

EMERGENCY MEDICAL SERVICES AUTHORITY

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



September 17, 2018

Mr. Brian Aiello, Interim EMS Administrator
Alameda EMS Agency
1000 San Leandro Boulevard, Suite 200
San Leandro, CA 94577

Dear Mr. Aiello:

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

I. Introduction and Summary:

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

II. History and Background:

Alameda 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 Alameda County for the following years:

- 1995
- 1999
- 2004
- 2007
- 2009-2011
- 2014-2016

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 Alameda 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 Alameda County, please find enclosed the EMS Authority's determination of the exclusivity of Alameda 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, Alameda County's 2017 EMS Plan Update is approved.

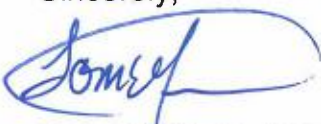
Pursuant to HSC § 1797.105(b):

"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:

Alameda County's next annual EMS Plan Update will be due on or before September 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



Emergency Medical Services District

1000 San Leandro Blvd., Suite 200
San Leandro, CA 94577

Travis Kusman, MPH, EMS Director
Karl Sporer, MD, Medical Director

Main (510) 618-2050
Fax (510) 618-2099

August 7, 2018

Howard Backer, MD, MPH, FACEP
Director
California Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, California 95670

Dear Dr. Backer,

Attached please find the 2017 Alameda County EMS Plan Update (Update). This Update depicts those changes which have transpired within the Alameda County EMS system since our most recent submission. The California Emergency Medical Services Authority (EMSA) most recently approved the Alameda County EMS Plan last year. This Update combined with prior submitted documents describes our EMS system at the present time.

Alameda County EMS' principle objective continues to be ensuring the financially sustainable provision of high quality emergency medical services that are efficient and effective both clinically and operationally. To this end, as you are aware, the County is actively conducting a Request for Proposals process to competitively select and contract for services to the Exclusive Operating Area currently served by Paramedics Plus, to be effective July 1, 2019.

Thank you in advance for your review of this Update. As always, please do not hesitate to contact me if you have any questions or require additional information.

Respectfully,

A handwritten signature in blue ink, appearing to read "Travis Kusman".

Travis Kusman, MPH, Paramedic
Director, Emergency Medical Services

Attachment

cc: Colleen Chawla, HCSA Director
Brian Aiello, EMS Deputy Director
Karl Sporer, EMS Medical Director



ALAMEDA COUNTY EMERGENCY MEDICAL SERVICES EMS SYSTEM PLAN 2017-18

EXECUTIVE SUMMARY

AUGUST 7, 2018

Executive Summary - Provide a brief overview of the plan. It should identify the major needs which have been found and a summary of the proposed program solutions. Include any changes which have occurred in your system, such as a change in providers, the designation of new centers, a change in key personnel, etc.

EXECUTIVE SUMMARY SECTIONS

SECTION 1 – EMS SYSTEM / PLAN OVERVIEW

- PLAN APPROVALS
- EMS SYSTEM VISION
- LEADERSHIP / ORGANIZATION
- EMERGENCY AMBULANCE SERVICES CONTRACTS
- SPECIALTY CENTERS – TRAUMA; STEMI; CARDIAC, PEDIATRIC RECEIVING CENTERS
- SPECIALTY PROGRAMS - EXAMPLES

SECTION 2 – SYSTEM OPERATIONS AND REGULATORY COMPLIANCE - CHANGES AND UPDATES -

- REORGANIZATIONS
- SYSTEM OPERATIONS AND 911 REQUEST FOR PROPOSAL
- HEALTH CARE SYSTEM OPERATIONS – CONTRACTS
- EMS POLICY

SECTION 3 – 2017-18 WORKPLAN

- IDENTIFIED NEEDS, GOALS, AND SOLUTIONS
 - SYSTEM OPERATIONS AND REGULATORY REQUIREMENTS
 - CLINICAL SYSTEMS OF CARE
 - EMERGENCY PREPAREDNESS AND RESPONSE;
 - CAREER AND WORKFORCE DEVELOPMENT
 - EMS FOR CHILDREN AND INJURY PREVENTION

SECTION 1 – EMS SYSTEM / PLAN OVERVIEW

EMS SYSTEM PLAN

EMS PLAN - Division 2.5 of the California Health and Safety Code, Section 1797.254 states “Local EMS agencies shall annually submit an emergency medical services plan for the EMS area to the Authority, according to the EMS Systems, Standards, and Guidelines established by the Authority.”

The Alameda County EMS System Plan provides a comprehensive report with the required documentation for compliance with the California EMS regulations and guidelines. The EMS standards are met and in most cases exceeded relative to the requirements to ensure a quality EMS system. The responsibility of Alameda County EMS (ALCO EMS) for planning, implementing and evaluating the local EMS system is documented in this annual update report. Many of our responsibilities, and the authority needed to carry out our oversight role, are derived from Division 2.5 of the California Health and Safety Code, and related chapters of Title 22 of the California Code of Regulations.

CA EMSA APPROVAL - SYSTEM PLANS AND REGULATORY COMPLIANCE

EMS SYSTEM PLAN

- Alameda County 2016 EMS System Plan Update (with 2016-2017 Executive Summary) completed and approved by the California EMS Authority; 2017 Update submitted to EMSA August 2018

EMS TRAUMA PLAN

- Alameda County 2016 EMS Trauma Plan Update submitted and approved by CA EMSA September 2017; Trauma 2017 Update submitted to EMSA August 2018

EMS QUALITY IMPROVEMENT (QI) PLAN

- 2016 Update submitted and approved by CA EMSA September 2017; QI 2017 Update submitted to EMSA August 2018

EMS FOR CHILDREN (EMSC) PLAN

- Plan to submit EMSC Plan to EMSA August 2019, pending California EMSC proposed regulations

EMS SYSTEM VISION

ALAMEDA COUNTY EMS VISION

- **VISION** Alameda County EMS will explore new frontiers while creating an environment where collaboration and consensus building thrive among staff and stakeholders.
- **MISSION** Alameda County EMS ensures the provision of quality emergency medical services and prevention programs to improve health and safety in Alameda County.
- **VALUES** Alameda County EMS values a caring environment sustained by empowerment, honesty, integrity and mutual respect. We embrace excellence through innovation, teamwork and community capacity building.

Alameda County EMS has adopted and continues to strive towards the National Highway Traffic Safety Administration (NHTSA) vision described in the “EMS Agenda for the Future.” Refer to the vision below:

- *“Emergency Medical Services (EMS) of the future will be community-based health management that is fully integrated with the overall health care system. It will have the ability to identify and modify illness and injury risks, provide acute illness and injury care and follow-up, and contribute to treatment of chronic conditions and community health monitoring. This new entity will be developed from redistribution of existing health care resources and will be integrated with other health care providers and public health and public safety agencies. It will improve community health and result in more appropriate use of acute health care resources. EMS will remain the public’s emergency medical safety net.”*

EXECUTIVE SUMMARY – SECTION 1: EMS SYSTEM / PLAN OVERVIEW

- A decade ago, the Institute of Medicine (IOM) released a report titled “*EMS at the Crossroads*” which accurately identified that “EMS operates at the intersection of health care, public health and public safety.” Given the above vision and this reality; ALCO EMS leverages partnerships to attain effective outcomes.
- Alameda County EMS facilitates collaboration with stakeholders and partners propagating a flexible system that continuously adapts to the changing healthcare environment. Alameda County EMS strives to deliver services that are consistent with the Institute for Healthcare Improvement’s “*Triple Aim*” of:
 - Improving the patient experience of care (including quality and satisfaction)
 - Improving the health of populations; and
 - Reducing the per capita cost of healthcare

EMS LEADERSHIP – TEAM OF EXCELLENCE, VISION, INNOVATION, AND INCLUSIVENESS

- The Alameda County EMS system has an innovative, highly skilled, and competent professional staff that demonstrates leadership and innovation with leading edge models, projects and programs that have enhanced prehospital care throughout California and the nation. Alameda County EMS has an integrated and collaborative team that recognizes the need for inclusive partnerships to leverage improvements and growth within the system. Alameda County EMS staff collaborates closely with EMS providers system-wide and with National experts to continually improve the EMS system by ensuring policy and program changes based on the analysis of the data submitted to ALCO EMS by its system’s providers; and on the evidence-based findings of current research studies. ALCO EMS continues to be a visionary leader and champion in local, regional and national EMS organizations. ALCO EMS provides oversight for all aspects of the EMS system in the County; to include monitoring dispatch centers, first responder paramedic services, transporting ambulances, and receiving hospitals.

ORGANIZATION

- Alameda County Emergency Medical Services (ALCO EMS) is a division of the Alameda County Health Care Services Agency. ALCO EMS is recognized by the California Emergency Medical Services Authority as a “Local EMS Agency,” or LEMSA. Many different constituent groups make up the ALCO EMS System, including dispatch centers, fire departments, health care facilities (hospitals), ambulance providers, and specialty centers for the emergency care of victims of major trauma (including children), stroke, and certain types of cardiac conditions. ALCO EMS facilitates the coordination of 911 medical responses through its contracts with EMS provider organizations, as well as through the development of policies and procedures for prehospital care.
- The Alameda County EMS system responds to approximately 160,000 patients annually for medical emergencies. The majority of 911 emergency medical calls in the County are responded to with the configuration of an Advanced Life Support (ALS) fire department first responder unit and a County contracted ALS ambulance. The fire departments of the cities of Alameda, Albany, Berkeley and Piedmont provide primary ALS ambulance transport services and first response within their respective incorporated areas. The Lawrence Livermore National Laboratory contracts with the Alameda County Fire Department for emergency medical services including ambulance transport.

NEXT PAGE

EMERGENCY AMBULANCE SERVICES - CONTRACTS

- Alameda County EMS is responsible for the procurement and provision of emergency ambulance services that includes contracts with Paramedics Plus and the cities of Alameda, Albany, Berkeley, and Piedmont for Advanced Life Support (ALS) services in Alameda County. The cities referenced above provide ambulance as well as first response ALS service. These cities have opted not to contract for an outside ambulance services provider and provide ambulance services through their respective city fire departments. The termination dates of these contracts are variable. Extensions to the ALS ambulance agreements with the cities of Alameda, Albany and Piedmont were approved by the County Board of Supervisors and executed providing for service through June 30, 2023, each with an option to extend for an additional five (5) year period. At the City's request, Berkeley's ALS ambulance agreement was extended with approval by the County Board of Supervisors providing for service through June 30, 2019. The County's agreement for 911 ambulance service by Paramedics Plus to the County's exclusive operating area (EOA) ends June 30, 2019. ALCO EMS is actively conducting a request for proposals (RFP) process as approved by the California Emergency Medical Services Authority (EMSA) to select a provider and implement a new contract for 911 emergency ambulance services to the County's EOA currently served by Paramedics Plus to be effective July 1, 2019.

CLINICAL SYSTEMS OF CARE AND SPECIALTY CENTERS – RESULTS BASED ACCOUNTABILITY

Consistent with the Alameda County Health Care Services Agency mission, ALCO EMS prioritizes promoting health equity and results based accountability in our ALCO EMS programs. For example, projects include:

SPECIALTY CENTERS**STROKE RECEIVING CENTERS**

- Alameda County EMS ensures that patients who are experiencing a possible cerebral vascular accident (Stroke) on scene, detected by clinical assessment, are transported to an EMS designated hospital (MOU in place) for specialty diagnostics and treatment: CT / CTA and if needed, IV fibrinolytic and or transfer to a comprehensive capable center for IR services.

STEMI / CARDIAC ARREST RECEIVING CENTERS

- Alameda County EMS ensures that patients who are experiencing a possible ST-elevation myocardial infarction (STEMI) on scene, detected by clinical exam and 12-lead electrocardiogram, are transported to an EMS designated hospital (MOU in place) for specialty diagnostics and treatment: coronary angiogram and if needed a Primary Percutaneous Coronary Intervention (PCI). Alameda County EMS also ensures that patients who were pulseless on scene or during transport who received attempted resuscitation and experience return of spontaneous circulation (ROSC) or presented with VF/VT are also transported to EMS designated STEMI / Cardiac Arrest Receiving Center hospitals (MOU in place), as these patients frequently require some of the same interventions. In addition to PCI, these specialty receiving facilities provide appropriate use of Targeted Temperature Management, Metabolic and Circulatory support as well as other diagnostic tests and therapies that are specific to post cardiac arrest patients.

TRAUMA RECEIVING CENTERS

- The Alameda County EMS Agency ensures overall trauma system design, monitoring and quality improvement, including trauma center designation and administration of the associated contracts. The Trauma quality

EXECUTIVE SUMMARY – SECTION 1: SYSTEM PLAN OVERVIEW

benchmarks include: 1) Maintenance of a trauma registry to track trauma system and trauma center performance on a case-by-case basis using the Lancet Trauma 1 database; 2) A bi-county Trauma Audit Committee (TAC), the purpose of which is to facilitate the quality assurance and improvement process by including outside experts for performance review of both the trauma centers and system on a quarterly basis; 3) Full participation in CEMSIS Trauma and EMS data sharing with the intent to improve patient outcomes; 4) Representation / participation at the State designated Regional Trauma Coordinating Committee (RTCC); 5) Representation / participation at internal Trauma Center Process Improvement and Clinical Oversight meetings.

PEDIATRIC RECEIVING CENTERS

- The Alameda County EMS Agency ensures overall EMS for Children (EMSC) system integration, design, monitoring and quality improvement. Alameda County EMS has a contract with the pediatric trauma center University of California San Francisco Benioff Children's Hospital, Oakland (Level 1 Trauma Center) for collaboration to ensure hospital quality improvement for hospital pediatric "day-to-day" readiness, injury prevention, and disaster / surge capability. All hospitals are expected to receive pediatric patients with pediatric readiness. The hospital benchmarks recommend employment of a pediatric coordinator and quality improvement (QI) activities, policies and age-based equipment, as well as injury prevention and disaster preparedness programming. The Alameda County standard is consistent with national pediatric readiness guidelines and University of California San Francisco Benioff Children's Hospital recommendations for improvement. Alameda County EMS is planning a new EMS for Children Quality Improvement Workgroup with University of California San Francisco Benioff Children's Hospital. The first planning meeting was held July 27, 2018. The focus is to strengthen the Pediatric Readiness Project, QI and planning for pediatric disaster surge exercises. The scope of this workgroup will be consistent with new proposed EMSA EMSC regulations.

PROGRAM ACCOMPLISHMENTS - HIGHLIGHTS

INNOVATION, MANAGEMENT, AND OPERATIONS - COMMUNITY PROJECTS, AND COALITIONS

- Alameda County Emergency Medical Services has been and continues to be on the forefront of EMS innovation, management, and operations. Refer to the examples below:

EMERGENCY PREPAREDNESS AND RESPONSE DEPLOYMENTS

- Region II Regional Disaster Medical Health Specialist, Kelly Coleman, recognized for exemplary and effective coordination during the 2017 North Bay Firestorms.

HEARTSAFE PROJECT

- The HeartSAFE Project goal was envisioned to provide 185 Automated External Defibrillators (AEDs) with training, oversight, and maintenance in high risk / high traffic locations to increase Sudden Cardiac Arrest (SCA) survival rates in Alameda County. Alameda County EMS ensures this project remains sustainable and campaigns to promote community AEDs with the message: "When AED's are available and used within 3 minutes, the survival of someone suffering from Sudden Cardiac Arrest (SCA) outside of a hospital will increase from 5% to a survival rate of up to 70%. Ensuring timely access to an AED, will strengthen the links in the chain of survival in the County. Because nearly half of cardiac arrest events are witnessed, efforts to increase survival rates focus on timely and effective delivery of interventions by bystanders and EMS personnel." Alameda County EMS has planned to continue the HeartSAFE project without interruption with ninety three community Board of Supervisor sites for three years. The project includes maintenance of AEDs at each community

EXECUTIVE SUMMARY – SECTION 1: SYSTEM PLAN OVERVIEW

location by Alameda County EMS. Maintenance of AEDs located at County owned and leased sites will continue through collaboration with Alameda County Risk Management for three years including AED/CPR training.

CPR 7 and NEW CPR 9

- CPR 7 is a program developed for public school 7th graders in Alameda County. In the 6th and 7th year (2015-2017 school years), 17 middle schools in Alameda County participated. Approximately 14,000 - 7th graders were trained in cardiopulmonary resuscitation (CPR) and in turn trained their families and friends, multiplying (x4) the impact of their own participation in the program. As of the conclusion of the 2016-2017 school year, Alameda County EMS has facilitated training over 10% of the Alameda County population in CPR. The CPR 7 program was featured in a past edition of the Journal of Emergency Medical Services. As recently passed state legislation requires ninth graders that take health science be trained in Hands Only CPR as a graduation requirement, Alameda County EMS will transition towards supporting CPR 9 in a multi-year process as of the up-coming 2017-18 school year.
- In 2017-18, Alameda County EMS implemented a pilot project providing reusable manikins instead of individual/disposable CPR training kits. EMS is moving toward supporting the new 9th grade CPR training effort using the reusable manikins.

EMS CORPS

- EMS Corps is a full-time Alameda County EMS program designed to change the trajectory of Boys and Men of Color (BMOC) and create career opportunities for participants in EMS, public safety, and/or health care services. ALCO EMS facilitates the instruction of the EMT training component of the EMS Corps program, realistically preparing graduates for future success in the work environment. All of the participants of the 12th cohort successfully passed final exam.

NEXT PAGE

SECTION 2 – SYSTEM OPERATIONS AND REGULATORY COMPLIANCE

NEW CHANGES, UPDATES, & MODIFICATIONS

The Alameda County EMS agency has consistently adapted to on-going changes influencing the health care delivery system throughout the United States over the years. Ambulance system economics remain under considerable strain, not only in Alameda County, but in many California counties and across America due to a marked decline in private and public reimbursements for services. With the evolving health care system changes, the Alameda County operational area EMS system remains effective and committed to excellence. The Health Care Services Agency and EMS, along with our hospital, clinic, Medi-Cal managed care plan and other system stakeholders and community partners continue to work together to remain informed at the national, state, regional and local levels regarding the implications of ongoing healthcare reform, collectively mitigating risks and acting upon opportunities to ensure the overall stability of the County's healthcare system.

Alameda County hospitals and health systems continue to merge and reorganize. Alameda County EMS has the "pulse" on monitoring the changing landscape and continues to identify and act upon opportunities to strengthen the system in 2017-18. Alameda County EMS has and will continue to adapt with preemptive readiness and priority planning efforts to ensure continuity of overall system performance, including the effective management of potential and real prehospital / emergency department patient overload.

ALCO EMS also continues to contingency plan for and respond to continuously evolving threats including those related to unrest associated with the current national political climate, domestic and international terrorism, natural and human-caused disasters.

EMS SYSTEM EVALUATION AND REQUEST FOR PROPOSALS (RFP) ENSURES SYSTEM SUSTAINABILITY AND CONTINUITY

The Alameda County EMS Agency is actively conducting a RFP approved by EMSA for 911 emergency ambulance services for the Exclusive Operating Area currently served by Paramedics Plus, with the goal of ensuring an EMS System that is clinically and operationally excellent as well as financially solvent:

OVERARCHING GOALS

- Sustain and improve quality of clinical care the patient receives
- Stabilize or reduce the cost of EMS services (financial stability)
- Improve patient satisfaction

SIX FUNDAMENTAL TENANTS

1. Preserving a high level of emergency medical response throughout the County
2. Producing a system that is cost-effective while preserving a high level of response and care
3. Designing a system that is County-wide (i.e. Current Exclusive Operating Area (EOA) allowing for consistency of service throughout all areas and jurisdictions of the County)
4. Maintaining and supporting the current workforce
5. Producing a system that is sustainable for the long term
6. Maintaining appropriate regulatory and oversight functions between local EMS agency (LEMSA) and chosen provider(s)

At the time of writing of this update, the Alameda County EMS Agency is in the Evaluation Period of the RFP process, having received proposals from several bidders. Refer to RFP timeline table on [page 12](#).

EXECUTIVE SUMMARY SECTION 2 - SYSTEM OPERATIONS AND REGULATORY COMPLIANCE

NEW CHANGES, UPDATES, & MODIFICATIONS

Alameda County EMS continues to sustain and strengthen the 911 emergency ambulance services system through EOA contract management. As previously noted, Paramedics Plus's contract was extended through June 30, 2019 and ALCO EMS has implemented successor 911 ambulance agreements with the cities of Alameda, Albany, Berkeley and Piedmont.

EMS RE-ORGANIZATIONS / STAFFING CHANGES – SYSTEM IMPACT AND BENEFITS

EMS ORGANIZATION

- Alameda County EMS is a division of the Alameda County Health Care Services Agency (HCSA), organizationally positioned within the Office of the Agency Director. Transitions continue to occur within the HCSA executive leadership team.
- EMS Director, Travis Kusman, MPH, Paramedic, currently reports directly to Colleen Chawla, Agency Director, Health Care Services Agency. He previously reported to HCSA Interim Director Rebecca Gebhart. As the EMS Director, Travis Kusman is responsible for ensuring the ongoing planning, implementation and evaluation of the local EMS system, and ensures the local / regional medical coordination during a disaster. Travis Kusman was appointed by EMSA and the California Department of Public Health as the Regional Disaster Medical / Health Coordinator for the California Office of Emergency Services Mutual Aid Region II effective August 1, 2018.
- The EMS Deputy Director, EMS Medical Director and EMS Prehospital Care Coordinator (PHCC) team provides essential support to the EMS Director. Finance, Budget, and Administrative leadership staff support provided by the HCSA to EMS continues to evolve.
- ALCO EMS completed a functionally-based re-organization resulting in the establishment of the following organizational areas: Finance and Administration; System Operations and Regulatory Compliance; Emergency Preparedness and Response; Injury Prevention; and Health Care Career / Workforce Development Programs.
- The EMS program scope includes community education; simple and complex training programs; incident planning and management; emergency dispatch standards; data collection; quality improvement; statute, policy and regulation enforcement; EMS personnel certification; investigations; management of specialty care programs including hospital-based specialty care components (i.e. Cardiac, Stroke, Trauma, and pediatrics); disaster preparedness; and hospital -EMS integration).

EMS GENERAL ADMINISTRATION - STAFFING AND PROGRAM CHANGES

- Refer to the General Administration and Staffing changes below.

DIRECTORS AND SUPERVISORS

Alameda County EMS promoted two staff listed below;

- BRIAN AIELLO (Deputy Director)
- KATHRYN WOOLBRIGHT (Supervising Program Specialist – Injury Prevention); effectively transitioned Kat Woolbright into Supervising Program Specialist position following retirement of Francell Haskins.

PREHOSPITAL CARE COORDINATORS (PHCCs) - Alameda County EMS hired three Prehospital Care Coordinators (PHCC):

- ANDREW SULYMA (System Operations; Contract Compliance; Non-Emergency Permitted Ambulance Ordinance; HCSA Communications Liaison; EMS Dispatch Liaison; EMS Radio Communications; Unusual Occurrence Management)
- WILLIAM MCCLURG (911 Contract Management: APOT – Local Monitoring and State reporting; Hospital and Facility Liaison; Primary EOA Ambulance Transport Contracted Provider Liaison)
- KREIG HARMON (Training Programs; ALCO EMS Website)

EXECUTIVE SUMMARY SECTION 2 – SYSTEM OPERATIONS AND REGULATORY COMPLIANCE

NEW CHANGES, UPDATES, & MODIFICATIONS

PROGRAM SPECIALIST - Recruited, interviewed and hired Injury Prevention Program Specialist Emma Olenberger

- CAROL POWERS has assumed responsibility as Senior Injury Prevention Program Coordinator

EMS ORGANIZATION CHANGES

- Physically relocated Injury Prevention team from first to second floor of office to better integrate with broader EMS team.

EMS COMMITTEES – CURRENT AND NEW: STRENGTHENED VIA ADDITION OF PHCCs

LOCAL	
COUNTYWIDE DISPATCH COMMITTEE (MDRC) – COORDINATION	QUALITY COUNCIL MEETING
ALAMEDA COUNTY REGIONAL EMERGENCY COMMUNICATIONS CENTER OPERATIONS MEETING	ALAMEDA COUNTY FIRE CHIEF'S ASSOCIATION AND EMS SECTION
NON-EMERGENCY PERMITTED AMBULANCE PROVIDER MEETINGS – COORDINATION	RECEIVING HOSPITAL COMMITTEE
TRAUMA AUDIT COMMITTEE	KAISER OAKLAND APOT WORKGROUP
PHCC STAFF MEETINGS	ALAMEDA COUNTY COMMUNICATIONS SECTION GROUP
PEDIATRIC READINESS COMMITTEE (EMSC ADVISORY COMMITTEE)	STROKE RECEIVING CENTER MEETINGS
REGIONAL / STATE	
STEMI/ CARDIAC ARREST RECEIVING CENTER MEETINGS	UASI MEDICAL SHELTER COMMITTEE
DISASTER MEDICAL CO-LOCATION OF CARE PROVIDERS PROJECT MEETINGS	NICU TASK FORCE – JOINT ALAMEDA/CONTRA COSTA COUNTY
HPP COORDINATORS MEETING	MHOAC
EMERGENCY MANAGERS ASSOCIATION (EMA)	CDPH/EMSA PEDIATRIC SURGE COMMITTEE
UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND – EMERGENCY PREPAREDNESS MEETINGS	CDPH/EMSA PEDIATRIC SURGE EMS SUB-COMMITTEE
SENIOR INJURY PREVENTION CONFERENCE COMMITTEE	HPP CORR DINATORS MEETING – REGIONAL
EMS WEEK PLANNING MEETINGS	ABAHO
HCSA EMERGENCY OPERATIONS LEADERSHIP & PLANNING WORKGROUPS	EMSA - EMS FOR CHILDREN TECHNICAL ADVISORY COMMITTEE
HOSPITAL COMMAND CENTER 700/800 COMMUNICATIONS TESTING	REGIONAL TRAUMA COORDINATING COMMITTEE (RTCC)
DISASTER PREPAREDNESS HEALTH COALITION (DPHC) / STEERING COMMITTEE	

EMS GENERAL ADMINISTRATION – SYSTEM INFORMATION TECHNOLOGY UPGRADES

- Alameda County EMS upgraded to the Microsoft Office 365 and conducted two department-wide trainings

NEXT PAGE

NEW CHANGES, UPDATES, & MODIFICATIONS**OPERATIONAL AREA EOC MEDICAL/ HEALTH BRANCH AND EMS BRANCH DOC - TECHNOLOGY UPGRADES****– OPTIMIZE FUNCTIONALITY**

- ALCO EMS collaborated with the Sheriff's Department Office of Emergency Services and Homeland Security to upgrade the operational area EOC Medical/Health Branch with improved physical space functionality and technology assets. Planning to upgrade EMS Branch DOC has been initiated.
- *Completed Furniture and Equipment upgrade for the Medical / Health Branch of the County Emergency Operations Center (EOC). The Branch has been enhanced with automated information technology control systems and hardware in a single room. The implementation of a turn-key audio-visual communications system has provided EMS staff with more effective and efficient means of accessing and tracking information including ReddiNet and incoming SitStat requests, and thereby managing local emergencies. The EMS communications system at the Branch has been upgraded with new radio communications technology.*

MOBILE OFF-SITE OPERATIONAL CAPABILITY

- EMS Director, EMS Deputy Director and PHCCs have new mobile laptops with extended life batteries and enhanced connectivity to ensure operational self-sufficiency, reliable communications and information management capability. Additional satellite based voice and data communications technology procured and implemented. Each EMS Duty Officer provided with multi-band capable portable emergency communications radio.

HOSPITAL MERGERS

- Although significant Alameda County hospital reorganizations occurred between 2015 and 2017, the EMS provider community continues to acclimate to these changes. Alameda County EMS continues to designate 13 receiving hospitals. Hospital systems operating within the County continue to reorganize through building expansions, structural improvements, mergers, and leadership changes.
- Hospital landscape changes that occurred in 2015 and continue through 2018 are as follows:
 - ValleyCare is now owned and operated by Stanford. The name is now Stanford Health Care – ValleyCare Hospital.
 - The Oakland Children's Medical and Research Center is a partner with the University of California San Francisco (UCSF). The new hospital name is UCSF Benioff Children's Hospital in Oakland.
 - The Kaiser Permanente Hayward Hospital has relocated to San Leandro. The new hospital name is Kaiser Permanente San Leandro. Kaiser Oakland Hospital has expanded with consolidated pediatric services in Oakland including the addition of pediatric beds in the pediatric intensive care unit.
 - The Alameda Health System has expanded and now includes Alameda and San Leandro Hospitals.

HOSPITAL CONSOLIDATION AND RELOCATIONS – PLANNED

- Alta Bates Summit Medical Center continues planning to relocate and consolidate by 2030. The Alta Bates Regional Task Force is meeting to address proactive strategies to mitigate and plan for potential closure of the Berkeley hospital campus. Preliminary meetings have occurred in preparation for a system-wide Impact Analysis Report which will be coordinated by the HCSA Office of the Agency Director.

911 EMS AND FIRE DEPARTMENT ORGANIZATIONAL LEADERSHIP TRANSITIONS -

- Paramedics Plus leadership changes – New Director of Operations and Chief Operating Officer (2017-2018). Numerous changes have occurred in the Fire Department leadership. Fire Chiefs in several jurisdictions have changed including, Alameda, Berkeley, Fremont, Piedmont and Livermore/Pleasanton due to retirements.

NEW CHANGES, UPDATES, & MODIFICATIONS

SYSTEM OPERATIONS AND CONTRACT COMPLIANCE

COMPLIANCE MANAGEMENT FOR CONTRACTS

- Ongoing compliance management for contracted EMS providers, including Paramedics Plus, Fire Department providers, and Emergency Medical Dispatch providers (Alameda County Regional Emergency Communications Center and Oakland Fire Department).
- Continue to monitor compliance and overall performance by all contracted and permitted EMS providers.

ALAMEDA COUNTY REGIONAL EMERGENCY COMMUNICATIONS CENTER (ACRECC)

- Current Agreement provides for services through June 30, 2019 with an option to extend through October 2021.

911 TRANSPORT - PARAMEDICS PLUS

- Paramedics Plus is currently serving the County's Exclusive Operating Area under an Agreement which expires June 30, 2019.

CONTRACT EXTENSIONS - FRALS AND FIRE TRANSPORT

- Extensions of the Alameda County Regional Emergency Communications Center (ACRECC) emergency medical dispatch, First Responder Advanced Life Support (FRALS) as well as 4 fire department-based 911 ambulance transport agreements were negotiated and executed/ Refer to table below:

CONTRACTOR	TYPE	END DATE
Alameda County Fire Dept.	FRALS	6/30/19
Alameda County Fire Dept. ACRECC	Medical Dispatch Services Agreement	6/30/19 with option to extend
City of Alameda	FRALS/Ambulance	6/30/23 with option to extend
City of Albany	FRALS/Ambulance	6/30/23 with option to extend
City of Berkeley	Ambulance	6/30/19
City of Berkeley	FRALS	9/30/18 with extension in progress
City of Dublin	FRALS	6/30/19
City of Emeryville	FRALS	6/30/19
City of Fremont	FRALS	6/30/19
City of Hayward	FRALS	6/30/19
City of Livermore	FRALS	6/30/19
City of Newark	FRALS	6/30/19
City of Oakland	FRALS	6/30/19
City of Piedmont	FRALS/Ambulance	6/30/23 with option to extend
City of Pleasanton	FRALS	6/30/19
City of San Leandro	FRALS	6/30/19
City of Union City	6/30/19	6/30/19

EXECUTIVE SUMMARY SECTION 2 - SYSTEM OPERATIONS AND REGULATORY COMPLIANCE

NEW CHANGES, UPDATES, & MODIFICATIONS

PARAMEDICS PLUS – BLS UNITS

- Paramedics Plus continues to add BLS unit hours (ambulance coverage) into the system. BLS units continue to respond preferentially to ALS units to 5150 and low Priority (Omega, Alpha and select Bravo Medical Priority Dispatch System Determinant Level call, primarily in Zone 2 which is the Oakland metro area.

911 REQUEST FOR PROPOSAL

- Finalized and released EMSA approved Request for Proposal EMS-901017 for 911 Emergency Ground Ambulance Service (RFP), with service to the County's EOA currently served by Paramedics Plus to begin July 1, 2019. Conducted two Bidder's Conferences to clarify key components of the RFP and answered Bidder Questions. Compiled additional bidder questions and answers into a master document and released as an addendum. At the time of the writing of this Update, the RFP is in the Evaluation Period with proposals received from several bidders.

RFP # EMS 901017 – SCHEDULE OF ACTIVITIES AND TIMELINE

CALENDAR OF EVENTS

EVENT	DATE/LOCATION	
Request Issued	October 27, 2017	
Letter of Intent Due	November 29, 2017 by 2:00 p.m.	
Written Questions Due	December 15, 2017 by 5:00 p.m.	
Networking/Bidders Conference #1	December 6, 2017 @ 2:30 p.m.	Castro Valley Library, 3600 Norbridge Avenue, Chabot Room, Castro Valley, CA 94546
Networking/Bidders Conference #2	December 7, 2017 @ 2:30 p.m.	Behavioral Health Care Services, 2000 Embarcadero Cove, Suite 400, Gail Steele/Alameda Room, Oakland
Addendum #1 Issued	November 15, 2017	
Addendum #2 Issued	December 13, 2017	
Addendum #3 Issued	January 19, 2018	
Addendum #4 Issued	April 9, 2018	
Addendum #5 Issued	May 11, 2018	
Response Due	July 18, 2018 by 2:00 p.m.	
Responses Opened and Announced in Public	July 18, 2018 at 2:30 p.m. at 1000 San Leandro Blvd., 1st Floor, San Leandro, CA 94577	
Evaluation Period	July 19 - August 9, 2018	
Bidder Interviews	August 8-9, 2018	
Board Letter Recommending Award Issued	September 11, 2018	
Board Consideration to Award	September 25, 2018	
Board Award Date	September 25, 2018	
Contract Start Date	October 1, 2018: Contractor will begin mobilization efforts to insure that it can begin service on service start date.	
Service Start Date	12:00 a.m. July 1, 2019 or immediately following the conclusion of the previous provider contract, if different from the service start date listed in the RFP.	

Note: Award and start dates are approximate.

NEXT PAGE

NEW CHANGES, UPDATES, & MODIFICATIONS

NON-EMERGENCY PERMITTED PROVIDERS - CONTRACTS

ENSURE SYSTEM OVERSIGHT, COORDINATION AND SURGE CAPACITY

ALCO EMS NON-EMERGENCY PERMITTED AMBULANCE PROVIDERS

Ambulance providers permitted for non-emergency operations in Alameda County are listed in table below:

PROVIDER	DATE CONTRACT SIGNED	DATE CONTRACT EXPIRES
SUTTER – AMR	12/20/2016	12/20/2018
ROYAL AMBULANCE	12/6/2016	12/6/2018
NORCAL AMBULANCE	12/5/2016	12/5/2018
UNITED AMBULANCE	8/30/2017	8/30/2019
FALCK AMBULANCE	11/4/2016	11/4/2018
FALCON CCT	5/1/2017	5/1/2019
PROTRANSPORT-1	12/30/2016	12/30/2018
ARCADIA AMBULANCE	5/10/2018	5/10/2020
BAYSHORE AMBULANCE	3/16/2017	3/16/2019
BAYMEDIC AMBULANCE	5/16/2017	5/16/2019
WESTMED AMBULANCE	12/16/2016	12/16/2018

NEW PERMITTED NON EMERGENCY AMBULANCE PROVIDER

- Addition of United Ambulance as an Alameda County permitted provider under the Alameda County Ambulance Ordinance.

NON-EMERGENCY PERMITTED AMBULANCE PROVIDERS – DISASTER READINESS

- Continued integration of Non-emergency ambulance providers into the County disaster plan to assist in large-scale treatment and transport of patients
- Supported the deployment of Non-emergency permitted providers to the Napa/Sonoma fires 2017, and provided assistance to all participants in acquiring County and State reimbursement for services rendered.
- These providers will be training their EMT's on the new expanded State scope of practice and the associated equipment required will become part of their ambulance inventory effective January 1, 2019. (epinephrine, naloxone, pulse oximetry, and glucose sampling and measurement).
- Continued development and support of emergency communication radio infrastructure of Non-Emergency Permitted Ambulance Providers, ensuring compatibility with 911 public safety and receiving hospital radio communications systems. Established new radio Code Plug for Non-Emergency Permitted Ambulance Providers facilitating County and State EMS radio interoperability and continued to monitor radio use compliance.

CRITICAL CARE PARAMEDIC (CCP)

- EMSA allows Critical Care Paramedic (CCP) inter-facility transport of patients and requires that Alameda County EMS monitor and regulate all paramedic prehospital care. Inter-facility transport is used to transport patients who have been medically stabilized at one facility and need to be transferred to another facility. EMS has adopted the use of state and national inter-facility transport standards to monitor and regulate this program. The CCP Inter-facility Transport Agreement with American Medical Response incorporates County EMS guidelines and standards, patient transfer protocols, data collection and reporting requirements that ensure patient safety. Alteplase (TPA) and Norepinephrine were added to the local optional scope of practice for CCP.

NEW CHANGES, UPDATES, & MODIFICATIONS

COMMUNICATION SYSTEM OPERATIONS

COMMUNICATIONS

ePCR – DEFINITIVE NETWORKS INCORPORATED HOSTING / Training Services

- Refer to 2016-17 Progress Update form for additional information. Definitive Networks Incorporated Data Hosting / Training Services contract extended to October 2019.

MPDS

- *ALCO EMS rectified a situation that materialized as a result of Version changes in the MPDS system which produced substantially more ECHO level respiratory responses in our system and other large systems which didn't correspond to patient acuity. ALCO EMS partnered closely with ALCO ACE Accredited EMD centers (Oakland Fire Department and ACRECC) as well as the International Academies of Emergency Dispatch (IAED) to prudently and in an evidence based manner implement changes to IAED protocols to resolve the issue within and outside of the Alameda County EMS System.*

COMMUNICATION RADIOS - NON-EMERGENCY PERMITTED AMBULANCE PROVIDERS

- Enhanced emergency communication radio infrastructure of EMS Agency Non-Emergency Permitted Ambulance Providers to ensure compatibility and that each ambulance is equipped with public safety and receiving hospital radio communications systems.

REDDINET – UPGRADES AND TRAINING

- ReddiNet MOU renewed June 2016 with EMS and FRALS Transport providers and to be updated prior to June 2019. ReddiNet training and exercise conducted on-site for City of Alameda, Piedmont, and Albany Fire Departments in 2017. Cynthia Frankel, ReddiNet Coordinator will continue to support ReddiNet training needs.
- ReddiNet upgrades for multiple clinic locations (ie. several sites for East and West Oakland Health Centers now have access to ReddiNet and are unbundled).
- New users including non-emergency permitted ambulance providers and skilled nursing facilities added to ReddiNet
- Preparing for ReddiNet redesign to be rolled-out in September 2018 - ReddiNet will be accessed on the web via HTML instead of the previous requirement for adobe flash player.
- Focused on ReddiNet medical surge and patient tracking and conducted exercises with Alameda County OES, Eden Medical Center, Kaiser Permanente Oakland, Kaiser Permanente San Leandro, St. Rose hospital, Skilled Nursing Facilities, and Clinics.

CERTIFICATIONS AND INVESTIGATION

EMT CERTIFICATIONS

- On-going management of EMT certifications granted through Alameda County EMS, and investigation of all alleged misconduct relative to the standards of professional licensure.
- Ongoing support of several regulatory investigations associated with EMS Training Program operations within the County.

NEXT PAGE

EXECUTIVE SUMMARY SECTION 2 – SYSTEM OPERATIONS AND REGULATORY COMPLIANCE

NEW CHANGES, UPDATES, & MODIFICATIONS

CLINICAL SYSTEMS OF CARE - HOSPITALS – NEW CONTRACTS

- PREVIOUS CHANGES CONTINUED FROM 2016-17

ALAMEDA COUNTY BASE HOSPITAL

- Melody Glenn, MD is the new Base Hospital Medical Director as of July 1, 2018.

TRAUMA CENTERS – Master Contract Amendments

- Trauma Center Agreements negotiated and implemented for services through 2021 with:
 - Alameda Health System – Highland Hospital
 - UCSF Benioff Children's Hospital Oakland
- Trauma Center Agreement negotiated and to be presented to County Board of Supervisors in August 2018 for services through 2021 with:
 - Sutter Health - Eden Hospital
- Verification by the American College of Surgeons' Committee on Trauma continues as a requirement of the Alameda County Trauma Center agreements.

TRAUMA HOSPITALS – NEW DESIGNATIONS/CERTIFICATIONS - 2017

- American College of Surgeons (ACS) initial verification was completed at all Alameda County Trauma Centers in May 2013. At that time verification was as follows: UCSF Benioff Children's Hospital Oakland - Level 1 Pediatric Trauma Center (TC), Alameda County Medical Center (Highland) – Level 2 Adult TC and Sutter Eden Medical Center – Level 2 Adult TC. ACS Verification is now a requirement of the Alameda County Trauma Center MOU .
- All three Trauma Centers completed their first re-verification in April 2017 with verification as follows: UCSF Benioff Children's Hospital Oakland - Level 1 Pediatric (TC); Sutter Eden Medical Center – Level 2 Adult TC; and Alameda Health System's Highland– changed status to Level 1 Adult TC.

CARDIAC ARREST, STROKE, AND STEMI**STEMI/CARDIAC ARREST, STROKE RECEIVING CENTER - Agreement RENEWALS:**

- Negotiated and implemented three year Agreements for Washington Hospital (STEMI/Cardiac Arrest and Stroke Receiving Center), Kaiser Fremont (STEMI/Cardiac Arrest Receiving Center), Highland (STEMI/Cardiac Arrest Receiving Center), Summit Medical Center (Stroke Receiving Center).

STEMI/CARDIAC ARREST RECEIVING CENTER – NEW MOU:

- Established a new Agreement for Kaiser Permanente Oakland (STEMI/Cardiac Arrest Receiving Center) with service initiated January 1, 2017.

CLINICAL SYSTEMS OF CARE – HOSPITAL CONTRACTS 2016- 2018

HOSPITAL PEDIATRIC READINESS PROJECT - STRENGTHEN PEDIATRIC READINESS

- Contract with UCSF Benioff Children's Hospital provides for Emergency Department (ED) Pediatric Readiness Project Site Visits and follow-up reports with recommendations reviewed with participating hospitals for improvement. The associated review processes for participating hospitals occurred between January 2017-and January 2018. Negotiated and scheduled to submit new Agreement to County Board of Supervisors for UCSF Benioff Children's Hospital provided Pediatric Readiness Project services in August 2018. Alameda County EMS is prepared to implement pending EMSA EMSC regulations

EXECUTIVE SUMMARY SECTION 2 - SYSTEM OPERATIONS AND REGULATORY COMPLIANCE

NEW CHANGES, UPDATES, & MODIFICATIONS

PROCUREMENT / CONTRACT SUMMARY

FY 2017-2018 - EMS PROCUREMENTS AND CONTRACTS - SUMMARY

EMS MASTER LIST OF MOUS	TYPE
Alta Bates Summit Medical Center Campus	Stroke and STEMI / Cardiac Arrest MOU
UCSF Benioff Children's Hospital, Oakland	Trauma Contract
Kaiser Permanente Oakland	Stoke and STEMI/Cardiac Arrest MOU
Alameda Health Systems, Highland	STEMI Cardiac Arrest MOU and Trauma Contract
Alameda Health Systems, Alameda City Hospital	Stroke MOU
Kaiser Permanente San Leandro	Stroke MOU
Kaiser Permanente Fremont	Stoke and STEMI/Cardiac Arrest MOU
St. Rose Hospital	STEMI Cardiac Arrest MOU
Washington Hospital , Fremont	Stroke and STEMI /Cardiac Arrest MOU
Stanford Valley Care, Pleasanton	STEMI MOU /Cardiac Arrest MOU
Eden Castro Valley	Stroke MOU and Trauma Contract

PROGRAM	PARTNERS / PROVIDERS	PARTNERS / PROVIDERS
Trauma	Alameda Health System, Adult Trauma	Definitive Networks, Incorporated
Trauma	Alameda Health System, Adult Trauma Dispro	Beyond Lucid Technologies
Trauma	Alameda Health System, Base Hospital	Office of Administrative Hearings (DGS)
Trauma	Sutter Health Eden Med Center, Trauma	UCSF Fellowship
Trauma	Sutter Health Eden Med Center, Trauma Dispro	Hospital Association of Southern CA (HASC) ReddiNet
Trauma	UCSF Benioff Children's Hospital Pediatric Trauma	UCSF Benioff Children's Hospital, ED Pediatric Readiness
Trauma	UCSF Benioff Children's Hospital Pediatric Trauma Dispro	Physio-control/Pulse-point
FRALS	ACRECC Ambulance Dispatch Services	City of Alameda, Community Paramedicine 2017
FRALS	Alameda County Fire Department, FRALS	AHS MOU Community Paramedicine
FRALS	City of Alameda, FRALS / Ambulance	Base Hospital Contract
FRALS	City of Albany, FRALS / Ambulance	Target Solutions
FRALS	City of Berkeley, Ambulance Transport only	RDMHS State
FRALS	City of Berkeley, FRALS only	Zoll Data Systems
FRALS	City of Dublin, FRALS	First Watch
FRALS	City of Emeryville, FRALS	Youth Alive
FRALS	City of Fremont, FRALS	City of Fremont, Afghan Health & Med Safety
FRALS	City of Hayward, FRALS	Daybreak Adult Care Centers
FRALS	City of Livermore, FRALS	Senior Support Program of Tri Valley
FRALS	City of Newark, FRALS	St. Mary's Center, Medication Safety Pilot
FRALS	City of Oakland, FRALS	United Seniors of Oakland & Alameda County
FRALS	City of Piedmont, FRALS / Ambulance	
FRALS	City of Pleasanton, FRALS	
FRALS	City of San Leandro, FRALS	
FRALS	City of Union City, FRALS	

2019 EMS ADMINISTRATION POLICIES and FIELD PROTOCOLS

2019 FIELD MANUAL PROTOCOL UPDATES

(2018 DEVELOPMENT, TO BE IMPLEMENTED BY JANUARY 1, 2019)

ADMINISTRATIVE

- **AMBULANCE REROUTING CRITERIA** – Hospital Bypass Removed

GENERAL SECTION

- **HYPERKALEMIA**
 - MODIFY Albuterol Dose to 10-20 mg
 - MODIFY Signs/Symptoms (weakness, N/V, CP, palpitations, SOB, numbness etc)
 - ADD
 - ECG Change Progression associated with Hyperkalemia progression
 - NaHCO₃ Contraindication/Caution
 - Albuterol Contraindication/Caution
- **LOCAL OPTIONAL SCOPE OF PRACTICE**
 - Pediatric Intubation removed per EMSA requirement
 - Olanzapine added
 - TXA added
 - EMT added procedures and medication (ASA, Epinephrine (Anaphylaxis), Glucometry, Pulse Oximetry, Naloxone)
- **TXA – p. 28** - California Prehospital Antifibrinolytic Therapy (Cal-PAT) Study –
 - “Improved mortality;” “The mortality difference was greatest in severely injured patients.”
 - “Significant reduction in total blood transfusion”

ADULT / PEDIATRIC SECTIONS

- **ANAPHYLAXIS ADULT** - Clarifies BLS administration of Epinephrine in Anaphylaxis
- **ANAPHYLAXIS PEDIATRIC** Clarifies BLS administration of Epinephrine in Anaphylaxis
- **ASYSTOLE/PEA ADULT** Administer Epi, (after IV/IO), Q10 mins, up to 3 doses
- **ASYSTOLE/PEA PEDIATRIC** Pediatric Intubation (< 40 kg) removed per EMSA requirement, Administer Epinephrine, (after IV/IO), Q10 mins, up to 3 doses
- **VF/VT ADULT** Administer Epinephrine, (after IV/IO), Q10 mins, up to 3 doses
- **VF/VT PEDIATRIC** Pediatric Intubation (< 40 kg) removed per EMSA requirement, Administer Epinephrine, (after IV/IO), Q10 mins, up to 3 doses
- **AIRWAY OBSTRUCTION** Pediatric Intubation (< 40 kg) removed per EMSA requirement
- **NEONATAL RESUSCITATION** Pediatric Intubation (< 40 kg) removed per EMSA requirement
- **POISONING** Pediatric Intubation (< 40 kg) removed per EMSA requirement
- **RESPIRATORY DISTRESS** Pediatric Intubation (< 40 kg) removed per EMSA requirement
- **ROUTINE MEDICAL CARE** Pediatric Intubation (< 40 kg) removed per EMSA requirement

OPERATIONS SECTION

- **BLS/ALS FIRST RESPONDER p. 87**
 - Clarifies First Responder Personnel

NEW CHANGES, UPDATES, & MODIFICATIONS

- **DEATH IN THE FIELD p. 88** - MODIFY Medical (Cardiac) Arrest - Discontinuation of CPR: if non-shockable rhythm persists, despite appropriate, aggressive ALS interventions for 30 minutes (OR if ETCO₂ < 10 after 20 minutes), consider discontinuation of CPR
- **EQUIPMENT p. 98-104** - Clarifies equipment specifications associated with 2019 field policy updates
- **IFT** MODIFY Base Contact Requirements 5.3 from “closest” to “closest most appropriate”
- **OLANZAPINE** (ADD - NEW) – Move to Procedures Section
- **PSYCHIATRIC AND BEHAVIORAL EMERGENCIES**
 - Excited Delirium algorithm pathway converges links to applicable existing field manual treatment policies.
- **RESPONDING UNITS** – Modified Canceling/Reducing Code
- **UNUSUAL OCCURRENCE** - Identifies improvement opportunities in clinical outcomes and/or system structures / processes.

PROCEDURES SECTION

- **ADVANCED AIRWAY**
 - Pediatric Intubation removed per EMSA requirement
- **CONSENT AND REFUSAL GUIDELINES**
 - “Competent.....” modified to “Patient, parent, or guardian must have legal and mental Decision Making Capacity.” “The Assess and Refer process identifies patients whose condition does not require transport by 911 emergency ambulance. All 911 calls for EMS will receive an appropriate response, timely assessment and appropriate patient care.”
- **ASSESS AND REFER (NEW FIELD POLICY)**
 - An alternative for select 911 patients who have been evaluated by a Paramedic.
 - Work group established and a survey of Alameda County Paramedics about acceptability and issues with policy was completed and collated.
 - Pilot program currently in progress
 - Further work planned on operational and training aspects of this policy with full implementation anticipated January 2019.
 - Does the patient, parent, or guardian have Decision Making Capacity?
 - How concerned are you with this patient’s current medical issue?
 - How likely is this patient to successfully navigate the provided referral?
- **HEMORRHAGE CONTROL** - September 2015 American College of Surgeons Bulletin
 - Wound Packing added “After significant feedback from experienced military medics, in 2003 the CoTCCC recommended a hemostatic dressing that could be packed into a wound but that had hemostatic performance that was superior to standard gauze.”

NEW CHANGES, UPDATES, & MODIFICATIONS

2017-2018 EMS ADMINISTRATION POLICIES and FIELD MANUAL PROTOCOLS

2018 FIELD MANUAL PROTOCOL UPDATES**(DEVELOPED IN 2017, IMPLEMENTED JANUARY 2018)****GENERAL SECTION**

- **ASSAULT/ABUSE/DOMESTIC VIOLENCE** – If patient not transported and if safe, appropriate and feasible, perform a DV Lethality Screen, Added DV algorithm
- **BURN PATIENT CARE** – Remove Base contact requirement
- **CPR** –
 - Update CPR Matrix to 2015 AHA guidelines,
 - Remove hypoglycemia as cause of persistent arrest
 - Added Mechanical CPR Contraindications
- **CRUSH SYNDROME** – Removed Base Contact Requirement
- **HYPERKALEMIA** – Added Albuterol
- **LOCAL OPTIONAL SCOPE** – Added Pulse Oximetry, Glucometer, ASA, Epinephrine Adult/Pediatric Auto Injectors, Naloxone training and supplies required for BLS 911
- **TRANSPORT GUIDELINES** - “reasonable transport time” should be considered for transport destination

ADULT / PEDIATRIC SECTIONS

- **RESPIRATORY DEPRESSION** – Simplified treatment algorithm
- **BRADYCARDIA/ROSC/SEPSIS/SHOCK POLICIES** – Added Push Dose Epinephrine. Remove Dopamine
- **NEONATE** – Added “In healthy full-term newborns, routine bulb syringe suctioning is not indicated”
- **ACUTE STROKE** - Facilitates communication of stroke witness information for 2018 with addition of assessment gaze
- **ASYSTOLE / PEA** - Aligns with AHA ACLS guidelines
- **SHOCK** Added push dose Epinephrine
- **EPINEPHRINE** – Simplified epinephrine concentration and use of push dose Epinephrine for shock
- **SEPSIS** Modified fluid administration, added push dose Epinephrine
- **ALTE** Modified to BRUE

PROCEDURES SECTION

- **ALS RESPONDER** - “First Responder and transport personnel providing patient care are responsible for accurately documenting all available and relevant patient information on the electronic health record.”
- **DEATH IN THE FIELD** – UPDATED POLICY – Clarified patient treatment and withholding resuscitation
- **ADVANCED AIRWAY MANAGEMENT** – ETT “Attempt” definition is “insertion of laryngoscope blade”
- **DEATH IN THE FIELD** –Clarified patient treatment and withholding resuscitation
- **INTRAOSSEOUS INFUSION** – Added Humeral IO route

MCI

- **MCI POLICY** –Clarified patient triage, transport, and tracking; SALT or START triage can be used for pediatric patients.

EXECUTIVE SUMMARY SECTION 2 – SYSTEM OPERATIONS AND REGULATORY COMPLIANCE

NEW CHANGES, UPDATES, & MODIFICATIONS**2017-2018 ADMINISTRATION POLICIES**

- **TRAUMA RE-TRIAGE PROCEDURE (ADULT)** – MODIFIED JANUARY 2018
- **TRAUMA RE-TRIAGE PEDIATRIC (PEDIATRIC)** – MODIFIED JANUARY 2018
- **EMS DUTY OFFICER NOTIFICATION POLICY** – NEW JANUARY 2017 - has been finalized and implemented by Alameda County Regional Emergency Communications Center to improve EMS system performance through notification of and action by EMS Agency Duty Officer
- **TRANSFER OF CARE (TOC) GUIDELINES** (Updated & Clarified) – Policy initially developed in 2015.
Transfer of Care to emergency department personnel of patients arriving by 911 emergency ambulance requires “Time Standard” of no greater than 30 minutes. In Alameda County, expectation of EMS Agency that transfer of care of patients from 911 ambulances to EDs transpires at earliest opportunity; not later than 30 minutes following arrival of ambulance.
- **AMBULANCE PATIENT OFFLOAD TIME (APOT)** Reports are provided to EMS receiving hospitals by the EMS Agency on a monthly basis to assist in tracking performance. Clarifying ALCO EMS expectation (hospital, field and ACRECC) regarding Ambulance Patient Offload Time (30 min or less for transfer of care to hospitals) and implementing process control measures. EMS Director provides clarifications and meets with hospital executive leadership to drive positive change. Significant APOT AND Ambulance Patient Offload Delay (APOD) improvements have been realized and sustained. Duty Officer assists in resolving associated issues.
- **POLICY 2000 SKILLS AND POLICY MAINTENANCE COMPETENCIES** Update in progress
- **EQUIPMENT QUALITY IMPROVEMENT POLICY** DEVELOPED
- **REDDINET ADMINISTRATIVE POLICY** - PROPOSED
- **PUBLIC SAFETY NALOXONE**
 - Law Enforcement Programs to provide naloxone (Narcan) for suspected opiate overdoses
 - Refer to the table below for approved “Naloxone” programs and programs with inquiries but no approval.

LAW ENFORCEMENT PROGRAMS	STATUS	DATE APPROVED
• ALAMEDA COUNTY SHERIFF'S OFFICE	APPROVED	7/24/2018
• EAST BAY PARKS POLICE DEPARTMENT	APPROVED	2/13/2018
• FREMONT POLICE DEPARTMENT	APPROVED	10/6/2017
• HAYWARD POLICE DEPARTMENT	APPROVED	6/27/2018
• LIVERMORE POLICE DEPARTMENT	APPROVED	7/24/2018
• NEWARK POLICE DEPARTMENT	APPROVED	11/17/2017
• OAKLAND POLICE DEPARTMENT	APPROVED	7/2/2018
• PLEASANTON POLICE DEPARTMENT	APPROVED	11/2018
• SAN LEANDRO POLICE DEPARTMENT	APPROVED	7/23/2018
• UNION CITY POLICE DEPARTMENT	APPROVED	6/6/2018

EXECUTIVE SUMMARY SECTION 3 – 2017-18 WORKPLAN NEW

IDENTIFIED MAJOR NEEDS:

1. Review proposals received in response to RFP for 911 emergency ambulance services to County Exclusive Operating Area (EOA); negotiate, award and implement new contract for services to County's EOA currently served by Paramedics Plus.
2. Continue to facilitate reductions system-wide in Ambulance Patient Offload Time (APOT), Ambulance Patient Offload Delays (APOD) and the number of avoidable ambulance transports
3. Continue to adapt to on-going hospital transitions and prepare for reorganizations/consolidations including the possible closure / relocation of Alta Bates Summit Berkeley Campus at some time prior to 2030.
4. Continue to monitor and ensure contract compliance - Paramedics Plus, fire based first responder and transport providers, and Alameda County Regional Communications Center as priorities.
5. Continue to develop / seek to participate in county-wide health information exchange with focus on bi-directional data exchange with all receiving hospitals.
6. Continue to finalize the Alameda County MHOAC Manual and Incident Response Guides for the Health Care Services Agency
7. Strengthen Medical Surge Plans for hospital bed expansion with focus on pediatrics, patient tracking, and patient movement, and mass casualty events.
 - o Facilitate CDPH/EMSA Pediatric Surge recommendations. Promote utilization of TRAIN Model for all Alameda County hospitals.
 - o Continue to test ReddiNet customized polling to assess medical surge bed expansion capability
 - o Continue to conduct the "No Notice / Limited Notice" Coalition Surge test for "real time" capability to identify evacuating patients and types of transport available for receiving hospitals.
 - o Leverage cross sector partners to participate in medical surge / MCI preparedness and exercises including: health care facilities (hospitals, clinics, and skilled nursing facilities); 911 and non-911 ambulance providers; local jurisdictions (i.e. City of Oakland); and Alameda County Departments and Agencies including the Alameda County Office of Emergency Services, Health Care Services Agency (EMS, Public Health, Behavioral Health, and Environmental Health)
 - o Further prepare for Ambulance Strike Team deployments, develop program and conduct continued training
 - o Support Regional and State projects – Community Paramedicine, Ebola and Infectious Disease patient; California Patient Movement Plan, California CDPH /EMSA Pediatric Surge project, and pending proposed EMS for Children Regulations.
 - o Ensure adequate supplies and ability to deploy them, including MCI Deployment Modules.
 - o Continue to test Co-Location mass patient care concept with goal of broader program implementation.
8. Strengthen redundant and interoperable communication systems and provide customized training for ReddiNet, EBRCSA, and CAHAN.
9. Facilitate ongoing Quality Improvement in conjunction with Specialty Receiving Centers - Continued data collection and process improvement for cardiac, stroke and trauma centers.
10. Enhance Electronic Patient Care Reporting (ePCR) system with support for users including quality improvement data extracts and analysis and transition to electronic transfer of information to receiving hospitals.
11. Conduct Pediatric Readiness "Day-to-Day" and Medical Surge Hospital Emergency Department Site Visits. Implement new agreement with UCSF Benioff Children's Hospital to strengthen pediatric readiness project.

EXECUTIVE SUMMARY SECTION 3- 2017-18 WORKPLAN NEW

12. Promote retention and further development of existing specialty care centers including trauma centers: UCSF Benioff Children's, Highland (Alameda Health System), and Eden Hospitals.
 - o Maintain ACS Verification as a requirement of the contracts with trauma centers and completion of a System-Wide Trauma Evaluation by the ACS.
13. Develop and implement alternative resources for care and transportation of behavioral health clients on 5150 Welfare and Institutions Code holds.
14. Continue work on Stop the Bleed campaign, Phase II

GOALS:

1. Review proposals received in response to RFP for 911 emergency ambulance services to County Exclusive Operating Area (EOA), negotiate, award and implement new contract for services to County's EOA currently served by Paramedics Plus. Implement successor contract for fire department based ambulance services in Berkeley. Implement successor contracts for First Responder Advanced Life Support (FRALS) services. Goal: ensure an EMS System that is clinically and operationally excellent as well as financially viable.
2. Decrease Ambulance Offload Time (APOT); transfer of care of patients from 911 ambulances to emergency departments to transpire no later than thirty (30) minutes following the arrival of the ambulance; Monitor First Watch Hospital Offload Dashboard and further develop analytic tools for Ambulance Patient Offload Delays (APOD)
3. Monitor and evaluate 911, FRALS, ACRECC and hospital contract compliance.
4. Strengthen system-wide MCI/disaster/surge capability and capacity; ensure robust planning, training and risk mitigation with focus on vulnerable populations.
5. Strengthen Alameda County MHOAC Manual with Incident Response Guides and supporting medical surge plans, communications, and information management infrastructure. Conduct exercises with focus on health care facility, first responder, BLS and ALS integration. Maximize partnership with Alameda County Health Care Services Agency Divisions - Behavioral Health Care, Public Health and Environmental Health.
6. Continued enhancement of quality improvement programs including those associated with pediatric, cardiac, stroke and trauma specialty care systems
 - o SHORT-RANGE PLAN - Work with emergency medical dispatch centers regarding education and specific QA/QI for calls that are or could be cardiac arrest and warrant Dispatch Assisted Pre-Arrival CPR and AED instructions.
7. Engage in community partnerships facilitating intervention and more comprehensive service delivery to at-risk populations to include children, seniors, as well as those with functional and / or behavioral health care needs.
8. Continue to participate in and host the Regional Trauma Care Committee and Pediatric Readiness Advisory Committee with UCSF Benioff Children's Hospital
 - o Monitor the status of the pending CA EMSC Regulations. Strengthen the program consistent with regulations once approved.
 - o Continue to promote the TRAIN Model with focus on NICU.
9. Continue to lead (host) and/or participate in the State, Regional and local Disaster Committees to include:
 - o Regional: - Lead (host) Region 2 MHOAC Committee; participate on Association of Bay Area Health Officers (ABAHO), and UASI Emergency Management and Medical Surge Workgroup; lead Ebola/ Infectious Disease Workgroup
 - o State - Participate in the Patient Movement, California Medical / Health Emergency Operations Manual Committee and Workgroups; California CDPH/EMSA Pediatric Surge Committee and EMS Sub-Committee

10. Continue field use of TXA field
11. Enhance preparedness to respond to multiple casualty incidents given reality of Hybrid Targeted Violence, Active Shooters, terrorism, and multi-site coordinated attacks.
 - Strengthen triage, patient tracking, and patient movement functions while simplifying workflow for responders.
 - Deploy additional MCI Deployment Modules with Point of Wounding / Triage response packs across system.
 - Continue development of Tactical EMS and Rescue Task Force programs. Continue to design and implement Public Access Hemorrhage Control program.
 - Enhance ReddiNet capabilities and facilitate training for all EMS system partners
 - Strengthen Medical Surge Hospital Bed Expansion Capability and process for a surge of patients
12. Provide opportunities for EMS training to high risk communities
 - EMS Corps - Short term plan: improve follow-up with and support of alumni
 - EMS Corp - Long term plan: Develop alumni to regularly assist in EMT training; develop EMT refresher and skills classes to be available for a nominal fee; develop program to include young women of color; develop ongoing mentorship program.
13. Provide Domestic Violence (DV) Awareness, Policy, and Training
 - Domestic Violence – Short Term: Improve EMS awareness of DV and impact on community health; Evaluate and adjust DV policy and procedures for telephone referrals as may be necessary; Improve EMS provider documentation related to DV; Improve data collection related to DV;
 - Domestic Violence - Long-term: Increase EMS identification of DV victims (through data collection); Increase referrals from the field to DV services (through data collection); Receive regular, appropriate feedback related to referrals; and decrease incidents of death and disability from DV
14. Strengthen EMS Paramedic Preceptor program: Short term plan: Implement policy details, Improve communication with preceptors, providers and paramedic training programs; Long term plan: Improve paramedic preceptor performance; Improve paramedic preceptor professionalism; and Improve paramedic preceptor accountability
15. Continue HeartSAFE project with community AED maintenance and provide AEDs for law enforcement vehicles as financially feasible.

MAJOR PROGRAM SOLUTIONS:

Changes and enhancements that will strengthen the EMS system are outlined below.

VISION

- Identify and continue to implement solutions consistent with the Triple Aim of the Institute for Healthcare Improvement
- Promote “Whole Person Care” approach within Alameda County EMS system; continue to collaborate with and integrate services provided by the County Behavioral Health Care Services Agency.

SYSTEM OPERATIONS AND REGULATORY REQUIREMENTS

911 CONTRACTS

- Ensure system sustainability and continuity
- Implement new and/or extend existing contracts as necessary and appropriate.

QUALITY IMPROVEMENT

- Strengthen continuous quality improvement program on an ongoing basis.

DATA SOLUTIONS

- Enhance Bi-Directional Data Sharing Capabilities - amongst Dispatch Centers, First Responder, Transport Providers and hospitals – Leverage HL7 compliant software systems to get EMS data into hospital data systems and get outcome data out of hospital systems.

QUALITY IMPROVEMENT & TRAINING - PEDIATRICS

- Emergency Department Pediatric “Readiness” - Conduct Site Visits, customized evaluations, and follow-up visits for hospitals in 2018 and 2019. Renew agreement with UCSF Benioff Children’s Hospital.
- Update Pediatric Medical Surge Plan pending CDPH/EMSA Pediatric Surge recommendations and pending proposed EMS for Children Regulations.

POLICY

- Facilitate EMS new policy / procedure update – Disseminate annual information update; conduct training

EMERGENCY PREPAREDNESS AND RESPONSE

DISASTER SURGE / MCI - RESOURCES

- Completed Medical Health Branch Upgrade / Remodel at the County Emergency Operations Center
- Strengthen MCI/disaster response resource capability and capacity
- Build mass casualty module resource inventory with the MCI Deployment modules

DISASTER COMMUNICATIONS

- Ensure interoperable and redundant disaster communications - Strengthen infrastructure and interoperable and redundant communications.
- Expand participating partner access and training on ReddiNet and EBRCSA public safety radio communications system
- Ensure ReddiNet System upgrades and training for Health Care system disaster planning coalition partners

DISASTER PLANS

- Contribute to HPP Workplan Medical Surge Deliverables with National 2018-19 benchmarks
- Finalize the Alameda County MHOAC Manual and Incident Response Guides
- Develop a pediatric medical surge hospital expansion framework planning methodology for increasing bed capacity for critical care patients based on CDPH/EMSA Pediatric Surge recommendations.
- Expand transportation options to assist in facilitating hospital expansion and decompression of Operational Area (OA) during a medical surge event (i.e. Co-Location Clinic Field Treatment Site Project and Coalition Surge Test Evacuation test)

DISASTER TEAMS

- Strengthen, implement, and maintain the quarterly Region II RDMHS Ambulance Strike team leader course
- Maintain Alameda County Tactical Emergency Medical Support (TEMS) team and enhance ongoing training

DISASTER TRAINING

- Strengthen, refine, and ensure continued local and Law Enforcement (POST) approval for the Alameda County EMS 40 hour Tactical Medicine Technician course.
- Maintain Alameda County Tactical Emergency Medical Support (TEMS) team and enhance ongoing training Conduct active shooter medical intervention training programs for broad-based first responder participants
- Lead the Region II ambulance strike team in disaster response operations as needed
- Organize Urban Shield Mass Casualty Incident full scale exercise planned for September 2018.

MCI POLICIES

- Evaluate potential need to revise in 2018-19

TRANSPORT PROVIDER – PARTNERS

- Maximize utilization of Non-Emergency Permitted ambulance providers in medical surge events. Ensure communications via ReddiNet and EBRCSA. Re-inspect Non-Emergency Permitted ambulance providers as necessary.

LOCAL HCSA - EMERGENCY PREPAREDNESS AND RESPONSE

- Continue to drive and support Alameda County Health Care Services Agency (HCSA)-level emergency preparedness and response activities including ongoing development and implementation of common emergency radio communications infrastructure across the divisions.
- Continue work on initial version of Alameda County MHOAC program manual

LOCAL ALAMEDA COUNTY COALITION – DISASTER PLANNING AND RESPONSE

- Promote sustainable relationships and collaborate with Bay Area Operational Area disaster response partners at multiple levels: field, local jurisdiction, OA, and Region
- Participate and support hospital “on-site” medical surge planning as needed
- Co-facilitate the Alameda County Disaster Planning Health Coalition (DPHC) and Steering Committee with Public Health
- Lead the Health Care Services Agency Disaster Operations Leadership Committee to strengthen disaster response

STATE DISASTER PLANNING

- Given that the state and region including EMSA, CDPH, OES, ABAHO and the Bay Area UASI have several ongoing projects to expand surge capacity, ALCO EMS will participate and /or lead the committees
- Continue to Co-Lead the California Neonatal/Pediatric Disaster Coalition
- Support the CDPH/EMSA Pediatric Surge Project.
- Facilitate planning to support the CA Patient Movement Project with focus on pediatrics
- Participate on the California Patient Movement Committee

REGIONAL DISASTER PLANNING

- Strengthen the Region II RDMC/S role in cooperation and collaboration with the new RDMHC, Travis Kusman
- Lead ongoing Region II Ebola / Infectious Disease Transportation Plan development and implementation.
- Promote Regional ReddiNet Coordination through the MHOAC Committee
- Support continued work on the ABAHO - MAC Project and Medical Shelter Support project as needed
- Support the Catastrophic Earthquake Planning using new Hayward Fault scenario.
- Lead the 2017 and 2018 Urban Shield Medical Branch planning
- Participate and support the UASI Medical Shelter and Emergency Management Workgroup

RESEARCH

- Promote Patient Care “Best Practices” - Sustain and strengthen research and disseminate information via publications. Examples: Continue to collaborate with EOA emergency ambulance services provider on Tactical EMS program as well as first responders on Rescue Task Force program. Beta Test new opportunities for service provision to vulnerable populations.
- Strengthen EMS System Capability and Capacity to continue research and innovation – Ensure sustainable research funding sources. Seek revenue to enhance already existing programs to conduct approved trials.

COMMUNITY – WHOLE PERSON CARE – TRAINING

- Update metrics for Community Paramedicine Pilot for possible 2018 extension

EXECUTIVE SUMMARY SECTION 3– 2017-18 WORKPLAN NEW

- Continue development and implementation of Pilot Community Assessment, Treatment and Transport (CATT) program in conjunction with Alameda County Behavioral Health Care Services (BHCS) to enhance services to individuals experiencing mental health crisis in the community and reduce prevalence of 5150 holds.
- Recruit Students for EMS Corps Cohort 14. Partner with San Mateo County to accept four students into the EMS Corps and potentially provide two new employment partners. Graduate 16 EMS Corps Students in the upcoming quarter and increase the number of graduates gaining employment. Continue planning to conduct an EMS Corps cohort for young women.
- Obtain additional funding and support for Health Coach Program and expansion of EMS Corps to women.

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT (2017-18)

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

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		✓			
1.21 Determination of Death		✓			
1.22 Reporting of Abuse		✓			
1.23 Interfacility Transfer		✓		✓	
Enhanced Level: Advanced Life Support					
1.24 ALS Systems		✓	✓		✓
1.25 On-Line Medical Direction		✓	✓	✓	✓
Enhanced Level: Trauma Care System:					
1.26 Trauma System Plan		✓			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27 Pediatric System Plan		✓		✓	
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan		✓			✓

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

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

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

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

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

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		✓	✓	✓	✓
7.02	Injury Control		✓	✓	✓	✓
7.03	Disaster Preparedness		✓	✓		
7.04	First Aid & CPR Training		✓			✓

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

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress UPDATED 8/7/18	Objective
----------	------------------	----------------------------	-----------------------------------	----------------------------------	----------------------------	-----------

1.01	LEMSA Structure	✓			<p>PROGRESS TO DATE:</p> <p>EMS ORGANIZATION</p> <ul style="list-style-type: none"> Alameda County (ALCO) EMS became a division of the Alameda County Health Care Services Agency (HCSA). Transitions continue to occur within HCSA leadership. <u>EMS Director, Travis Kusman, MPH, Paramedic</u>, reports directly to Colleen Chawla, Agency Director, Health Care Services Agency. As the Director, Travis Kusman is responsible for ensuring the ongoing planning, implementation and evaluation of the local EMS system, and ensures the local / regional medical coordination during a disaster. The <u>EMS Deputy Director, EMS Medical Director and EMS Prehospital Care Coordinator (PHCC)</u> team provide essential support to the Director. Finance, Budget, and Administrative leadership staff support at the HCSA level to EMS continues to evolve. ALCO EMS completed an internal reorganization based upon the core functional areas of Finance and Administration, System Operations and Regulatory Compliance, Emergency Preparedness and Response, Injury Prevention and Career and Workforce Development programs. The EMS program scope includes community education; simple and complex training programs; incident planning and management; emergency dispatch standards; data collection; quality improvement; statute, policy and regulation enforcement; EMS personnel certification; investigations; management of specialty care programs including hospital-based specialty care components (i.e. Cardiac, Stroke, Trauma, and pediatrics), disaster preparedness, and hospital -EMS integration). 	<p><i>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.</i></p> <p>OBJECTIVE:</p> <ul style="list-style-type: none"> Ensure formal EMS organization with technical and clinical expertise and competency. <p>(Refer to the EMS System plan Table 2 for the updated Alameda County EMS Organization Chart)</p>
------	-----------------	---	--	--	---	---

Standard	Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress UPDATED 8/7/18	Objective
----------	-------------	----------------------------	-----------------------------------	----------------------------------	----------------------------	-----------

<p>EMS GENERAL ADMINISTRATION - STAFFING AND PROGRAM CHANGES</p> <ul style="list-style-type: none"> Refer to the General Administration and Staffing changes below. <p>PREHOSPITAL CARE COORDINATORS - Alameda County EMS recruited, interviewed and hired three new Prehospital Care Coordinators (PHCC) staff as follows:</p> <ul style="list-style-type: none"> <u>ANDREW SULYMA</u> (System Operations; Contract Compliance; Non-Emergency Permitted Ambulance Ordinance; HCSA Communications Liaison; EMS Dispatch Liaison; EMHS EBRCS Radio Communications; Unusual Occurrence Management) <u>WILLIAM MCCLURG</u> (Contract Management; APOT and APOD Management; Hospital and Facility Liaison; Primary EOA Ambulance Transport Contracted Provider Liaison. <u>KREIG HARMON</u> (Training Programs; EMS Website) <p>DIRECTORS AND SUPERVISORS</p> <ul style="list-style-type: none"> <u>TRAVIS KUSMAN</u> – Appointed Region II RDMHC in 2018. <u>BRIAN AIELLO</u> – Promoted to EMS Deputy Director <u>KATHRYN WOOLBRIGHT</u> – Promoted to Supervising Program Specialist – Injury Prevention <p>PROGRAM SPECIALIST / COORDINATOR</p> <ul style="list-style-type: none"> <u>EMMA OLENBERGER</u> Recruited, interviewed and hired as new Program Specialist (Injury Prevention) <u>CAROL POWERS</u> has assumed full time role as Senior Injury Prevention Program Coordinator Reports to Medical Director <p style="text-align: center;">NEXT PAGE</p>						
--	--	--	--	--	--	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress UPDATED 8/7/18	Objective
----------	------------------	----------------------------	-----------------------------------	----------------------------------	----------------------------	-----------

1.02	LEMSA Mission	✓			<p>PROGRESS TO DATE:</p> <ul style="list-style-type: none"> Alameda County EMS has adopted and continues to strive towards the National Highway Traffic Safety Administration (NHTSA) vision described in the "EMS Agenda for the Future." Given the vision, Alameda County EMS continues to leverage partners for effective outcomes: <ul style="list-style-type: none"> Alameda County EMS facilitates collaboration with stakeholders and partners (public and behavioral health as priorities), propagating a flexible system that continuously adapts to the changing healthcare environment. Collectively, Alameda County EMS is delivering services that are consistent with the Institute for Healthcare Improvement's "Triple Aim" of: <ul style="list-style-type: none"> Improving the patient experience of care (including quality and satisfaction) Improving the health of populations; and Reducing the per capita cost of healthcare 	<p>OBJECTIVE:</p> <ul style="list-style-type: none"> To ensure EMS Plan, implementation, and evaluation of the EMS system <p>ALAMEDA COUNTY (ALCO) EMS VISION</p> <ul style="list-style-type: none"> VISION Alameda County EMS will explore new frontiers while creating an environment where collaboration and consensus building thrive among staff and stakeholders. MISSION ALCO EMS ensures provision of quality emergency medical services and prevention programs to improve health and safety in Alameda County. VALUES ALCO EMS values a caring environment sustained by empowerment, honesty, integrity and mutual respect. We embrace excellence through innovation, teamwork and community capacity building. <p>Refer to the "EMS Agenda for the Future." vision below:</p> <ul style="list-style-type: none"> "Emergency medical services (EMS) of the future will be community-based health management that is fully integrated with the overall health care system. It will have the ability to identify and modify illness and injury risks, provide acute illness and injury care and follow-up, and contribute to treatment of chronic conditions and community health monitoring. This new entity will be developed from redistribution of existing health care resources and will be integrated with other health care cont. "
------	---------------	---	--	--	---	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

1.02	LEMSA Mission	✓			<p>PROGRESS TO DATE:</p> <p>In July 2015, the Alameda County EMS Agency (ALCO EMS) began preparing to release a RFP for 911 emergency ambulance services, with the goal of ensuring an EMS System that is clinically and operationally excellent as well as financially stable:</p> <ul style="list-style-type: none"> • OVERARCHING GOALS <ul style="list-style-type: none"> ○ Sustain and improve quality of clinical care the patient receives ○ Stabilize or reduce the cost of EMS services (financial stability) ○ Improve patient satisfaction • SIX FUNDAMENTAL TENANTS <ul style="list-style-type: none"> ○ Preserving a high level of emergency medical response throughout the County ○ Producing a system that is cost-effective while preserving a high level of response and care ○ Designing a system that is County-wide (ie. Current Exclusive Operating Area (EOA) allowing for consistency of service throughout all areas and jurisdictions of the County) ○ Maintaining and supporting the current workforce ○ Producing a system that is sustainable for the long term ○ Maintaining appropriate regulatory and oversight relationship and functions between local EMS agency (LEMSA) and chosen provider(s) <p>EMERGENCY AMBULANCE SERVICES - CONTRACTS</p> <ul style="list-style-type: none"> • <i>Alameda County EMS is responsible for the procurement and provision of emergency ambulance services that includes contracts with Paramedics Plus and the cities of Alameda, Albany, Berkeley, and Piedmont for Advanced Life Support (ALS) services in Alameda County. The cities referenced above provide ambulance as well as first response ALS service. These cities have opted not to contract for an outside ambulance services provider and provide ambulance services through their respective city fire departments.</i> • ALCO EMS is conducting a RFP process, to select and implement a contract for services to the Exclusive Operating Area (EOA) currently served by Paramedics Plus prior to June 30, 2019. 	<p><i>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.</i></p> <p>Refer to the "EMS Agenda for the Future," vision below:</p> <ul style="list-style-type: none"> • "Emergency medical services (EMS) of the future will be community-based health management that is fully integrated with the overall health care system. It will have the ability to identify and modify illness and injury risks, provide acute illness and injury care and follow-up, and contribute to treatment of chronic conditions and community health monitoring. • This new entity will be developed from redistribution of existing health care resources and will be integrated with other health care providers and public health and public safety agencies. It will improve community health and result in more appropriate use of acute health care resources. EMS will remain the public's emergency medical safety net."
------	---------------	---	--	--	---	---

NEXT PAGE

FRALS, FIRE AMBULANCE TRANSPORT AND MEDICAL DISPATCH