

EMERGENCY MEDICAL SERVICES AUTHORITY

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August 21, 2017

Mr. Dan Spiess, Chief Executive Officer
Northern California EMS, Inc.
930 Executive Way, Suite 150
Redding, CA 96001

Dear Mr. Spiess:

This letter is in response to the Northern California EMS, Inc. 2016 EMS Plan Update submission to the EMS Authority on July 28, 2017.

I. Introduction and Summary:

The EMS Authority has concluded its review of the Northern California EMS, Inc. 2016 EMS Plan Update and is approving the plan as submitted.

II. History and Background:

Northern California EMS, Inc. received its last full plan approval for its 2013 plan submission, and its last annual plan update for its 2014 plan submission.

Historically, we have received EMS Plan submissions from Northern California EMS, Inc. for the following years:

- 1994
- 1998
- 2006
- 2010
- 2011
- 2012
- 2013
- 2014

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 the Northern California EMS, Inc. 2016 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	
A.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>System Organization and Management</u>

B.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Staffing/Training</u>
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C.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Communications</u>
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D.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Response/Transportation</u>
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1. Ambulance Zones

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

E.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Facilities/Critical Care</u>
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F.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Data Collection/System Evaluation</u>
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G.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Public Information and Education</u>
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H.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Disaster Medical Response</u>
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IV. Conclusion:

Based on the information identified, the Northern California EMS, Inc. 2016 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:

Northern California EMS, Inc. next annual EMS Plan Update will be due on or before June 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 cursive script that reads "Howard Backer". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

Howard Backer, MD, MPH, FACEP
Director

Enclosure



NORTHERN CALIFORNIA EMS, INC.

***2016 EMS Plan
FY 2015-16***

DAN SPIESS, CHIEF EXECUTIVE OFFICER

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REDDING, CA 96002

530.229.3979

SUBMITTED: JULY 28, 2017
TO NANCY STEINER VIA EMAIL

Executive Summary
EMS Plan 2016 (FY 2015-2016)

The agency continued with its ten Director Board of Directors comprised of one representative from each of the six contract counties, a hospital representative, two Directors At Large and an Emergency Medical care Committee representative that must be affiliated with an ambulance service.

The agency staff maintains active participation with the area's EMCCs and county fire chief's organizations. The agency staff also is involved with statewide issues through memberships in the Emergency Medical Services Administrators Associate of California, the Emergency Medical Directors Association of California and affiliated sub committees of the organizations. The agency also participates actively with the EMSA Core Measures Committee.

The agency's Medical Director works under contract with duties identified in a separate contract.

Nor-Cal EMS keeps current its contracts with the six counties that have delegated LEMSA responsibilities to the agency. The contracts stipulate that all LEMSA responsibilities are delegated. These counties are Glenn, Lassen, Modoc, Plumas, Sierra and Trinity.

All transport agencies and non-transport agencies providing AED, AED/King Airway, LALS and ALS services maintain Provider Agreements with the agency. There are twenty-two transport agencies, both ground and air and sixty-three, non-transport provider agencies with agreements. Additionally the agency has base hospital, alternative base station or receiving hospital agreements with each of the eight acute care facility in the region and three out of area Base Hospital agreements. Contract renewals are tracked by means of a data base providing information of those contracts due for renewal.

The agency conducted its twelfth annual Northstate Prehospital Conferences in May of 2016. At each conference registrants are asked for their suggestions for future topics. This exercise has been in place at each conference for the past eleven years. The suggestions have guided the planning committee in the selection of future topics. Typically 150 to 200 individuals are in attendance at the conference.

The agency is periodically asked for information and availability of classes. In response to these inquiries the agency puts the individual or agency requesting information together with programs offering the needed training. In addition, the agency's website provides a calendar that identifies information on upcoming courses.

Although not a LEMSA requirement, the agency is active in program and class offerings. As referenced above, the agency has, for the past twelve years offered a Northstate Prehospital Conference each Spring. The conference offers seven units of continuing education credit for a modest registration fee.

In addition, the agency offers training and continuing education through its website. There are now in excess of twenty webcasts available with additional webcasts being offered monthly.

Further training programs are provided monthly in conjunction with the agency's Medical Advisory Committee meetings. At the close of each meeting, the agency's Medical Director conducts a fifty minute Case/Run Review. Those choosing to audit the review, after completing registration and testing are given one unit of continuing education credit.

During the report year there were 1204 certified or accredited personnel in the Nor-Cal Ems area.

The agency actively participates and coordinates the Regional Communications Committee. The focus of the group is to coordinate frequencies, address communications issues and serve as a sounding board for communications users. While initially convening quarterly, it now is meeting less frequently, primarily due to having dealt with the issues and limitations impacted by the FCC's narrow banding policies.

While narrow banding has been in place for a number of years, the physical limitations fo the FCC requiemment continues to handicap and limit communications in several of our rural/remote areas.

Each First Responder agency, LALS, ALS and the area's air provider have a Provider Agreement with the agency authorizing them to be a part of the EMS system. The agreement stipulates that the provider agency will comply with local policies, state law and state regulations.

During the report period the agency was notified of two additional air ambulance services intending to be operational in the region and one air operator purchasing the only existing air operation in the area. Both services became operational during the report period. The third service became operational in June. This resulted in three air services with helicopter and scene call capabilities based in the region.

There are three EOAs in the Nor-Cal EMS area. Two of the areas have been grandfathered with the third having been initailly bid in 2005 and rebid in 2015. The succesful bidder of the competitively bid EOA began their contractual obligations on July 1, 2015. The contract calls for an initial five year period with an option for an additional five year period.

Provider agreements and response zone maps have been modified accomodating the additional services.

Base Hospitals and Alternative Base Stations have been designated. Contracts are in place identifying performance responsibilities. Each of the area's eight hospitals have a contractual role related to prehospital care. Each hospital in the area is a small rural facility and each has been designated as a Critical Care hospital. The agency maintains Base Hospital agreements with three out of area hospitals to provide medical direction to those services routinely transporting patients to these facilities.

During the report period the agency recently amended its Base Hospital and Alternated Base Station contract template and received signatures on one revised contract.

The agency has maintained an approved Trauma Plan since 1988. Presently with six counties and eight small acute care hospitals, each designated as a Critical Care Facility, the agency has designated three Level IV Trauma Centers. The most recent designation occurred at the end of the previous report period.

A final report addressing site visit findings and recommendatons was completed for one of the two other Level IV trauma centers. The report called for the development of a remediation plan, which will be completed in cooperation with Nor-Cal. There will be one initial follow up visit to measure progress toward completing the remediation plan and a follow up formal assessment to determine continuation of designation.

The agency requires reportable incidents to be filed formally through the use of an Unusual Occurrence Report (UOR). These are received by the agency, an investigation opened, inquiries made, interviews conducted if needed, conclusions drawn and a formal letter sent to the individual submitting the UOR and others as may be needed.

The agency is very active in planning and participating in county-wide, areawide and statewide drills. In the past year the agency participated in several disaster drills and attended twenty disaster planning meetings. The agency maintains a particularly active role in coordinating and promoting participation in HAvBED drills.

Attached are the System Assessment Forms for those Standards that were identified as needing to be addressed in the EMS Plan Approval Letter dated June 27, 2016.

Also attached are Tables 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and the Ambulance Zone Summary Forms.

The CQI Plan is due August 10, 2017 and will be submitted separately.

TABLE 1

MINIMUM STANDARDS/RECOMMENDED GUIDELINES SYSTEM ASSESSMENT FORMS

Reporting Year 2016 (FY 2015-16)

System Assessment Forms attached per H. Backer Letter 6/27/2016

1.04 1.11 1.24 1.25

3.01 3.02

4.01 4.02 4.16

5.01 5.10 5.13

6.01 6.04

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT - Reporting Year: 2016 EMS PLAN (FY 2015-16)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:						
1.01	LEMSA Structure		X			
1.02	LEMSA Mission		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			
1.07	Trauma Planning		X	X		
1.08	ALS Planning		X			
1.09	Inventory of Resources		X			
1.10	Special Populations		X			
1.11	System Participants		X	X		
Regulatory Activities:						
1.12	Review & Monitoring		X			
1.13	Coordination		X			
1.14	Policy & Procedures Manual		X			
1.15	Compliance w/Policies		X			
System Finances:						
1.16	Funding Mechanism		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		
1.25	On-Line Medical Direction		X	X		
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		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			
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			
2.06 Response		X			
2.07 Medical Control		X			
Transporting Personnel:					
2.08 EMT-I Training		X	X		
Hospital:					
2.09 CPR Training		X			
2.10 Advanced Life Support		X			
Enhanced Level: Advanced Life Support:					
2.11 Accreditation Process		X			
2.12 Early Defibrillation		X			
2.13 Base Hospital Personnel		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

C. COMMUNICATIONS

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