

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 Riverside 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 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. Next Steps:

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,

A handwritten signature in cursive script that reads "Howard Backer". The signature is written in black ink and is positioned above the printed name and title.

Howard Backer, MD, MPH, FACEP
Director

Enclosure

2017 Riverside EMS Transportation Plan
Approved

ZONE	EXCLUSIVITY			TYPE			LEVEL								
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency 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							



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

A handwritten signature in black ink, appearing to read "Bruce Barton".

Bruce Barton
EMS Agency Director
Riverside County Emergency Management Department



County of Riverside

EMS Plan



Submitted by
The

**Riverside Emergency Medical Services Agency
(REMSA)
2017**

RIVERSIDE COUNTY EMS PLAN TABLE OF CONTENTS

1. Executive Summary

- Major Accomplishments and Improvements to the EMS System since 2013
- Current Challenges and Major System Improvement Initiatives for 2017/2018

2. System Assessment Forms

- Section 1 - System Organization and Management
- Section 2 - Staffing and Training
- Section 3 - Communications
- Section 4 - Response and Transportation
- Section 5 - Facilities and Critical Care
- Section 6 - Data Collection and System Evaluation
- Section 7 - Public Information and Education
- Section 8 - Disaster Medical Response

3. Tables 1-11

- Table 1 - Minimum Standards and Recommended Guidelines
- Table 2 - System Organization and Management
- Table 3 - Credentialing and Enforcement
- Table 4 - Communications
- Table 5 - Response and Transportation
- Table 6 - Facilities and Critical Care
- Table 7 - Disaster Medical
- Table 8 - Resource Directory of EMS Providers
- Table 9 - Resource Directory of Hospital Facilities
- Table 10 Resource Directory of Training Programs
- Table 11 Resource Directory of Dispatch Agencies

4. Ambulance Zone Summary Forms

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.