS:

The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. REMSA policy includes an inventory of all receiving and specialty care facilities currently recognized by REMSA. REMSA policy has designated all 17 acute care hospitals as prehospital receiving centers (PRC), four (4) of those hospitals are level II trauma centers, one (1) is a level II pediatric trauma center, six (6) are designated STEMI receiving centers, 12 stroke centers. All hospitals are monitored through periodic on-site audits, retrospective data collection, incident reporting and communication between the hospitals, EMS providers and REMSA's 24/7 duty officer program. Since approval of the last EMS plan REMSA has fully implemented the stroke specialty care program in Riverside County.

COORDINATION WITH OTHER EMS AGENCIES:

REMSA does recognize specialty care receiving centers authorized by ICEMA. ICEMA and REMSA staff coordinate on CQI related issues.

NEED(S):

The REMSA medical director is currently discussing and evaluating the concept of Return of Spontaneous Circulation (ROSC) receiving centers for cardiac arrest patients.

OBJECTIVE:

Complete evaluation of the need for ROSC receiving centers by the next EMS Plan update.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.05 MASS CASUALTY MANAGEMENT

MINIMUM STANDARDS:

The local EMS agency shall encourage hospitals to prepare for mass casualty management.

RECOMMENDED GUIDELINES:

The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guidelines. REMSA MCI policies meet all EMSA standards and guidelines. The MHOAC program establishes policies, procedures and processes that meet EMSA DMS Guidelines (EMSA 214) and are consistent with guidance provided in the California Public Health and Medical Emergency Operations Manual (EOM). All hospitals that receive EMS patients are required to participate in the Emergency Counsel (Healthcare Coalition) meeting and be trained on REMSA policies. The Emergency Management Department (EMD), Preparedness Division in cooperation with REMSA administers the Hospital Preparedness Program (HPP) and utilizes the emergency council (aka WREC, EREC) as the advisory body for the program. All hospitals have developed medical surge plans and have received training, equipment and supplies to prepare for MCIs through the HPP program. Integration of EMS system functional needs and hospital capabilities are addressed annually through the HPP planning process and vetted through the Riverside County Emergency Council. EMSA will be completing the statewide patient movement plan in late 2017. REMSA will re-align the MHOAC program, develop the multiple patient management plan utilizing the new EMSA patient movement guidance and assure there are associated preparedness activities and participation by all hospitals.

NEED(S):

1. Evaluate principles and recommendations contained in EMSA's Statewide Patient Movement Plan, trauma system recommendations and pediatric surge guidelines that impact hospital preparedness.
2. Include a written hospital evacuation component in the multi patient management plan.

OBJECTIVE:

To address the identified needs by developing capabilities within a comprehensive multiple patient management plan to be completed by December 2018.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.06 HOSPITAL EVACUATION

MINIMUM STANDARDS:

The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. REMSA does not have a specific written hospital evacuation plan in place. Individual hospitals have their own disaster and multi-casualty plans and periodically conduct drills to assess their plan(s). The Emergency Management Department (EMD), Preparedness Division in cooperation with REMSA, conduct Countywide drills that include hospital evacuations and the integration of Hospital and EMS system processes for medical surge and patient movement. These drills are supported by the HPP program and conducted under the County Emergency Operations Plan with processes established by the Medical and Health Operational Area Coordination (MHOAC) Program. The MHOAC program contains specific processes and procedures to be followed for management and coordination of hospital evacuations. Existing REMSA policies establish diversion criteria and communications procedures for affected hospitals.

COORDINATION WITH OTHER EMS AGENCIES:

REMSA houses the RDMHC program for Region VI and a Region I and VI cooperative assistance agreement is in place which includes medical transportation and patient destinations. REMSA and the Region program follow medical and health procedures as stipulated in the California Public Health and Medical Emergency Operations Manual (EOM).

NEED(S):

1. Evaluate principles and recommendations contained in EMSA's Statewide Patient Movement Plan, trauma system recommendations and pediatric surge guidelines that impact hospital preparedness.
2. Include a written hospital evacuation component in the multi patient management plan.

OBJECTIVE:

To address the identified needs by developing capabilities within a comprehensive multiple patient management plan to be completed by December 2018.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.07 BASE HOSPITAL DESIGNATION

MINIMUM STANDARDS:

The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of pre-hospital personnel.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. REMSA has a policy that governs the approval, operations and compliance of Base Hospitals. REMSA policy establishes criteria for approval, staffing, EMSQIP, education/training, on-line medical direction and oversight of EMS personnel pursuant to regulatory requirements. REMSA coordinates CQI activities through the base hospital, Paramedic Liaison Nurses (PLNs) and medical directors. The base hospital medical directors also serve in an advisory capacity to the REMSA medical director and assist him with establishing and maintaining medical control over the EMS system. All base hospitals are under contract with REMSA and receive a comprehensive on-site audit by REMSA staff every contract cycle, not to exceed three (3) years.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

1. Evaluate base hospital compliance in providing REMSA with annual updates on the hospital EMS CQI program (EMSQIP), including hospital compliance with reporting EMS quality and patient outcome indicators.
2. Evaluate base hospital policy requirements for utilization of the REMSA data reporting tools and reporting of patient outcome indicators.

OBJECTIVE:

Update base hospital policies as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.08 TRAUMA SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

- the number and level of trauma centers (including the use of trauma centers in other counties),
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the Standard. The REMSA Trauma Plan addresses all of the listed elements. Since the last EMS Plan approval, Inland Valley Medical Center has upgraded from Level III to Level II designation. Riverside University Medical Center (formerly Riverside County Regional Medical Center) has completed American College of Surgeons (ACS) verification for adult trauma. The remaining three (3) trauma centers have or will complete ACS consultation visits within the next 12 months. REMSA prehospital trauma triage criteria have been aligned with the CDC recommendations and a trauma continuation of care (re-triage) policy has been implemented for the immediate transfer of critical trauma patients from non-trauma hospitals to trauma centers. REMSA and ICEMA co-lead the Trauma Audit Committee (TAC) that includes membership from all trauma centers in Riverside and San Bernardino Counties. TAC is advisory to REMSA and the Medical Director for all trauma related issues. Review of key performance indicators, patient demographics, new/updated policy development and patient morbidity and mortality cases are regular agenda items for the quarterly TAC meetings.

NEED(S):

1. Complete ACS verification for all trauma centers.
2. Evaluate EMSA's State Trauma Recommendations and State Trauma Performance Improvement and Patient Safety documents and implement improvements to the trauma plan

OBJECTIVE:

Complete ACS verification for all trauma centers and update the trauma plan by December 2018.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.09 PUBLIC INPUT

MINIMUM STANDARDS:

In planning its trauma care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the Standard. A public and EMS stakeholder comment period is provided for input before the REMSA Trauma Plan is finalized. The Trauma Audit Committee (TAC) provides subject matter recommendations and input for drafting of the plan. The public and EMS stakeholders provide regular and on-going feedback on all REMSA policies, protocols and plans through quarterly meetings of the Prehospital Medical Advisory Committee (PMAC) and the Emergency Medical Care Committee (EMCC).

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.10 PEDIATRIC SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:

- the number and role of system participants, particularly of emergency departments,
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- identification of providers who are qualified to transport such patients to a designated facility,
- identification of tertiary care centers for pediatric critical care and pediatric trauma,
- the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
- a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. All 17 General Acute Care Hospitals (GACHs) in Riverside County are designated as Prehospital Receiving Centers (PRCs). All PRCs have been surveyed for pediatric readiness, compliance with EMSA EMSC Guidelines and receive pediatric patients from the field. All PRCs have access to REMSAs EMS system resource list which identifies hospital pediatric and OB capabilities for consulting and transfer to higher level of care. All PRCs have agreements in place for the transfer of pediatric patients to higher level of care. Pediatric trauma patients are triaged and transported to a Level II (Riverside University Medical Center) or Level I (Loma Linda University Medical Center).
Trauma

1. Providers have been surveyed and the number and role of system participants have been determined.
2. No catchment areas have been designed for pediatric patients.
3. REMSA policy includes triage of critical pediatric patients with transport to a pediatric trauma center. All paramedics have Pediatric Advanced Life Support (PALS) certification as a requirement of ALS provider agency authorization.
4. REMSA policies and the Riverside County Ambulance Ordinance assure adequate staffing and equipment for care and transport of pediatric trauma patients.
5. Tertiary care centers have been established for pediatric trauma patients with transfer policies/agreements in place. Non-trauma critical care pediatric patients are transferred to a network of hospitals in the region, Including but not limited to; Loma Linda University Medical Center, San Bernardino County, Rady Children's Hospital and UCSD San Diego, Children's Hospital Orange County and University of Irvine, Orange County
6. Lacking designation of EDAPs or PCCCs , all receiving hospitals treat and transfer critical pediatric patients as indicated by clinical presentation and pursuant to Hospital transfer agreements.
7. Pediatric Trauma care is monitored and evaluated by the Trauma Audit Committee.

NEED(S):

Evaluate pending EMSC regulations for implementation of an EMSC program improvements.

OBJECTIVE:

Develop and implement updated EMSC policies, protocols and procedures.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.11 EMERGENCY DEPARTMENTS

MINIMUM STANDARDS:

Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:

- staffing,
- training,
- equipment,
- identification of patients for whom consultation with a pediatric critical care center is appropriate,
- quality assurance/quality improvement, and
- data reporting to the local EMS agency.

RECOMMENDED GUIDELINES:

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guidelines. REMSA participates in the bi-annual EMSC National EMSC Data Analysis Resource Center (NEDARC) survey. REMSA encourages hospital participation in the pediatric readiness survey and in the development of EMSC regulations. In 2013 REMSA was the lead agency for the Department of Public Health's Urban Areas Security Initiative (UASI) grant to assess pediatric surge capacity in Riverside and San Bernardino counties. All prehospital receiving centers met EMSC guidelines for staffing, training, equipment and CQI.

NEED(S):

REMSA needs to perform periodic reviews of the pediatric care capabilities of receiving facilities.

OBJECTIVE:

Develop a schedule and perform audits inclusive of site visits within the next two years.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.12 PUBLIC INPUT

MINIMUM STANDARDS:

In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. EMS advisory committees are in place to ensure input from prehospital, hospital providers and consumers. Comment periods are provided before substantial modifications are made to REMSAs policies and procedures.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.13 SPECIALTY SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved, including:

- the number and role of system participants,
- the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center,
- the role of non-designated hospitals including those which are outside of the primary triage area, and
- a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. REMSAs specialty care programs include adult and pediatric trauma, STEMI, stroke and burns. There are currently four (4) designated adult level II trauma centers, one (1) level II pediatric trauma center, one (1) level I pediatric trauma center (LLUMC), one regional trauma/burn center, six (6) STEMI centers and 12 stroke centers. Additionally, REMSA recognizes STEMI and stroke centers in San Diego and San Bernardino counties for occasional transport of specialty care patients for the southern and northern most county boarders.

NEED(S):

Evaluate and re-align specialty care programs based upon new EMSA regulations.

OBJECTIVE:

Create and implement a specialty care re-alignment project to be completed by December 2018..

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.14 PUBLIC INPUT

MINIMUM STANDARDS:

In planning other specialty care systems, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. EMS advisory committees are in place to ensure input from prehospital, hospital providers and consumers. Public Comment periods are provided before substantial modifications are made to REMSAs policies and procedures.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.01 QA/QI PROGRAM

MINIMUM STANDARDS:

The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all pre-hospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols, and identification of preventable morbidity and mortality, and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

RECOMMENDED GUIDELINES:

The local EMS agency should have the resources to evaluate response to, and the care provided to, specific patients.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guidelines. An entire section of REMSA policy and procedures manual is dedicated to the county's EQIP. The program addresses the entire EMS system and includes all of its participants. The program evaluates incident specific data as well as aggregate system data REMSA coordinated with EMS system participants to develop the EMS QI plan which in compliance with California Code of Regulations, Title 22, Chapter 12. EQIP activities and reports are discussed in quarterly meetings of the Continuous Quality Improvement Leadership Team (CQILT). The last REMSA EQIP update was approved by EMSA in November 2016. All prehospital provider agencies and base hospitals have REMSA approved EQIPs.

NEED(S):

1. Assure provider agencies and base hospitals are compliant with Title 22 requirements for annual EQIP updates.

2. The five (5) year re-write of the EMSQIP plan will be due in 2018. The re-write needs to incorporate updates that improve paramedic training requirements for low-frequency, high-risk skills, paramedic preceptor requirements and a comprehensive update of the retrospective elements based upon the expanded capabilities of REMSIS with inclusion of TQIP, STEMI, Stroke and CARES registries.

3. Emergency Medical Dispatch (EMD) oversight, data collection and reporting need to be improved or added to the EMSQIP

OBJECTIVE:

1. Develop an annual EMS system report for Title 22 compliance and effectiveness of the EQIP Plan.

2. Complete an update the EMSQIP for submission to EMSA.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.02 PREHOSPITAL RECORDS

MINIMUM STANDARDS:

Pre-hospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. As of July 1, 2017 all EMS provider agencies are on the Riverside County EMS Information System (REMSIS). REMSIS includes REMSAs Image TrendElite ePCR along with other data collection tools such as patient outcome registries (STEMI, stroke, trauma and Cardiac Arrest), FirstWatch, and ReddiNet. REMSA policy requires a ePCR be completed for every patient contact. Provider agencies, Prehospital Receiving Centers (PRCs) and base hospitals all have confidential access to the ImageTrend hosted ePCR database. REMSA policy stipulates timelines for ePCR completion and submission for access by the appropriate hospitals and agencies.

NEED(S):

Continue development of the Image Trend Elite platform with focus on integration with other EMS information systems.

OBJECTIVE:

Implement ePCR program refinements throughout 2018.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.03 PREHOSPITAL CARE AUDITS

MINIMUM STANDARDS:

Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.

RECOMMENDED GUIDELINES:

The local EMS agency should have a mechanism to link pre-hospital records with dispatch, emergency department, in-patient and discharge records.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. Base hospitals are required by county policy and written agreement to provide review and evaluation of system response and clinical performance through prehospital care audits. Additionally, all authorized ALS provider agencies have retrospective elements in their REMSA approved CQI plans. Through our EMSQIP Program, REMSA regularly reviews system response and clinical data, and takes appropriate action as necessary. Aggerate reports on key EMS system indicators and incident specific action items are reviewed in the Continuous Quality Improvement Leadership Team (CQILT) meetings. CQILT makes system improvement recommendations to REMSA based upon reports and root cause analysis. REMSA's new ePCR platform has been implemented and refinements to the system will continue throughout 2018. Dispatch center data is fully integrated into the new ePCR platform inclusive of NEMSIS 3.4 data elements. The County's trauma registry includes all of the listed elements, including hospital data.

NEEDS:

1. Fully secure hospital participation to collect the NEMSIS eOutcome data.

2. Implement the Image Trend STEMI and stroke registries for collecting patient outcome data.

OBJECTIVE:

1. Evaluate all hospital outcome data requirements, including new specialty care regulations, for modification of REMSA policies and written agreements.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.04 MEDICAL DISPATCH

MINIMUM STANDARDS:

The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post-dispatch directions.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. Currently, Emergency Medical Dispatch (EMD) is not mandated in the County of Riverside. However, through existing EMD policies, REMSA has the mechanism to obtain medical dispatching activities and appropriateness of pre-arrival and post-dispatch directions for CQI purposes from agencies that choose to participate as EMD provider agencies. All 9-1-1 calls within the County receive code 3 (red lights and siren) ALS ambulance response. In July 2017, as the first phase of implementing medically prioritized resource response, code 2 (non-RLS) response will be implemented for all 9-1-1 requests for EMS response triaged as Omega and Alpha per MPDS protocols. This will include Riverside County Fire Department response areas and associated ALS emergency ambulance response. The Riverside County Fire Department has worked with REMSA and AMR to implement all required program elements to assure medical oversight and CQI activities. Pre-arrival and post-dispatch instructions have been approved and in place with Riverside County Fire Department, Corona Fire Department and Riverside City Fire Department for a number of years.

NEED(S):

EMD utilizing the Medical Priority Dispatch System (MPDS) with associated resource response tied to the patients' identified medical needs must continue to be developed and implemented across the EMS system.

OBJECTIVE:

All REMA approved EMD PSAPs will receive the National/International Academies of Emergency Dispatch's Accredited Centers of Excellence by December 2022.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.05 DATA MANAGEMENT SYSTEM

MINIMUM STANDARDS:

The local EMS agency shall establish a data management system that supports its system-wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

RECOMMENDED GUIDELINES:

The local EMS agency should establish an integrated data management system which includes system response and clinical (both pre-hospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. Using the California Emergency Medical Services Information System (CEMSIS) and National Emergency Medical Services Information System (NEMSIS) Data set as a core, REMSA has implemented a county-wide data system for reporting prehospital and hospital data. The trauma registry, STEMI and stroke reports are utilized for capturing hospital data. Through the EMSQIP Program, REMSA and EMS system participants review response and clinical data, and take appropriate actions as necessary. Aggerate reports on key EMS system indicators and incident specific action items are reviewed in the Continuous Quality Improvement Leadership Team (CQILT) and specialty care advisory meetings. The Prehospital Medical Advisory Committee (PMAC) makes system improvement recommendations to REMSA based upon reports and root cause analysis. Refinements to the data system will continue throughout 2018.

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS:

1. An improved core set of EMS system performance indicators needs to be implemented utilizing the new data system. Indicators must be aligned with EMSA Core Measures and National EMS Compass indicators.

2. The data collection and reporting tools that comprise the Riverside County EMS Information System (REMSIS) need to be developed and integrated, these tools include; ImageTrend Elite, Digital Innovations Trauma Data Base, Image Trend STEMI and stroke Registries, CARES, First Watch and ReddiNet.

OBJECTIVE:

1. REMSA will work with EMS system participants to improve EMS information systems integration, data analysis, reporting and develop the System-Based Clinical and Operational Performance Evaluation (SCOPE) dashboard.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.06 SYSTEM DESIGN EVALUATION

MINIMUM STANDARDS:

The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. In 2013 REMSA contracted with The Abaris Group to complete a comprehensive analysis of the EMS system, develop recommendations for global EMS system improvement and design a EMS system strategic plan. The almost two year process included broad stakeholder/public input and was completed in late 2014 with implementation of the EMS system strategic plan. Progress on completion of the goals and objectives contained in the EMS system strategic plan are reported in EMCC meetings. In 2017 REMSA again convened broad stakeholder workshops to review and update the EMS system strategic plan. All documents related to the system evaluation and planning process are available on the REMSA website at rivcoems.org.

NEED(S):

Continue to develop and improve the EMS system pursuant to the REMSA EMS system strategic plan.

OBJECTIVE:

Report progress on EMS system strategic plan to the Emergency medical Care Committee (EMCC) and include updates in the 2018 EMS plan.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.07 PROVIDER PARTICIPATION

MINIMUM STANDARDS:

The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. REMSA has four functional teams each with a supervisor that meets established subject matter criteria to lead the team. The teams are organized in the following functional categories; clinical programs, data management, operations and administration. In addition to the director and the medical director, REMSA has the following staff assigned across the four functional teams; one assistant director, three senior EMS specialists, one assistant nurse manager, six EMS specialists, one secretary, one research specialist, two administrative services assistants, two office assistants and three part time administrative support positions. REMSA is designated the LEMSA pursuant to California Health and Safety Code, Section 1797.200 by the Riverside County Board of Supervisors as a division of the Emergency Management Department (EMD). REMSA is provided support services for human resources, information technology, fiscal and administration from the EMD.

REMSA has developed several advisory committees that utilize stakeholder subject matter experts in the evaluation, design, development and implementation of EMS system. These include; Prehospital Medical Committee (PMAC), Emergency Medical Care Committee (EMCC), Trauma Audit Committee (TAC), Continuous Quality Improvement Leadership Team (CQILT), STEMI and stroke specialty care workgroups and the Riverside County Emergency Counsel. Additionally, REMSA frequently utilizes ad-hoc advisory committees when a focused workgroup is needed for a specific system design project. REMSA policies and written agreements with system participants contain specific participation requirements based upon the particular agency's roles and responsibilities within the EMS system.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.08 REPORTING

MINIMUM STANDARDS:

The local EMS agency shall, at least annually, report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. REMSA provides annual reports to the Riverside County Board of Supervisors through the Emergency Medical Care Committee (EMCC) that include a standing report on the EMS system. Existing advisory committees are utilized to share information to provider agencies and solicit their input.

NEEDS:

REMSA needs to evaluate a more comprehensive report format for the annual reports.

OBJECTIVE:

Develop a new annual report format in 2018.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.09 ALS AUDIT

MINIMUM STANDARDS:

The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and pre-hospital activities.

RECOMMENDED GUIDELINES:

The local EMS agency's integrated data management system should include pre-hospital, base hospital, and receiving hospital data.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. REMSA has contracts and agreements in place with base hospitals and ALS providers that include provisions for the evaluation of patient care through participation in the EMSQIP and compliance with REMSA policies and procedures. ALS provider agency CQI personnel and base hospital Paramedic Liaison Nurses (PLNs) perform regular audits and patient care reviews. REMSA has a policy in place for reporting of patient care issues that promotes a collaborative approach between REMSA, Hospital and prehospital personnel. Serious incidents or unusual occurrences or non-compliance with REMSA protocols are addressed by REMSA through corrective action plans. Hospitals and ALS provider agencies provide REMSA with quarterly key performance indicator data as well as specialty care patient data for evaluation.

NEED(S):

Continue to work towards the inclusion of NEMSIS eOutcome data.

OBJECTIVE:

Amend policies and written agreements to include NEMSIS eOutcome data submission.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.10 TRAUMA SYSTEM EVALUATION

MINIMUM STANDARDS:

The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a trauma registry, a mechanism to identify patients whose care fell outside of established criteria, and a process for identifying potential improvements to the system design and operation.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. REMSA provides a CEMSIS and NTSB compliant centralized trauma registry for use by all trauma centers. Data entry is completed by the trauma centers quarterly. Reports are analyzed by REMSA and the trauma program managers for display at the quarterly meetings of the Trauma Audit Committee (TAC). TAC also performs quarterly morbidity and mortality reviews that include identification of care that fell outside of established criteria. TAC makes recommendations for performance improvement and REMSA policies directly to the REMSA medical director.

NEED(S):

Evaluate the new EMSA State Trauma System Recommendations.

OBJECTIVE:

Make the appropriate changes to the trauma plan.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.11 TRAUMA CENTER DATA

MINIMUM STANDARDS:

The local EMS Agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information that is required for quality assurance/quality improvement and system evaluation.

RECOMMENDED GUIDELINES:

The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their QA/QI and system evaluation program.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. Designated trauma centers are required to submit data to the centralized trauma registry provided by REMSA. The Trauma Audit Committee (TAC) uses this data for CQI and system evaluation. TAC also reviews trauma cases where care originates at non-trauma centers for purposes of evaluating triage decisions and transfers to higher levels of care. Non trauma centers are required to complete a minimum data set and submit to REMSA.

NEED(S):

REMSA needs to continue the enforcement of data submission by non-trauma centers.

OBJECTIVE:

Incorporate the requirement for submission of trauma data into written agreements with non-trauma prehospital receiving centers.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
PUBLIC INFORMATION AND EDUCATION

7.01 PUBLIC INFORMATION MATERIALS

MINIMUM STANDARDS:

The local EMS agency shall promote the development and dissemination of information materials for the public that addresses:

- understanding of EMS system design and operation,
- proper access to the system,
- self-help (e.g., CPR, first aid, etc.),
- patient and consumer rights as they relate to the EMS system,
- health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- appropriate utilization of emergency departments.

RECOMMENDED GUIDELINES:

The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guidelines. The primary contractor for ALS ambulance service in the county, American Medical Response (AMR), is required by contract to perform monthly activities related to public information, education and awareness. AMR is partnering with REMSA to identify frequent users of 9-1-1 EMS services for future targeted information campaigns. The Department of Public Health's Injury Prevention program is responsible for increasing the public's awareness of causes and methods to prevent trauma as well as pediatric drownings. Additionally, the Riverside County Fire Department has partnered with Riverside County Public Health and children's services on an active public information campaign to prevent pediatric drownings.

REMSA has added staff to re-invigorate the community CPR and Public Access Defibrillation (PAD) programs. REMSA, supported by EMD staff and community partners has coordinated public CPR training events. A PAD registry is under development and will include public information resources provided for the public on the REMSA website. Additionally, REMSA is evaluating the use of PulsePoint or a similar tool to increase bystander CPR and AED use. The Riverside County Fire Chief's Association promotes targeted community education for burn, injury and drowning prevention.

NEED(S):

Reduce use of 9-1-1 EMS services by individuals and populations that do not have medical emergencies or can be better served by alternative services.

OBJECTIVE:

Identify high users of 9-1-1 EMS services and develop targeted information campaigns.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
PUBLIC INFORMATION AND EDUCATION

7.02 INJURY CONTROL

MINIMUM STANDARDS:

The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

RECOMMENDED GUIDELINES:

The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guidelines. REMSA promotes and financially supports the Riverside County Department of Public Health's Injury Prevention program as the lead agency for promoting public awareness related to car seats, bicycle safety, helmet use, home safety, drowning prevention, and other safety hazards. Each trauma center, as part of their designation, is required to offer injury prevention programs. REMSA has built elements into the ePCR platform for collection of data on occurrence of submersion injury (SIRF) that is supplied to the Injury Prevention program.

NEED(S):

Understand all of the County programs that continue to grow and develop around population health.

OBJECTIVE:

Evaluate REMSA participation in growing County population health programs.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
PUBLIC INFORMATION AND EDUCATION

7.03 DISASTER PREPAREDNESS

MINIMUM STANDARDS:

The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

RECOMMENDED GUIDELINES:

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guidelines. In 2015 REMSA, the Office of Emergency Services (OES) and Public Health Emergency Preparedness and Response (PHEPR) were moved into the newly created Emergency Management department (EMD). REMSA and EMD staff are routinely involved in disaster preparedness education activities in the community by participating in health fairs, requests to speak at engagements and community training. The EMD Preparedness Division runs the Community Emergency Response Team (CERT) program and the Riverside County Medical Volunteer Program (MVP). EMD has an active website with informational brochures available for downloading by the public. Additionally, REMSA and EMD staff regularly participate in multiple monthly community based disaster preparedness meetings.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
PUBLIC INFORMATION AND EDUCATION

7.04 FIRST AID & CPR TRAINING

MINIMUM STANDARDS:

The local EMS agency shall promote the availability of first aid and CPR training for the general public.

RECOMMENDED GUIDELINES:

The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guidelines. The primary contractor for ALS ambulance service in the County, American Medical Response (AMR), is required by contract to provide community CPR training. REMSA has added staff to re-invigorate the community CPR and Public Access Defibrillation (PAD) programs. REMSA, supported by EMD staff and community partners has coordinated public CPR training events. A PAD registry is under development and will include public information resources provided for the public on the REMSA website. Additionally, REMSA is evaluating the use of a community based smart phone application (e.g., PulsePoint or a similar tool) to increase bystander CPR rates.

NEED(S):

Increase bystander CPR rates.

OBJECTIVE:

Continue to develop the PAD registry and finalize the procurement of community based smart phone CPR/PAD application for availability to the public via the REMSA website.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.01 DISASTER MEDICAL PLANNING

MINIMUM STANDARDS:

In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the Standard. REMSA and Emergency Management Department (EMD) participate in multiple meetings that have multi-agency and multi-disciplinary representation. In addition, planning efforts are presented at multiple committees, including the EMD Preparedness Division Steering Committee; the Operational Area Planning Committee (OAPC); Terrorism Early Warning Group (TEWG); Riverside County Committee on Terrorism (RCCOT); Terrorism Oversight Committee (TOC); Western Regional Emergency Council (WREC); Coachella Communications Committee; County HazMat Operations Group (CHOG); Prehospital Medical Advisory Committee (PMAC); and the Emergency Medical Care Committee (EMCC). These committees continue to meet regularly and are committed to the ongoing development of overall operational area preparedness, response, and training for weapons of mass destruction/ hazardous material incidents, natural disasters, or mass casualty incidents.

EMSA will be completing the statewide patient movement plan in late 2017. REMSA will re-align the MHOAC program, develop the multiple patient management plan utilizing the new EMSA patient movement guidance and assure there are associated preparedness activities and participation by all hospitals.

COORDINATION WITH OTHER EMS AGENCIES:

REMSA houses the Regional Disaster Medical and Health Coordination program for Region VI. The current REMSA director is the RDMHC appointed jointly by the Director of the California EMS Authority and the Director of the California Department of Public Health. Regional coordination meeting are held quarterly.

NEED(S):

1. Evaluate principles and recommendations contained in EMSA's statewide patient movement plan, trauma system recommendations and pediatric surge guidelines.
2. Include a written hospital evacuation component in the multi-patient management plan.
3. Include development of the REMSA Medical and Health Communications Center (Med/Health COMM) for management and coordination of medical and health information, patient distribution and EMS resources consistent with the MHOAC functions and the California Public Health and Medical Emergency Operations Manual (EOM).

OBJECTIVE:

To address the identified needs by developing capabilities within a comprehensive multiple patient management plan to be completed by December 2018.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.02 RESPONSE PLANS

MINIMUM STANDARDS:

Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

RECOMMENDED GUIDELINES:

The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guidelines. Riverside County has a well-developed multi-hazard functional Emergency Operations Plan (EOP) and that is maintained by the Emergency Management Department (EMD). The EOP provides for the coordination of all County departments, volunteer organizations, individuals and other political jurisdictions within Riverside County in the performance of emergency tasks to meet incident objectives.

NEED(S):

The County EOP, Medical and Health annex need to reflect changes to medical and health system management processes following the formation of the Emergency Management Department (EMD).

OBJECTIVE:

Update the Medical and Health annex of the EOP with reference to the multiple patient management plan once it has been developed.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.03 HAZMAT TRAINING

MINIMUM STANDARDS:

All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. Riverside County Fire Department has a FIRESCOPE Type 1 Hazardous Materials Team. Corona City Fire Department and Riverside City Fire Department have Hazardous Materials Level-A Teams. Hemet City Fire Department has a Level-B team. REMSA protocols include equipment and training requirements for hazardous materials. Written ALS agreements require that providers comply with all applicable federal , state and local laws including Occupational Safety and Health Agency (OSHA) regulations. Riverside County Department of Environmental Health (DEH) also responds to all hazardous material incidents with the Riverside County Fire Department. DEH is the regulatory agency for business and household hazardous material waste management, environmental safety. DEH ensures that the environment and personnel are safe after an event.

American Medical Response (AMR) is the primary ALS ambulance provider in Riverside County. AMR has personnel trained in WMD/Haz Mat Operations and participate in training offered throughout the County on a regular basis. All AMR personnel and Riverside County fire agency (County, district, municipal and tribal) firefighters are trained to California Department of Transportation standards for first responders' awareness level.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.04 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure that ICS training is provided for all medical providers.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and Recommended Guidelines. All agencies involved in terrorism and disaster preparedness follow the Standardized Emergency Management System (SEMS) during a Weapons of Mass Destruction (WMD) incident, natural disaster or mass casualty incident. The Incident Command System (ICS) is well developed and practiced within Riverside County consistent with the REMSA MCI policy. The MCI policy includes specific training requirements for all EMS responders. The FIRESCOPE ICS is used at the field level, the Hospital Emergency Incident Command System (HEICS) is used within the hospitals, and SEMS is utilized at the operational area level. Within the Emergency Operations Center (EOC) unified command is utilized, with participating command staff being determined by the nature of the incident. Use of an IMS creates integration with both the County and State emergency operations plans. The use of these standardized systems across response entities ensures that all responder agencies are able to communicate effectively and that response plans are written with these standard systems as a base.

NEED(S):

The current MCI policy has been updated to be consistent with updates to FIRESCOPE. However, a Countywide multiple patient management plan, that is consistent with the California EOM, is needed to address system wide MCIs.

OBJECTIVE:

To address the identified needs by developing capabilities within a comprehensive multiple patient management plan to be completed by December 2018.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.05 DISTRIBUTION OF CASUALTIES

MINIMUM STANDARDS:

The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

RECOMMENDED GUIDELINES:

The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. ReddiNet allows communication between REMSA, the local EMS providers and the hospitals. This system can be used to obtain hospital diversion status, manage mass casualty incidents, and send polls and memos to each of the hospitals. During an incident, EMS providers on scene will make base station contact to notify the hospital(s) of the MCI or potential MCI. Local base stations will initiate an MCI on the ReddiNet and will coordinate the distribution of casualties to the closest most appropriate facility. If the local base station becomes overwhelmed, REMSA is available to assist with coordination activities from EMS COMM. EMS COMM is a communications center housed within REMSA that is activated to support large or unusual incidents.

COORDINATION WITH OTHER EMS AGENCIES:

REMSA houses the Regional Disaster Medical and Health Coordination Program for Region VI. Regional coordination meetings are held quarterly.

NEED(S):

This current system lacks a single point of coordination across the operational area. In a large mass casualty incident base hospitals would not be able to keep up with patient distribution demands, coordinate EMS resources, track all patients and care for patients within the hospital at the same time. A multiple patient management plan needs to be developed that includes development of the Medical and Health Coordination Center (Med/Health COMM). Med/Health COMM would be the next phase of development for EMS COMM. The multiple patient management plan will also contemplate; automated processes for this initial distribution of patients from the field to pre-determined hospitals, re-triage, patient tracking, hospital evacuations and communications. The plan will include linkages to the Riverside County EOP and MHOAC plan and utilize medical mutual processes included in the EMSA Statewide Patient Movement Plan and the California Public Health and Medical Emergency Operations Manual (EOM)

OBJECTIVE:

To address the identified needs by developing capabilities within a comprehensive multiple patient management plan to be completed by December 2018.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.06 NEEDS ASSESSMENT

MINIMUM STANDARDS:

The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

RECOMMENDED GUIDELINES:

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guidelines. ReddiNet allows communication between REMSA, the local EMS providers (including fire), and the hospitals. This system can be used to obtain hospital diversion status, manage mass casualty incidents, and send polls and memos to each of the hospitals. During an incident, EMS providers on scene will make base station contact to notify the hospital(s) of the MCI or potential MCI. The local base station hospital will initiate an MCI program on the ReddiNet system and will coordinate the distribution of casualties to the closest most appropriate medical facility. If the local base station becomes overwhelmed, REMSA is available to assist with coordination activities from EMS COMM.

EMS COMM provides the Medical and Health Operational Area Coordinator (MHOAC) with an operational and communications capability. The 24/7 contact for the MHOAC program are the REMSA and EMD Duty Officers and Duty Chiefs. REMSA and EMD duty officers facilitate communications and a common operating picture for the EMS system as a part of the early assessment of and incident. The MHOAC program can expand form duty officer coverage to full activation of the Medical and Health Departmental Operations Center (DOC). The MHOAC program establishes policies for communicating medical and health requests to the region program and state.

NEED(S):

Develop improved centralized capability for REMSA to be able to evaluate, coordinate and manage the EMS system during a disaster .

OBJECTIVE:

Codify the roles and responsibilities of Med/Health COMM within the multiple patient management plan and upgrade communications equipment, technology and staffing accordingly.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.07 DISASTER COMMUNICATIONS

MINIMUM STANDARDS:

A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. Riverside County has several alert and notification systems in place, including Rapid Emergency Digital Data Information Network (ReddiNet) and the California Health Alert Network (CAHAN). Each of the seventeen (17) hospitals, fire dispatch centers, and AMR are all linked to the ReddiNet system. ReddiNet is an alert and information system that is operated on the internet or via satellite back-up system. ReddiNet allows communication between REMSA, the local EMS providers (including fire), and the hospitals. This system can be used to obtain hospital diversion status, manage mass casualty incidents, and send polls and memos to each of the hospitals.

The State of California Department of Health Services (CDHS) has developed the California Health Alert Network (CAHAN). The web-based CAHAN system is designed to broadcast key health, medical, disaster, or terrorism related information to local health departments. CAHAN is capable of sending alerts by email, telephone, fax, alphanumeric pagers, and cell phones with short message service capability, and is based on the "find me, follow me" technology. Users are able to set their own profile that dictates the contact sequence from CAHAN. CAHAN also provides a collaborative on-line environment where sensitive disaster planning and emergency response information may be securely shared between California local and state health agencies.

Through the County Public Safety Enterprise System (PSEC), 700 MHz radios are being purchased with funding from the Department of Homeland Security, Domestic Preparedness Program to ensure effective communication between REMSA, EMD, fire departments, law enforcement and hospitals. The 700 MHz system will complement the existing UHF and VHF infrastructure utilized by fire departments. REMSA policy requires utilization of the County-wide frequency annex. All public safety agencies, Hospitals and ambulance providers can communicate on common radio frequencies for interagency communication and coordination. Each of the seventeen (17) hospitals within the County have received fixed-base radios. REMSA and EMD have established dedicated frequencies to provide for communications with hospitals, County departments and EMS providers.

Radio Amateur Civil Emergency Service (RACES) is a public service provided by a reserve (volunteer) communications group within government agencies in times of extraordinary need. The primary mission of RACES during an emergent event or disaster is to provide communication services that include the use of portable stations, either as a back-up or as a fill-in where communications do not normally exist or offer redundancy in communication. Each of the seventeen (17) hospitals within Riverside County and EMD have RACES capabilities.

COORDINATION WITH OTHER EMS AGENCIES:

The RDMHC program has established a communications matrix to be used by all counties in Region VI.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.08 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. EMS system resources are identified in the REMSA system resource list. The REMSA MCI policy and agency/department standard response plans dictate initial and on-going incident resource response. Medical mutual aid or resource requests are made through the MHOAC program. Through numerous grants funding Riverside County has gained many necessary resources to mitigate natural or man-made disasters, or mass casualties due to weapons of mass destruction. Each grant specifies what type of equipment or preparedness efforts are appropriate. The EMD Preparedness Division maintains inventory controls per grant requirements and has allocated equipment to specific locations and agencies such as hospitals. Equipment and supply aches are dispersed throughout the County. The MHOAC program has a current list of all resources available to the community, public safety, first responders and or hospital/clinic systems. Protocols are being established to discern levels or response and the distribution of resources. When a request is made to the MHOAC it will then be coordinated

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.09 DMAT TEAMS

MINIMUM STANDARDS:

The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

RECOMMENDED GUIDELINES:

The local EMS agency should support the development and maintenance of DMAT teams in its area.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guidelines. Should an event occur in Riverside County, additional health care professionals would be needed to implement a local mass casualty/ surge care response. The National Disaster Medical System (NDMS) would be able to provide Disaster Medical Assistance Teams (DMAT), Disaster Mortuary Operational Response Teams (DMORT), National Pharmacy Response Team (NPRT), National Nurse Response Team (NNRT) and Veterinary Medical Assistance Teams (VMAT). Members of these teams include nurses, physicians, pharmacists, emergency medical technicians (EMT), paramedics, and respiratory therapist. Additional health care providers that would be needed will depend on the scope and magnitude of the WMD incident. Although federal assets have been identified and incorporated into the planning process, Riverside County is preparing to be self-sustaining for 72 hours. Additionally, the Regional Disaster Medical and Health Specialists (RDMHS) are represented in planning and preparedness efforts within the County.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.10 MUTUAL AID AGREEMENTS

MINIMUM STANDARDS:

The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, that ensure sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. The state of California has adapted into law (Government Code 8607 and the Emergency Services Act) the Standardized Emergency Management System (SEMS) in order to manage any disaster or large scale incident. California already has an established master mutual aid agreement that includes fire departments, law enforcement agencies, the State EMS Authority and all state agencies, including the University of California (UC) system. California is well organized into six mutual aid regions. These regions assist with mutual aid requests and assistance. If an incident occurs at the local level, and additional resources are needed, SEMS must be followed. The SEMS levels include the local jurisdiction (cities), then the operational area (county), then the regional area, then the state, and finally the federal government. Resources are exhausted at each level prior to requesting at the next higher level. Region I (Los Angeles, Orange, Santa Barbara, Ventura, and San Luis Obispo Counties) and Region VI (Riverside, San Bernardino, San Diego, Imperial, Mono, and Inyo Counties) have also developed a medical assistance agreement between the two regions. A health officer in Region I or VI can call another health officer in Region I or VI and request medical assistance. This medical assistance agreement is the only one of its kind in California, and has been signed by 11 county board of supervisors in Regions I and VI. Under the agreement REMSA (MHOAC) interacts directly with the MHOAC programs in surrounding OAs and the RDMHC program in Regions I and VI.

COORDINATION WITH OTHER EMS AGENCIES:

REMSA houses the Regional Disaster Medical and Health Coordination Program for Region VI. The current REMSA Director is the RDMHC appointed jointly by the Director of the California EMS Authority and the Director of the California Department of Public Health. Regional coordination meeting are held quarterly. All medical mutual aid processes are compliant with the California Public Health and Medical Emergency Operations Manual (EOM).

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.11 CCP DESIGNATION

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate Field Treatment Sites (FTS).

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. Riverside County EMD is the overall coordinator for disaster preparedness, response, and recovery. REMSA will establish casualty collection points (CCPs) in locations based on the scope and magnitude of the event, number of victims, and weather. CCP sites include parks, recreational areas, community centers, libraries, large non-emergency type County facilities, major shopping centers, fire stations and other facilities. Under most circumstances, CCPs will be established near hospitals to make use of their resources and REMSA may activate the Field Treatment Site (FTS) program to support CCPs.

COORDINATION WITH OTHER EMS AGENCIES:

REMSA houses the Regional Disaster Medical and Health Coordination Program for Region VI. The current REMSA Director is the RDMHC appointed jointly by the Director of the California EMS Authority and the Director of the California Department of Public Health. Regional coordination meeting are held quarterly. All medical mutual aid processes are compliant with the California Public Health and Medical Emergency Operations Manual (EOM).

NEED(S):

REMSA will re-evaluate the Casualty Collection Points (CCP) and FTS concepts during development of the multiple patient management plan.

OBJECTIVE:

Complete the multiple patient management plan by December 2018.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.12 ESTABLISHMENT OF CCP

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES, shall develop plans for establishing Casualty Collection Points (CCP) and a means for communicating with them.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. Riverside County EMD is the overall coordinator for disaster preparedness, response, and recovery. Casualty collection points (CCPs) will be established in locations based on the scope and magnitude of the event, number of victims, and weather. CCP sites include parks, recreational areas, community centers, libraries, large non-emergency type County facilities, major shopping centers, fire stations and other facilities. In all cases possible, CCP sites will be established at or near hospitals to make use of their resources, including the 700 MHz PSEC radio equipment the County has procured. REMSA has also developed a Field Treatment Site Program that is inclusive of a large equipment cache and a communications trailer to support CCP/FTS operations.

NEED(S):

REMSA will re-evaluate the CCP and FTS concepts during development of the multiple patient management plan.

OBJECTIVE:

Complete the multiple patient management plan by December 2018.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.13 DISASTER MEDICAL TRAINING

MINIMUM STANDARDS:

The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. As a baseline all EMS responders are trained at the HazMat First Responder Operations (FRO) or Awareness (FRA) levels. The maintenance of trained personnel is a critical issue in ensuring a competent workforce that is ready to respond during an emergency. In order to address this issue, the EMD Preparedness and Operations Divisions offer on-going training for the first responder, medical, public health and emergency management communities. EMD routinely brings in the ICS, Weapons of Mass Destruction (WMD), EOC/DOC and other emergency preparedness classes offered by Texas A&M to the County; enrollment in the class is open to all response entities. In addition, EMD has brought in Unified Command and Threat and Vulnerability Classes for County agencies. All of these classes have been well attended and continue to be one part of our continuing education program. MMRS funding was used to provide Haz Mat specific training during the initial contract period.

The EMD Preparedness and Operations Divisions have staff of health educators and community partners to provide training on topics such as the biological agents, chemical agents, radiological response, public health/medical response to a terrorism incident, and mass prophylaxis distribution. This group can be requested by any agency in the County, free of charge, and is available for on-going training.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.14 HOSPITAL PLANS

MINIMUM STANDARDS:

The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

RECOMMENDED GUIDELINES:

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and pre-hospital medical care agencies.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guidelines. Each of the seventeen (17) hospitals in Riverside County is accredited by The Joint Commission (TJC) and as such, each hospital maintains robust disaster plans including provisions for internal and external disasters. Each of the hospitals utilizes the Hospital Emergency Incident Command System (HEICS) and is integrated into the County's medical response plans. Riverside County is committed to disaster and emergency preparedness. To ensure a capable and robust response system, exercise of plans and procedures in place remains a critical component of preparedness efforts. Each year, the Hospital Association of Southern California (HASC), the EMD and many of the hospitals in the County participate in the Statewide Disaster Drill, a Western Region Emergency Council (WREC) disaster drill or terrorism exercise, and an exercise coordinated by Coachella Communications for the east end of the County. Each hospital is required to participate in two disaster exercises per year in order to maintain TJC or other accreditation.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.15 INTERHOSPITAL COMMUNICATIONS

MINIMUM STANDARDS:

The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. Riverside County has several alert and notification systems in place, including Rapid Emergency Digital Data Information Network (ReddiNet) and the California Health Alert Network (CAHAN). Each of the seventeen (17) hospitals, fire dispatch centers, and AMR are all linked to the ReddiNet system. ReddiNet is an alert and information system that is operated on the internet or via Satellite back-up system. ReddiNet allows communication between REMSA, the local EMS providers (including fire), and the hospitals. This system can be used to obtain hospital diversion status, manage mass casualty incidents, and send polls and memos to each of the hospitals.

The State of California Department of Health Services (CDHS) has developed the California Health Alert Network (CAHAN). The web-based CAHAN system is designed to broadcast key health, medical, disaster, or terrorism related information to local health departments. CAHAN is capable of sending alerts by email, telephone, fax, alphanumeric pagers, and cell phones with short message service capability, and is based on the "find me, follow me" technology. Users are able to set their own profile that dictates the contact sequence from CAHAN. CAHAN also provides a collaborative on-line environment where sensitive disaster planning and emergency response information may be securely shared between California local and state health agencies.

Through the County Public Safety Enterprise System (PSEC), 700 MHz radios are being purchased with funding from the Department of Homeland Security, Domestic Preparedness Program to ensure effective communication between REMSA, EMD, fire departments, law enforcement and hospitals. REMSA policy requires utilization of the Countywide frequency annex. All public safety agencies, Hospitals and ambulance providers can communicate on common radio frequencies for interagency communication and coordination. Each of the seventeen (17) hospitals within the County have received fixed-base radios. REMSA and EMD have established dedicated frequencies to provide for communications with hospitals, County departments and EMS providers.

Radio Amateur Civil Emergency Service (RACES) is a public service provided by a reserve (volunteer) communications group within government agencies in times of extraordinary need. The primary mission of RACES during an emergent event or disaster is to provide communication services that include the use of portable stations, either as a back-up or as a fill-in where communications do not normally exist or offer redundancy in communication. Each of the seventeen (17) hospitals in Riverside County and EMD have RACES capabilities.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.16 PREHOSPITAL AGENCY PLANS

MINIMUM STANDARDS:

The local EMS agency shall ensure that all pre-hospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure the availability of training in management of significant medical incidents for all pre-hospital medical response agencies and acute-care hospital staffs in its service area.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard and the recommended guidelines. As with the hospitals, each fire department and EMS provider in Riverside County have disaster plans in place. EMD coordinates at least two disaster and emergency preparedness drills every year. One of the drills is a full functional exercise with prehospital participation, frequently this is in conjunction with the annual statewide disaster drill. EMD hosts a number of training programs throughout the year including HazMat response/drills, ICS and EOC/DOC operations. REMSA policy requires periodic training on the MCI policy.

Each of the seventeen (17) hospitals in Riverside County is accredited by The Joint Commission (TJC) and as such, each hospital maintains robust disaster plans including provisions for internal and external disasters. Each of the hospitals utilizes the Hospital Emergency Incident Command System (HEICS) and is integrated into the County's medical response plans. During drills hospitals train on managing medical surge, patient and staff decontamination, patient tracking, public and family communications and an managing an assortment of security threats. Incident after action de-briefing and reports are coordinated by the EMD Preparedness Division. Lessons learned are discussed in advisory committee meetings.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.17 ALS POLICIES

MINIMUM STANDARDS:

The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. Existing mutual aid agreements provide for response from other EMS systems. These agreements, REMSA policies and State regulations allow for ALS providers to perform according to their defined scope of practice as established by their accrediting LEMSA.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.18 SPECIALTY CENTER ROLES

MINIMUM STANDARDS:

Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during a significant medical incidents and the impact of such incidents on day-to-day triage procedures.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. The Riverside County hospital system includes seventeen (17) general acute care hospitals, all of which are REMSA authorized Prehospital Receiving Centers (PRCs). Of the seventeen (17) PRCs, four (4) are adult Level II trauma centers, one of those (Riverside University Medical Center) is also a pediatric Level II trauma center. There are six (6) REMSA designated STEMI receiving centers and twelve (12) REMSA designated stroke receiving centers. Requirements to maintain specialty care designation is spelled out in REMSA policy. How each facility will surge to maintain standards of care is included in hospital disaster plans. The EMD Preparedness Division supports updating of hospital plans periodically. As medical surge capacity is key to the response to a natural disaster or terrorism incident, surge capacity issues are being addressed from a regional approach. Surge capacity equipment was a main component of equipment caches that were purchased with HPP, HRSA and UASI funding. Equipment caches in the form of trauma/burn equipment trailers, BLS equipment trailers as well as drug caches have been strategically located throughout the County. HRSA funds were also used for each hospital to obtain surge capacity equipment. Each hospital in Riverside County is familiar with the START (Simple Triage and Rapid Treatment) triage system and is utilized by fire and EMS first responders.

NEED(S):

The role of specialty care hospitals will be re-evaluated during development of the specialty care re-alignment plan.

OBJECTIVE:

Complete the specialty care re-alignment plan by December 2018.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.19 WAIVING EXCLUSIVITY

MINIMUM STANDARDS:

Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets the standard. Contracts with providers holding exclusive operating areas require that the contractors develop mutual aid agreements. The Master 9-1-1 Emergency Ambulance agreement contains specific language that provides for mutual aid response into the County EOAs.

NEED(S):

Evaluate the feasibility of a single, Countywide ambulance mutual aid agreement as discussed in the Riverside County EMS System Strategic Plan.

OBJECTIVE:

Develop a master ambulance mutual aid agreement as applicable.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: 2017

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: Riverside

A.	Basic Life Support (BLS)	0 %
B.	Limited Advanced Life Support (LALS)	0 %
C.	Advanced Life Support (ALS)	100 %

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

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

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

Implementation of exclusive operating areas (ambulance franchising)	X
Designation of trauma centers/trauma care system planning	X
Designation/approval of pediatric facilities	X
Designation of other critical care centers	X
Development of transfer agreements	
Enforcement of local ambulance ordinance	X
Enforcement of ambulance service contracts	X
Operation of ambulance service	
Continuing education	X
Personnel training	X
Operation of oversight of EMS dispatch center	X
Non-medical disaster planning	
Administration of critical incident stress debriefing team (CISD)	

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Administration of disaster medical assistance team (DMAT)	
Administration of EMS Fund [Senate Bill (SB) 12/612]	X
Other: _____	
Other: _____	
Other: _____	

5. EXPENSES

Salaries and benefits (All but contract personnel)	$1,915,728
Contract Services (e.g. medical director)	$150,000
Operations (e.g. copying, postage, facilities)	$735,000
Travel	(Inc in Ops)
Fixed assets	0
Indirect expenses (overhead)	$420,000
Ambulance subsidy	0
EMS Fund payments to physicians/hospital	$3,638,307
Dispatch center operations (non-staff)	0
Training program operations	0
Other: _____	
Other: _____	
Other: _____	
TOTAL EXPENSES	$ 6,859,035

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	0
Preventive Health and Health Services (PHHS) Block Grant	0
Office of Traffic Safety (OTS)	0
State general fund	0
County general fund	0
Other local tax funds (e.g., EMS district)	0
County contracts (e.g. multi-county agencies)	0
Certification fees	$70,000
Training program approval fees	0
Training program tuition/Average daily attendance funds (ADA)	0
Job Training Partnership ACT (JTPA) funds/other payments	0
Base hospital application fees	0

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	0
Trauma center designation fees	0
Pediatric facility approval fees	0
Pediatric facility designation fees	0
Other critical care center application fees Type: _____	_____
Other critical care center designation fees Type: _____	_____
Ambulance service/vehicle fees	$150,000
Contributions	_____
EMS Fund (SB 12/612)	$4,789,143
Other grants: RDMHS	$135,000
Other fees: Contract Fees and Monitoring	$1,714,892
Other (specify): _____	_____
TOTAL REVENUE	$ 6,859,035

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. **Fee structure**

_____ We do not charge any fees

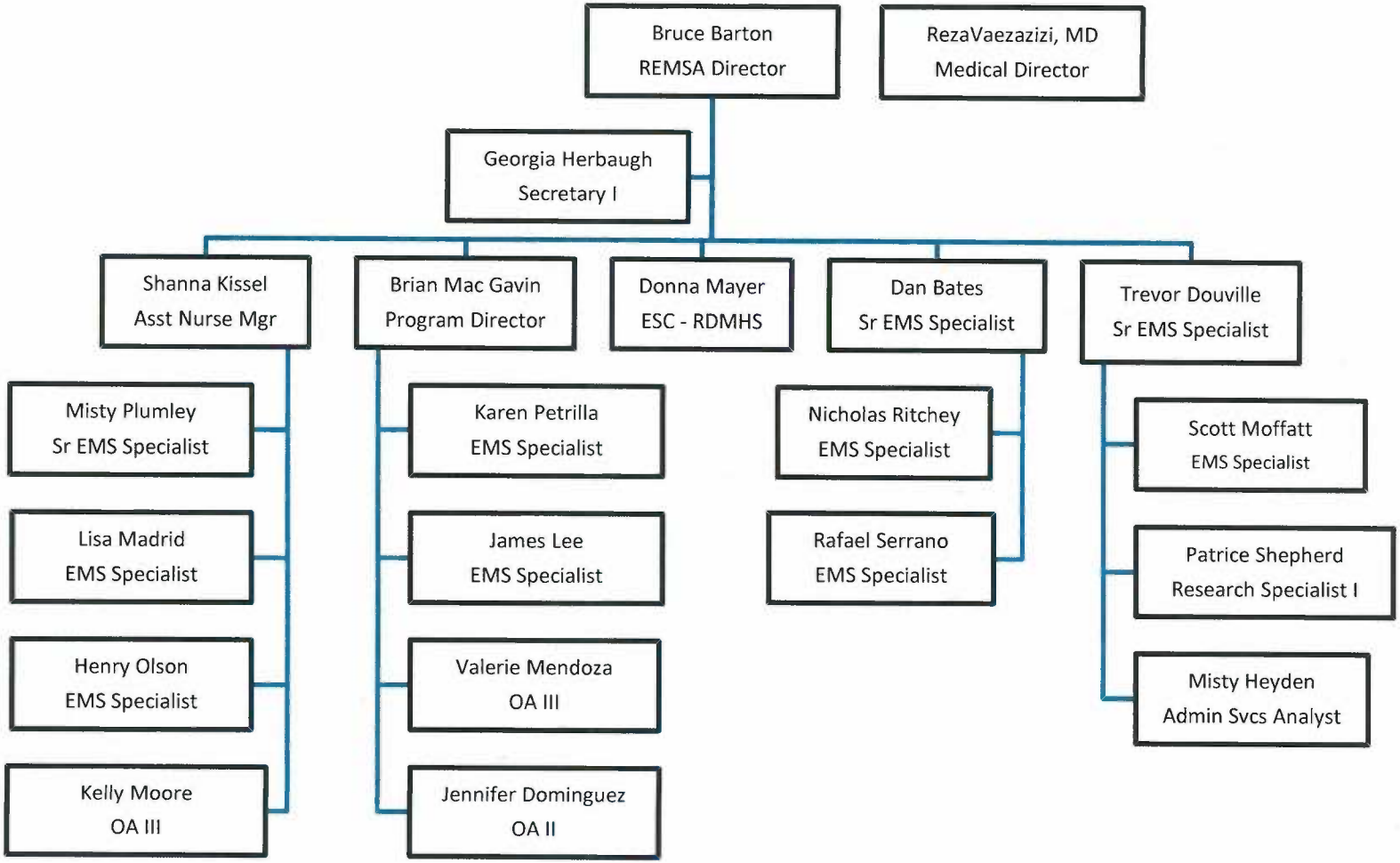
_____ Our fee structure is:

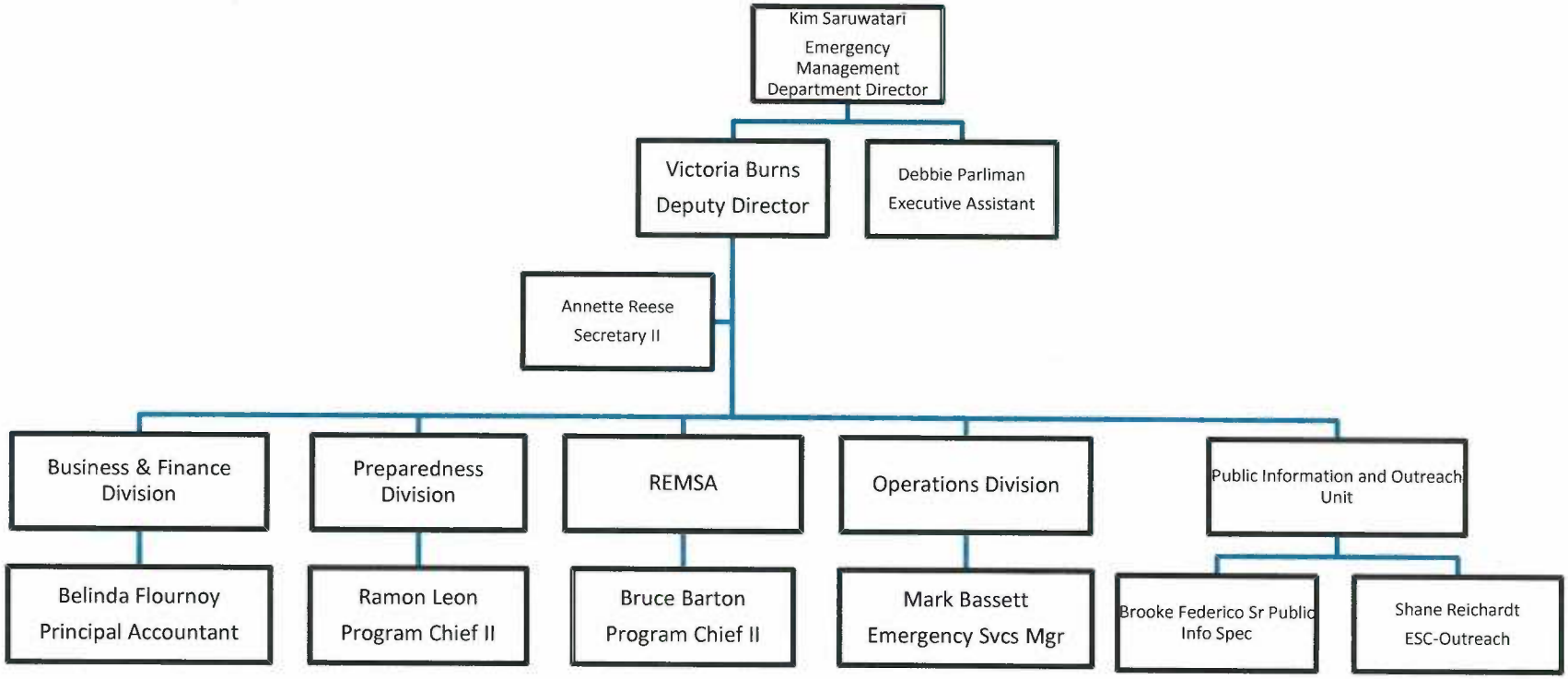
First responder certification	$ NA
EMS dispatcher certification	NA
EMT-I certification	$ 25.00
EMT-I recertification	$ 25.00
EMT-defibrillation certification	NA
EMT-defibrillation recertification	NA
AEMT certification	NA
AEMT recertification	NA
EMT-P accreditation	$ 75.00
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	$ 75.00
MICN/ARN recertification	$ 50.00
EMT-I training program approval	0
AEMT training program approval	NA
EMT-P training program approval	0
MICN/ARN training program approval	0
Base hospital application	0
Base hospital designation	0
Trauma center application	0
Trauma center designation	0
Pediatric facility approval	0
Pediatric facility designation	0
Other critical care center application Type: _____	
Other critical care center designation Type: _____	
Ambulance service license	$3,000/$6,000
Ambulance vehicle permits	$ 250.00
Other: _____	_____
Other: _____	_____
Other: _____	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	REMSA Director	1	65.09	45%	
Asst. Admin./Admin.Asst./Admin. Mgr.	REMSA Asst. Director	1	47.07	45%	
ALS Coord./Field Coord./Trng Coordinator	Senior EMS Specialist	1	42.91	45%	
Program Coordinator/Field Liaison (Non-clinical)	EMS Specialist	1	40.69	45%	
Trauma Coordinator	REMSA Clinical Manager – Assist Nurse Manager	1	52.65	45%	
Medical Director	REMSA Medical Director	Contract		45%	$150,000 annual
Other MD/Medical Consult/Training Medical Director	NA				
Disaster Medical Planner	Senior EMS Specialist	1	42.91	45%	
Dispatch Supervisor	NA				
Medical Planner	EMS Specialist	1	40.69	45%	
Data Evaluator/Analyst	Research Specialist	1	27.01	45%	
QA/QI Coordinator	EMS Specialist	4	40.69	45%	
Public Info. & Education Coordinator	Senior EMS Specialist	1	42.91	45%	
Executive Secretary	Secretary	1	27.87	45%	
Other Clerical	Office Assistant II/III	2	15.01	45%	
Data Entry Clerk	Administrative Services Analyst I/II	1	19.07	45%	
Other	RDMHS – Emergency Management Coordinator	1	41.77	45%	

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




Kim Saruwatari
Emergency Management Department Director
Victoria Burns
Deputy Director
Debbie Parliman
Executive Assistant
Annette Reese
Secretary II
Business & Finance Division
Preparedness Division
REMSA
Operations Division
Public Information and Outreach Unit
Belinda Flournoy
Principal Accountant
Ramon Leon
Program Chief II
Bruce Barton
Program Chief II
Mark Bassett
Emergency Svcs Mgr
Brooke Federico Sr Public Info Spec
Shane Reichardt
ESC-Outreach

Reporting Year: 2017

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	1246	N/A	577	116
Number newly certified this year	333		132	17
Number recertified this year	913		445	99
Total number of accredited personnel on July 1 of the reporting year	2505		1209	241
Number of certification reviews resulting in:				
a) formal investigations	40	N/A		0
b) probation	12			
c) suspensions	1		1	
d) revocations	4			
e) denials	1			
f) denials of renewal	0			
g) no action taken	16*		1+	

1. Early defibrillation:
   a) Number of EMT-I (defib) authorized to use AEDs: 2505
   b) Number of public safety (defib) certified (non-EMT-I): None

2. Do you have an EMR training program: ☐ yes **X** no

*includes 5 that either abandoned their application or expired while under investigation

+referred to EMSA for their review

TABLE 4: COMMUNICATIONS

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

County: Riverside

Reporting Year: 2017

1.	Number of primary Public Service Answering Points (PSAP)	16
2.	Number of secondary PSAPs	3
3.	Number of dispatch centers directly dispatching ambulances	4
4.	Number of EMS dispatch agencies utilizing EMD guidelines	3
5.	Number of designated dispatch centers for EMS Aircraft	1
6.	Who is your primary dispatch agency for day-to-day emergencies? Riverside County Fire Department – Emergency Command Center (ECC)	
7.	Who is your primary dispatch agency for a disaster? Riverside County FD.	
8.	Do you have an operational area disaster communication system?	X Yes ☐ No
	a. Radio primary frequency 156.075 CALCORD	
	b. Other methods PSEC 700Mhz, CAHAN, RACES	
	c. Can all medical response units communicate on the same disaster communications system?	X Yes ☐ No
	d. Do you participate in the Operational Area Satellite Information System	X Yes ☐ No
	e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services	X Yes ☐ No
	1) Within the operational area?	X Yes ☐ No
	2) Between operation area and the region and/or state?	X Yes ☐ No

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2017

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 2

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	None	None	None	None
Early defibrillation responder	None	None	None	None
Advanced life support responder	10 Minutes	14/20/30 Minutes	60 Minutes	NA
Transport Ambulance	10 Minutes	14/20/30 Minutes	60 Minutes	NA

TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2017

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	2174
2. Number of major trauma victims transported directly to a trauma center by ambulance	1354
3. Number of major trauma patients transferred to a trauma center	357
4. Number of patients meeting triage criteria who weren't treated at a trauma center	Unknown

Emergency Departments

Total number of emergency departments	17
1. Number of referral emergency services	0
2. Number of standby emergency services	0
3. Number of basic emergency services	17
4. Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	13
2. Number of base hospitals with written agreements	6

TABLE 7: DISASTER MEDICAL

Reporting Year: 2017

County: Riverside

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
   a. Where are your CCPs located? Delineated in the REMSA Field Treatment Site (FTS) Plan.
   b. How are they staffed? EMS Personnel
   c. Do you have a supply system for supporting them for 72 hours? X Yes ☐ No

2. CISD
   Do you have a CISD provider with 24 hour capability? X Yes ☐ No

3. Medical Response Team
   a. Do you have any team medical response capability? X Yes ☐ No
   b. For each team, are they incorporated into your local response plan? X Yes ☐ No
   c. Are they available for statewide response? ☐ Yes X No
   d. Are they part of a formal out-of-state response system? ☐ Yes X No

4. Hazardous Materials
   a. Do you have any HazMat trained medical response teams? X Yes ☐ No
   b. At what HazMat level are they trained? Type A teams, First Responder Operational (FRO).
   c. Do you have the ability to do decontamination in an emergency room? X Yes ☐ No
   d. Do you have the ability to do decontamination in the field? X Yes ☐ No

OPERATIONS

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

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1

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

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
   All Counties in Region I and VI

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

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

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

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

9. If not, to whom do you report? Department of Emergency Management

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

Table 8: Resource Directory

Reporting Year: 2017 Plan

Response/Transportation/Providers

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

County: Riverside **Provider:** Americare Ambulance **Response Zone:** N/A

Address: 1924 Commercial Street
Escondido, CA 92029

Number of Ambulance Vehicles in Fleet: 1

Phone Number: (866) 430-5000

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes X No	X Yes ❑ No	X Yes ❑ No	X Transport ❑ ALS ❐ 9-1-1 X Ground ❑ Non-Transport X BLS X 7-Digit ❑ Air ❑ LALS X CCT ❑ Water X IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public X Private	❑ Fire ❑ Law ❐ Other Explain:	❑ City ❑ County ❑ State ❑ Fire District ❐ Federal	❑ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❐ BLS Rescue

Transporting Agencies

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2017 Plan

Response/Transportation/Providers

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

County: Riverside **Provider:** American Medical Response **Response Zone:** Desert,Hemet,Mountain Plateau,Southwest, Blythe, Northwest,Central, Pass

Address: 879 Marlborough Avenue
Riverside, CA 92507-2133

Number of Ambulance Vehicles in Fleet: 172

Phone Number: (951) 782-5200

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 100

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
X Yes ❑ No	X Yes ❑ No	X Yes ❑ No	X Transport ❑ Non-Transport; X ALS X BLS ❑ LALS; X 9-1-1 X 7-Digit X CCT X IFT; X Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❐ Public X Private	❐ Fire ❐ Law ❐ Other Explain:	❐ City ❐ County ❐ State ❐ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

230,265	Total number of responses	176,074	Total number of transports
188,535	Number of emergency responses	134,344	Number of emergency transports
41,730	Number of non-emergency responses	41,730	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2017 Plan

Response/Transportation/Providers

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

County: Riverside **Provider:** Care Ambulance **Response Zone:** N/A

Address: 1517 W. Braden Ct.
Orange, CA. 92868

Number of Ambulance Vehicles in Fleet: 8

Phone Number: 714 288-3800

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 7

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☒ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ Non-Transport ☐ ALS ☒ BLS ☐ LALS ☐ 9-1-1 ☒ 7-Digit ☒ CCT ☒ IFT ☒ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

4240	Total number of responses	3866	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
4240	Number of non-emergency responses	3866	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2017 Plan

Response/Transportation/Providers

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

County: Riverside **Provider:** Cathedral City Fire Department **Response Zone:** Cathedral City

Address: 32-100 Desert Vista
Cathedral City, CA 92224

Phone Number: (760) 770-8200

Number of Ambulance Vehicles in Fleet: 4

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes X No	X Yes ❑ No	X Yes ❑ No	X Transport ❑ Non-Transport; X ALS ❑ BLS ❑ LALS; X 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; X Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
X Public ❑ Private	X Fire ❑ Law ❑ Other Explain:	X City ❑ County ❑ State ❑ Fire District ❑ Federal	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

4227	Total number of responses	3367	Total number of transports
4227	Number of emergency responses	3367	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2017 Plan

Response/Transportation/Providers

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

County: Riverside **Provider:** Cavalry Ambulance **Response Zone:** N/A

Address: 420 N. McKinley Street
Corona, CA 92879

Phone Number: (888) 774-9900

Number of Ambulance Vehicles in Fleet: 7

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 7

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes X No	X Yes ❑ No	X Yes ❑ No	X Transport ❑ Non-Transport; ❑ ALS X BLS ❑ LALS; ❑ 9-1-1 X 7-Digit X CCT X IFT; X Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public X Private	❑ Fire ❑ Law ❑ Other Explain:	❑ City ❑ County ❑ State ❑ Fire District ❑ Federal	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

1704	Total number of responses
0	Number of emergency responses
1704	Number of non-emergency responses

3818	Total number of transports
0	Number of emergency transports
3818	Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2017 Plan

Response/Transportation/Providers

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

County: Riverside **Provider:** California Highway Patrol **Response Zone:** N/A

Address: 56-850 Higgins Drive
Thermal, CA 92274

Phone Number: (760) 399-0085

Number of Ambulance Vehicles in Fleet: 1

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes X No	X Yes ❑ No	X Yes ❑ No	X Transport ❑ Non-Transport; X ALS X BLS ❑ LALS; X 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ❑ Ground X Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
X Public ❑ Private	❒ Fire X Law ❒ Other Explain:	❒ City ❒ County X State ❒ Fire District ❒ Federal	X Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance X ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

35 Total number of responses	16 Total number of transports
35 Number of emergency responses	16 Number of emergency transports
0 Number of non-emergency responses	0 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2017 Plan

Response/Transportation/Providers

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

County: Riverside **Provider:** Desert CCT **Response Zone:** N/A

Address: 140 N. Broadway
Blythe, CA 92226

Number of Ambulance Vehicles in Fleet: 3

Phone Number: (760) 822-5911

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes X No	X Yes ❑ No	X Yes ❑ No	X Transport ❑ Non-Transport; ❑ ALS X BLS ❑ LALS; ❐ 9-1-1 X 7-Digit X CCT X IFT; X Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public X Private	❑ Fire ❑ Law ❐ Other Explain:	❑ City ❐ County ❑ State ❐ Fire District ❐ Federal	❑ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❑ ALS Rescue ❐ BLS Rescue

Transporting Agencies

551	Total number of responses
0	Number of emergency responses
551	Number of non-emergency responses

543	Total number of transports
0	Number of emergency transports
543	Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: _2017 Plan_

Response/Transportation/Providers

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

County: Riverside **Provider:** Idyllwild Fire Protection District **Response Zone:** Idyllwild FPD

Address: 54160 Maranatha Drive
Idyllwild, CA 92549-0656

Phone Number: (951) 659-2153

Number of Ambulance Vehicles in Fleet: 5

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
X Yes ❑ No	X Yes ❑ No	X Yes ❑ No	X Transport ❑ Non-Transport; X ALS ❐ BLS ❑ LALS; X 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; X Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
X Public ❑ Private	X Fire ❑ Law ❐ Other Explain:	❑ City ❐ County ❑ State X Fire District ❐ Federal	❑ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❑ ALS Rescue ❐ BLS Rescue

Transporting Agencies

787	Total number of responses	391	Total number of transports
787	Number of emergency responses	391	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2017 Plan

Response/Transportation/Providers

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

County: Riverside **Provider:** Lynch Ambulance **Response Zone:** N/A

Address: 1371 Red Gum Street
Anaheim, CA 92806

Phone Number: (800) 347-3262

Number of Ambulance Vehicles in Fleet: 4

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes X No	X Yes ❑ No	X Yes ❑ No	X Transport ❑ Non-Transport; ❑ ALS X BLS ❑ LALS; ❐ 9-1-1 X 7-Digit ❑ CCT X IFT; X Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public X Private	❑ Fire ❑ Law ❐ Other Explain:	❑ City ❑ County ❑ State ❑ Fire District ❐ Federal	❑ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❐ BLS Rescue

Transporting Agencies

181	Total number of responses
0	Number of emergency responses
181	Number of non-emergency responses

166	Total number of transports
0	Number of emergency transports
166	Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: _2017 Plan_

Response/Transportation/Providers

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

County: Riverside **Provider:** Mercy Air Services, Inc **Response Zone:** N/A

Address: 1670 Miro Way
Rialto, CA 92376

Phone Number: 909 986-1184

Number of Ambulance Vehicles in Fleet: 4

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes X No	X Yes ❑ No	X Yes ❑ No	X Transport ❑ Non-Transport; X ALS ❑ BLS ❑ LALS; X 9-1-1 X 7-Digit X CCT X IFT ❑ Ground X Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public X Private	❑ Fire ❑ Law ❑ Other Explain:	❑ City ❑ County ❑ State ❑ Fire District ❑ Federal	X Rotary ❑ Fixed Wing	❑ Auxiliary Rescue X Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

585 Total number of responses	585 Total number of transports
96 Number of emergency responses	96 Number of emergency transports
489 Number of non-emergency responses	489 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2017 Plan

Response/Transportation/Providers

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

County: Riverside **Provider:** Mission Ambulance **Response Zone:** N/A

Address: 10555 Third Street
Corona, CA 92879

Number of Ambulance Vehicles in Fleet: 21

Phone Number: (800) 899-9100

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 18

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes X No	X Yes ❑ No	X Yes ❑ No	X Transport ❑ Non-Transport; ❑ ALS X BLS ❑ LALS; ❐ 9-1-1 X 7-Digit X CCT X IFT; X Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public X Private	❑ Fire ❑ Law ❐ Other Explain:	❑ City ❐ County ❑ State ❑ Fire District ❐ Federal	❑ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❑ ALS Rescue ❐ BLS Rescue

Transporting Agencies

16096	Total number of responses
0	Number of emergency responses
16096	Number of non-emergency responses

15290	Total number of transports
0	Number of emergency transports
15290	Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2017 Plan

Response/Transportation/Providers

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

County: Riverside **Provider:** Premier Medical Transportation **Response Zone:** N/A

Address: 575 Maple Court, Suite A
Colton, CA 92234

Number of Ambulance Vehicles in Fleet: 13

Phone Number: (909) 433-3939

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 12

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes X No	❑ Yes X No	X Yes ❑ No	X Transport ❑ Non-Transport; ❑ ALS X BLS ❑ LALS; ❐ 9-1-1 X 7-Digit X CCT X IFT; X Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public X Private	❑ Fire ❑ Law ❐ Other Explain:	❑ City ❐ County ❑ State ❑ Fire District ❐ Federal	❑ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❐ BLS Rescue

Transporting Agencies

4805	Total number of responses	4587	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
4805	Number of non-emergency responses	4587	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2017 Plan

Response/Transportation/Providers

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

County: Riverside **Provider:** REACH Air Medical Services **Response Zone:** N/A

Address: 1097 Airport Road
Imperial, CA 92251

Phone Number: (877) 644-4042

Number of Ambulance Vehicles in Fleet: 4

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes X No	X Yes ❑ No	X Yes ❑ No	X Transport ❑ Non-Transport; X ALS ❐ BLS ❑ LALS; X 9-1-1 X 7-Digit X CCT X IFT; ❑ Ground X Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public X Private	❑ Fire ❑ Law ❐ Other Explain:	❑ City ❐ County ❑ State ❑ Fire District ❐ Federal	X Rotary ❐ Fixed Wing	❐ Auxiliary Rescue X Air Ambulance ❑ ALS Rescue ❐ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

167 Total number of responses	79 Total number of transports
93 Number of emergency responses	32 Number of emergency transports
74 Number of non-emergency responses	47 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2017 Plan

Response/Transportation/Providers

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

County: Riverside **Provider:** Riverside County Fire **Response Zone:** Cove Cities and Indio

Address: 16902 Bundy Avenue
Riverside, CA 92518

Number of Ambulance Vehicles in Fleet: 18

Phone Number: (951) 486-4753

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 16

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:			
X Yes ❑ No	X Yes ❑ No	X Yes ❑ No	X Transport ❑ Non-Transport	X ALS ❑ BLS ❑ LALS	X 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT	X Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
X Public ❑ Private	X Fire ❑ Law ❑ Other Explain:	❑ City X County X State ❑ Fire District ❑ Federal	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

17381	Total number of responses	13082	Total number of transports
17381	Number of emergency responses	13082	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2017 Plan

Response/Transportation/Providers

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

County: Riverside **Provider:** Symons Ambulance **Response Zone:** N/A

Address: 18592 Cajon Boulevard
San Bernardino, CA 92427

Phone Number: (866) SAVE-LIVES

Number of Ambulance Vehicles in Fleet: 26

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 22

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes X No	X Yes ❑ No	X Yes ❑ No	X Transport ❑ Non-Transport; ❑ ALS X BLS ❑ LALS; ❐ 9-1-1 X 7-Digit X CCT X IFT; X Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public X Private	❑ Fire ❑ Law ❐ Other Explain:	❑ City ❐ County ❑ State ❑ Fire District ❐ Federal	❑ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❑ ALS Rescue ❐ BLS Rescue

Transporting Agencies

11572	Total number of responses
0	Number of emergency responses
11572	Number of non-emergency responses
11167	Total number of transports
0	Number of emergency transports
11167	Number of non-emergency transports

Air Ambulance Services

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

SECTION VI – AB 3153 COMPLIANCE: EXCLUSIVE OPERATING AREAS

AMBULANCE ZONE SUMMARY FORMS*

Riverside County has 12 ambulance zones in this EMS Transportation Plan. There has been no change in the geographic configuration of these zones nor has there been any change with respect to the providers for the respective zones since our last EMS Plan update was approved by EMSA in August 2016.

Within the Riverside County EMS system the following apply to the scope of operations for 9-1-1 emergency ambulance transports within the EOAs that meet grandfathering criteria under 1797.224:

- Seven (7) and ten (10) digit requests for emergency ambulance service that occasionally come into Public Safety Answering Points (PSAPs) are treated as 9-1-1 calls and receive 9-1-1 system response if they are a medical emergency.
- REMSA has never authorized non-9-1-1 event medical stand-by service providers to transport patients from the prehospital environment to acute care hospital emergency departments. These are considered prehospital medical emergencies. As such they require response and transport by the 9-1-1 emergency ambulance EOA provider.

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Riverside County EMS Agency (REMSA).

Area or sub-area (Zone) Name or Title:
Central Zone.

Name of Current Provider(s):
(Include company name(s) and length of operation (uninterrupted) in specified area or sub-area.)

American Medical Response (AMR) / Since 1997. Goodhew Ambulance Service from the 1970s to 1995. See below under Method to Achieve Exclusivity for chronology of uninterrupted service.

Area or sub-area (Zone) Geographic Description:
Cities of Moreno Valley and Perris and surrounding unincorporated areas.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
(Include intent of local EMS agency and Board action.)

Exclusive. AMR is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside County Board of Supervisors.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
(Include type of exclusivity--Emergency Ambulance, ALS, LALS, or combination and operational definition of exclusivity--i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type: Emergency Ambulance Service, Scope of Operations: 9-1-1 emergency ambulance service.

Method to Achieve Exclusivity, if applicable (HS 1797.224):
(If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.
If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers).

Grandfathered. American Medical Response (AMR) or its predecessor companies have provided continuous, uninterrupted service in the same manner and scope before January 1, 1981. Goodhew Ambulance Service provided emergency ambulance services to the Central Zone since the 1970s. In 1995, Laidlaw/MedTrans purchased Goodhew Ambulance Service, and then merged with AMR in 1997 with no interruption in service. In September 1998, Riverside County EMS Agency established its first contract with AMR for seven zones, the Central Zone being one of them. On July 1, 2015, a new agreement with AMR was established to provide 9-1-1 emergency ambulance services to eight zones in Riverside County. AMR's current agreement term runs through June 30, 2021. There have been no changes to manner or scope of services since the last EMS Plan was approved by EMSA in August 2016.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Riverside County EMS Agency (REMSA).

Area or sub-area (Zone) Name or Title:
Desert Zone.

Name of Current Provider(s):
(Include company name(s) and length of operation (uninterrupted) in specified area or sub-area).

American Medical Response (AMR) / Since 1997. Springs Ambulance Service from 1966 to 1997. See below under Method to Achieve Exclusivity for chronology of uninterrupted service.

Area or sub-area (Zone) Geographic Description:
Cities of Palm Springs, Desert Hot Springs, La Quinta, Coachella, and surrounding unincorporated areas east to Desert Center.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
(Include intent of local EMS agency and Board action).

Exclusive. American Medical Response is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside County Board of Supervisors.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): (Include type of exclusivity--Emergency Ambulance, ALS, LALS, or combination and operational definition of exclusivity--i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type: Emergency Ambulance Service, Scope of Operations: 9-1-1 emergency ambulance service.

Method to achieve Exclusivity, if applicable (HS 1797.224):
(If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.
If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers).

Grandfathered. Springs Ambulance Service provided emergency ambulance services to the Desert Zone from 1966 to 1996. In 1996, AMR purchased Springs Ambulance Service then merged with Laidlaw/MedTrans in 1997 with no interruption in service. In September 1998, Riverside County EMS Agency established its first contract with AMR for seven zones, the Desert Zone being one of them. On July 1, 2015, a new agreement with AMR was established to provide 9-1-1 emergency ambulance services to eight zones in Riverside County. AMR's current agreement term runs through June 30, 2021. There have been no changes to manner or scope of services since the last EMS Plan was approved by EMSA in August 2016.

AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Riverside County EMS Agency (REMSA).

Area or sub-area (Zone) Name or Title:
Northwest Zone.

Name of Current Provider(s):
(Include company name(s) and length of operation (uninterrupted) in specified area or sub-area).

American Medical Response (AMR) / Since 1996. Goodhew Ambulance Service from the 1970s to 1995. See below under Method to Achieve Exclusivity for chronology of uninterrupted service.

Area or sub-area (Zone) Geographic Description:
Cities of Riverside, Corona, Eastvale, Jurupa Valley, Norco and the surrounding unincorporated areas.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
(Include intent of local EMS agency and Board action).

Exclusive. American Medical Response is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside County Board of Supervisors.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
(Include type of exclusivity--Emergency Ambulance, ALS, LALS, or combination and operational definition of exclusivity--i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type: Emergency Ambulance Service, Scope of Operations: 9-1-1 emergency ambulance service.

Method to achieve Exclusivity, if applicable (HS 1797.224):
(If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers).

Grandfathered. Goodhew Ambulance Service provided ALS ambulance services to the Northwest Zone from the 1970s to 1995. In 1995, Laidlaw/MedTrans purchased Goodhew Ambulance Service, and then merged with AMR in 1997 with no interruption in service. In September 1998, Riverside County EMS Agency established its first contract with AMR for seven zones, the Northwest Zone being one of them. On July 1, 2015, a new agreement with AMR was established to provide 9-1-1 emergency ambulance services to eight zones in Riverside County. AMR's current agreement term runs through June 30, 2021. There have been no changes to manner or scope of services since the last EMS Plan was approved by EMSA in August 2016.

AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Riverside County EMS Agency (REMSA).

Area or sub-area (Zone) Name or Title:
Pass Zone.

Name of Current Provider(s):
(Include company name(s) and length of operation (uninterrupted) in specified area or sub-area).

American Medical Response (AMR) / Since 1997. Lifecare Medical Transport from prior to 1981 to 1996. See below for chronology of service.

Area or sub-area (Zone) Geographic Description:
Cities of Banning, Beaumont, Calimesa and surrounding unincorporated areas.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
(Include intent of local EMS agency and Board action).

Non-Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
(Include type of exclusivity--Emergency Ambulance, ALS, LALS, or combination and operational definition of exclusivity--i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Non-Exclusive

Method to achieve Exclusivity, if applicable (HS 1797.224):
(If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.
If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers).

In 1995, the County conducted a Request for Proposal (RFP) process for 9-1-1 emergency ambulance services for the Pass Zone. AMR or their predecessor company has been providing service under a performance based contract with the County since that time. REMSA acknowledges EMSA's determination that periodic intervals as stipulated in 1797.224 may not exceed ten (10) years. Pursuant to that definition EMSA has determined that the Pass Zone be designated as non-exclusive under this transportation plan until the County completes a new competitive bid process to award an exclusive operating area agreement. On July 1, 2015, a new agreement with AMR was established to provide 9-1-1 emergency ambulance services to eight zones in Riverside County, including the Pass Zone as a non-exclusive 9-1-1 emergency ambulance service area. AMR's current agreement term runs through June 30, 2021.

AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Riverside County EMS Agency (REMSA).

Area or sub-area (Zone) Name or Title:
Mountain Plateau Zone.

Name of Current Provider(s):
(Include company name(s) and length of operation (uninterrupted) in specified area or sub-area).

American Medical Response (AMR) / Since 1997. Hemet Valley Ambulance Service from the 1970s to 1995. See below under Method to Achieve Exclusivity for chronology of uninterrupted service.

Area or sub-area (Zone) Geographic Description:
Mountain Plateau area except Idyllwild Fire Protection District EOA.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
(Include intent of local EMS agency and Board action).

Non-Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
(Include type of exclusivity--Emergency Ambulance, ALS, LALS, or combination and operational definition of exclusivity--i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Non-Exclusive

Method to achieve Exclusivity, if applicable (HS 1797.224):
(If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.
If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers).

Hemet Valley Ambulance Service provided ALS ambulance services to the Mountain Zone from the 1970s to 1995. Careline Ambulance won a competitive bid (RFP) in 1995. Careline was purchased by Laidlaw/MedTrans in 1995 which merged with AMR in 1997. In September 1998, Riverside County EMS Agency (REMSA) established its first agreement with AMR to provide emergency ambulance service to the Mountain Plateau Zone.
Currently AMR is serving this area pursuant to an agreement with Riverside County. It has been over 10 years since the last RFP and REMSA understands the Authority has established a position that "periodic interval" is defined as 10 years. Additionally, there were material changes to manner and scope for this area after the 1995.competitive bid and award that negated exclusivity pursuant to 1997.224. Pursuant to EMSA's determination of non-exclusivity REMSA will recognize this area as non-exclusive until a competitive process has been completed. On July 1, 2015, a new agreement with AMR was established to provide 9-1-1 emergency ambulance services to eight zones in Riverside County, including the Mountain Plateau Zone as a non-exclusive 9-1-1 emergency ambulance service area. AMR's current agreement term runs through June 30, 2021.

AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Riverside County EMS Agency (REMSA).

Area or sub-area (Zone) Name or Title:
Southwest Zone.

Name of Current Provider(s):
(Include company name(s) and length of operation (uninterrupted) in specified area or sub-area).

American Medical Response (AMR) / Since 1997. Predecessor companies from the 1970s. See below under Method to Achieve Exclusivity for chronology of uninterrupted service.

Area or sub-area (Zone) Geographic Description:
Cities of Canyon Lake, Lake Elsinore, Menifee, Murrieta, Temecula, Wildomar and the surrounding unincorporated areas.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
(Include intent of local EMS agency and Board action).

Exclusive. American Medical Response is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside County Board of Supervisors.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
(Include type of exclusivity--Emergency Ambulance, ALS, LALS, or combination and operational definition of exclusivity--i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type: Emergency Ambulance Service, Scope of Operations: 9-1-1 emergency ambulance service.

Method to achieve Exclusivity, if applicable (HS 1797.224):
(If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.
If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers).

Grandfathered. In 1984, Goodhew Ambulance Service bought John's Ambulance serving Lake Elsinore and parts of Murrieta. In 1985, Goodhew bought Sun City Ambulance Service serving unincorporated areas in the Southwest Zone. In 1995, Laidlaw/MedTrans purchased Goodhew Ambulance Service and then merged with AMR in 1997 with no interruption in service. In September 1998, Riverside County EMS Agency established its first contract with AMR for seven zones, the Southwest Zone being one of them. On July 1, 2015, a new agreement with AMR was established to provide 9-1-1 emergency ambulance services to eight zones in Riverside County. AMR's current agreement term runs through June 30, 2021. There have been no changes to manner or scope of services since the last EMS Plan was approved by EMSA in August 2016.

AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Riverside County EMS Agency (REMSA).

Area or sub-area (Zone) Name or Title:
San Jacinto Valley / Hemet Zone.

Name of Current Provider(s):
(Include company name(s) and length of operation (uninterrupted) in specified area or sub-area).

American Medical Response/ Since 1997. Hemet Valley Ambulance Service from the 1970s to 1997. See below under Method to Achieve Exclusivity for chronology of uninterrupted service.

Area or sub-area (Zone) Geographic Description:
Cities of San Jacinto, Hemet and the surrounding unincorporated areas.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
(Include intent of local EMS agency and Board action).

Exclusive. American Medical Response is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside County Board of Supervisors.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
(Include type of exclusivity--Emergency Ambulance, ALS, LALS, or combination and operational definition of exclusivity--i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type: Emergency Ambulance Service, Scope of Operations: 9-1-1 emergency ambulance service.

Method to achieve Exclusivity, if applicable (HS 1797.224):
(If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.
If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers).

Grandfathered. Hemet Valley Ambulance Service provided ALS ambulance services to the San Jacinto Valley Zone from the 1970s to 1997. In 1997, Laidlaw/MedTrans purchased Hemet Valley Ambulance Service and then merged with AMR with no interruption in service. In September 1998, Riverside County EMS Agency established its first contract with AMR for seven zones, the San Jacinto/Hemet Zone being one of them. On July 1, 2015, a new agreement with AMR was established to provide 9-1-1 emergency ambulance services to eight zones in Riverside County. AMR's current agreement term runs through June 30, 2021. There have been no changes to manner or scope of services since the last EMS Plan was approved by EMSA in August 2016.

AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Riverside County EMS Agency (REMSA).

Area or sub-area (Zone) Name or Title:
Palo Verde Valley Zone.

Name of Current Provider(s):
(Include company name(s) and length of operation (uninterrupted) in specified area or sub-area).

Blythe Ambulance Service / From 1979 to present.

Area or sub-area (Zone) Geographic Description:
Cities of Blythe and the surrounding unincorporated areas in the Palo Verde Valley region from state and county boundaries west to Desert Center.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
(Include intent of local EMS agency and Board action).

Exclusive. Blythe Ambulance Service is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside County Board of Supervisors.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
(Include type of exclusivity--Emergency Ambulance, ALS, LALS, or combination and operational definition of exclusivity--i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type: Emergency Ambulance Service, Scope of Operations: 9-1-1 emergency ambulance service.

Method to achieve Exclusivity, if applicable (HS 1797.224):
(If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.
If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers).

Grandfathered. Blythe Ambulance Service has been providing emergency ambulance services from 1979 to the present. On July 1, 2002, Blythe Ambulance Service entered into its first contract with Riverside County to provide emergency ambulance services for the Palo Verde Valley Zone. On January 1, 2011 AMR finalized the purchase of Blythe Ambulance Service with no interruption in services. On July 1, 2015, a new agreement with AMR was established to provide 9-1-1 emergency ambulance services to eight zones in Riverside County. AMR's current agreement term runs through June 30, 2021. There have been no changes to manner or scope of services since the last EMS Plan was approved by EMSA in August 2016.

AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Riverside County EMS Agency (REMSA).

Area or sub-area (Zone) Name or Title:
Idyllwild Fire Protection District (IFPD).

Name of Current Provider(s):
(Include company name(s) and length of operation (uninterrupted) in specified area or sub-area).

Idyllwild Fire Protection District / ALS ambulance services from 1980 to present.

Area or sub-area (Zone) Geographic Description:
Idyllwild Fire Protection District.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
(Include intent of local EMS agency and Board action).

Exclusive. IFPD is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside County Board of Supervisors.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
(Include type of exclusivity--Emergency Ambulance, ALS, LALS, or combination and operational definition of exclusivity--i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type: Emergency Ambulance Service, Scope of Operations: 9-1-1 emergency ambulance service.

Method to achieve Exclusivity, if applicable (HS 1797.224):
(If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.
If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers).

Grandfathered. IFPD has been providing uninterrupted 9-1-1 ALS emergency ambulance services without change to manner or scope since 1980.

AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Riverside County EMS Agency (REMSA).

Area or sub-area (Zone) Name or Title:
Cathedral City Zone.

Name of Current Provider(s):
(Include company name(s) and length of operation (uninterrupted) in specified area or sub-area.)

Cathedral City Fire Department / from June 1988 to present. Springs Ambulance Service provided emergency ambulance services to Cathedral City from 1966 to 1988.

Area or sub-area (Zone) Geographic Description:
Cathedral City.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
(Include intent of local EMS agency and Board action).

Non-Exclusive. However, Cathedral City Fire Department is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside County Board of Supervisors in 1994, 1999 and 2005. Cathedral City Fire started providing ALS Ambulances services after January 1, 1981.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
(Include type of exclusivity--Emergency Ambulance, ALS, LALS, or combination and operational definition of exclusivity--i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Non-Exclusive.

Method to achieve Exclusivity, if applicable (HS 1797.224):
(If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.
If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers).

Non-Exclusive.

AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Riverside County EMS Agency (REMSA).

Area or sub-area (Zone) Name or Title:
Indio City Zone.

Name of Current Provider(s):
(Include company name(s) and length of operation (uninterrupted) in specified area or sub-area).

Riverside County Fire/ CAL FIRE emergency ambulance services from 1997 to present.

Area or sub-area (Zone) Geographic Description:
Indio City.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
(Include intent of local EMS agency and Board action).

Non-exclusive. Riverside County Fire/ CAL FIRE is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside County Board of Supervisors.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Non-Exclusive.

Method to achieve Exclusivity, if applicable (HS 1797.224):
(If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.
If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers).

Non-Exclusive.

AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Riverside County EMS Agency (REMSA).

Area or sub-area (Zone) Name or Title:
Coves Cities Zone

Name of Current Provider(s):
(Include company name(s) and length of operation (uninterrupted) in specified area or sub-area).

Riverside County Fire Department/ CAL FIRE. Uninterrupted since before 1981.

Area or sub-area (Zone) Geographic Description:
Cities of Indian Wells, Palm Desert and Rancho Mirage

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
(Include intent of local EMS agency and Board action).

Exclusive without competitive bid process. Riverside County Fire/ CAL FIRE is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside County Board of Supervisors.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Type: Emergency Ambulance Service, Scope of Operations: 9-1-1 emergency ambulance service.

Method to achieve Exclusivity, if applicable (HS 1797.224):
(If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.
If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers).

Grandfathered. Uninterrupted service with no changes in manner or scope since prior to 1981. The voters approved the fire tax measure on April 8 1980. The ambulance operation commenced prior to January 1, 1981, qualifying as Grandfathered under §1797.224.

Springs Ambulance Service provided emergency ambulance service to these areas prior to 1981. The cities of Rancho Mirage, Indian Wells and Palm Desert combined to form the Cove Communities Services Commission in order to provide municipal emergency ambulance to these three cities. Prior to 1981, the Cove Communities Services Commission contracted with Riverside County Fire Department/ CAL FIRE in order to provide municipal emergency ambulance services in these three cities. In 1984, Springs Ambulance Service filed a lawsuit claiming the Cove Communities Services Commission violated federal antitrust laws. Springs Ambulance Service lost the lawsuit.

TABLE 9: FACILITIES

County: Riverside

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

Facility: Corona Medical Center Telephone Number: (951)808-6730
Address: 800 S. Main Street
Corona, CA. 92882

Written Contract:	Service:	Base Hospital:	Burn Center:
X Yes ❑ No	❐ Referral Emergency ❐ Standby Emergency X Basic Emergency ❐ Comprehensive Emergency	❐ Yes X No	❐ Yes X No

		Trauma Center:	If Trauma Center what level:	
Pediatric Critical Care Center[1]	❐ Yes X No	❐ Yes X No	❐ Level I	❐ Level II
EDAP[2]	X Yes ❐ No		❐ Level III	❐ Level IV
PICU[3]	❐ Yes X No			

STEMI Center:	Stroke Center:
❐ Yes X No	X Yes ❐ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Riverside

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

Facility: Desert Regional Medical Center
Address: 1150 N. Indian Canyon Drive
Palm Springs, CA. 92220

Telephone Number: (760)449-5373

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
X Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency X Basic Emergency ❒ Comprehensive Emergency	X Yes ❒ No	❒ Yes X No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[1]	❒ Yes X No	X Yes ❒ No	❒ Level I X Level II ❒ Level III ❒ Level IV
EDAP[2]	X Yes ❒ No		
PICU[3]	❒ Yes X No		

STEMI Center:	**Stroke Center:**
X Yes ❒ No	X Yes ❒ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Riverside

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

Facility: Eisenhower Medical Center Telephone Number: (760)773-1550
Address: 39000 Bob Hope Drive
Rancho Mirage, CA. 92270

Written Contract:	Service:	Base Hospital:	Burn Center:
X Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency X Basic Emergency ❒ Comprehensive Emergency	X Yes ❒ No	❒ Yes X No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1]	Yes X No	❒ Yes X No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV
EDAP[2]	X Yes ❒ No		
PICU[3]	❒ Yes X No		

STEMI Center:	Stroke Center:
X Yes ❒ No	X Yes ❒ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Riverside

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

Facility: Hemet Valley Medical Center
Address: 1117 E. Devonshire Ave.
Hemet, CA. 92543

Telephone Number: (951)652-2811

Written Contract:	Service:	Base Hospital:	Burn Center:
☐ Yes X No	☐ Referral Emergency ☐ Standby Emergency X Basic Emergency ☐ Comprehensive Emergency	☐ Yes X No	☐ Yes X No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1]	Yes X No	☐ Yes X No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[2]	X Yes ☐ No		
PICU[3]	☐ Yes X No		

STEMI Center:	Stroke Center:
☐ Yes X No	☐ Yes X No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Riverside

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

Facility: Inland Valley Medical Center
Address: 36485 Inland Valley Drive
Wildomar, CA. 92595

Telephone Number: (951)200-8859

Written Contract:	Service:	Base Hospital:	Burn Center:
X Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency X Basic Emergency ❒ Comprehensive Emergency	X Yes ❒ No	❒ Yes X No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1]	Yes X No	X Yes ❒ No	❒ Level I X Level II ❒ Level III ❒ Level IV
EDAP[2]	X Yes ❒ No		
PICU[3]	❒ Yes X No		

STEMI Center:	Stroke Center:
❒ Yes X No	X Yes ❒ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Riverside

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

Facility: JFK Memorial Medical Center
Address: 47111 Monroe St.
Indio, CA. 92201

Telephone Number: (760)775-2574

Written Contract:	Service:	Base Hospital:	Burn Center:
X Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency X Basic Emergency ❒ Comprehensive Emergency	X Yes ❒ No	❒ Yes X No

		Trauma Center:	If Trauma Center what level:	
Pediatric Critical Care Center[1]	❒ Yes X No			
EDAP[2]	X Yes ❒ No	❒ Yes X No	❒ Level I	❒ Level II
PICU[3]	❒ Yes X No		❒ Level III	❒ Level IV

STEMI Center:	Stroke Center:
X Yes ❒ No	❒ Yes X No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Riverside

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

Facility: Kaiser Permanente Moreno Valley Telephone Number: (951)243-2022
Address: 27300 Iris Ave.
Moreno Valley, CA. 92555

Written Contract:	Service:	Base Hospital:	Burn Center:
❒ Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency ❒ Basic Emergency ❒ Comprehensive Emergency	❒ Yes ❒ No	❒ Yes ❒ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1]	❒ Yes ❒ No	❒ Yes ❒ No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV
EDAP[2]	❒ Yes ❒ No		
PICU[3]	❒ Yes ❒ No		

STEMI Center:	Stroke Center:
❒ Yes ❒ No	❒ Yes ❒ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Riverside

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

Facility: Kaiser Permanente Riverside
Address: 10800 Magnolia Ave.
Riverside CA. 92505

Telephone Number: (951)353-3975

Written Contract:	Service:	Base Hospital:	Burn Center:
X Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency X Basic Emergency ❒ Comprehensive Emergency	❒ Yes X No	❒ Yes X No

		Trauma Center:	If Trauma Center what level:	
Pediatric Critical Care Center[1]	❒ Yes X No			
EDAP[2]	X Yes ❒ No	❒ Yes X No	❒ Level I	❒ Level II
PICU[3]	❒ Yes X No		❒ Level III	❒ Level IV

STEMI Center:	Stroke Center:
❒ Yes X No	X Yes ❒ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Riverside

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

Facility: Loma Linda University Medical Center - Murrieta
Telephone Number: (951)704-1945

Address: 28062 Baxter Road
Murrieta, CA. 92563

Written Contract:	Service:	Base Hospital:	Burn Center:
X Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency X Basic Emergency ❒ Comprehensive Emergency	❒ Yes X No	❒ Yes X No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1]	❒ Yes X No	❒ Yes X No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV
EDAP[2]	X Yes ❒ No		
PICU[3]	❒ Yes X No		

STEMI Center:	Stroke Center:
X Yes ❒ No	X Yes ❒ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Riverside

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

Facility: Menifee Valley Medical Center
Address: 28400 McCall Blvd.
Menifee, CA. 92586

Telephone Number: (951)679-8888

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
❒ Yes X No	❒ Referral Emergency ❒ Standby Emergency X Basic Emergency ❒ Comprehensive Emergency	❒ Yes X No	❒ Yes X No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[1]	Yes X No	❒ Yes X No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV
EDAP[2]	X Yes ❒ No		
PICU[3]	❒ Yes X No		

STEMI Center:	**Stroke Center:**
❒ Yes X No	❒ Yes X No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Riverside

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

Facility: Palo Verde Hospital Telephone Number: (760)921-5235
Address: 250 N. 1st Street
Blythe, CA. 92225

Written Contract:	Service:	Base Hospital:	Burn Center:
❒ Yes X No	❒ Referral Emergency ❒ Standby Emergency X Basic Emergency ❒ Comprehensive Emergency	❒ Yes X No	❒ Yes X No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1]	❒ Yes X No	❒ Yes X No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV
EDAP[2]	X Yes ❒ No		
PICU[3]	❒ Yes X No		

STEMI Center:	Stroke Center:
❒ Yes X No	❒ Yes X No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Riverside

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

Facility: Parkview Community Hospital Telephone Number: (951)688-2211
Address: 3865 Jackson Street
Riverside, CA. 92503

Written Contract:	Service:	Base Hospital:	Burn Center:
X Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency X Basic Emergency ❒ Comprehensive Emergency	❒ Yes X No	❒ Yes X No

		Trauma Center:	If Trauma Center what level:	
Pediatric Critical Care Center[1]	❒ Yes X No	❒ Yes X No	❒ Level I	❒ Level II
EDAP[2]	X Yes ❒ No		❒ Level III	❒ Level IV
PICU[3]	❒ Yes X No			

STEMI Center:	Stroke Center:
❒ Yes X No	X Yes ❒ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Riverside

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

Facility: Rancho Springs Medical Center
Address: 25500 Medical Center Drive
Murrieta, CA. 92562

Telephone Number: (951)686-6015

Written Contract:	Service:	Base Hospital:	Burn Center:
X Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency X Basic Emergency ❒ Comprehensive Emergency	❒ Yes X No	❒ Yes X No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1]	❒ Yes X No	❒ Yes X No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV
EDAP[2]	X Yes ❒ No		
PICU[3]	❒ Yes X No		

STEMI Center:	Stroke Center:
❒ Yes X No	X Yes ❒ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Riverside

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

Facility: Riverside Community Hospital Telephone Number: (951)788-3507
Address: 4445 Magnolia Ave
Riverside, CA. 92501

Written Contract:	Service:	Base Hospital:	Burn Center:
X Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency X Basic Emergency ❒ Comprehensive Emergency	X Yes ❒ No	❒ Yes X No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1]	❒ Yes X No	X Yes ❒ No	❒ Level I X Level II ❒ Level III ❒ Level IV
EDAP[2]	X Yes ❒ No		
PICU[3]	❒ Yes X No		

STEMI Center:	Stroke Center:
X Yes ❒ No	X Yes ❒ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Riverside

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

Facility: Riverside University Medical Center Telephone Number: (951)486-5648
Address: 26520 Cactus Ave.
Moreno Valley, CA. 92555

Written Contract:	Service:	Base Hospital:	Burn Center:
X Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency X Basic Emergency ❒ Comprehensive Emergency	X Yes ❒ No	❒ Yes X No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1]	X Yes ❒ No	X Yes ❒ No	❒ Level I X Level II ❒ Level III ❒ Level IV
EDAP[2]	X Yes ❒ No		
PICU[3]	X Yes ❒ No		

STEMI Center:	Stroke Center:
❒ Yes X No	X Yes ❒ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Riverside

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

Facility: San Gorgonio Memorial Hospital
Address: 600 N. Highland Springs Blvd.
Banning, CA. 92220

Telephone Number: (951)769-2185

Written Contract:	Service:	Base Hospital:	Burn Center:
❒ Yes X No	❒ Referral Emergency ❒ Standby Emergency X Basic Emergency ❒ Comprehensive Emergency	❒ Yes X No	❒ Yes X No

		Trauma Center:	If Trauma Center what level:	
Pediatric Critical Care Center[1]	❒ Yes X No	❒ Yes X No	❒ Level I	❒ Level II
EDAP[2]	X Yes ❒ No		❒ Level III	❒ Level IV
PICU[3]	❒ Yes X No			

STEMI Center:	Stroke Center:
❒ Yes X No	❒ Yes X No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Riverside

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

Facility: Temecula Valley Medical Center
Address: 31700 Temecula Parkway
Temecula, CA. 92592

Telephone Number: (951)331-2200

Written Contract:	Service:	Base Hospital:	Burn Center:
X Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency X Basic Emergency ❒ Comprehensive Emergency	❒ Yes X No	❒ Yes X No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1]	❒ Yes X No	❒ Yes X No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV
EDAP[2]	X Yes ❒ No		
PICU[3]	❒ Yes X No		

STEMI Center:	Stroke Center:
X Yes ❒ No	❒ Yes X No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: RESOURCES DIRECTORY - Approved Training Programs

EMS System: Riverside County EMS **County:** Riverside **Reporting Year:** 2017
NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name College of the Desert **Telephone no.** (760) 408-2952
Address 44-500 Monterey Ave., Palm Desert, CA 92260-2499

Student Eligibility: *	**Cost of Program**	**Program Level: EMT
General Public	Basic: $228 (tuition only) Accelerated: $795 (tuition only) Refresher $ 76 (tuition only) Additional costs: $700	Number of students completing training per year: Initial training / Refresher: 0 / 0 Cont. Education N/A Expiration Date: 2018 Number of courses: Initial training: 0 Refresher: 0 Cont. Education: 0

Training Institution Name Mt. San Jacinto College **Telephone no.** (951) 672-6752 x2613
Address 28237 La Piedra Road Menifee, CA 92584

Student Eligibility: *	**Cost of Program**	**Program Level: EMT
General Public	Basic: $ 180 (tuition only) Refresher: $ 90 (tuition only) Additional Costs: $1000	Number of students completing training per year: Initial training / Refresher: 76 / 0 Cont. Education: 0 Expiration Date: 2020 Number of courses: Initial training: 2 Refresher: 0 Cont. Education: 0

- Open to general public or restricted to certain personnel only.
- ** Indicates whether EMT- AEMT, Paramedic, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY - Approved Training Programs

EMS System: Riverside County EMS **County:** Riverside **Reporting Year:** 2017

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Palo Verde College	**Contact Person**	Sharron Berguson
Address	1 College Drive Blythe, CA 92225	**Telephone no.**	(760) 921-5444

Student Eligibility: *	**Cost of Program**	**Program Level: EMT
General Public	Basic: $144 (tuition only) Refresher: $ 36 Additional Costs: $210	Number of students completing training per year: Initial training / Refresher: 16 / 0 Cont. Education: N/A Expiration Date: January 2016 Number of courses: Initial training: 2 Refresher: 0 Cont. Education: N/A

- Open to general public or restricted to certain personnel only.
- ** Indicates whether EMT, AEMT, Paramedic, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY - Approved Training Programs

Riverside County EMS **County:** Riverside **Reporting Year:** 2017

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name Riverside Community College **Telephone no.** (951) 222-8000 x 4609

Address Ben Clark Training Center
1688 Bundy Ave Building 3407
Riverside, CA 92518

Student Eligibility: *	**Cost of Program**	**Program Level: EMT
General Public	Basic: $ 252 (tuition only) Refresher: N/A Additional Costs: $1170	Number of students completing training per year: Initial training: / Refresher: 161/0 Cont. Education Expiration Date: 2020 Number of courses: Initial training: 3 Refresher: 0 Cont. Education: 0

Training Institution Name Riverside Community College **Telephone no.** (951) 222-8000 x 4609

Address Ben Clark Training Center
1688 Bundy Ave Building 3407
Riverside, CA 92518

Student Eligibility: *	**Cost of Program**	**Program Level: Paramedic
	Basic: $1287 Refresher: N/A Additional Costs: $1350	Number of students completing training per year: Initial training: 24 Refresher: N/A Cont. Education: 80 Expiration Date: 2020 Number of courses: Initial training: 1 Refresher: 0 Cont. Education: 10

TABLE 10: RESOURCES DIRECTORY - Approved Training Programs

Riverside County EMS **County:** Riverside **Reporting Year:** 2017

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name Riverside County Office of Education **Telephone no.** (951) 826-6807
Address 3939 13th Street, Riverside, CA 92502-0868

Student Eligibility: *	**Cost of Program**	**Program Level: EMT**
General Public	Basic: $1200 (all costs included) Refresher: N/A	Number of students completing training per year: Initial training: / Refresher: 0/0 Cont. Education: 0 Expiration Date: 2018 Number of courses: Initial training: 0 Refresher: 0 Cont. Education: N/A

Training Institution Name NCTI **Telephone no.** (951)782-5200
Address 879 Marlborough St, Riverside, CA. 92507

Student Eligibility: *	**Cost of Program**	**Program Level: EMT**
General Public	Basic: $1600 (all costs included) Refresher: N/A	Number of students completing training per year: Initial training: / Refresher: 17/0 Cont. Education: 0 Expiration Date: 2018 Number of courses: Initial training: 1 Refresher: 0 Cont. Education: N/A

- Open to general public or restricted to certain personnel only.
- ** Indicates whether EMT, AEMT, Paramedic, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 11: RESOURCES DIRECTORY - Dispatch Agency

EMS System: RIVERSIDE **County**: RIVERSIDE **Reporting Year**: 2017

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

<table>
<tr><td colspan="4">Name, address & telephone: Primary Contact: Mark Karlin
American Medical Response - Riverside: 879 Marlborough Ave., Riverside, CA 92507, 951-782-5234</td></tr>
<tr><td>Written Contract:
☒ yes
☐no</td><td rowspan="2">Medical Director:
☒yes
☐no</td><td>☒ Day-to-day
☒ Disaster</td><td>Number of Personnel providing services:
_____ EMD Training _____ EMT-D _____ ALS
_____ BLS _____ LALS 28 Other</td></tr>
<tr><td>Ownership:
☐Public
☒ Private</td><td>If public:☐ Fire
☐Law
☐ Other
explain:_____</td><td>If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal</td></tr>
</table>

TABLE 11: RESOURCES DIRECTORY - Dispatch Agency

EMS System: RIVERSIDE **County**: RIVERSIDE **Reporting Year**: 2017

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

Name, address & telephone:		**Primary Contact:** Chelsea Youngblood, Dispatch Supervisor	
Banning Police Department, 225 East Ramsey Street, Banning, CA 92220, (951) 955-3170			
Written Contract: ☐ yes ☒no	Medical Director: ☐ yes ☒ no	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS __8__ Other
Ownership: ☒Public ☐ Private		If public: ☐ Fire ☒Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

Name, address & telephone:		**Primary Contact:** Jill Dominguez, Lead Dispatcher	
Beaumont Police Department, 660 Orange Street, Beaumont, CA 92223, (951) 769-8500			
Written Contract: ☐ yes ☒ no	Medical Director: ☐ yes ☒ no	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS __14__ Other
Ownership: ☒Public ☐ Private		If public: ☐ Fire ☒ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

TABLE 11: RESOURCES DIRECTORY - Dispatch Agency

EMS System: RIVERSIDE **County**: RIVERSIDE **Reporting Year**: 2017

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

Name, address & telephone:			**Primary Contact:** Jim Wolf: Comm. Supervisor
River Medical/AMR: 415 El Camino Way, Lake Havasu City, AZ 86403 928-855-7777			
Written Contract: ☐ yes ☒ no	Medical Director: ☐ yes ☒ no	☒ Day-to-day ☒Disaster	Number of Personnel providing services: __7__ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: ☐Public ☒ Private		If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

Name, address & telephone:			**Primary Contact:** Sandra Hatfield, Dispatch Supervisor
Cathedral City 68-700 Avenida Lalo Guerrero, Cathedral City, CA 92234, (760) 770-0371			
Written Contract: ☐ yes ☒ no	Medical Director: ☐ yes ☒ no	☒ Day-to-day ☒Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS __17__ Other
Ownership: ☒ Public ☐ Private		If public: ☒ Fire ☒ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

TABLE 11: RESOURCES DIRECTORY - Dispatch Agency

EMS System: RIVERSIDE **County**: RIVERSIDE **Reporting Year**: 2017

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

Name, address & telephone:			**Primary Contact:** Hope Young, Dispatch Supervisor
Corona City 849 W. Sixth Street Corona, CA 92882, (951) 736-2394			
Written Contract: ☐ yes ☒ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: 29 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: ☒ Public ☐ Private		If public: ☒ Fire ☒Law ☐ Other explain:_____	If public: ☒city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

Name, address & telephone:			**Primary Contact:** Jennifer Homer, Dispatch Supervisor
Hemet City 450 E. Latham Ave. Hemet, CA 92543 (951) 765-2400			
Written Contract: ☐ yes ☒ no	Medical Director: ☐ yes ☒no	☒Day-to-day ☒Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 14 Other
Ownership: ☒Public ☐ Private		If public: ☒Fire ☒Law ☐ Other explain:_____	If public: ☒city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

TABLE 11: RESOURCES DIRECTORY - Dispatch Agency

EMS System: RIVERSIDE **County**: RIVERSIDE **Reporting Year**: 2017

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

Name, address & telephone:			**Primary Contact:** Richard Blackwell, Dispatch Supervisor
Indio City 4680 Jackson Street Indio, CA 92201 (760) 347-8522 Ext.5			
Written Contract: ☐ yes ☒ no	Medical Director: ☐ yes ☒no	☒ Day-to-day ☐ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 12 Other
Ownership: ☒Public ☐ Private		If public: ☐ Fire ☒Law ☐ Other explain:_____	If public: ☒city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

Name, address & telephone:			**Primary Contact:** Chris Martinez, Lead Dispatcher
Murrieta City 24701 Jefferson Street Murrieta, CA 92562 (951) 696-3615			
Written Contract: ☐ yes ☒ no	Medical Director: ☐ yes ☒no	☒ Day-to-day ☒Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 24 Other
Ownership: ☒Public ☐ Private		If public: ☒Fire ☒Law ☐ Other explain:_____	If public: ☒city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

TABLE 11: RESOURCES DIRECTORY - Dispatch Agency

EMS System: RIVERSIDE **County**: RIVERSIDE **Reporting Year**: 2017

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

Name, address & telephone:		**Primary Contact:** Betty Blythe, Dispatch Supervisor	
Palm Springs City PO Box 1830 Palm Springs, CA 92263 (760) 327-1441			
Written Contract: ☐ yes ☒no	Medical Director: ☐ yes ☒no	☒ Day-to-day ☒Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 17 Other
Ownership: ☒Public ☐ Private		If public: ☒Fire ☒Law ☐ Other explain:_____	If public: ☒city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

Name, address & telephone:		**Primary Contact:** Christine Wade, Dispatch Supervisor	
Riverside County Sheriff, Blythe 260 Spring Street Blythe, CA 92225 (760) 921-7900			
Written Contract: ☐ yes ☒ no	Medical Director: ☐ yes ☒ no	☒Day-to-day ☐Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 6 Other
Ownership: ☒Public ☐ Private		If public: ☐ Fire ☒Law ☐ Other explain:_____	If public: ☐ city; ☒county; ☐ state; ☐ fire district; ☐ Federal

TABLE 11: RESOURCES DIRECTORY - Dispatch Agency

EMS System: RIVERSIDE **County:** RIVERSIDE **Reporting Year:** 2017

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

Name, address & telephone:		**Primary Contact:** Heather Woods, Com. Manager	
Riverside County Sheriff, Palm Desert 73520 Fred Waring Dr. Palm Desert, CA 92260 (760) 836-1600			
Written Contract: ☐ yes ☒no	Medical Director: ☐ yes ☒no	☒Day-to-day ☐Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 28 Other
Ownership: ☒Public ☐ Private		If public: ☐ Fire ☒Law ☐ Other explain:_____	If public: ☐ city; ☒county; ☐ state; ☐ fire district; ☐ Federal

Name, address & telephone:		**Primary Contact:** Heather Woods, Com. Manager	
Riverside County Sheriff, Riverside 4095 Lemon Street Riverside, CA 92501 (951) 776-1099			
Written Contract: ☐ yes ☒no	Medical Director: ☐ yes ☒no	☒ Day-to-day ☒Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 85 Other
Ownership: ☒Public ☐ Private		If public: ☐ Fire ☒Law ☐ Other explain:_____	If public: ☐ city; ☒county; ☐ state; ☐ fire district; ☐ Federal

TABLE 11: RESOURCES DIRECTORY - Dispatch Agency

EMS System: RIVERSIDE **County**: RIVERSIDE **Reporting Year**: 2017

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

Name, address & telephone:			**Primary Contact:** Todd Williams, Battalion Chief
Riverside County Fire Department Emergency Communications Center (ECC) 210 W. San Jacinto Ave. Perris, CA 9370 (951) 940-6900			
Written Contract: ☐ yes ☒no	Medical Director: ☐ yes ☒no	☒Day-to-day ☐Disaster	Number of Personnel providing services: ___68__ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: ☒Public ☐ Private		If public: ☒ Fire ☐Law ☐ Other explain:_____	If public: ☐ city; ☒county; ☐ state; ☐ fire district; ☐ Federal

Name, address & telephone:			**Primary Contact** Tylor Stanford
Riverside City 4102 Orange Street Riverside, CA 92510 (951) 787-7911			
Written Contract: ☐ yes ☒no	Medical Director: ☐ yes ☒no	☒Day-to-day ☒Disaster	Number of Personnel providing services: ___50__ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: ☒Public ☐ Private		If public: ☒Fire ☒Law ☐ Other explain:_____	If public: ☒city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

TABLE 11: RESOURCES DIRECTORY - Dispatch Agency

EMS System: RIVERSIDE **County**: RIVERSIDE **Reporting Year**: 2017

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

Name, address & telephone:		**Primary Contact:** Patty Smith, Dispatch Supervisor	
UCR PD 3500 Canyon Crest Dr. Riverside, CA 92521 (951) 827-5212			
Written Contract: ☐ yes ☒no	Medical Director: ☐ yes ☒no	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS __6__ Other
Ownership: ☒Public ☐ Private		If public: ☐ Fire ☒Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☒state; ☐ fire district; ☐ Federal

Name, address & telephone:		**Primary Contact:** Pat Layton	
CHP Indio Dispatch Center 79-650 Varner Rd. Indio, CA 92203-9704 (760) 772-8900			
Written Contract: ☐ yes ☒ no	Medical Director: ☐ yes ☒no	☒Day-to-day ☒Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS __25__ Other
Ownership: ☒Public ☐ Private		If public: ☐ Fire ☒Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☒ state; ☐ fire district; ☐ Federal

TABLE 11: RESOURCES DIRECTORY - Dispatch Agency

EMS System: RIVERSIDE **County**: RIVERSIDE **Reporting Year**: 2017

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

Name, address & telephone:			**Primary Contact:** Steven Taylor, Dispatch Supervisor
CHP Border Communications Center 7183 Opportunity Rd. San Diego, CA 92111 (858) 637-3800			
Written Contract: ☐ yes ☒no	Medical Director: ☐ yes ☒no	☒Day-to-day ☒Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 50 Other
Ownership: ☒Public ☐ Private		If public: ☐ Fire ☒Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☒state; ☐ fire district; ☐ Federal

Name, address & telephone:			**Primary Contact:** Lt. Patricia Shearer, Disp. Supervisor
CHP Inland Communications Center 847 E. Brier Drive San Bernardino, CA 92404-2820 (909) 388-8000			
Written Contract: ☐ yes ☒no	Medical Director: ☐ yes ☒no	☒Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 41 Other
Ownership: ☐ Public ☒ Private		If public: ☐ Fire ☒ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☒ state; ☐ fire district; ☐ Federal