

EMERGENCY MEDICAL SERVICES AUTHORITY

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June 13, 2018

Ms. Kristin Weivoda, EMS Administrator
Yolo County EMS Agency
137 North Cottonwood Street, Suite 2601
Woodland, CA 95695

Dear Ms. Weivoda:

This letter is in response to Yolo County's 2017 EMS Plan Update submission to the EMS Authority on May 15, 2018.

I. Introduction and Summary:

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

II. History and Background:

Yolo County received its last full plan approval for its 2014 plan submission, and its last annual plan update for its 2016 plan submission.

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

- 2014
- 2015
- 2016

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 Yolo 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 | |
|----|-------------------------------------|--------------------------|---|
| A. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>System Organization and Management</u> |
| B. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Staffing/Training</u> |
| C. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Communications</u> |
| D. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Response/Transportation</u> |

Ambulance Zones

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

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

IV. Conclusion:

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

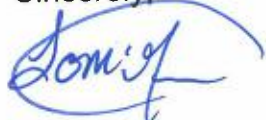
Pursuant to HSC § 1797.105(b):

“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:

Yolo County's next annual EMS Plan Update will be due on or before June 30, 2019. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,



Tom McGinnis, EMT-P
Chief, EMS Systems Division

Enclosure

2017 Yolo County 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	ALS IFT	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
Yolo County		X	Competitive Process	X				X	X	X	X	X			

YOLO COUNTY EMS AGENCY

Annual System Plan Update

Update 2017



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Yolo County STEMI Catchment Areas 193

EXECUTIVE SUMMARY

The following is a summary of changes in the Yolo County EMS System Plan since the last reporting period.

Yolo County EMS has been providing ongoing evaluation of the EMS System since the last EMS Plan was submitted. The major changes include:

1.01 LEMSA STRUCTURE

- EMS staffing changes

1.12 REVIEW AND MONITORING

- Transition to FirstWatch to ensure complete transparency and monitoring of the EMS system

1.13 COORDINATION

- Regional and local coordination

1.18 QA/QI

- Revision of the QI Plan

1.28 EOA Plan

- A five (5) year contract extension was approved by the EMCC sub-committee and an intent to extend letter was sent to AMR

2.01 ASSESMENT OF NEEDS

- Functional all county exercises

2.04 DISPATCH TRAINING

- EMD-Q partnership

3.04 DISPATCH CENTER

- Needs integrated live AVL feed in dispatch

3.06 MCI/DISASTERS

- Transition to Reddinet

3.09 DISPATCH TRIAGE

- Needs EMD countywide
- Full countywide dispatch integration

3.10 INTERGRATED DISPATCH

- Completion of CAD-CAD integration

4.14 INCIDENT COMAND SYSTEM

- Functional Exercises & AAR

4.15 MCI Plans

- iMCI development and finalization

4.21 EOA Compliance

- Transition from OPAP to FirstWatch

5.04 SPECIALITY CARE FACILITIES

- Update to STEMI and Stroke receiving facilities

5.05 MASS CASULITY MANAGEMENT

- Functional exercises

5.06 HOSPITAL EVACUATION

- Reddinet and drills

6.04 MEDICAL DISPATCH

- EMD update

8.06 NEEDS ASSESMENT

- MHOAC, DHV, EOP plan revisions

8.07 DISASTER COMMUNICATIONS

- Revisions

8.08 INVENTORY OF RESOURCES

- Update

8.15 INTERHOSPITAL COMMUNICATIONS

- Reddinet

ASSESSMENT OF SYSTEM

SUMMARY OF SYSTEM STATUS

This section provides a summary of how the Yolo County EMS system meets the State of California’s EMS Systems Standards and Guidelines. An “X” placed in the first column indicates the current system does not meet the State’s minimum standards. An “X” placed in the second or third column indicates that the system meets either the minimum standard or recommended guidelines. An “X” is placed in one (1) of the last two (2) columns to indicate the time frame the agency has established for either meeting the standard or revising the current status. A complete narrative description of each standard, along with the objective for establishing compliance, is included in the System Needs and Plan Objectives Section of this plan.

SYSTEM ORGANIZATION AND MANAGEMENT

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

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			
1.02	LEMSA Mission		X			
1.03	Public Input		X			
1.04	Medical Director		X			
Planning Activities:						
1.05	System Plan		X			
1.06	Annual Plan Update		X			
1.07	Trauma Planning*		X			
1.08	ALS Planning*		X			
1.09	Inventory of Resources		X			
1.10	Special Populations		X			

System Organization and Management (continued)

	Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short-Range Plan	Long-Range Plan
1.11 System Participants		X			
Regulatory Activities:					
1.12 Review & Monitoring		X		X	X
1.13 Coordination		X		X	X
1.14 Policy & Procedures Manual		X		X	X
1.15 Compliance w/Policies		X		X	X
System Finances:					
1.16 Funding Mechanism		X		X	X
Medical Direction:					
1.17 Medical Direction*		X		X	X
1.18 QA/QI		X		X	X
1.19 Policies, Procedures, Protocols		X		X	X
1.20 DNR Policy		X			X
1.21 Determination of Death		X			X
1.22 Reporting of Abuse		X			X
1.23 Interfacility Transfer		X		X	X
Enhanced Level: Advanced Life Support:					
1.24 ALS Systems		X		X	X
1.25 On-Line Medical Direction		X		X	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			X
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan		X			X

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		X
2.03	Personnel		X	X	X
Dispatchers:					
2.04	Dispatch Training		X	X	X
First Responders (non-transporting):					
2.05	First Responder Training		X		X
2.06	Response		X		X
2.07	Medical Control		X		X
Transporting Personnel:					
2.08	EMT-I Training		X		X
Hospital:					
2.09	CPR Training		X		X
2.10	Advanced Life Support		X		X
Enhanced Level: Advanced Life Support:					
2.11	Accreditation Process		X		X
2.12	Early Defibrillation		X	X	X
2.13	Base Hospital Personnel		X		X

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	Interfacility Transfer*	X		X	X
3.04	Dispatch Center	X			X
3.05	Hospitals	X			X
3.06	MCI/Disasters	X			X
Public Access:					
3.07	9-1-1 Planning/Coordination	X			X
3.08	9-1-1 Public Education	X			X
Resource Management:					
3.09	Dispatch Triage	X			X
3.10	Integrated Dispatch	X			X

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			X
4.02	Monitoring	X		X	X
4.03	Classifying Medical Requests	X			X
4.04	Prescheduled Responses	X			X
4.05	Response Time*	X			X
4.06	Staffing	X			X
4.07	First Responder Agencies	X			X
4.08	Medical & Rescue Aircraft*	X		X	X
4.09	Air Dispatch Center	X			X
4.10	Aircraft Availability*	X		X	X
4.11	Specialty Vehicles*	X			X
4.12	Disaster Response	X			X
4.13	Intercounty Response*	X			X
4.14	Incident Command System	X		X	X
4.15	MCI Plans	X		X	X
Enhanced Level: Advanced Life Support:					
4.16	ALS Staffing	X			X
4.17	ALS Equipment	X		X	X
Enhanced Level: Ambulance Regulation:					
4.18	Compliance	X		X	X
Enhanced Level: Exclusive Operating Permits:					
4.19	Transportation Plan	X		X	X
4.20	"Grandfathering"	X			X
4.21	Compliance	X		X	X
4.22	Evaluation	X		X	X

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			X
5.02	Triage & Transfer Protocols*		X		X	X
5.03	Transfer Guidelines*		X			X
5.04	Specialty Care Facilities*		X			X
5.05	Mass Casualty Management		X		X	X
5.06	Hospital Evacuation*		X		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	X
5.09	Public Input		X			X
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X		X	X
5.11	Emergency Departments		X			X
5.12	Public Input		X			X
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X		X	X
5.14	Public Input		X			X