

EMERGENCY MEDICAL SERVICES AUTHORITY

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October 10, 2018

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

Dear Mr. Burch:

This letter is in response to San Joaquin County's 2018 EMS Plan Update submission to the EMS Authority on September 14, 2018.

I. Introduction and Summary:

The EMS Authority has concluded its review of San Joaquin County's 2018 EMS Plan Update and is approving the plan as submitted.

II. History and Background:

San Joaquin County received its last full plan approval for its 2014 plan submission, and its last annual plan update for its 2017 plan submission.

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

- 1994
- 2003
- 2006
- 2007
- 2009-2012
- 2014
- 2015
- 2017

Health and Safety Code (HSC) § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with HSC § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to San Joaquin County's 2018 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:

- | | Not | |
|--|--------------------------|---|
| Approved | 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, please find enclosed the EMS Authority's determination of the exclusivity of San Joaquin 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, San Joaquin County's 2018 EMS Plan Update is approved.

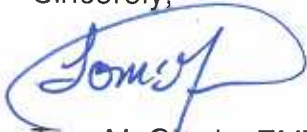
Pursuant to HSC § 1797.105(b):

“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:

San Joaquin County's next annual EMS Plan Update will be due on or before October 31, 2019. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in blue ink, appearing to read "Tom McGinnis", enclosed in a blue oval.

Tom McGinnis, EMT-P
Chief, EMS Systems Division

Enclosure

2018 San Joaquin EMS Transportation Plan
Approved

ZONE	EXCLUSIVITY			TYPE			LEVEL						
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization
Zone X		X	Competitive Process	X				X	X	X			
Zone D		X	Non-Competitive	X				X	X	X			
Zone E		X	Non-Competitive	X				X	X	X			
Zone F		X	Non-Competitive	X				X	X	X			

Emergency Medical Services Plan 2018 Annual Update



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

Dan Burch, EMS Administrator
Katherine Shafer, M.D., EMS Medical Director

Submitted September 14, 2018

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EXECUTIVE SUMMARY

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

This EMS plan update provides information relevant to the period from July 1, 2017 through June 30, 2018. The San Joaquin EMS System generally meets or exceeds EMSA's minimum standards and recommended guidelines. This document meets the EMSA requirement for the submission of an annual EMS Plan update.

MAJOR NEEDS AND PROGRAM SOLUTIONS

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

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

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

Program Solution: Continue to measure and report APOT quarterly showing performance of each hospital. Engage stakeholders on developing, implementing, and evaluating measures to reduce APOT and its deleterious effect on patient care, diminished ambulance productivity, and increase in response times.

3. Need: Revise policies and practices to reduce unnecessary air ambulance utilization due to the negative impact air ambulance use has on patient outcomes. Continue to evaluate air ambulance utilization to ensure that such services do not delay, disrupt, or impede the services of emergency ambulance service providers and rapid transport of patients.

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

emergency.

4. Need: Revise and update ALS and BLS treatment protocols to reflect current standards of care in the prehospital environment.

Program Solution: Revise written ALS and BLS treatment protocols with input of local emergency medicine community and stakeholders. Ensure prehospital personnel are properly educated on revisions prior to implementation.

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

Program Solution: Revise written agreements with all BLS non-transport EMS providers to address implementation of these requirements.

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

Program Solution: Assign appropriate staff to meet need.

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

Program Solution: Modify pertinent written agreements.

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

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

9. Need: Complete 100% successful submission of ePCR from all non-transport EMS system provider agencies to the California EMSA data repository.

Program Solution: Work with each EMS system provider to resolve technical challenges identified during the process of data submission.

SUMMARY OF CHANGES

System Organization and Management:

Katherine Shafer, M.D., was appointed the Medical Director for the San Joaquin County EMS Agency on July 1, 2018. Dr. Shafer is a California native who began her career as an emergency medical technician after attending college in San Diego. Dr. Shafer graduated from Tufts University Medical School in Boston and completed her residency in emergency medicine at Yale University. Dr. Shafer is Board Certified in Emergency Medicine and has a special interest in cardiac resuscitation and pediatric emergency medicine. Dr. Shafer currently practices as an attending emergency medicine physician at St. Joseph's Medical Center, Stockton CA and serves as a core clinical faculty member for the emergency medicine residency program.

Former medical director Richard N. Buys, M.D. honorably served the citizens and visitors of San Joaquin County by leading EMS system development and innovation for the majority of the past 30 years. Rich's accomplishments are many including the creation of trauma, stroke, and cardiac systems of care; instituting a performance based prehospital care and ambulance transportation system; and serving as the president of the Emergency Medical Directors Association of California.

Manpower and Training

Issued guidance on training for the administration of epinephrine, naloxone, and other enhanced BLS skills.

Approved a training program for Tactical First-Aid/TEMS FRO.

Response and Transportation:

Developed policies to reduce the impact of APOD on the EMS system.

Facilities and Critical Care:

Designated six of seven acute care facilities as primary stroke centers effective July 1, 2018.

Data Collection and System Evaluation:

SJCEMSA developed a NEMSIS 3.x compliant data repository and report generator with which to collect and send data to the EMS Authority.

Developed policies to calculate and report on APOD as required per Division 2.5, H.S.C Section 1797.225.

Disaster Medical Response:

On November 15, 2017 – SJCEMSA conducted a Full-Scale Active Shooter Exercise, with

approximately 600 participants, to evaluate the Operational Area's capability to respond to, management and mitigate an active shooter incident. Moreover, on September 29, 2018 the San Joaquin County Active Threat Plan was evaluated during a multidisciplinary (law, fire, EMS, MHOAC, Hospital, Clinics, Long Term Care, Behavioral Health, and Public Health) Tabletop Exercise.

Relinquished the Regional Disaster Medical Health Specialist (RDMHS) grant that San Joaquin County had managed since the mid 1990's.

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TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20	DNR Policy		X	NA		
1.21	Determination of Death		X	NA		
1.22	Reporting of Abuse		X	NA		
1.23	Interfacility Transfer		X	NA		
Enhanced Level: Advanced Life Support						
1.24	ALS Systems		X	X		
1.25	On-Line Medical Direction		X	X		
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		X	NA		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan	X	UNMET	NA		X
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		X	NA		

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
2.01	Assessment of Needs		X	NA		
2.02	Approval of Training		X	NA		
2.03	Personnel		X	NA		
Dispatchers:						
2.04	Dispatch Training		X	X		
First Responders (non-transporting):						
2.05	First Responder Training		X	X		
2.06	Response		X	NA		
2.07	Medical Control		X	NA		
Transporting Personnel:						
2.08	EMT-I Training		X	X		
Hospital:						
2.09	CPR Training		X	NA		
2.10	Advanced Life Support		X	UNMET		
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X	NA		
2.12	Early Defibrillation		X	NA		
2.13	Base Hospital Personnel		X	NA		

C. COMMUNICATIONS

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

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

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

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