

EMERGENCY MEDICAL SERVICES AUTHORITY

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September 21, 2017

Mr. Dan Burch, EMS Administrator
San Joaquin County EMS Agency
PO Box 220
French Camp, CA 95231

Dear Mr. Burch:

This letter is in response to San Joaquin County's 2017 EMS Plan Update submission to the EMS Authority on September 7, 2017.

I. Introduction and Summary:

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

II. History and Background:

San Joaquin County received its last full plan approval for its 2014 plan submission, and its last annual plan update for its 2015 plan submission.

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

- 1994
- 2003
- 2006
- 2007
- 2009
- 2010
- 2011
- 2012
- 2014
- 2015

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 San Joaquin 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:

Approved Not
Approved Approved

A. System Organization and Management

B. Staffing/Training

C. Communications

D. Response/Transportation

1. Ambulance Zones

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

E. Facilities/Critical Care

1. Specialty Care Facilities

- Executive Summary - EMSA noted the implementation and plan correction of San Joaquin General Hospital for a new agreement and designation by San Joaquin County EMS Agency to be a Level III Trauma Center.
- Section 5.4 - EMSA noted the completion of the Stroke Center designation policy, and is looking forward to receiving news about the new Stroke Center designation in San Joaquin County.

2. Emergency Department

- Section 5.11 – This EMS Plan Update does indicate that specific improvements are to be made under a long-range plan. Specifics are sparse except for information presented in Table 6 regarding Facilities/Critical Care.

F. Data Collection/System Evaluation

1. Prehospital Records

- Section 6.02 – The Plan discusses ePCR records for non-transport ALS/BLS care (fire department) but not for other EMS care providers. Says it meets minimum standards but NA for recommended guidelines. Since statute says all EMS providers must report on their activities to the LEMSA, this issue needs to be addressed in future updates.

2. Sections 6.04, 6.06, 6.07, 6.08, and 6.10 are marked as having met the minimum standards but NA for recommended guidelines. The LEMSA should specify in future updates why the recommended guidelines are considered to be not applicable.

G. Public Information and Education

H. Disaster Medical Response

IV. Conclusion:

Based on the information identified, San Joaquin 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.”

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V. Next Steps:

San Joaquin County's next annual EMS Plan Update will be due on or before September 30, 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 black ink that reads "Howard Backer". The signature is written in a cursive style with a long, sweeping underline.

Howard Backer, MD, MPH, FACEP
Director

Enclosure

2017 San Joaquin EMS Transportation Plan
Approved

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
Zone X		X	Competitive Process	X				X	X	X					
Zone D		X	Non-Competitive	X				X	X	X					
Zone E		X	Non-Competitive	X				X	X	X					
Zone F		X	Non-Competitive	X				X	X	X					

Emergency Medical Services Plan 2017 Annual Update



San Joaquin County Emergency Medical Services Agency
PO Box 220, French Camp, CA 95231 (209) 468-6818

Dan Burch, EMS Administrator
Richard N. Buys, M.D., EMS Medical Director

Submitted September 1, 2017

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EXECUTIVE SUMMARY

The San Joaquin County Emergency Medical Services (EMS) Agency (SJCEMSA) was created by the San Joaquin County Board of Supervisors as a department within the Health Care Services Agency in 1982, in order to fulfill the responsibilities of a local EMS agency as contained in Health and Safety Code, Division 2.5 et seq. As assigned by the Legislature with the passage of the EMS Act, the primary responsibility of a local EMS agency is to plan, implement, and evaluate an emergency medical services system, in accordance with the provisions of Division 2.5 of the Health and Safety Code, consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures. Section 1797.254 of the Health and Safety Code requires local EMS agencies to annually submit a plan for their EMS area to the California EMS Authority (EMSA). The EMS system plan and subject specific plans such as trauma and transportation must be consistent with the regulations and guidelines established by the EMSA.

According to our records, the San Joaquin County EMS Plan update must cover the period from July 1, 2015 through June 30, 2016. However, in order to have a more current plan on file, this plan update provides information relevant to the period from July 1, 2015 through June 30, 2017. As demonstrated in the San Joaquin County 2015 EMS Plan Update submitted in August of 2016, the San Joaquin EMS System generally meets or exceeds EMSA's minimum standards and recommended guidelines. This document meets the EMSA requirement for the submission of an annual EMS Plan update.

MAJOR NEEDS AND PROGRAM SOLUTIONS

1. **Need:** Enhance SJCEMSA's access to dispatch data in order to measure the performance and effectiveness of fire department responders and other non-transport resources.

Program Solution: Continue to enhance agreements and adopt policies and measures to ensure complete and ready access communication and provider data sources to allow for the evaluation of the efficiency and effectiveness of all aspects of the EMS system. Work with stakeholders including the cities and fire districts to ensure access to data.

2. **Need:** Continue the process of designing a system of care tailored to patients who have experienced a stroke, including the designation of hospitals as stroke centers to focus on rapid identification, treatment, and under specific circumstances transfer to hospitals outside San Joaquin County.

Program Solution: Accept applications and conduct site visits at hospitals applying to be designated primary stroke centers. Designate primary stroke centers and modify policies to ensure transport of patients meeting triage criteria to an appropriate primary stroke center hospital. Conduct site surveys, designate stroke centers, implement SJCEMSA policies to implement a stroke system of care.

3. **Need:** Develop and implement strategies to reduce off-load delays of patients transported by EMS system ambulances at hospital emergency departments in San Joaquin County

Program Solution: Adopt policies and other measures that define ambulance patient off-load delays consistent with guidance provided by the EMS Authority. Continue to measure and report APOT quarterly showing performance of each hospital. Engage stakeholders on developing, implementing, and evaluating measures to reduce APOT and its deleterious effect on patient care, diminished ambulance productivity, and increase in response times.

4. Need: Revise policies and practices to eliminate the negative impact of delays in patient transport due to air ambulance utilization in the field care setting. EMS system to ensure that such services do not delay, disrupt, or impede the services of emergency ambulance service providers.

Program Solution: Engage stakeholders on developing, implementing, and evaluating measures to prevent air ambulance use from delaying, disrupting, or impeding the transport of major trauma patients and other patients from the scene of a medical emergency.

5. Need: Revise and update agreements with all BLS non-transport EMS providers that addresses the submission of NEMSIS and CEMSIS data pursuant to Health and Safety Code, Section 1797.227; and CQI processes necessary for the addition of the scope of practice to administer epinephrine and naloxone and other enhanced BLS skills.

Program Solution: Issue guidance on training for the administration of epinephrine, naloxone, and other enhanced BLS skills. Revise written agreements with all BLS non-transport EMS providers to address implementation of these requirements.

6. Need: Revise, update, and evaluate the exclusive operating area ambulance agreements with Escalon Community Ambulance, and the Ripon Consolidated Fire Protection District. In addition, negotiate service agreements as needed with ALS first response providers, BLS first response providers and air ambulance service providers.

Program Solution: Assign appropriate staff to meet need.

7. Need: Incentivize hospitals and other public and private EMS-related agencies to meet program requirements through written agreements that include methods other than termination.

Program Solution: Modify pertinent written agreements.

8. Need: Adopt policies to improve and enhance the efficiency of EMS system response to multi-casualty incidents (MCIs).

Program Solution: Engage stakeholders, draft and vet policies, adopt policies, measure response, revise policies as needed to ensure performance.

SUMMARY OF CHANGES

(Since July 1, 2015)

System Organization and Management:

July 1, 2016 – The SJCEMSA filled a newly established position of Assistant Medical Director.

September 2016 – The SJCEMSA filled a newly established second position of Critical Care Coordinator to provide oversight and coordination of the San Joaquin County critical care system, primarily focusing on STEMI and Stroke.

February 2017 – The SJCEMSA filled a newly established second position of EMS Analyst to increase SJCEMSA's EMS data analysis capabilities.

Manpower and Training

On September 2015, SJCEMSA entered into a new agreement with the French Camp McKinley Fire District to provide enhanced basic life support (BLS) skills including epinephrine and naloxone. A like agreement was entered in June 2017 with the Lathrop Manteca Fire District.

Response and Transportation:

The written agreement between San Joaquin County and AMR became effective on May 1, 2016. This agreement provides AMR with the exclusive rights to provide all 9-1-1 /Public Service Answering Point (PSAP) requests for ambulance service; requests for emergency ambulance service made directly to the provider from any telephone; ambulance transports to an emergency department from the scene of an emergency; ALS interfacility ambulance transports from a general acute care hospital in Zone X to any other general acute care hospital; and CCT ambulance transport.

On January 1, 2017, The SJCEMSA entered into an updated written agreement that awards Manteca District Ambulance (MDA) with the exclusive rights to provide all 9-1-1 /Public Service Answering Point (PSAP) requests for ambulance service; requests for emergency ambulance service made directly to the provider from any telephone; ambulance transports to an emergency department from the scene of an emergency.

January, 2017 - The SJCEMSA adopted the EMS Commission recommended guidelines to measure ambulance patient off-load times/delays. APOT reports are produced quarterly and presented at the EMS Liaison Committee.

Facilities and Critical Care:

In September 2016, the SJCEMSA found San Joaquin General Hospital (SJGH) to be in non-compliance with the level III trauma center agreement necessitating the imposition of a plan of correction on SJGH. From September 2017 through December 2016, SJCEMSA modified policies to direct the transport of major trauma patients to trauma centers located outside of San Joaquin County. In January 2017 the SJCEMSA found SJGH to have substantially implemented the plan of correction imposed by SJCEMSA. SJCEMSA and SJGH negotiated a new agreement

memorializing new performance measure and responsibilities as a designated Level III trauma center. SJGH's trauma catchment area was restored in January 2017.

The SJCEMSA developed policies to designate Stroke Centers capable of identifying and treating patients that will benefit from either TPA or those that require rapid transfer to an interventional stroke center. The SJCEMSA began accepting applications from hospitals interested in being designated as a primary stroke center on June 30, 2017.

Data Collection and System Evaluation:

As of July 1, 2017, SJCEMSA has successfully achieved the implementation of electronic patient care record (ePCR) with all non-transport BLS fire departments in accordance with the requirements of AB 1129 (H&SC 1797.227). Each BLS fire department partnered with American Medical Response (AMR) to use the first responder module of AMR's ePCR platform MEDS. This partnering allows for the immediate integration of non-transport and transport patient care data through MEDS. This allows for the ready access of prehospital information to emergency department physicians and other health care providers.

SJCEMSA has begun the process to develop a NEMSIS 3.x compliant data repository and report generator with which to send data to the EMS Authority.

Disaster Medical Response:

On June 14, 2016 – The SJCEMSA completed the San Joaquin County Active Threat Plan designed to develop common procedures for the deployment and use of a Rescue Task Force to quickly move victims of an active shooter/hostile event to an area to receive medical care.

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