

**STATE OF CALIFORNIA
COMMISSION ON EMERGENCY MEDICAL SERVICES**

March 20, 2019

10:00 A.M. – 1:00 P.M.

(Meeting may end early at the completion of all agenda items)

Embassy Suites by Hilton Anaheim-South

11767 Harbor Blvd.

Garden Grove, CA 92840

Reservations: (866) 238-4218

- 1. Call to Order and Pledge of Allegiance**
- 2. Introduction of New Commissioners**
- 3. Review and Approval of December 5, 2018 Minutes**
- 4. Director's Report**
 - A. CMS Payment Model for EMS
 - B. EMSA Program Updates DMS Personnel Systems
 - C. Legislative Report
- 5. Consent Calendar**
 - A. Administrative and Personnel Report
 - B. Legal Report
 - C. Enforcement Report
 - D. National Registry of EMTs Examination Results

Regular Calendar

- 6. EMS Administration**
 - A. Regulations Update
- 7. EMS Personnel**
 - A. Community Paramedicine Pilot Project Report
 - B. POLST eRegistry Update
 - C. Paramedic Online Licensing
- 8. EMS Systems**
 - A. Local EMS Plan Status Update
 - B. CEMSIS Program Update
- 9. Disaster Medical Services Division**
 - A. State Medical Response to the Camp Fire

- 10. Election of Officers**
- 11. Items for Next Agenda**
- 12. Public Comment**
- 13. Adjournment**

A full agenda packet will not be provided at the meeting; however, you can print a full packet, including the agenda from the Department's website at www.emsa.ca.gov. This event will be held in an accessible facility. Individuals with disabilities requiring auxiliary aids or services to ensure accessibility such as language interpreting, assisted listening device, materials in alternate formats or other accommodation, should contact Sandi Baker at (916) 431-3701, no less than 7 days prior to the meeting.

**STATE OF CALIFORNIA
COMMISSION ON EMS
Wednesday, December 5, 2018
Marines Memorial Club and Hotel
Crystal Ballroom – 11th Floor
609 Sutter Street
San Francisco, 94102**

MINUTES

COMMISSIONERS PRESENT:

Dan Burch, Jaison Chand, James Dunford, M.D., Nancy Gordon, Mark Hartwig, Richard O. Johnson, M.D., Daniel Margulies, M.D., Eric Rudnick, M.D., Jane Smith, Carole Snyder, Brent Stangeland, Lewis Stone, Atilla Uner, M.D., Susan Webb

COMMISSIONERS ABSENT:

Steve Barrow, Steve Drewniany, James Hinsdale, M.D., David Rose

EMS AUTHORITY STAFF PRESENT:

Howard Backer, M.D., Daniel R. Smiley, Sergy El-Morshedy, Jennifer Lim, Lou Meyer, Sean Trask, Leslie Witten-Rood, Sandra Baker

AUDIENCE PRESENT (partial list):

Marianne Gausche-Hill, M.D., Los Angeles County EMS Agency
Kristi Koenig, M.D., San Diego County EMS Agency

1. CALL TO ORDER AND PLEDGE OF ALLEGIANCE

Chair Eric Rudnick called the meeting to order at 9:00 a.m. Fourteen Commissioners were present. Commissioner Stone led the Pledge of Allegiance.

2. REVIEW AND APPROVAL OF JUNE 20, 2018, MINUTES

Action: Vice Chair Hartwig moved approval of the June 20, 2018, Commission on Emergency Medical Services Meeting Minutes as presented. Commissioner Stone seconded. Motion carried unanimously with no abstentions.

3. DIRECTOR'S REPORT

Howard Backer, M.D., EMSA Medical Director, stated a number of Commissioners' terms of office are expiring at the end of the year. He thanked them for their service.

Dan Smiley, Chief Deputy Director, presented Commissioners Chand, Drewniany, Johnson, Rose, Rudnick, Smith, Stone, and Webb with resolutions in appreciation for their years of service with the Commission.

Dr. Backer presented his report:

A. EMSA Program Updates

- The EMSA is scheduled to receive grant money from the community benefit component of the CVS/Aetna merger to support community paramedicine programs and activities around the opioid crisis for EMS.
- Programs currently being funded by the federal government:
 - Medication-assisted treatment programs to educate primary care and other providers on how to diagnose and treat opioid addiction.
 - Naloxone distribution programs to help agencies that do not normally purchase naloxone receive naloxone free of charge in order to administer in their course of response or duties in the communities.
- The federal government has asked the EMSA to integrate EMS data with the public health data dashboard of measures to help define and follow the epidemiology of the opioid crisis.
- The Community Paramedicine Programs will be continuing and potentially expanding this coming year. Although legislation did not pass last year to institutionalize these programs, there will be active legislative efforts in the coming session. Community Paramedicine Programs are critical because they collect data. The data demonstrates the value and safety of these programs for patients.
- The EMS Medical Directors' Association of California (EMDAC) will soon put out a recommendation to EMSA for the unified scope of practice for certain critical care and air ambulance services. This recommendation was a result of incredible collaboration between the provider agencies, medical directors, and medical administrators. It raised the bar on the quality and application of data to monitor the quality of these programs and to do performance improvement, and it represented an expansion of the role of the EMDAC. The EMDAC will now do active monitoring of these practices and programs and will review data and have a direct role in assuring the quality of care provided in the field. Dr. Backer commended the EMDAC for their efforts over several years.
- Assembly Bill (AB) 1812, legislation around the specialized fire training camps that the Department of Corrections runs in association with the California Department of Forestry and Fire Protection (CAL FIRE), passed last year. AB 1812 mandates the EMSA to create regulations for medical training and recognition at the level of Emergency Medical Responder (EMR) for inmates who complete fire training and hope to obtain jobs in firefighting upon release. The challenge is that the EMR is not currently a recognized, certified level in California. This will be an active, open issue within the EMS community related to the content of these regulations.
- The EMSA has signed a contract with CAL FIRE to provide medical care at their fire camps. California Medical Assistance Teams (CAL-MAT) and other volunteer

providers will be used to support CAL FIRE in the big fire camps that are set up in response to fires.

- A Request for Proposals (RFP) will soon be put out by the Department of Health Care Services (DHCS) in partnership with the EMSA and the California Department of Public Health (CDPH) to secure a contractor to develop a behavioral health plan for disasters.
- A paramedic online licensing system will soon be initiated.
- The Electronic Physician's Order for Life Sustaining Treatment (POLST) Pilot Project has been running in two jurisdictions for several years but will close at the end of 2018. The results of the pilot study are not adequate enough to suggest a model for the state to adopt but the hope is that jurisdictions will use the models as they develop their information exchanges.

Commissioner Dunford asked if there will be a final evaluation of the POLST. Dr. Backer stated a report was planned but the person who collected and analyzed the data came to an untimely death a couple of months ago.

Lou Meyer, Community Paramedicine Pilot Project Manager, added that the other members of the Oregon State University team, the independent evaluator of this project, have continued to collect the data and the IT team have accessed the main databanks so that a comprehensive evaluation report is anticipated to be submitted in the spring of 2019.

B. Legislative Report

Jennifer Lim, EMSA Deputy Director, Policy, Legislative, and External Affairs, reviewed the Legislative Summary of the bills currently being tracked and analyzed by staff, which was included in the meeting packet and posted on the website. She summarized the following bills:

- AB 1812 (Ting), public safety omnibus

The EMSA will begin to promulgate emergency regulations to establish the certification process for EMRs with CAL FIRE in early 2019.

- AB 2293 (Reyes), emergency medical services: report

The EMS Personnel Division will be issuing guidance for the local EMS agencies (LEMSAs) and other certifying entities on the information required to be submitted annually to the EMSA on the number of EMT-I or -II applicants with a prior criminal conviction who were denied, approved, and approved with restrictions. The EMSA will be developing a report on the data submitted by LEMSAs and other certifying entities.

- AB 2961 (O'Donnell), emergency medical services

The EMSA will put together a mechanism to collect and calculate the ambulance patient offload times submitted by the LEMSAs and will compile this data into a report to the Legislature and the Commission biannually. The EMS Systems Division will be issuing guidance to the LEMSAs on the information required to be submitted to the EMSA.

- SB 695 (Lara), professions and vocations: applications and renewals: individual tax identification number

The EMSA will be revising the regulation to allow individuals applying for EMT-I or -II license certification to use an individual tax identification number instead of a social security number on the application.

4. CONSENT CALENDAR

- A. Administrative and Personnel Report**
- B. Legal Report**
- C. Enforcement Report**
- D. POLST eRegistry Update**

Action: Commissioner Stangeland moved approval of the consent calendar. Commissioner Smith seconded. Motion carried unanimously. The item was noted and filed.

REGULAR CALENDAR

Chair Rudnick asked to switch the order of Agenda Items 6 and 7.

5. EMS ADMINISTRATION

- A. Approval of Office of Administrative Law Rulemaking Calendar**

Action: Vice Chair Hartwig moved approval of the 2019 Rulemaking Calendar as presented. Commissioner Uner seconded. Motion carried unanimously.

[Note: Agenda Items 6 and 7 were taken out of order. These minutes reflect these Agenda Items as listed on the agenda and not as taken in chronological order.]

6. EMS PERSONNEL

- A. Community Paramedicine Pilot Project Status**

Sean Trask, EMS Personnel Division Chief, deferred to Lou Meyer, Community Paramedicine Pilot Project Manager, to report on the status of the Community Paramedicine Pilot Project.

Mr. Meyer presented his report:

- Current Community Paramedicine Programs continue to function strong. The Office of Statewide Health Planning and Development (OSHPD) has granted an extension for the pilot project until November 14, 2019.
- Enloe Hospital and Butte EMS withdrew due to budget issues. They must focus on rebuilding the community after the recent disaster situation.

- San Diego is preparing to relaunch its pilot project after a temporary suspension.
- The OSHPD approved eight pilot projects to be added to the program late last year:
 - Santa Clara County implemented their Alternative Destination – Behavioral Health and Alternate Destination – Sobering Center pilot projects in 2018.
 - The Central California EMS Agency implemented their Alternate Destination – Behavioral Health pilot project in Fresno.
 - The city and county of San Francisco implemented their Frequent 911 User Alternate Destination – Behavioral Health pilot project in 2018.
 - Sierra Sacramento Valley in Redding is preparing to re-engage their Alternate Destination – Behavioral Health and Post Discharge pilot projects.
 - Los Angeles County is preparing to re-engage their Alternative Destination – Behavioral Health and Alternate Destination – Sobering Center pilot projects.

B. Opioid Programs and EMS

Mr. Trask directed the Commission’s attention to the information provided in the meeting packet on opioid programs and EMS. He presented his report:

- The pre-hospital opioid program mainly focuses on treating the overdose. The administration of naloxone is in the paramedic and EMT scopes of practice.
- The DHCS has implemented their naloxone distribution program where certain groups or the public may apply for naloxone kits to be distributed to family, friends, or others who may assist a person during a potential opioid overdose.
 - For a program to receive these kits for distribution, they must receive training and then provide that training to the individuals they are giving the kits to.
 - It requires physician involvement to distribute the naloxone kits. For programs that do not have a medical director, the CDPH offers a limited, one year standing order for distribution of these kits, which requires an application and approval process.

7. EMS SYSTEMS

A. EMS For Children Regulations

Ms. Lim stated Chapter 7.1, the STEMI Regulations, and Chapter 7.2, the Stroke Regulations, were delivered to the Office of Administrative Law this week.

Sergy El-Morshedy, Legislative and Regulatory Analyst, presented the proposed Emergency Medical Services for Children (EMSC) Regulations to the Commission and asked approval to submit the rulemaking package to the Office of Administrative Law.

Public Comment

Marianna Gausche-Hill, M.D., Medical Director, Los Angeles County EMS Agency, spoke in support of the proposed EMSC Regulations. Commissioners thanked Dr. Gausche-Hill and the members of the Committee for their work on the regulations.

Action: Commissioner Uner moved approval of the Emergency Medical Services for Children Regulations as presented. Vice Chair Hartwig seconded. Motion carried unanimously.

B. Health Information Exchange and EMS

Leslie Witten-Rood, Health Information Exchange (HIE) Program Manager, presented her report:

- The EMSA received a \$40 million grant from the Centers for Medicare and Medicaid Services (CMS) on August 1, 2018, with the requirement of a 10 percent match, for the Health Information Technology for EMS (HITEMS) Project.
- The CARESTAR Foundation has provided \$1 million of the required 10 percent match.
- The EMSA has entered in interagency agreement with the DHCS and has been granted an increased expenditure authority from the Department of Finance (DOF) for \$10 million through September 30, 2021, to help implement the HITEMS.
- The CMS funding award provides for implementation of four use cases:
 - Support Search, Alert, File, and Reconcile (SAFR) functionality for LEMSAs
 - Allow community paramedics to receive electronic information about patients being treated in non-emergency situations
 - Expand the POLST e-Registry throughout the state
 - Design and implement the Patient Unified Look-up System for Emergencies (PULSE) for use by healthcare professionals during a disaster while treating patients in alternate care

Ms. Witten-Rood stated a draft RFO has been put out for the first use case.

8. DISASTER MEDICAL SERVICES DIVISION

Dr. Backer presented the Disaster Medical Services Division report for Craig Johnson, Chief of the Disaster Medical Services Division, who continues to be engaged in the day-to-day response to the Camp fires.

A. After-Action Issues from Recent Responses

- Planned power outages – outages that power companies propose on days that reach certain criteria to shut down power to portions of the grid that are at risk of power lines starting fires. A challenge is that health care facilities cannot be isolated from the portions of the grid that would be shut off. There are several related issues:

- The need for uniform and reliable notification to health care facilities.
- The need for reliable generators.
- The need to create a protocol to evacuate is generator-powered facilities in an orderly fashion if the outage prolonged or generator power is not adequate.
- The need for coordinated GIS mapping that would allow licensed facilities to know precisely the part of the grid that will be shut off by the power companies and the health care facilities that may require support or evacuation.
 - GIS mapping coordination would help with patient movement issues so EMS providers do not reroute patients to facilities on generator power.
- The need to set up power shelters to help medically power-dependent individuals.

Dr. Backer summarized the EMS response to recent fires, providing medical care at 12 sites, and the ambulance strike team and CAL-MAT team response. He stated there was unprecedented collaboration between the EMSA, ambulance strike teams, CAL-MAT teams, disaster health care volunteers, local volunteer recruitment, the Medical Reserve Corps, the California National Guard, and the federal Health and Human Services. It was the first time all these entities were integrated into one health care plan in the field. He stated it was a remarkable achievement and one that will serve EMS well in the future.

Public Comment

Kristi Koenig, M.D., EMS Medical Director, San Diego County, and former Commissioner, stated it was disturbing to her that power companies may turn off power to health care facilities. She suggested that Commissioners direct staff to investigate solutions for mitigation rather than what to do after this happens, such as using solar power to keep hospitals online.

9. OPEN NOMINATIONS FOR ELECTION OF OFFICERS (MARCH 2019 – MARCH 2020)

Chair Rudnick asked for nominations for Chair and Vice Chair and three nominations for service on the Administrative Committee.

- Commissioner Stone nominated Commissioner Hartwig for Chair.
- Commissioner Burch nominated Commissioner Dunford for Chair.
- Chair Rudnick nominated Commissioner Burch for Vice Chair.
- Commissioners Margulies, Stangeland, and Uner were nominated for membership on the Administrative Committee.

10. APPROVAL OF 2020 MEETING DATES

Action: Vice Chair Hartwig moved approval of the 2020 meeting dates as presented. Commissioner Smith seconded. Motion carried unanimously.

11. ITEMS FOR NEXT AGENDA

No next agenda items were offered.

12. PUBLIC COMMENT

There were no questions or comments from the public.

13. ADJOURNMENT

Action: Vice Chair Hartwig moved to adjourn the meeting in memory of Richard Watson, a former director of EMSA, a leader in California state EMS, and a champion of EMS for children. Commissioner Stone seconded. Motion carried unanimously.

Chair Rudnick adjourned the meeting at 10:17 a.m.

CMS announces new payment model for EMS: Emergency Triage, Treat, and Transport (ET3) Model

The Center for Medicare and Medicaid Innovation's (Innovation Center) Emergency Triage, Treat, and Transport (ET3) Model is a voluntary, five-year payment model that will provide greater flexibility to ambulance care teams to address emergency health care needs of Medicare beneficiaries following a 911 call. Under the ET3 model, the Centers for Medicare & Medicaid Services (CMS) will pay participating ambulance suppliers and providers to 1) transport an individual to a hospital emergency department (ED) or other destination covered under the regulations, 2) transport to an alternative destination (such as a primary care doctor's office or an urgent care clinic), or 3) provide treatment in place with a qualified health care practitioner, either on the scene or connected using telehealth.

The model will allow beneficiaries to access the most appropriate emergency services at the right time and place. The model will also encourage local governments, their designees, or other entities that operate or have authority over one or more 911 dispatches to promote successful model implementation by establishing a medical triage line for low-acuity 911 calls. As a result, the ET3 model aims to improve quality and lower costs by reducing avoidable transports to the ED and unnecessary hospitalizations following those transports.

Why develop a model for emergency medical services (EMS) innovation?

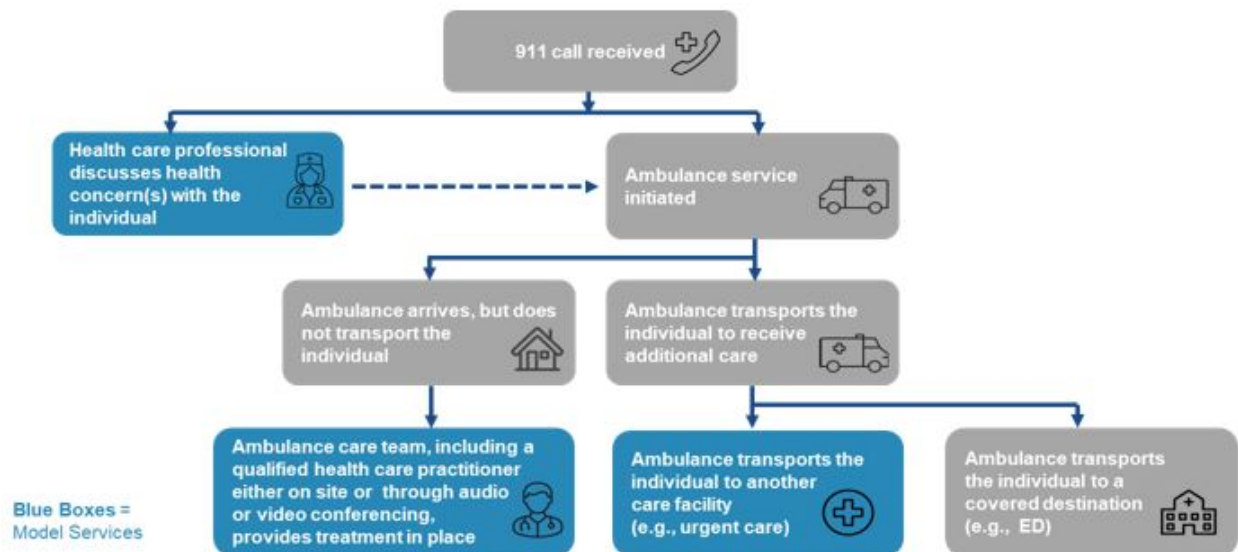
Currently, Medicare regulations only allow payment for emergency ground ambulance services when individuals are transported to hospitals, critical access hospitals, skilled nursing facilities, and dialysis centers. Most beneficiaries who call 911 with a medical emergency are therefore transported to one of these facilities, and most often to a hospital ED, even when a lower-acuity destination may more appropriately meet an individual's needs.

An earlier White Paper by the U.S. Departments of Health and Human Services and Transportation found that Medicare could save \$560 million per year by transporting individuals to doctors' offices rather than a hospital ED; taking into account avoided inpatient hospitalizations and opportunities for treating in place may garner further savings and quality of care improvements. Thus, there is great opportunity for improvement in care quality and reduction in costs to the Medicare program through innovation in emergency medical services (EMS).

In addition, a range of EMS innovations across the care continuum has been instituted throughout the country. The ET3 Model builds upon design components and lessons learned from such innovations as well as several EMS-related Innovation Center Health Care Innovation Award (HCIA) recipients.

How does the ET3 model transform the ambulance system?

With the support of local governments, their designees, or other entities that operate or have authority over one or more 911 dispatches, ambulance suppliers and providers will triage people seeking emergency care based on their presenting needs. The model aims to ensure Medicare Fee-For-Service beneficiaries receive the most appropriate care, at the right time, and in the right place. As depicted in the figure below, the model may help make EMS systems more efficient and will provide beneficiaries broader access to the care they need. Beneficiaries who receive treatment from alternative destinations may also save on out-of-pocket costs. An individual can always choose to be brought to an ED if he/she prefers.



What are the model's goals?

The ET3 model aims to reduce expenditures and preserve or enhance quality of care by:

- **Providing person-centered care**, such that beneficiaries receive the appropriate level of care delivered safely at the right time and place while having greater control of their healthcare through the availability of more options
- **Encouraging appropriate utilization of services** to meet health care needs effectively.
- **Increasing efficiency in the EMS system** to more readily respond to and focus on high-acuity cases, such as heart attacks and strokes.

How will the model achieve these goals?

The ET3 Model aims to achieve these goals through three core features:

1. Quality-adjusted payments for EMS innovations

- Provide new payment options for transport and treatment in place following a 911 call
- Tie payment to performance milestones to hold participants accountable for quality

2. Support for aligned regional markets

- Make cooperative agreements available to local governments, its designees, or other entities that operate or have authority over one or more 911 dispatches acting on their behalf in regions where selected model participants operate
- Focus funding on the establishment of medical triage lines to ensure appropriate use of EMS resources and advance multi-payer adoption to support overall success and sustainability

3. Enhanced monitoring and enforcement

- Build accountability through the monitoring of specific quality metrics and adverse events
- Include robust enforcement to ensure patient safety and program integrity

Who can participate in the model?

The key participants in the ET3 Model will be Medicare-enrolled ambulance service suppliers and hospital-owned ambulance providers. In addition, to advance regional alignment, local governments, their designees, or other entities that operate or have authority over one or more 911 dispatches in geographic areas where ambulance suppliers and providers have been selected to participate in the model will have an opportunity to apply for cooperative agreement funding.

Together, ambulance suppliers and providers will focus on direct services, while local governments, their designees, or other entities that operate or have authority over one or more 911 dispatches will create a supportive structure to ensure successful and sustainable delivery of those services.



Ambulance Suppliers and Providers will support EMS innovation by transporting Medicare beneficiaries to currently covered destinations (e.g., ED) or alternative destinations, and by providing treatment in place with a qualified health care practitioner (on site or via telehealth).



Local Governments, its designees, or other entities that operate or have authority over one or more 911 dispatches will promote successful model implementation by establishing a medical triage line for low-acuity calls received via their 911 dispatch system.

Who is eligible for the model interventions?

Any individual who calls 911 and is connected to a dispatch system that has incorporated a medical triage line under the model would be screened for eligibility for medical triage services prior to ambulance initiation. Upon arriving on scene, participating ambulance suppliers and providers may triage Medicare FFS beneficiaries to one of the model’s interventions upon ambulance dispatch following a 911 call. As part of a multi-payer alignment strategy, the Innovation Center will encourage ET3 Model participants to partner with additional payers, including state Medicaid agencies, to provide similar interventions to all people in their geographic areas.

How may Medicare beneficiaries and their families benefit from the ET3 model?

Participating ambulance suppliers and providers will have greater flexibility regarding where and how a beneficiary receives care following an emergency. By paying for ambulance transport to new destinations or treatment in place for beneficiaries with lower-acuity needs, beneficiaries will gain new ways of accessing care settings during an emergency. As a result, the model may allow beneficiaries to avoid hours spent in the ED as well as reduce exposure to hospital-acquired conditions.

How will funding be awarded?

The Innovation Center anticipates releasing a Request for Applications (RFA) in Summer 2019 to solicit Medicare-enrolled ambulance suppliers and providers. Once participants have been selected and announced, the Innovation Center anticipates issuing a Notice of Funding Opportunity (NOFO) in Fall 2019 for up to 40 of two-year cooperative agreements, available to local governments, their designees, or other entities that operate or have authority over one or more 911 dispatches in geographic locations where ambulance suppliers and providers have been selected to participate.

The Innovation Center anticipates utilizing a phased approach with up to three rounds of RFAs, up to two releases of NOFOs, and staggered performance start dates. The staged approach across multiple application rounds is designed to advance key design elements of the ET3 Model and optimize overall impact, including regional uptake of its innovations and multi-payer alignment.

What is the model timeline?

The ET3 Model will have a five-year performance period. The anticipated start date is January 2020. The performance period for all participants, regardless of start date, will end at the same time; thus, only applicants selected through the first RFA will participate for the full five years.

Resources and Support

For more information on the ET3 Model, please visit: <https://innovation.cms.gov/initiatives/et3/>. If stakeholders have questions on the ET3 Model, they can send an email to ET3Model@cms.hhs.gov.

**Emergency Medical Services Authority
 Disaster Medical Services Division (DMS)
 Major Program Activities
 March 20, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>1. Ambulance Strike Team (AST) – Medical Task Force (MTF)</p>	<p>Michael Frenn, ext. 435</p>	<p>AST/MTF Leader Trainings are conducted on an ongoing basis, as requested. There has been significant utilization of the Program for the Oroville Dam Incident, the 2017 North Bay and Southern California wildfires the 2018 Carr and Mendocino Complex wildfires, and the CAMP Fire Incident. This activity has resulted in a noticeable increase in interest for Strike Team Leader training. EMSA is working to refresh the ASTL course materials, to develop a packet to assist counties with hosting the course and incorporate the concept of an Incident Management Team to support large scale deployments. Classes are scheduled on an as-needed basis, when requested.</p> <p>A standardized post review process is being implemented to capture data after each deployment. This information will be utilized to modify and improve the curricula and establish appropriate operational parameters.</p> <p>Use of ASTs over the past several years has also revealed issues with reimbursement. EMSA has worked with the California Ambulance Association (CAA) and American Medical Response (AMR) on establishing a standardized rate that can be utilized Statewide. A proposal will be submitted to the EMS Administrators Association of California (EMSAAC) at their march 2019 meeting.</p> <p>The Disaster Medical Support Units (DMSU), which support and have affiliated ASTs, are strategically placed with local EMS Agencies and ambulance providers throughout the State. All available DMSUs have been distributed, providing a total of 41 DMSUs with affiliated ASTs in the State.</p>

**Emergency Medical Services Authority
 Disaster Medical Services Division (DMS)
 Major Program Activities
 March 20, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>2. California Medical Assistance Teams (CAL-MAT) Program</p>	<p>Michael Frenn, ext. 435</p>	<p>EMSA is hiring persons interested in participating in the CAL-MAT program continues and program membership is growing. Initial recruitment has been targeted at existing federal Disaster Medical Assistance Team (DMAT) members (Phase I) and four Units have now been officially “organized” (San Diego, San Francisco Bay Area, Orange County and Sacramento) in areas where DMATs exist. Efforts are now being directed at getting a Los Angeles Unit up. With the establishment of these Units, the program has moved into Phase II hiring process allowing non-DMAT personnel to join.</p> <p>Last Spring CAL-FIRE approached EMSA to provide CAL-MAT response for fire base camp medical support. A 3-year contract was executed with CAL-FIRE in September.</p> <p>There were two major deployments of CAL-MAT in 2018, the Carr Fire in Redding and the CAMP Fire in Butte County. The primary mission for CAL-MAT has been to provide medical support in shelters for displaced populations. In the CAMP Fire, over 135 persons were deployed through the CAL-MAT Program.</p>
<p>3. CAL-MAT Cache</p>	<p>Markell Pierce, ext. 1443</p>	<p>Following the recent CAL-MAT Camp Fire deployment and reconstitution of mobile medical assets, EMSA has conducted a full resupply of the three (3) CAL-MAT medical supply caches. The next resupply will align with the pre-established bi-annual schedule. Caches are 100% accounted, up to date and ready for deployment.</p>

**Emergency Medical Services Authority
Disaster Medical Services Division (DMS)
Major Program Activities
March 20, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>4. California Public Health and Medical Emergency Operations Manual (EOM)</p>	<p>Craig Johnson, ext. 4171</p>	<p>CDPH and EMSA have released new content for the California Public Health and Medical Emergency Operations Manual (EOM). The EOM Workgroup, subject matter experts, and many reviewers collaborated to develop the new materials, which include:</p> <ul style="list-style-type: none"> • New chapter on Disaster Behavioral Health • New Resource Typing Tools for Disaster Behavioral Health personnel • New chapter on BioWatch • New chapter on Risk Communication • New chapter on Biological Hazards • New chapter on Drinking Water (updated to reflect movement of Drinking Water Program from CDPH to Cal EPA) <p>The materials are posted on the EMSA website at https://emsa.ca.gov/plans/.</p> <p>The Regional Disaster Medical and Health Specialists (RDMHS) continue to conduct EOM training on an ongoing basis.</p>
<p>5. California Crisis Care Operations Guidelines</p>	<p>Jody Durden, ext. 702</p>	<p>Development of a Crisis Care/Scarce Resources guidance document is on hold until funding is made available. EMSA and CDPH recognize the importance of the guidance document so will keep this on our radar.</p>

**Emergency Medical Services Authority
 Disaster Medical Services Division (DMS)
 Major Program Activities
 March 20, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>6. Disaster Healthcare Volunteers (DHV) of California (California's ESAR-VHP program): Registering, Credentialing & Mobilizing Health Care Personnel</p>	<p>Patrick Lynch, ext. 467</p>	<p>The DHV Program has over 25,000 volunteers registered. There are 49 healthcare occupations filled by registered volunteers. All 58 counties have trained DHV System Administrators in their MHOAC Programs.</p> <p>EMSA provides routine training and system drill opportunities for all DHV System Administrators on a quarterly basis.</p> <p>Over 9,600 of the 25,000 plus DHV registered responders are Medical Reserve Corps (MRC) members. EMSA trains and supports DHV System Administrators in each of the 35 participating MRC units.</p> <p>Seven (7) County DHV units and fourteen (14) MRC Units deployed volunteers to the Camp Fire Incident in Butte County. In all, 116 medical volunteers from DHV and MRC units deployed.</p> <p>For veterinary response to the Camp Fire 419 volunteers deployed from the state's two (2) Veterinary Medical Reserve Corps units.</p> <p>EMSA publishes the "DHV Journal" newsletter for all volunteers on a tri-annual basis. The next issue will be released later this month, (February). The "DHV Journal" is available on the DHV webpage of the EMSA webpage: http://www.emsa.ca.gov/disaster_healthcare_volunteers_journal_page.</p> <p>The DHV website is: https://www.healthcarevolunteers.ca.gov.</p>

**Emergency Medical Services Authority
Disaster Medical Services Division (DMS)
Major Program Activities
March 20, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>7. Training</p> <p>Weapons of Mass Destruction (WMD)</p> <p>Medical Health Operations Center Support Activities (MHOCSA)</p>	<p>Markell Pierce, ext. 1443</p> <p>Kelly Coleman, ext. 726</p>	<p>The California Emergency Medical Response to Weapons of Mass Destruction Incidents (with Med-Plus) course is offered on a continuous basis, requiring a minimum enrollment of 12 students. In January 2019 two courses taught at Glendora Community Hospital and Desert Valley Medical Center. Next training courses are scheduled for March 2019 – June 2019.</p> <p>Medical Health Operations Center Support Activities (MHOCSA) Training Classes were conducted in Region IV and Region V in January 2019. An additional MHOCSA class is scheduled for May 2019 in Region II.</p>
<p>8. 2019 Statewide Medical and Health Exercise (2019 SWMHE)</p>	<p>Nirmala Badhan ext. 1826</p>	<p>The 2019 Statewide Medical and Health Exercise is scheduled for the third week in November and involves a flood scenario. The website https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe.aspx includes customizable templates for counties to use for their exercise. This year, EMSA and CDPH are planning to activate the MHCC to support local exercise play with a focus on Region V.</p>
<p>9. Hospital Available Beds for Emergencies and Disasters (Have)</p>	<p>Nirmala Badhan, ext. 1826</p>	<p>The United States Health and Human Services discontinued funding the national HAVBED program in 2016. However, EMSA is working with the California Department of Public Health (CDPH) and other partners to determine how to continue to integrate hospital data collection for California use.</p>

**Emergency Medical Services Authority
 Disaster Medical Services Division (DMS)
 Major Program Activities
 March 20, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>10. Hospital Incident Command System (HICS)</p>	<p>Craig Johnson, ext. 4171 hics@emsa.ca.gov</p>	<p>The Hospital Incident Command System (HICS) is sponsored by the California Emergency Medical Services Authority (EMSA).</p> <p>EMSA has assembled a National HICS Advisory Committee to assist with activities relating to the HICS Program. The committee members serve as technical advisers on the development, implementation, and maintenance of EMSA's HICS program and activities.</p> <p>The HICS National Advisory Committee held its first quarter meeting on February 12, 2019. The committee discussed the formation of an updated committee organizational structure, the formation of subcommittees, nomination of officers and collaboration with the Center for HICS Education and Training. The next HICS National Advisory Committee meeting will convene in May 2019.</p> <p>The translation of the HICS Guidebook into Mandarin was completed in October of this year by stakeholders in Taiwan, the Republic of China. The translated materials support hospitals in mainland China, Taiwan, Hong Kong and Macau.</p> <p>The Fifth Edition of HICS, Frequently Asked Questions (FAQ), and additional program information are available on the recently revised EMSA website: https://emsa.ca.gov/disaster-medical-services-division-hospital-incident-command-system-resources/.</p>

**Emergency Medical Services Authority
 Disaster Medical Services Division (DMS)
 Major Program Activities
 March 20, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>11. Mission Support Team (MST) System Development</p>	<p>Michael Frenn, ext. 435</p>	<p>Activated by EMSA, the MST functions under the Medical/Health Branch of the Medical Health Coordination Center (MHCC), EMSA Department Operational Center (DOC) or Regional Emergency Operational Center (REOC) depending upon the nature of the event and the origin of the resources it supports. The MST provides the management oversight and logistical support for state deployed medical and health teams that may be assigned to the deployment.</p> <p>EMSA is working to increase participation of CAL-MAT members as Mission Support Team (MST) members. In response to the Carr Fire, an MST, staffed by CAL-MAT members and EMSA personnel, supported the CAL-MAT deployment to Shasta County. The deployment was a success and EMSA is using the deployment as a model to further enhance the program. The CAMP Fire further demonstrated the value and necessity of an MST to support assets deployed to the field. EMSA is recruiting persons interested in filling these positions as part of the recruitment for the CAL-MAT Program.</p>

**Emergency Medical Services Authority
Disaster Medical Services Division (DMS)
Major Program Activities
March 20, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
12. Response Resources	Markell Pierce, ext. 1443	<p>The bi-annual inventory maintenance of the Mobile Medical Assets caches is underway. The MST caches have been completed and refined based on after-action findings from the recent Camp Fire deployment. The CAL-MAT caches are complete. The Response Resources Unit (RRU) continues to integrate updated I.T. and telecommunications equipment to improve MST/CAL-MAT networking infrastructure.</p> <p>The RRU continued audits on the 42 Disaster Medical Support Unit (DMSU) vehicles located around the State. During the audits, EMSA verified that all the DMSU vehicles are being properly maintained and utilized according to written agreements. New audits are in progress focusing on Regions 1 & 3.</p> <p>Annual servicing of the biomedical equipment for the California Medical Assistance Teams (CAL-MAT) caches was completed in October 2019.</p> <p>Pharmacy full inventory and resupply of expired items is completed monthly. Two additional CAL-MAT pharmaceutical caches have been created for the Cal-Fire Base of Operations wild fire contract deliverables and are deployment ready.</p>
13. Information Technology	Rick Stricklin, ext. 1445	<p>EMSA has identified key shortfalls within the EMSA Department Operations Center (DOC), IT & Communications upgrades and response configurations are being implemented to provide full disaster response functionality during activations.</p> <p>EMSA is continuing to design & expand the Meraki wireless system to provide connectivity for data (Cellular, VSAT, wired) and video capabilities during field deployments and incident response.</p> <p>EMSA has enhanced the use of the Mobile Ready Office (MRO) units to support field data operations during field training and incident response. This in conjunction with use of the ACU-M, interoperability for Radio Over IP Communications, for cross-patching of frequencies.</p> <p>Research and development continue with the C3 communications vehicle to implement new technologies to increase its capabilities and functionality in the field.</p>

**Emergency Medical Services Authority
 Disaster Medical Services Division (DMS)
 Major Program Activities
 March 20, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>14. Mobile Medical Shelter Program (MMSP)</p>	<p>Bill Hartley, ext. 1802</p>	<p>Working with other state agencies, and within existing resources, the EMS Authority has redesigned the Mobile Field Hospital (MFH) program into the California Mobile Medical Shelter program. The purpose of the redesign is to modify and expand the potential uses of the equipment into general staging, stabilization and shelter capacity.</p> <ol style="list-style-type: none"> 1. The structures and durable equipment of the first MFH stored at the EMS Authority have been separated by like items for ease of deployment to meet the mission requirements of the Mobile Medical Shelter program. 2. The EMS Authority has reconfigured the 2nd MFH into six (6) multiuse modules to distribute to local partners. We are working with the RDMHSs and LEMSAs to locate one module in each Cal OES Mutual Aid Region. The modules include the shelters, infrastructure equipment, and durable equipment, but does not include biomedical equipment and medical supplies. This redistribution of the MFH allows local partners to deploy this resource rapidly. Potential uses include field sites for Local/Regional incidents, triage/treatment during flu season surge, medical clinic, medical shelter, emergency operations center, staff quarters, disaster exercise, and any other use that requires a field facility. Deployment is at the discretion of the locals without requiring a state resource request. Modules have been placed in Long Beach, Riverside, Sacramento, San Mateo and Santa Cruz. We are targeting Northern Sacramento valley for the placement of the sixth module. 3. The third MFH was transferred on September 8, 2016, to the State Military Department for use by the California National Guard.

**Emergency Medical Services Authority
Disaster Medical Services Division (DMS)
Major Program Activities
March 20, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
15. Regional Disaster Medical/Health Specialists (RDMHS) Program and Medical Mutual Aid System	Nirmala Badhan, ext. 1826	<p>The RDMHS program is a critical component of the Medical and Health Disaster Response System. The functions of the RDMHS are to manage and improve the regional medical and health mutual aid and cooperation systems; coordinate medical and health resources; support development of the Operational Area Medical and Health Disaster Response System; and, support the State medical and health response system through the development of information and emergency management systems. The RDMHS' work closely with EMSA and California Department of Public Health (CDPH) staff to support major disaster planning activities in addition to supporting coordination of medical/health resources during an emergency response. The RDMHSs continue to be instrumental in coordination and support of regional major events and disasters as seen with the recent response to the 2017 and 2018 wildfires.</p>
16. Medical Reserve Corps (MRC)	Patrick Lynch, ext. 467	<p>35 MRC units have trained Disaster Healthcare Volunteers (DHV) System Administrators. These MRCs are regular users of the DHV system and active participants in quarterly DHV drills and quarterly DHV user group webinars. Over 9,600 of the DHV Program's 25,000 volunteers are Medical Reserve Corps volunteers.</p> <p>Fourteen (14) MRC Units deployed volunteers to the Camp Fire Incident in Butte County. California's MRC units deployed 69 medical volunteers and 419 veterinary volunteers to the Camp Fire.</p>
17. Statewide Emergency Plan (SEP) Update	Jody Durden, ext. 702	<p>The California Governor's Office of Emergency Services (Cal OES) released the updated in October 2017. The updated version is located at: http://caloes.ca.gov/PlanningPreparednessSite/Documents/California_State_Emergency_Plan_2017.pdf. This version includes a brief description of the Public Health and Medical Mutual Aid System.</p>

**Emergency Medical Services Authority
Disaster Medical Services Division (DMS)
Major Program Activities
March 20, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
18. Southern California Catastrophic Earthquake Response Plan	Kelly Coleman, ext. 726	The California Governor's Office of Emergency Services (Cal OES) is currently leading the refresh of the Southern California Catastrophic Earthquake Plan. The Emergency Medical Services Authority continues to work with the Regional Disaster Medical Health Specialists, Medical Health Operational Area Coordinator, Emergency Support Functions, Cal OES, California Department of Public Health, California Department of Healthcare Services, Assistant Secretary of Preparedness and Response, and the Federal Emergency Management Agency to update the Public Health and Medical Fact Sheet, Survivor Movement plan, Mass Care Plan, Shelter Fact Sheet, and Course of Action.
19. Patient Movement Plan	Craig Johnson, ext. 4171	The California Patient Movement Plan is in final draft and will be released following final review and consent for distribution by key partner state agencies.
20. Bay Area Catastrophic Earthquake Plan	Kelly Coleman, ext. 726	EMSA participated in the Medical Planning Group for the Bay Area Catastrophic Earthquake Plan revision. EMSA continues to participate in the socialization of the plan.
21. Northern California Catastrophic Flood Response Plan	Nirmala Badhan, ext. 1826	EMSA worked with the Governor's Office of Emergency Services (Cal OES) for the development of the Northern California Catastrophic Flood Response Plan. EMSA worked closely with the California Department of Public Health to develop a Public Health and Medical Information Analysis Brief. This document is the basis of the Public Health and Medical section of the response plan. The Plan has been signed and will be posted on Cal OES website.

**Emergency Medical Services Authority
EMS Personnel Division
Major Program Activities
March 20, 2019**

Activity & Description	Primary Contact EMSA (916) 322-9875	Updates
1. First Aid Practices for School Bus Drivers	Mark Olivas, ext. 445	There are nine (9) School Bus Driver training programs currently approved and no (0) pending reviews. Technical assistance to school staff and school bus drivers is ongoing. The EMSA Child Care Training website is updated monthly.
2. Child Care Provider First Aid/CPR Training Programs	Mark Olivas, ext. 445	There are currently 18 approved First Aid/CPR programs. Staff is currently reviewing no (0) program renewals. Technical assistance is being provided to child care training program instructors and directors, licensing staff, and child care providers. EMSA First Aid and CPR sticker sales are ongoing. EMSA is continuing work to revise the Chapter 1.1 Training Standards for Child Care Providers, which includes First Aid and CPR training standards.
3. Child Care Preventive Health Training Programs	Lucy Chaidez, ext. 434	There are 22 preventive health and safety practices training programs approved. There are six (6) programs in the review process. EMSA Preventive Health sticker sales are ongoing. Training standards for the program are being revised.
4. Child Care Training Provider Quality Improvement/Enforcement	Mark Olivas, ext. 445 and Lucy Chaidez, ext. 434	EMSA is continuing its work to revise the Chapter 1.1 Training Standards for Child Care Providers, including First Aid, CPR, and Preventive Health training standards. Technical assistance and education regarding compliance issues is provided to approved training programs, child care providers, DSS community care licensing, and child care resource and referral staff. Review of rosters as an auditing tool, is ongoing. There are no open complaint cases involving EMSA-approved training programs.
5. Automated External Defibrillator (AED) Requirements for EMT's, Public Safety and Layperson	Betsy Slavensky, ext. 461	Ongoing technical support and clarification is provided to public safety agencies, LEMSAs and the general public regarding AED statutes and regulations. There are different requirements for these programs found in Chapter 1.5 Section 100021 and Chapter 2 Section 100063.1. CHP, CAL FIRE and State Parks have approved public safety AED programs and approved EMT AED service provider programs.

**Emergency Medical Services Authority
EMS Personnel Division
Major Program Activities
March 20, 2019**

Activity & Description	Primary Contact EMSA (916) 322-9875	Updates
6. BLS Training and Certification Issues	Betsy Slavensky, ext. 461	EMSA provides ongoing support and technical assistance to EMTs, AEMTs, prospective EMTs, and 69 Certifying Entities. EMSA continues to assist all certifying entities with questions and clarification on the EMT and AEMT regulations. EMSA fields calls/questions about mutual aid, training programs, skills competency verification, NREMT processes, and Emergency Medical Responders (EMR) options. There are currently no regulations specific to EMR, but program approval and scope for public safety EMRs falls under Chapter 1.5. Calls are referred to the appropriate LEMSA for further information.
7. State Public Safety Program Monitoring	Betsy Slavensky, ext. 461	EMSA provides ongoing review, approval, and monitoring of EMSA approved Public Safety First Aid/CPR, EMR, EMT and CE programs for statutory and regulatory compliance. The BLS Coordinator provides support and clarification to LEMSAs and all statewide public safety agencies regarding the Chapter 1.5 regulations and approval requirements. EMSA-approved public safety first aid/CPR courses include POST, CA State Parks, Cal Fire, and CHP, some of which include optional skills training. EMSA-approved EMT training programs include: CAL JAC and CA State Parks. EMSA-approved EMT Refresher programs include CAL FIRE and CHP – both programs include epinephrine auto-injector, naloxone, glucometer, and tactical topics. EMSA approved CE Provider programs include CHP, CAL FIRE, CE Solutions and CDCR - which was approved 11/1/18. The CA State Parks CE provider program expired 5/31/18, and has not yet renewed. Site visits to statewide public safety agency programs are pending fiscal approval and staffing.

**Emergency Medical Services Authority
EMS Personnel Division
Major Program Activities
March 20, 2019**

Activity & Description	Primary Contact EMSA (916) 322-9875	Updates
8. My License Office/ EMT Central Registry Audit	Betsy Slavensky, ext. 461	EMSA monitors the EMT Central Registry to verify that the 69 certifying entities are in compliance with the California Code of Regulations regarding data entry, including background checks and disciplinary notification for all EMT personnel. Correspondence is maintained via email, phone, and at LEMSA Coordinator meetings and certifying entities to share updates, changes and corrections. The Personnel Standards newsletter remains on hold pending increased staff support. Ongoing development and updates of discipline and certification procedures (8 procedures produced/available in 2018) support central registry processes and reduce time spent on technical support. Certifying entities work with EMSA staff to find and correct erroneous certifications in the Central Registry. EMSA alerts certifying entities that have missing requirements (such as EMT applications) or need to correct erroneous live scan forms and update DOJ contracts to be compliant with regulation.
9. Epinephrine Auto-injector Training and Certification	Nicole Mixon, ext. 420	EMSA processes applications for Epinephrine training programs and certification for the administration of epinephrine auto-injectors to the general public and off-duty EMS personnel. EMSA has approved 15 training programs and has issued 973 lay rescuer certification cards.
10. Hemostatic Dressings	Lucy Chaidez, ext. 434	The EMS Authority is responsible for approving hemostatic dressings for use in the prehospital setting. EMSA has approved three (3) hemostatic dressings which are listed on the EMS Authority's web site.
11. Paramedic Licensure	Kim Lew, ext. 427	The EMS Authority is responsible for receiving, processing, and auditing paramedic license applications for approval in compliance with the California Code of Regulations. During the past three (3) months, EMSA has approved the following: 260 initial in-state applications, 31 initial out-of-state applications, 2,080 renewal applications, and 42 reinstatement applications.
12. eGov Online Licensure Project	Kim Lew, ext. 427	On March 26, 2018 the EMS Authority procured an online licensure application system, MyLicense eGov. Upon completion, paramedic training program graduates and paramedics requiring initial or renewal licensure will be able to apply online. The online application system is scheduled to go live March 1, 2019.

**Emergency Medical Services Authority
EMS Personnel Division
Major Program Activities
March 20, 2019**

Activity & Description	Primary Contact EMSA (916) 322-9875	Updates
13. Administrative Actions Reporting System (AARS)	Kim Lew, ext. 427	On August 1, 2018, the EMS Authority began participation in a statewide project to enhance the current AARS system. Participation in AARS is for state departments to share administrative actions involving licensees. Under the direction of the system vendor and the CA. Dept. of Social Services, the EMS Authority continues to meet bi-weekly to assist in system improvements. User acceptance testing of the new system is scheduled to occur February 11-15, 2019.

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
March 20, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
1. Trauma	Elizabeth Winward ext. 460	<p><u>State Trauma Advisory Committee (STAC):</u> The STAC held a meeting on January 16, 2019 by teleconference. EMS Authority staff briefed STAC members on the next steps planned for opening the trauma regulations, status of the 2019 Trauma Summit, release of the Trauma System Triage and Transfer Resource Guide 2019 for stakeholder comment. The next meeting will be scheduled for April 22, 2019 at the Marines' Memorial Hotel in San Francisco.</p> <p><u>2019 Trauma Summit:</u> The tenth annual Trauma Summit will be held on April 23-24, 2019 at the Marines' Memorial Hotel in San Francisco. Speakers are confirmed, and registration is underway through Eventbrite. As in years past, Continuing Education credits will be offered.</p> <p><u>Trauma Regulations</u> On November 30, 2018, the trauma regulations subcommittee convened in Burbank to review the 2017 draft trauma regulations and agree upon top revision priorities. EMS Authority is in the process of appointing a statewide workgroup of local trauma partners to begin work on revising the regulations.</p> <p><u>Regional Trauma Coordinating Committees (RTCC)</u> Each Regional Trauma Coordinating Committee representative provides regional activity updates at the STAC meeting and provides documents approved by the RTCC and available for statewide use. The EMS Authority Trauma Coordinator provided presentations to the SE RTCC, the North RTCC, and the Bay Area RTCC either in-person or via teleconference.</p> <p><u>California Statewide Trauma System Triage and Transfer Resource Guide 2019</u> The Trauma System Triage and Transfer Resource Guide was released on January 45-day stakeholder comment period, which closed on February 17, 2019. EMSA is reviewing comments and making changes. Once the document is updated, it will be submitted for EMS Commission approval.</p>

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
March 20, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
2. STEMI/Stroke Systems of Care	Farid Nasr, ext. 424	<p>STEMI and Stroke Regulations The STEMI and Stroke regulations were submitted to the OAL for review. Based on changes made in the last comment period, OAL requested that EMSA send the draft regulations out for an additional public comment period. On January 23, 2019, EMSA sent the draft regulations out to public comment for 15 days. A review of the comments received indicated no further need for revision to the regulations and they are being sent back to OAL for final review and approval in early February. The Commission will be kept informed on our progress with these regulations.</p>
3. EMS System, Standards, and Guidelines	Lisa Galindo, ext. 423	<p><u>EMS Plan Automation</u> The EMS Authority has finalized the Stage 1 Business Analysis for this project, which has been reviewed by Agency, but is pending formal approval until funding is identified for a project manager. A Request for Offer (RFO) is being developed to solicit a qualified project manager who will coordinate the procurement of a solution, and will manage the project. The next step is the development a Project Management Plan that summarizes the project scope, identifies roles and responsibilities, and outlines the methodologies for project communications, schedule, issue, and risk management, to include change management, and maintenance and operations of the solution implemented under this effort.</p> <p><u>EMS Authority Guidelines</u> In an effort to automate the submission of EMS Plans, proposed changes to EMS System Standards and Guidelines #101 (June 1993) and #103 (June 1994) will be forthcoming.</p>

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
March 20, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>4. EMS Transportation</p>	<p>Laura Little, ext. 412</p>	<p><u>EMS Systems Regulations Work Group / Chapter 13 Task Force:</u> On hiatus, pending outcome of litigation, related to the subject matter involved in the regulation draft.</p> <p><u>Request for Proposals:</u> Request for Proposals (RFPs) for Exclusive Operating Areas continue to go through a dual review process, to ensure that they meet Federal and State statutory requirements, that there is no bid rigging, collusion, bid chilling, as well as address EMSA Guideline #141 “Competitive Process for Creating Exclusive Operating Areas”. EMSA continues to provide technical assistance to LEMSAs by in-person meetings, email, phone, and mail in order to help them create a RFP that meets all required criteria.</p> <p><u>EMS Plan Appeals</u> Review past EMS Plan submissions, correspondence, conduct public records requests, further historical documentation to map out the issue under appeal, and attend appeal hearings.</p> <p><u>Complaints/Allegations</u> Conduct an initial investigation into any allegations involving violations of Federal and State laws, including but not limited to Sherman Act Violations. If allegations are proven to be true, a formal investigation is conducted and action is taken.</p> <p><u>Technical Assistance:</u> Provide daily technical assistance to public, stakeholders and providers on exclusive operating areas, interpretation of statute and regulations, EMS provider information and direction on who to contact outside of EMSA for further information.</p>

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
March 20, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>5. Poison Center Program</p>	<p>Lisa Galindo, ext. 423</p>	<p>The California Poison Control System (CPCS) is one of the largest single providers of poison control services in the U.S. The CPCS is made up of four designated Poison Control Centers. The CPCS receives approximately 330,000 calls a year from both public and health professionals through a toll-free hotline that is accessible 24-hours a day, 7 days a week.</p> <p><u>Quarterly Report</u> The Quarterly Report consists of data and narrative reports. The data and narrative reports for the 2nd quarter, October 1, 2018 - December 31, 2018, were received by January 15, 2019. Both were reviewed for consistency with contractual objectives; there were no areas of concern.</p> <p><u>Contract</u> On September 27, 2018, a contract between the EMS Authority and the CPCS was executed for Fiscal Year 2018/2019.</p> <p><u>External Audit</u> In March 2018, the EMS Authority entered into contract with Sjoberg Evashenk Consulting, Inc., through December 31, 2018, to conduct a Fiscal Management Evaluation and Program Performance Review of the CPCS for the period of July 1, 2016, through June 30, 2017. An exit conference with the EMS Authority, the consulting firm, and the CPCS was held on October 16, 2018, to discuss the draft report. Sjoberg Evashenk Consulting, Inc. submitted their final report on November 8, 2018. The report can be accessed on the EMS Authority's website under the EMS Systems Public Information and Education webpage for California Poison Control.</p> <p><u>Site Visits</u> During the Evaluation and Review in 2018, the EMS Authority conducted two Poison Control Center (PCC) site visits with Sjoberg Evashenk Consulting, Inc. In May 2018, the San Diego and Sacramento PCCs were visited. The site visits consisted of a tour of the facility, a walk-through of processes, observations of hotline staff, and interviews with management. At least one site visit (Fresno or San Francisco) is anticipated to be conducted between January and June 30, 2019.</p>

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
March 20, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
6. EMS Plans	Lisa Galindo, ext. 423	<p><u>Review</u> The EMS Authority continues to review EMS Plans/annual updates as they are submitted by Local EMS Agencies (LEMSA). In 2018, the EMS Authority approved 22 EMS Plans, and did not approve 1 EMS Plan. To date in 2019, 1 EMS Plan has been approved.</p> <p><u>Technical Assistance</u> Technical assistance is provided to the LEMSAs, as needed, on the EMS Plan development and submission process. Electronic reminders to the LEMSAs are provided approximately 2-3 months in advance of their scheduled EMS Plan submissions.</p>
7. EMS for Children Program	Heidi Wilkening, ext. 556	<p><u>Regulations:</u> The EMS for Children regulations were put out for an additional 15-day public comment period on January 23, 2019 to avoid delays from minor technical changes. The public comment period will close on February 7, 2019. Following the final 15-day comment period, the EMSC regulations will be presented to the Office of Administrative Law for final approval.</p> <p><u>Educational Forum:</u> The 22nd Annual EMS for Children Educational Forum will be held on Friday, November 8, 2019 in Fairfield, CA. The venue will be the NorthBay HealthCare Administration Center. The EMSC TAC is in the process of coordinating speakers, vendors and sponsors for the event.</p>

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
March 20, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
8. CEMSIS Trauma	Elizabeth Winward, ext. 460	There are 27 Local EMS agencies (LEMSA) with designated Trauma Centers. Trauma Centers are physically located in 38 of the 58 counties. Currently, 27 LEMSAs are transmitting into CEMSIS-Trauma representing 79 of the 80 designated Trauma Centers.
9. CEMSIS EMS Data	Adrienne Kim, ext. 742	<p>CEMSIS now has 31 LEMSAs participating at some level in the submission of EMS data.</p> <p>As of January 2019, CEMSIS has over 3.6 million records for 2018 in Version 3.4. Once the final 2 LEMSAs begin submitting data, It is estimated that CEMSIS will receive up to 6 million records each year.</p> <p>EMSA will start to engage LEMSAs to validate and improve overall data submission quality.</p> <p><u>Reports:</u> The CY 2017 Annual EMS Report is currently being developed.</p>
10. Communications	Heidi Wilkening, ext. 556	EMSA personnel attend various California communications meetings to hear public concerns on issues related to NextGen 9-1-1. The Statewide EMS Operations and Communications Manual has been revised and the revision will be posted for public comment. Once the review process is completed, the document will be posted on the EMSA website.
11. Core Measures	Adam Davis, ext. 409	29 of the 33 LEMSAs provided Core Measures Information for 2017 data. EMSA is developing a blinded report based on the submissions. EMSA is reviewing the comments and recommended changes to the measures to update the specifications for 2018 data. Per the recommendation of the Commission, measures TRA-3, TRA-4, and TRA-5 have been removed from the measure set. EMSA expects to release the updated Core Measure Instruction Manual in Q1 of 2019 and has pushed Core Measures reporting back to June 31, 2019 to accommodate the delayed release.

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
March 20, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>12. Grant Activity/Coordination</p>	<p>Lori O'Brien, ext 401</p>	<p><u>Health Resource Services Administration (HRSA) Grant:</u> Staff continues the work associated with the Health Resources Services Administration (HRSA) grant in furthering the integration of the Emergency Medical Services for Children (EMSC) into the State EMS system.</p> <p><u>Preventive Health and Health Services Block Grant (PHHSBG):</u> The annual report and success stories for the FFY 2018 grant year were reviewed and accepted by CDPH 1/31/2019. EMSA staff remains continually involved in the Preventive Health and Health Services Block Grant.</p> <p>Work on the 2019 State Plan (SFY 19/20) will begin in February, 2019.</p>
<p>13. Office Support</p>	<p>Vacant, ext. 900</p>	<p><u>Documents and Letters:</u> Processed Systems Division letters and documents including the following:</p> <ol style="list-style-type: none"> 1. TSSR Approval letters for Napa, Northern California, Alameda, and Sacramento, 2. EMS Plan Updates for Kern, San Luis Obispo, and Coastal Valleys, 3. QI Approval letters for Los Angeles and Napa, 4. RFP letters for Santa Clara and Santa Cruz, 5. STAC Appointment letters <p><u>Pre-Hospital Cost Per Ambulance Response:</u> Tiffany Pierce updated the Pre-Hospital Cost Per Ambulance Response analysis spreadsheet on 10/11/18.</p>

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
March 20, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
14. Ambulance Patient Offload Time (APOT)	Adam Davis, ext. 409	<p>In 2018, Assembly Bill 2961, O'Donnell, Emergency Medical Services, was passed into law to add Sections 1797.123 and 1797.228 to the Health and Safety Code, relating to public health.</p> <p>1797.123 mandates that EMSA must report twice per year to the Commission on Emergency Medical Services regarding the Ambulance Patient Offload Time for each facility and each LEMSA. In addition, on or before 12/1/2020, EMSA shall submit a report to the legislature on Ambulance Patient Offload Time</p> <p>1797.228 mandates that on or before July 1, 2019, a local EMS agency shall transmit Ambulance Patient Offload Time data quarterly to the Authority, consistent with the policies and procedures developed pursuant to Section 1797.225.</p> <p>Reporting specifications and APOT reporting spreadsheet for 2019 can be found on the EMSA website at emsa.ca.gov/apot.</p>

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



DATE: March 20, 2019

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP, FAEMS
Director

PREPARED BY: Jennifer Lim
Deputy Director, Legislative, Regulatory and External Affairs

SUBJECT: Legislative Report

RECOMMENDED ACTION:

Receive information regarding current bills potentially affecting EMS.

FISCAL IMPACT:

None

DISCUSSION:

Due to the dynamic nature of the legislative process, the Legislative Report to the Commission on EMS will be posted on the EMSA website at http://www.emsa.ca.gov/current_legislation. Copies of the printed Legislative Report will also be available at the Commission Meeting on March 20, 2019.

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DRIVE, SUITE 400
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DATE: March 20, 2019

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP, FAEMS
Director

PREPARED BY: Rick Trussell, Chief
Fiscal and Administration Unit

SUBJECT: Administrative and Personnel Report

RECOMMENDED ACTION:

Information Only

FISCAL IMPACT:

None

DISCUSSION:**Emergency Medical Services Authority (EMSA) Budget:****2018-19**

The 2018-19 enacted California State budget includes expenditure authority in the amount of \$44.9 million and 70 permanent positions. Of this amount, \$16.6 million is delegated for State operations and \$28.3 million is delegated to local assistance.

As of February 14, 2019, accounting records indicate that the Department has expended and/or encumbered \$22.9 million or 51% of available expenditure authority. Of this amount, \$6.3 million or 41.2% of State Operations expenditure authority has been expended and/or encumbered and \$16.1 million or 56.7% of local assistance expenditure authority has been expended and/or encumbered.

We are continuing to monitor and adjust both State operations and local assistance budgets to meet changing program priorities. An updated report will be distributed prior to the next Commission meeting.

2019-20

The Governor's Proposed Budget for 2019-20 released in January 2019 includes expenditure authority in the amount of \$34.1 million and 76 permanent positions. Of this amount, \$15.2 million is delegated for State operations and \$18.9 million is delegated to local assistance. The following budget adjustments are included in the proposed budget:

- EMSA requested the conversion of 4 temporary positions to permanent to address on-going EMS Systems Division workload. Converting the 4 temporary positions to permanent will provide position transparency and allow for accurate budget authority through employee compensation and retirement annual baseline adjustments. The request will not change the total level of expenditure authority for EMSA and the federal funding to support the 4 requested positions has remained stable since 2014-15 and is projected to continue.
- EMSA requested \$309,000 Emergency Medical Services Personnel Fund in 2019-20 and annually thereafter to permanently fund 2 positions previously authorized in 2017-18 with limited-term funding. The two positions will continue to address workload associated with Emergency Medical Technician-Paramedic (EMT-P) licensee violations.
- EMSA requested one permanent position and \$159,000 General Fund in 2019-20 and \$152,000 General Fund annually thereafter to meet the legislative requirements of Chapter 342, Statutes of 2018 (AB 2293). AB 2293 requires each local EMS agency or other EMT certifying entity to annually submit to EMSA by July 1 of each year, data on the approval or denial of EMT-I or EMT-II applicants. AB 2293 also requires EMSA to annually report to the Commission on EMS on the extent to which prior criminal history may be an obstacle to certification as an EMT, and requires EMSA to annually submit the same report to the Legislature.
- EMSA requested one permanent position and \$189,000 General Fund in 2019-20 and \$141,000 annually thereafter to analyze ambulance patient offload time data reported by local emergency medical services agencies and to provide a one-time report of its findings to the Legislature and biannual reports to the Commission on Emergency Medical Services thereafter, pursuant to Chapter 656, Statutes of 2018 (AB 2961).
- EMSA requested one-time funding of \$177,000 General Fund in 2019-20 to add the topic of lead poisoning prevention to the preventive health practices course for child care providers, as required by Chapter 676, Statutes of 2018 (AB 2370).

AB 2370 requires that, as a condition of licensure by the California Department of Social Services on and after July 1, 2020, a child day care facility have specified child care providers complete a training curriculum that includes instruction in the prevention of lead exposure as part of the existing eight-hour preventative health practices course, as approved by EMSA. The instruction in the prevention of lead

exposure shall be consistent with the most recent California Department of Public Health’s training curriculum on childcare lead poisoning prevention, which takes between 30 minutes to an hour.

- EMSA requested \$100,000 Emergency Medical Technician (EMT) Certification Fund in 2019-20 to address the legislative requirements of SB 695 (Chapter 838, Statutes of 2018). The passage of SB 695 allows EMSA, local EMS agencies, and other certifying entities to accept an Individual Taxpayer Identification Number (ITIN) for certification purposes when SSNs are unavailable. The one-time funds will be used for consulting services to conduct outreach and training to staff at EMSA and the 69 certifying entities.
- EMSA requested \$186,000 in 2019-20 and 2020-21, and \$190,000 in 2021-22 and annually thereafter to support increased administrative costs in the areas of contracted fiscal and personnel services, facilities, and utilities. The proposal adjusts EMSA’s budget in order to provide adequate budget authority to meet increased costs for fiscal and personnel services, facilities, and utilities.

EMSA Staffing Levels:

As of February 14, 2019, the Department is authorized 70 positions and also has 18 temporary (blanket positions and retired annuitants) positions for an overall staffing level of 88. Of the 88 positions, 19 positions are vacant at this time.

	Division				
	Admin/Exec	DMS	EMSP	EMS	Total
Authorized	19.0	20.0	22.0	9.0	70.0
Temporary Staff	8.0	2.0	2.0	6.0	18.0
Staffing Level	27.0	22.0	24.0	15.0	88.0
Authorized (Vacant)	-2.0	-6.0	-2.0	0.0	-10.0
Temporary (Vacant)	-5.0	-1.0	0.0	-3.0	-9.0
Current Staffing Level	20.0	15.0	22.0	12.0	69.0

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DRIVE, SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



DATE: March 20, 2019
TO: Commission on EMS
FROM: Howard Backer, MD, MPH, FACEP, FAEMS
Director
PREPARED BY: Steven A. McGee, Administrative Adviser
SUBJECT: Legal Report

RECOMMENDED ACTION:

Receive information on Legal Office Activities.

FISCAL IMPACT:

None

DISCUSSION:**Disciplinary Cases:**

From November 5, 2018, to February 19, 2019, the Authority issued thirteen new accusations against existing paramedic licenses, one statement of issues, three administrative fines, and issued decisions on eleven petitions for reduction of penalties. Of the newly issued actions, three of the Respondents have requested that an administrative hearing be set. There are currently eleven hearings scheduled. There are currently thirty open active disciplinary cases in the legal office.

Litigation:

Tagliere v. Backer, Los Angeles County Superior Court #BS1707101, Writ of Administrative Mandamus. Plaintiff filed a writ seeking to overturn the revocation of his license subsequent to an administrative hearing. A hearing was held on February 14, 2019. The superior court remanded the matter back to OAH for a new hearing.

Local EMS Agency Plan Denial Appeals:

Contra Costa County EMS v. EMSA. The Authority is currently working to determine hearing dates and request a hearing through OAH.

El Dorado County EMS v. EMSA. A hearing has been set in the matter for June 3, 4 and 6, 2019.

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: March 20, 2019

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP, FAEMS
 Director

PREPARED BY: M. D. Smith, Supervising Special Investigator
 Paramedic Enforcement Unit

SUBJECT: Enforcement Report

RECOMMENDED ACTION:

Receive information on Enforcement Unit activities.

FISCAL IMPACT:

None

DISCUSSION:**Unit Staffing:**

As of February 1, 2019, the Enforcement Unit is budgeted for 5 full-time Special Investigators, 1 part-time Retired Annuitant Special Investigator and 1 full-time Associate Government Program Analyst (AGPA-Probation Monitor). Two Special Investigator positions were recently filled on January 16, 2019, and are still in training under the guidance of a lead Special Investigator.

Investigative Workload:

The following is a summary of currently available data extracted from the paramedic database:

Cases opened since January 1, 2019, including:

Cases opened:	48
Cases completed and/or closed:	38
EMT-Paramedics on Probation:	227

In 2018:

Cases opened:	272
Cases completed and/or closed:	265
EMT-Paramedics on Probation:	220

Status of Current Cases:

The Enforcement Unit currently has 137 cases in “open” status.

As of February 1, 2019, there are 45 cases that have been in “open” status for 180 days or longer: 13 Fire Fighters’ Bill of Rights (FFBOR) cases and seven (7) cases waiting for California Society of Addiction Medicine (CSAM) evaluations. Respondents are directed to a physician who specializes in addiction medicine for an examination/review in cases involving alcohol or other substance abuse.

Those 45 cases are divided among 6 Special Investigators (2 of which are still in training) and are in various stages of the investigative process. These stages include awaiting documents, preparing for and/or setting up interviews, report writing and corrections to be made, awaiting action by local law enforcement jurisdictions, the courts, etc.

Delays in the interview process are common due to unforeseen difficulties in obtaining certified copies of documents, court records, availability of witnesses and/or the subject(s) of an investigation due to medical action/disability issues, on-going investigations for FFBOR staff or on-going criminal investigations, court actions, plus the routine requirement for two or more follow-up interviews.

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



DATE: March 20, 2019

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP, FAEMS
Director

PREPARED BY: Kim Lew, Staff Services Manager I
Paramedic Licensure Unit

SUBJECT: National Registry of EMTs Examination Results

RECOMMENDED ACTION:

Receive information on the National Registry of EMTs (NREMT) paramedic and EMT pass rates in California.

FISCAL IMPACT:

There is no fiscal impact.

DISCUSSION:

Local EMS agencies (LEMSAs) approve most EMT, AEMT, and paramedic training programs; however, the EMS Authority approves statewide public safety agency EMT training programs, which include the California Highway Patrol, CAL FIRE, and the State Department of Parks and Recreation.

The state of California continues to have the highest number of NREMT certified EMS professionals nationwide. As of March 1, 2018, there were 40,682 NREMT certified EMTs, AEMTs, and paramedics in California.

During the past five (5) year period, several California paramedic and EMT program graduates continue to exceed national first time average pass rates.

Attached are data from the NREMT that list the first attempt pass rate results of paramedics and EMTs affiliated with California approved training programs.

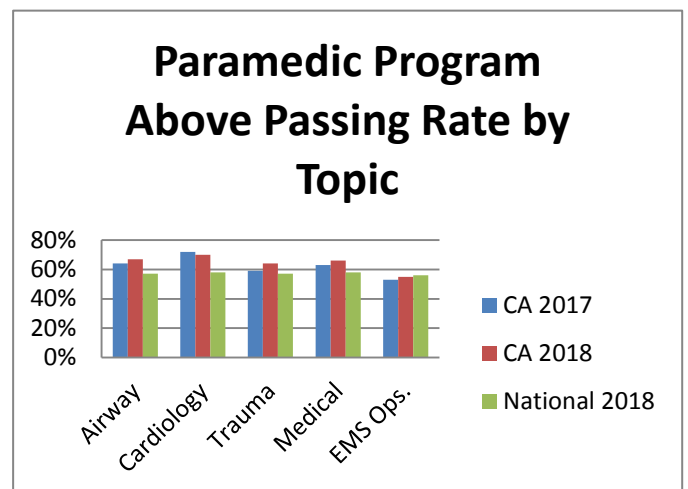
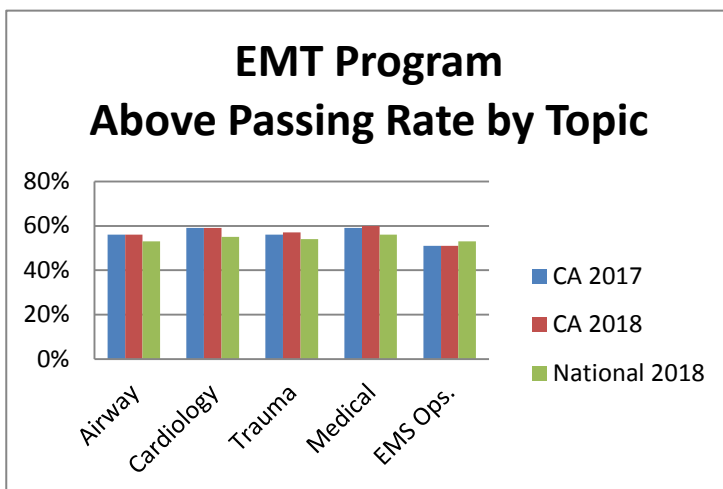
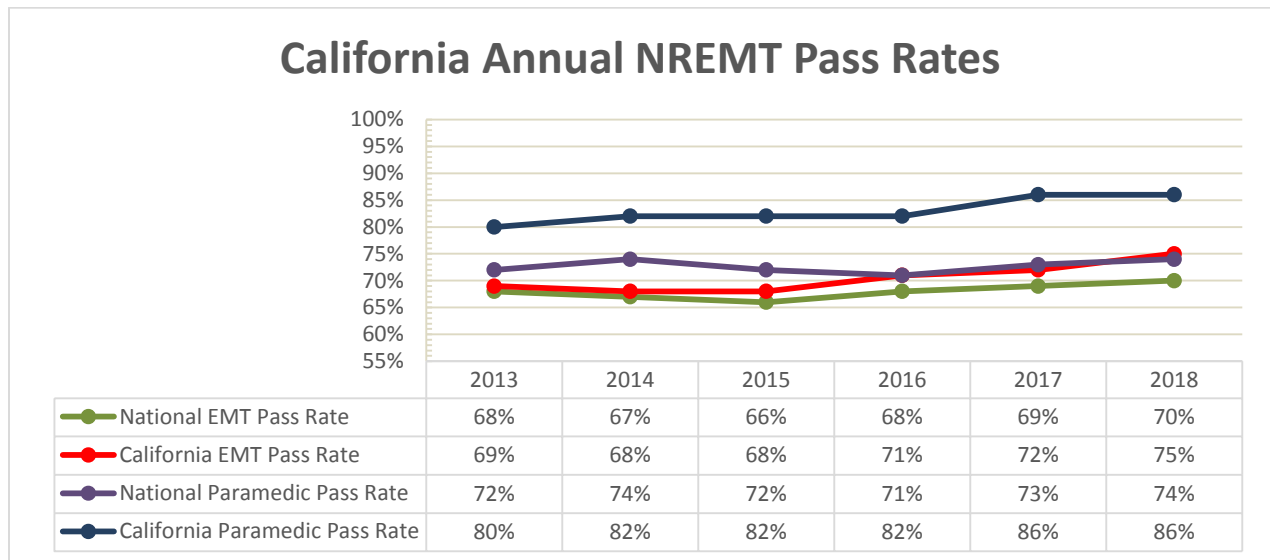
Attachments:

Additional California NREMT Pass Rate Data
California EMT Pass Rates by LEMSA and Program
California Paramedic Pass Rates by LEMSA and Program

California Emergency Medical Services 2018 California EMS Program NREMT Pass Rates

IN-STATE 1 st ATTEMPT AVERAGE PASS RATES			
2018	# of Reported Programs	# of Programs Exceeded CA State First Attempt Average Pass Rate	%
PARAMEDIC			
LEMSAs	18	10	56%
Programs	35	15	43%
EMT			
LEMSAs	29	24	83%
Programs	152	61	40%

CALIFORNIA vs. NATIONAL				
2018	Attempted the exam	Pass 1 st attempt	Pass 1 st attempt	% Change from Previous Year
PARAMEDIC				
California	931	800	86%	No change
National	10,966	8,122	74%	-1%
EMT				
California	10,233	7697	75%	+3%
National	74,852	52754	70%	+1%



EMT- National Registry of EMT Pass Rates

		2013		2014		2015		2016		2017		2018	
National EMT Pass Rate		73%		67%		68%		69%		70%		71%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
Alameda County EMS Agency													
ALCO EMS Corps EMT Program	CA-01031							10	40%	26	62%	35	80%
American Health Education	CA-10009	70	71%	64	54%	63	63%	53	66%	119	67%	117	70%
Bay Area Training Academy	CA-01030	32	56%	36	64%	19	68%	22	72%	41	68%	103	81%
Bear EMT Program	CA-01028							42	74%	56	64%	83	73%
Berkeley STEP	CA-01029							3	100%	4	75%	7	86%
Chabot College	CA-01014	36	75%	43	70%	38	74%	38	79%	31	55%	31	58%
East Bay	n/a	0		0									
Fast Response School of Health Care Ed.	n/a	62	84%	124	77%	144	84%	185	81%				
Las Positas College	CA-01001	33	88%	27	89%	46	83%	44	80%	47	83%	42	69%
Merritt College/Alameda County	CA-01022	39	64%	39	51%	29	52%	40	58%	59	61%	68	53%
Quest Nursing Education Center	n/a	0		0									
Unitek College	CA-01003	521	67%	464	69%	351	73%	330	70%	299	76%	279	70%
University of California Police EMT Trg	n/a	36	94%										
LEMSA TOTALS		829		797		690		767		682		765	
Central California EMS Agency													
Alert Medical Training	CA-61027									55	71%	87	68%
American Ambulance	CA-61005	109	71%	105	83%	53	87%	16	100%	54	74%		
Auberry Volunteer/Alert Medical Training	n/a	13	69%	49	69%	48	56%	33	61%				
California State University Fresno	CA-61006	1	0%	0		7	43%	7	71%	3	33%	8	50%
Clovis Unified School District - ROP	n/a	0		0									

EMT- National Registry of EMT Pass Rates

Central California EMS Agency (cont'd)													
College of the Sequoias	CA-61019	12	42%	15	80%	21	48%	24	33%	30	33%	26	46%
Dinuba Fire Department	n/a	14	43%	9	67%	16	31%	13	15%				
Fresno Adult School	n/a	4	0%	8	63%								
Fresno City College Fire Academy	CA-61008	37	70%	40	73%	39	41%	58	52%	35	49%	70	59%
Valley ROP	CA-61042	0		0				1	100%	26	31%	61	16%
Hume Lake Fire Department	CA-61037							3	100%	1	100%	4	100%
Institute of Technology-Clovis	n/a	4	0%	0									
Madera Adult School	CA-61017	6	67%	7	43%	4	25%	8	50%	6	67%	13	46%
Minarets Adult Education EMT-Basic	CA-61032	7	57%	10	70%	19	47%	19	74%	9	78%	21	67%
NAS Lemoore F&ES EMT Program	n/a							3	33%				
Orange Cove Fire Department	CA-61013	15	40%	16	25%	15	40%	6	17%	14	36%	18	28%
Porterville Community College	CA-61024	34	47%	24	58%	25	48%	22	59%	10	60%	34	50%
Selma Fire Department	CA-61003	2	50%	0		12	25%	8	38%	20	0%		
Yosemite Unified School District	n/a	4	75%	0									
West Hills College	CA-61004	24	63%	28	75%	24	54%	18	67%	14	36%	29	69%
WestMed College-Fresno	n/a	0		0									
LEMSA TOTALS		286		311		283		239		277		371	
Coastal Valleys EMS Agency													
Mendocino College Mendocino County	CA-66006	23	57%	15	47%	21	76%	54	74%	35	66%	31	61%
Mendocino County Office of Education ROP	CA-66005	19	68%	31	68%	17	71%	7	100%	7	71%	4	75%
Santa Rosa Junior College	CA-66001	155	86%	137	81%	106	83%	120	97%	95	96%	125	93%
LEMSA TOTALS		197		183		144		181		137		160	
Contra Costa County EMS Agency													
Contra Costa College	CA-07001	20	75%	20	50%	7	29%	23	57%	4	25%	23	57%
Los Medanos Community College	CA-07003	69	41%	73	55%	86	47%	122	75%	144	72%	80	54%
Mt Diablo Adult Education	CA-07002	12	75%	7	43%	8	88%	16	75%	14	29%	27	74%
LEMSA TOTALS		101		100		101		161		162		130	

EMT- National Registry of EMT Pass Rates

EI Dorado County EMS Agency													
EI Dorado County Training Officer's Assn	CA-09002	28	82%	23	78%	22	77%	29	66%	17	100%	31	71%
Lake Tahoe Community College	CA-09001	45	71%	30	77%	33	85%	37	65%	43	72%	36	78%
LEMSA TOTALS		73		53		55		66		60		67	
Imperial County EMS Agency													
Bureau of Land Management	CA-13004	0		0				14	86%	2	100%		
EI Centro Sector BORSTAR	n/a	0		0									
Imperial Community College	CA-13002									1	100%		
Imperial Valley College	CA-13001	40	70%	62	55%	45	58%	31	71%	45	71%		
LEMSA TOTALS		40		62		45		45		48		0	
Inland Counties EMS Agency													
Barstow Community College	CA-62001	15	80%	12	58%	9	56%	9	56%	14	79%	8	50%
Big Bear Fire Department	n/a							10	40%				
Cerro Coso Community College	CA-15007	42	83%	32	72%	26	69%	28	86%	40	75%	46	78%
Chaffey College	CA-62022	43	53%	47	62%	46	54%	44	41%	36	64%	56	39%
Copper Mountain College	CA-62003	22	59%	21	81%	14	64%	34	71%	33	79%	18	94%
CPR and More	CA-62042							57	68%	84	77%	71	65%
Crafton Hills College	CA-62008	140	66%	138	51%	108	56%	136	68%	115	64%	103	65%
High Sierra Prehospital Education	n/a	0		0									
Inland Empire Healthcare Training Institute	CA-62041							2	0%	11	82%	17	65%
Lone Pine Unified School District	n/a	2	50%	3	33%	1	100%						
Mono County EMS EMT Training Program	CA-62029									14	86%		
Montclair Fire Department	CA-62023	121	50%	103	56%	119	57%	90	56%	70	74%	68	75%
San Bernardino Co. Fire Department	CA-62025									8	50%	1	100%

EMT- National Registry of EMT Pass Rates

Inland Counties EMS Agency (cont'd)													
San Bernardino County Fire Department	CA-94027									9	22%	6	67%
So Cal EMT Fire Training	CA-62024	9	56%	22	45%			88	75%	50	70%		
So Cal EMT Fire Training - Oct 2017	CA-62030									3	100%	65	77%
Southern Inyo Fire Protection District	CA-62027							8	63%	5	60%	5	40%
Victor Valley Community College	CA-62006	88	61%	105	54%	119	45%	117	46%	128	46%	143	60%
LEMSA TOTALS		482		483		442		623		620		607	
Kern County EMS Agency													
Bakersfield College Allied Health	CA-15012	68	62%	71	66%	79	62%	144	65%	162	64%	146	62%
Bakersfield Community College	n/a	39	44%	28	61%	29	59%						
B/P TEC	n/a	1	100%	0									
Kern County Sheriff Office EMT Training	n/a							8	63%				
Olive Drive Fire Training Facility	n/a	21	71%	12	92%								
Taft College	CA-15011	11	36%	11	45%	4	50%	7	100%	14	79%		
LEMSA TOTALS		140		122		112		159		176		146	
Los Angeles County EMS Agency													
Alhambra Unified School District	CA-19067							3	67%	2	100%	5	40%
Antelope Valley College	CA-19019	10	90%	15	93%	4	75%	9	89%	10	70%	9	67%
Antelope Valley High School District ROP	CA-19014	41	54%	8	50%	16	63%	21	90%	23	83%	23	96%
Antelope Valley Medical College Inc.	n/a	107	71%	114	64%								
California Institute of EMT	CA-19054	653	84%	642	83%	554	82%	565	87%	532	89%	502	90%
Cerritos College	n/a	24	67%	0									
Charter College - LA	CA-19066									8	13%		
Citrus Community College	CA-19002	52	85%	49	82%	40	83%	57	84%	51	78%	59	90%

EMT- National Registry of EMT Pass Rates

Los Angeles County EMS Agency (cont'd)													
CSU Long Beach	CA-19062	45	62%	60	62%	76	47%	45	58%	74	61%	72	64%
College of the Canyons	CA-19017	106	91%	115	83%	127	81%	123	89%	115	82%	118	86%
Downey Adult School	CA-19064							40	30%	23	48%	42	48%
East Los Angeles College	CA-19030	27	81%	34	71%	41	54%	31	55%	28	57%	18	61%
East San Gabriel Valley ROP	CA-19031	60	47%	70	43%	43	40%	24	63%	18	61%	14	64%
El Camino College	CA-19003	113	59%	92	97%	126	48%	93	83%	129	78%	153	75%
Glendale Community College	CA-19004	58	91%	66	88%	62	87%	66	79%	61	85%	52	58%
Long Beach City College	CA-19006	33	39%	12	75%	13	46%	19	63%	12	75%	12	75%
Long Beach Fire Department	CA-19035	0		5	80%			4	100%	13	69%		
Los Angeles City Fire Department	n/a	1	100%	0									
Los Angeles County Fire Department	CA-19007	35	94%	36	100%	19	100%	31	94%	16	100%	54	85%
Los Angeles County ROP	n/a	4	25%	0									
Los Angeles County Sheriff's Department	CA-19009	10	100%	0		2	100%	1	0%	5	100%		
Los Angeles Harbor College	CA-19036	20	60%	11	45%	19	58%	16	63%	7	57%	9	67%
Los Angeles Valley College	CA-19010	106	42%	80	40%	60	63%	72	65%	88	66%	69	77%
Mt. San Antonio College	CA-19011	34	68%	54	63%					53	60%	56	98%
N. Hollywood Polytechnic Adult School	n/a	0		0									
North Valley Occupational Center	CA-19039	7	57%	28	61%	28	57%	18	44%	31	48%	37	49%
Pasadena City College	CA-19040	106	53%	95	55%	117	58%	128	63%	98	61%	104	95%
Professional Career Development Center	CA-19068									1	100%		
ProTech Life Safety Services	CA-30022									59	64%	139	58%
West Coast EMT- Redondo Beach	CA-19070									38	95%	133	90%

EMT- National Registry of EMT Pass Rates

Los Angeles County EMS Agency (cont'd)													
Rio Hondo College Fire Academy	CA-19058	111	60%	92	72%	126	76%	114	73%	104	64%	115	74%
San Antonio ROP	n/a	0		0									
Southern California ROC	CA-19050	0		0		22	36%	28	57%	29	62%	21	90%
Tri Cities ROP	n/a	25	24%	0									
UCLA Center for Prehospital Care	CA-19013	373	96%	384	96%	471	93%	515	95%	564	97%	615	97%
University of Antelope Valley	CA-19001							66	39%	113	53%	143	57%
LEMSA TOTAL		2161		2062		1966		2089		2305		2574	
Marin County EMS Agency													
College of Marin	CA-21001	16	75%	11	91%	13	100%	12	92%	16	94%	19	89%
LEMSA TOTAL		16		11		13		12		16		19	
Merced County EMS Agency													
Merced Community College	CA-24001	24	50%	18	83%	36	64%	39	77%	31	77%	44	86%
Merced County EMS Agency	n/a	0		0									
LEMSA TOTAL		24		18		36		39		31		44	
Monterey County EMS Agency													
Hartnell Community College	CA-27001	5	60%	20	55%	38	42%	18	44%	28	43%	38	32%
Monterey Peninsula College	CA-27002	39	72%	71	63%	63	51%	53	70%	45	73%	35	86%
Monterey Peninsula ROP	n/a	1	0%	1	0%	1	0%					1	0%
LEMSA TOTAL		45		92		102		71		73		74	
Mountain Valley EMS Agency													
Academy for Profesional Development	CA-60027							5	20%	18	22%	35	54%
Abrams College	CA-60003	112	38%	91	42%	107	41%	137	41%	114	42%	81	44%
Ceres Unified Adult Education	CA-60002	30	37%	0		20	55%	14	64%	24	33%	25	80%

EMT- National Registry of EMT Pass Rates

Mountain Valley EMS Agency (cont'd)													
First Lady Permanente	CA-60028									15	33%	66	44%
Hughson Fire Protection District	n/a	4	50%	5	40%	12	58%	4	50%				
Ione Fire Department	n/a							51	43%	33	24%	16	31%
Jackson Rancheria Fire Department	CA-60026	16	63%	13	69%	19	47%						
Mariposa County Fire Department	n/a	13	46%	8	75%			19	89%				
Modesto Junior College	CA-60001	50	76%	33	88%	55	76%	50	90%	63	84%	59	93%
Murphys Fire Protection District	CA-60013	21	62%	23	61%	32	72%	30	70%	18	72%	15	67%
LEMSA TOTALS		246		173		245		310		285		297	
Napa County EMS Agency													
Napa Valley College	CA-66009	27	74%	31	68%	48	63%	37	49%	42	57%	33	85%
Pacific Union College	CA-66010	12	100%	14	79%	12	58%	4	75%	9	67%	8	63%
LEMSA TOTALS		39		45		60		41		51		41	
North Coast EMS Agency													
College of the Redwoods	CA-63003	47	77%	42	79%	41	83%	37	68%	41	85%	44	82%
Del Norte Fire Training Consortium	CA-63005	1	100%	0		28	79%			22	77%		
Humboldt State University	CA-63007	16	81%	16	81%	19	74%	18	72%	17	47%	24	67%
Lake County Fire Protection District	CA-63001	0		0		11	82%			7	57%		
LEMSA TOTALS		64		58		99		55		87		68	
Nor Cal EMS Agency													
College of the Siskiyous	CA-65026	30	77%	26	73%	33	67%	25	21%	28	68%	32	84%
Downieville Fire Protection District	CA-64026									12	100%		
Feather River College	CA-64007	5	60%	12	67%	9	67%	7	43%	6	50%	6	83%

EMT- National Registry of EMT Pass Rates

Nor Cal EMS Agency (cont'd)													
Glenn County Office of Education	n/a	0		0									
Lassen Community College	CA-64005	5	100%	1	0%	9	78%	4	25%	7	71%	9	44%
Modoc Medical Center	CA-64019							6	100%	7	71%	4	75%
Shasta Community College	CA-65022	68	69%	74	61%	75	63%	57	61%	64	66%	72	60%
Trinity County Life Support EMT Program	CA-64024							2	100%	3	100%	3	100%
LEMSA TOTALS		108		113		126		101		127		126	
Orange County EMS Agency													
Central County ROP	CA-30008	8	38%	0		1	0%			1	0%		
Coastline Regional Occupational Program	CA-30002	50	58%	37	43%	43	60%	72	68%	60	62%	53	81%
North Orange County ROP	CA-30003	124	68%	82	71%	63	57%	20	55%	11	55%	5	0%
Orange Coast College	CA-30004	30	90%	14	93%	24	88%	45	78%	32	84%	52	85%
Orange County CPR	CA-30015	171	63%	191	66%	235	60%	248	63%	142	59%	2	50%
Orange County EMT	CA-30020									65	66%	209	76%
Saddleback College	CA-30005	68	63%	81	69%	80	70%	93	82%	92	85%	98	77%
Orange County EMS Agency (cont'd)													
Santa Ana College	CA-30006	59	64%	34	74%	31	68%	88	77%	95	81%	140	79%
Santa Ana Fire Academy	n/a	45	51%	0		16	63%						
South Coast ROP	CA-30001	22	68%	23	78%	24	58%	27	37%	18	44%	7	57%
West Coast Emergency Medical Training	CA-30019	396	77%	365	75%	431	80%	543	73%	544	77%	566	78%
LEMSA TOTALS		973		827		948		1136		1060		1132	
Riverside County EMS Agency													
College of the Desert	CA-33004	26	54%	31	58%	27	67%			34	88%	30	83%
HealthPro EMT Training	CA-33013							9	78%	15	67%	26	58%
Moreno Valley College	CA-33002	208	79%	196	69%	161	72%	153	84%	137	83%	126	90%

EMT- National Registry of EMT Pass Rates

Riverside County EMS Agency (cont'd)													
Mt San Jacinto College	CA-33005	86	66%	64	69%	84	51%	53	57%	48	63%	56	64%
Palo Verde College	n/a	0		5	40%			2	50%				
Riverside County Office of Education ROP	CA-33007	9	33%	23	30%	11	9%			9	22%	17	24%
Southern California EMS Training Institute	CA-33010							158	72%	78	78%	155	75%
West Coast EMT-Riverside	CA-33011							257	72%	267	78%	301	77%
LEMSA TOTALS		329		319		283		632		588		711	
Sacramento County EMS Agency													
American River College	CA-34001	75	85%	52	83%	92	77%	145	86%	128	91%	101	83%
California Regional Fire Academy		136	76%	22	77%	23	61%						
CA State Univ. Sac., Pre-Hospital Education	CA-34006	66	68%	67	90%	93	75%	112	70%	158	76%	169	80%
Cosumnes River College	CA-34002	44	100%	42	90%	48	96%	47	91%	66	100%	76	92%
Galt Adult School	n/a	15	60%	0									
Herald Fire District	n/a	0		0		13	8%						
Institute of Technology-Citrus Heights	n/a	1	100%	1	0%								
Walnut Grove Fire District	CA-34020									7	57%	5	0%
LEMSA TOTALS		337		184		269		304		359		351	
San Diego County EMS Agency													
Borrego Springs Fire Protection District	n/a	12	42%	20	45%	20	25%	17	59%				
EMSTA Inc.	CA-37007	276	83%	288	85%	333	74%	294	78%	290	76%	265	74%
Grossmont Health Occupations Center	CA-37003	60	77%	0		27	48%	45	44%	18	56%	34	76%
Healthcare Academy of California	CA-37028							17	71%	71	48%	104	78%
Link 2 Life, Inc.	n/a	41	71%	39	49%	47	70%	11	73%				
Miramar College	CA-37005	317	85%	338	82%	357	78%	357	85%	402	88%	395	83%
National Polytechnic College	n/a	17	59%	21	62%	7	57%	126	76%				

EMT- National Registry of EMT Pass Rates

San Diego County EMS Agency (cont'd)													
Palomar Community College	CA-37001	172	85%	182	85%	215	79%	283	77%	301	82%	265	77%
LEMSA TOTALS		895		888		1006		1150		1082		1063	
San Francisco EMS Agency													
City College of San Francisco	CA-38001	82	66%	92	72%	67	60%	102	60%	91	67%	111	74%
San Francisco Paramedic Association	n/a	119	94%	26	96%								
University of San Francisco	CA-38008							23	91%	37	95%	54	91%
LEMSA TOTALS		201		118		67		125		128		165	
San Joaquin County EMS Agency													
Institute of Technology-Stockton	n/a	6	17%	0									
Ripon Fire Department	CA-39003	0		27	56%			10	60%	1	100%		
San Joaquin County EMS Agency	n/a	8	63%	0									
LEMSA TOTALS		14		27		0		10		1		0	
San Luis Obispo County EMS Agency													
Cuesta College Allied Health-EMT	CA-40003	52	77%	44	80%	44	75%	59	86%	64	75%	79	77%
LEMSA TOTALS		52		44		44		59		64		79	
San Mateo County EMS Agency													
College of San Mateo	CA-41004	34	97%	41	98%	35	94%	36	89%	41	98%	31	87%
Skyline College	CA-41002	55	85%	62	84%	60	87%	55	84%	55	78%	62	75%
LEMSA TOTALS		89		103		95		91		96		93	
Santa Barbara County EMS Agency													
Allan Hancock College	CA-42001	33	82%	35	54%	20	80%	35	49%	33	58%	40	35%
Santa Barbara City College	CA-42002	117	85%	97	79%	123	84%	95	78%	64	84%	92	86%
LEMSA TOTALS		150		132		143		130		97		132	

EMT- National Registry of EMT Pass Rates

Santa Clara County EMS Agency													
Foothill College	CA-43003									4	75%	35	69%
Foothill Community College	CA-43008	93	73%	101	70%	136	71%	108	81%	106	86%	62	77%
Mission College	CA-43005	71	63%	0		72	67%	80	66%	71	73%	74	73%
National University	CA-37026									163	64%	256	65%
San Jose City College	CA-43002	87	72%	86	65%	47	83%	32	84%	33	79%	39	62%
Silicon Valley Ambulance/ACE EMT Academy	CA-43012	16	81%	33	61%	8	50%	10	60%	17	65%	24	79%
South Bay Regional Public Safety Training	CA-43015							21	57%	20	55%	25	56%
Stanford University	CA-43009	20	100%	25	88%	16	100%	30	97%	23	100%	20	100%
Sunnyvale Department of Public Safety	CA-43013	6	100%	10	100%	7	86%	18	100%	15	73%	13	100%
Westmed College	n/a	20	55%	0									
LEMSA TOTALS		313		255		286		299		452		548	
Santa Cruz County EMS Agency													
Cabrillo College	CA-44002	73	77%	75	71%	79	78%	83	65%	66	76%	49	63%
Defib This EMT Program	CA-44004							78	62%	143	86%	136	68%
Emergency Training Services, Inc.	n/a	92	65%	53	51%								
LEMSA TOTALS		165		128		79		161		209		185	
Sierra-Sac Valley EMS Agency													
Absolute Safety Training EMT Program	CA-64004									24	46%	27	48%
Burney Fire Protection District	CA-65036							6	50%	7	14%	7	71%
Butte Community College	CA-65025	51	71%	56	75%	48	75%	57	82%	60	80%	75	81%
Cambridge Junior College	n/a							11	36%				
Institute of Technology	CA-65024	6	67%	26	77%	19	84%	9	56%	6	50%		
Karuk Tribe	CA-65039							3	67%	1	0%		
NCTI- Bay Area	CA-65032							46	72%	43	81%	55	87%
NCTI-Riverside	CA-65034							13	46%	13	62%		

EMT- National Registry of EMT Pass Rates

Sierra-Sac Valley EMS Agency (cont'd)													
NCTI-Roseville	CA-65003	196	82%	146	83%	96	77%	69	74%	74	80%	70	91%
NCTI-Santa Barbara	CA-65035							51	92%	32	94%	16	100%
NOLS Wilderness Medicine at COS	CA-65028	98	91%	97	91%	103	96%	99	97%	110	93%	103	87%
Oroville Adult Education-AST	n/a							9	78%				
Placer School for Adults & PEP	n/a	0		9	89%								
Sierra Community College	CA-65002	168	85%	183	84%	217	79%	195	82%	173	79%	285	72%
Woodland Community College EMT Program	CA-65029	23	87%	23	74%	20	65%			14	93%	20	90%
Yuba Community College District	CA-65004	37	51%	42	62%	21	86%	31	71%	26	88%	44	64%
LEMSA TOTALS		579		582		524		599		583		702	
Solano County EMS Agency													
National Institute for Healthcare Education	n/a	6	33%	6	83%			3	0%				
Solano Community College	CA-48001	13	77%	15	60%	22	36%	31	58%	34	53%	43	65%
Vallejo Regional Education Center	CA-48006									1	0%	5	20%
LEMSA TOTALS		19		21		22		34		35		48	
Tuolumne County EMS Agency													
Columbia College	CA-55001	14	79%	2	50%	8	88%	11	100%	13	85%	18	83%
LEMSA TOTALS		14		2		8		11		13		18	
Ventura County EMS Agency													
Conejo Valley Adult School	CA-56007	24	100%	26	69%	26	77%	24	83%	37	78%	31	65%
Charter College	CA-56015							22	59%	14	57%		
EMS Training Institute Inc.	CA-56006	81	63%	73	78%	93	71%	100	85%	11	82%		
Moorpark College	CA-56001	0		0				5	100%	49	80%	61	70%
Oxnard College	CA-56002	97	59%	115	64%	108	61%	104	71%	87	60%	104	58%
Simi Valley Adult School	CA-56003	57	63%	58	69%	60	65%	57	63%	60	68%	64	61%
Ventura College	CA-56004	50	74%	0		43	88%	58	67%	60	82%	74	57%
LEMSA TOTALS		309		272		330		370		318		334	

EMT- National Registry of EMT Pass Rates

Yolo County EMS Agency													
On-Site Medical Service-EMT-B-Training	CA-65023	79	78%	108	73%	74	76%	46	80%	65	88%		
University of California-Davis	n/a	33	67%	0									
LEMSA TOTALS		112		108		74		46		65		0	
EMS Authority													
State Fire Marshal's Office													
Butte College Fire Academy	CA-94010	35	94%	38	92%	37	86%	42	88%	32	88%	43	88%
San Bernardino County Fire Department	n/a	11	45%	0		4	25%					6	67%
South San Francisco Fire EMT	n/a	6	50%	0				10	50%				
California Department of Parks and Recreation													
Mott Training Center (CA Parks & Recreation)	CA-96001	23	96%	0		19	89%			30	100%		
EMSA TOTALS		75		38		60		52		62		49	

Exceeds the CA State Pass Rate

Paramedic- National Registry of EMT Pass Rates

		2013		2014		2015		2016		2017		2018	
National Paramedic Pass Rate		70%		77%		78%		71%		72%		74%	
CA Paramedic Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
Alameda County EMS Agency													
Fast Response School of Health	n/a							18	83%				
Las Positas College	CA-01001							2	100%	16	100%	12	83%
NCTI- Bay Area (Livermore)	CA-65032							96	79%	85	80%	96	78%
LEMSA TOTAL # TAKEN								116		101		108	
Central California EMS Agency													
Fresno County Dept. of Health	CA-61002	28	79%	27	81%	29	79%	22	77%	20	75%	31	84%
West Hills College	CA-61004							5	40%	15	67%	8	63%
WestMed College-Fresno	n/a							28	79%				
LEMSA TOTAL		28		27		29		55		35		39	
Coastal Valley EMS Agency													
Mendocino College Mendocino County	n/a												
Santa Rosa Junior College	CA-66001	16	100%	17	100%	12	100%	19	100%	14	93%	21	90%
LEMSA TOTAL		16		17		12		19		14		21	
El Dorado County EMS Agency													
n/a													
Imperial County EMS Agency													
Imperial Valley College	CA-13001	1	100%	6	67%	14	71%	5	60%	1	0%	9	89%
LEMSA TOTAL		1		6		14		5		1		9	
Inland County EMS Agency													
Crafton Hills College	CA-62009	29	86%	19	74%	32	97%	22	82%	31	84%	37	81%
Victor Valley Community College	CA-62006	21	81%	25	72%	29	59%	26	69%	43	81%	62	84%
LEMSA TOTAL		50		44		61		48		74		99	

Paramedic- National Registry of EMT Pass Rates

		2013		2014		2015		2016		2017		2018	
National Paramedic Pass Rate		70%		77%		78%		71%		72%		74%	
CA Paramedic Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
Kern County EMS Agency													
Antelope Valley College	n/a	21	71%			6	83%						
Bakersfield College Paramedic Program	CA-15004	13	92%	9	100%	18	94%	10	80%	20	90%	11	100%
LEMSA Total		34		9		24		10		20		11	
Los Angeles County EMS Agency													
Los Angeles County Paramedic Training	CA-19008	87	76%	84	76%			62	84%	66	86%	96	86%
Mt. San Antonio College	CA-19011	43	100%	34	100%	30	90%	42	100%	13	100%	35	94%
UCLA Paramedic Education Program	CA-19012	97	94%	106	88%	111	88%	85	86%	105	90%	105	87%
University of Antelope Valley	CA-19001							11	91%	19	84%	29	79%
LEMSA Total		227		224		141		200		203		265	
Marin County EMS Agency													
n/a													
Merced County EMS Agency													
n/a													
Monterey County EMS Agency													
n/a													
Mountain Valley EMS Agency													
n/a													
Napa County EMS Agency													
Napa Valley College	CA-66009	15	73%	19	89%	11	100%	16	94%	8	88%	23	83%
LEMSA Total		15		19		11		16		8		23	

Paramedic- National Registry of EMT Pass Rates

		2013		2014		2015		2016		2017		2018	
National Paramedic Pass Rate		70%		77%		78%		71%		72%		74%	
CA Paramedic Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
Northern California EMS Agency													
Absolute Safety Training Inc.	CA-64004	17	65%	14	71%	16	69%	17	53%	10	30%		
LEMSA Total		17		14		16		17		10		0	
North Coast EMS Agency													
North Coast EMS	CA-63002	1	100%	11	91%	19	74%	8	63%	16	75%	18	83%
LEMSA Total		1		11		19		8		16		18	
Orange County EMS Agency													
Orange County EMT (OCEMT Corp)	CA-30020											22	77%
Saddleback College	CA-30005	54	87%	36	81%	49	90%	19	84%	50	74%	23	70%
LEMSA Total		54		36		49		19		50		45	
Riverside County EMS Agency													
Moreno Valley College	CA-19011	17	88%	18	83%	20	80%	24	83%	22	95%	23	83%
National College of Technical Instruction	CA-65034							67	76%	100	75%	106	74%
LEMSA Total		17		18		20		91		122		129	
Sacramento County EMS Agency													
American River College	CA-34001	5	80%	8	100%	13	92%	9	89%	9	100%	12	92%
CA State Univ Sacramento, PreHospital Education Program	CA-34006	50	72%	53	72%	52	67%	51	78%	57	81%	72	79%
LEMSA Total		55		61		65		60		66		84	
San Diego County EMS Agency													
EMSTA Inc.	CA-37007	35	69%	39	95%	33	85%	21	71%	43	86%	36	94%
Palomar Community College	CA-37001	30	93%	44	95%	39	95%	35	97%	64	84%	54	89%
San Diego Fire-Rescue Dept. Paramedic Program	CA-37029											17	94%
Southwestern Community College	CA-37006	15	93%	20	100%	25	100%	14	100%	16	100%	11	100%
Westmed College Chula Vista	n/a	8	100%	18	83%	10	80%						
LEMSA Total		80		121		107		70		123		118	

Paramedic- National Registry of EMT Pass Rates

		2013		2014		2015		2016		2017		2018	
National Paramedic Pass Rate		70%		77%		78%		71%		72%		74%	
CA Paramedic Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
San Francisco EMS Agency													
City College of San Francisco	CA-38001	14	86%	17	94%	5	80%	25	84%	24	100%	24	88%
LEMSA Total		14		17		5		25		24		24	
San Luis Obispo County EMS Agency													
Cuesta College-CCPP	CA-40001	16	64%	7	100%	16	81%	10	80%	14	79%	14	79%
LEMSA Total		16		7		16		10		14		14	
San Mateo County EMS Agency													
California EMS Academy Inc	n/a	17	65%	1	100%								
LEMSA Total		17	65%	1	100								
Santa Barbara County EMS Agency													
National College of Tchnical Instruction- Santa Barbara	CA-65035							17	88%	1	0%		
Santa Clara County EMS Agency													
Foothill College	CA-43003	22	100%	18	83%	30	80%	27	96%	29	97%	41	100%
Westmed College- San Jose	CA-43014	20	70%	14	79%	5	20%	24	83%	22	82%	12	75%
LEMSA Total		42		32		35		51		51		53	
Santa Cruz County EMS Agency													
Emergency Training Services, Inc.		29	86%	22	77%	13	77%						
LEMSA Total		29		22		13							
Sierra-Sac Valley EMS Agency													
Butte Community College	CA-65025	16	75%	8	88%	14	64%	12	83%	9	100%	20	90%
NCTI -Roseville	CA-65003	319	78%	242	78%	62	77%	71	72%	73	90%	65	83%
NCTI -Bay Area (Livermore)	CA-65032											96	78%
NCTI-Riverside	CA-65034											106	74%
NCTI-Santa Barbara	CA-65035							17	88%	1	0%		
College of the Siskiyous	CA-65026	9	67%	22	82%	15	100%	20	90%	17	100%	18	89%
LEMSA Total		344		272		91		120		100		305	

Paramedic- National Registry of EMT Pass Rates

		2013		2014		2015		2016		2017		2018	
National Paramedic Pass Rate		70%		77%		78%		71%		72%		74%	
CA Paramedic Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
Solano County EMS Agency													
n/a													
Tuolumne County EMS Agency													
n/a													
Ventura County EMS Agency													
Ventura College	CA-56004	12	100%	8	100%	14	86%	16	81%	23	83%	15	87%
LEMSA Total		12		8		14		16		23		15	
Yolo County EMS Agency													
n/a													

Exceeds the CA State Pass Rate

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
 RANCHO CORDOVA, CA 95670
 (916) 322-4336 FAX (916) 324-2875



DATE: March 20, 2019

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP, FAEMS
 Director

PREPARED BY: Jennifer Lim
 Deputy Director, Legislative, Regulatory and External Affairs

SUBJECT: Regulations Update

RECOMMENDED ACTION:

Receive information regarding the status of EMS regulations.

FISCAL IMPACT:

None

DISCUSSION:

The following information is an update to the regulation rulemaking calendar approved by the Commission on EMS on December 5, 2018. In accordance with Health and Safety Code Section 1797.107, the Emergency Medical Services Authority is promulgating the following regulations:

	Chapter	Status
1.1	Training Standards for Child Care Providers	Under review by the Emergency Medical Services Authority
4	Paramedic	Under review by the Department of Finance
7.1	ST-Elevation Myocardial Infarction (STEMI) Systems of Care	Under review by the Office of Administrative Law
7.2	Stroke Systems of Care	Under review by the Office of Administrative Law
10	California Emergency Medical Technician Central Registry	Under review by the Emergency Medical Services Authority
12	Emergency Medical Services System Quality Improvement	Under review by the Emergency Medical Services Authority
14	Emergency Medical Services for Children	Under review by the Office of Administrative Law

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



DATE: March 20, 2019

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP, FAEMS
Director

PREPARED BY: Priscilla Rivera, Manager
Personnel Standards Unit

Lou Meyer
Community Paramedicine Pilot Project Manager

SUBJECT: Community Paramedicine Pilot Project Report

RECOMMENDED ACTION:

Receive information regarding the Community Paramedicine Pilot.

FISCAL IMPACT:

The community paramedicine project manager and the independent evaluator are funded by the California Health Care Foundation (CHCF). Local pilot site providers participate with in-kind contributions and any local grants or reimbursement.

DISCUSSION:

On November 14, 2014, the California Office of Statewide Health Planning and Development (OSHPD) approved an application from the California Emergency Medical Services Authority (EMSA) to establish a Health Workforce Pilot Project (HWPP) to test multiple community paramedicine concepts. OSHPD has since renewed the HWPP for one-year periods in 2015, 2016, 2017, and 2018. The community paramedicine HWPP has encompassed 17 projects in 13 communities across California that have tested seven different community paramedicine concepts.

As reported at the last EMS Commission meeting EMSA had submitted a request to extend the HWPP#173 Pilot Project for one more year and OSHPD gave "Continued Approval" to carry the Community Paramedicine pilot project thru November 14, 2019, contingent upon continued funding of the pilot project manager and independent evaluator as required by statute. The CHCF board of directors approved the continued funding of the pilot project manager and independent evaluator during its December 13, 2018 meeting.

Strong progress continues with the remaining community paramedicine projects. The data, as well as the independent evaluator's public report continues to show these projects have improved patient care as well as having reduced hospital re-admissions and visits to emergency departments resulting in \$3.4 million potential savings to the health care system since the beginning of the pilot project.

Independent Evaluation:

The HWPP regulations require organizations that sponsor pilot projects to retain an independent evaluator to assess trainee performance, patient acceptance, and cost effectiveness. A team of evaluators at the Philip R. Lee Institute for Health Policy Studies and the UCSF Healthforce Center, San Francisco continue to serve as the independent evaluators for the HWPP #173.

The UCSF's Healthforce Center issued its fourth public evaluation report in February 2019, which presents a summary of major findings from the evaluation for policymakers for the period of June 1, 2015 through September 30, 2018.

Community Paramedicine Concept	Lead Agency	Date Implemented	Total Patients Enrolled
Post-Discharge	Alameda City EMS	June 1, 2015	129
Post-Discharge	Butte County EMS	July 1, 2015 Discontinued	960
Post-Discharge	San Bernardino County and Rialto Fire Depts.	August 13, 2015	225
Post-Discharge	UCLA Center for Prehospital Care	September 1, 2015 Discontinued	154
Post-Discharge	Medic Ambulance Solano	September 15, 2015	211
All Post-Discharge Projects			1,679
Frequent EMS User	Alameda City EMS	July 1, 2015	72
Frequent EMS User	City of San Diego	October 12, 2015 Temporarily Suspended	46
Frequent EMS User	San Francisco Fire Dept.	September 12, 2018	67
All Frequent EMS User Projects			185
Tuberculosis	Ventura County EMS	June 1, 2015	46

Community Paramedicine Pilot Project Report

March 20, 2019

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Hospice	Ventura County EMS	August 1, 2015	345
Alternate Destination – Mental Health	Mountain Valley – Stanislaus EMS	September 25, 2015	333
Alternate Destination – Mental Health	Santa Clara County EMS	June 6, 2018	25
Alternate Destination – Mental Health	Central California EMS	July 30, 2018	467
All Alternate Dest. – Mental Health Projects			825
Alternate Destination – Urgent Care	UCLA Center for Prehospital Care	September 8, 2015 Discontinued	12
Alternate Destination – Urgent Care	Orange County Fire Chiefs	September 14, 2015 Discontinued	34
Alternate Destination – Urgent Care	Carlsbad Fire Dept	October 9, 2015 Discontinued	2
All Alternate Dest. – Urgent Care Projects			48
Alternate Destination – Sobering	San Francisco Fire Dept.	February 1, 2017	1,176
Alternate Destination – Sobering	Santa Clara County EMS	June 6, 2018	0
All Alternate Dest. – Sobering Projects			1,176
All Projects			4.304

Additional Pilot Sites Status:

The Pilot Sites listed below were approved by OSHPD to become additional projects pending the completion of their Implementation Requirements, i.e. Training and receiving an approved IRB.

Local EMS Agency	Sponsor	Concepts	Status
Sierra Sacramento Valley	Dignity Health	Post Discharge	This project has notified EMSA of their interest in re-engaging in the Implementation Process
El Dorado County	Cal Tahoe JPA	Alt Destination Behavioral Health Post Discharge	This project has notified EMSA of their interest in re-engaging in the Implementation Process
Los Angeles County EMS Agency	Los Angeles City Fire Department	Alt Destination Behavioral Health	Pending completion of implementation requirements
Los Angeles County EMS Agency	Los Angeles City Fire Department	Alt Destination Sobering Center	Pending completion of implementation requirements

Patient Safety:

There were no patient safety issues reported to the EMSA pilot project manager or discovered by the independent evaluator during this reporting period.

CMS’s Emergency Triage, Treat, and Transport Model:

In February 2019, The Center for Medicare and Medicaid Services (CMS) announced their Emergency Triage, Treat and Transport (ET3) Model. Under this model, CMS will reimburse selected Medicare enrolled ambulance providers who transport patients to either hospital emergency department or other destinations covered under their regulations, an alternate destination such as a doctor’s office, urgent care clinic or provide treatment in place with a qualified health practitioner either on the scene or connected using telehealth.

Currently Medicare regulations reimburse ambulance providers for emergency ground transports to hospitals, critical access hospitals, skilled nursing facilities, and dialysis centers. Under the ET3 Model, any individual who calls 911 and is connected to a dispatch system that has incorporated a medical triage line under the model would be screened for eligibility for medical triage services prior to ambulance initiation. Upon arriving on scene, participating ambulance providers may triage Medicare fee for service beneficiaries to one of the model’s interventions upon ambulance dispatch following a 911 call.

Timeline:

CMS’ Innovation Center anticipates releasing a Request for Applications (RFA) in Summer 2019 to solicit interest from Medicare-enrolled ambulance providers. Once participants have been selected and announced, the Innovation Center anticipates issuing a Notice of Funding Opportunity (NOFO) in Fall 2019 for up to 40 two-year cooperative agreements, available to local governments, their designees, or other

entities that operate or have authority over one or more 911 dispatches in geographic locations where ambulance suppliers and providers have been selected to participate.

The Innovation Center anticipates utilizing a phased approach with up to three rounds of RFAs, up to two releases of NOFOs, and staggered performance start dates. The staged approach across multiple application rounds is designed to advance key design elements of the ET3 model and optimize overall impact, including regional uptake of its innovations and multi-payer alignment.

The ET3 model will have a five-year performance period. The anticipated start date is January 2020. The performance period for all participants, regardless of start date, will end at the same time; thus, only applicants selected through the first RFA will be able to participate through the full five years.

Impact in California

Staff at the EMS Authority are analyzing if the ET3 Model could be incorporated into the Community Paramedicine Program and other existing models in California.

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: March 20, 2019

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP, FAEMS
Director

PREPARED BY: Priscilla Rivera, Manager
Personnel Standards Unit

Lou Meyer
EMSA POLST eRegistry Coordinator

SUBJECT: POLST eRegistry Update

RECOMMENDED ACTION:

Receive information regarding POLST eRegistry pilot project.

FISCAL IMPACT:

The California Health Care Foundation (CHCF) has granted up to \$3 million to fund the different aspects of the POLST eRegistry pilot project that includes, but is not limited to, the local pilot sites, the technology vendor(s), independent evaluator, project director, and project consultant through February 28, 2019

DISCUSSION:

Decisions on end of life care for oneself and for that of loved ones are difficult for anyone to make. The Physician Orders for Life-Sustaining Treatment (POLST) form is a process that encourages open and thoughtful discussion between physicians and their patients regarding end of life care. To address some of the current limitations with accessibility to the POLST information, SB 19 (Wolk, Chapter 504, 2015) was signed by the Governor authorizing a POLST electronic registry (eRegistry) pilot project under the aegis of the EMS Authority (EMSA).

Multi-Agency Coordination Activity (MAC):

As a member of the MAC, EMSA's POLST eRegistry Coordinator, with the support of other members of the EMSA leadership team continues to participate in weekly and as needed MAC conference calls and in-person meetings throughout the last quarter.

The major topic of discussion during the last quarter was next steps to sustain a POLST eRegistry. The current CHCF grant and pilot project ended February 28, 2019, with a final report being provided by the independent evaluator in April 2019.

Pilot Site Update:

Alameda-Contra Costa Medical Association (ACCMA) pilot site

The ACCMA pilot site was utilized to learn how effective a registry would be in a system that does not have a preexisting HIE network. This site experienced some complications that delayed the deployment of the registry within the EMS system. Through conversations with community stakeholders and Contra Costa EMS Administration, the following issues were identified as areas of concern:

- Onboarding to the registry is too lengthy.
- An optimum number of POLST forms in the registry has yet to be achieved.
- EMS system engagement was delayed; leading to a lack of buy-in and support.
- EMS provider's internet access in the field did not allow for consistent use of the registry.
- The backup Poison Control Center call in line may detract from EMS workflow.

The ACCMA pilot site has on-boarded the Sutter Hospital System and was working to onboard skilled nursing facilities through a shared EHR system at the time the study ended. With the additional stakeholders onboarding, the number of forms in the system should increase. The hospital system and providers plan to remain active participants in the POLST eRegistry following the end of the pilot study.

Contra Costa County EMS, however, has decided to discontinue of the backup call center line, and the American Medical Response team chose to remove the Vynca data link at the conclusion of the pilot project.

San Diego Health Connect (SDHC) pilot site

Despite initial delays, SDHC is continuing to work with their hospital stakeholders to ensure active participation within the POLST eRegistry. The collaboration with the San Diego County EMS Agency, City of San Diego Fire, and American Medical Response (AMR) with SDHC continues to provide positive results.

SDHC achieved activation and use of the POLST eRegistry. In June 2018 EMS field personnel (over 800 fire and private paramedics) attended refresher/update training, that included the new POLST eRegistry functionality within the HIE, as well as a refresher about Search, Alert, File, and Reconcile and the Health Information Exchange. San Diego EMS has found value in the use of the ePOLST Registry System through the retrieval 1,157 POLST forms during the pilot study.

The pilot study funding for both sites has ended and EMSA is waiting for the final evaluation report to be finalized.

Next Steps

CHCF plans to continue charting a path for greater electronic exchange of POLST Forms over the next 15 Months (March 2019 – May 2020) by doing the following;

Project Objective(s)

Build on learnings from the POLST (Physician Orders for Life-Sustaining Treatment) eRegistry Pilot by exploring and articulating next steps, stakeholder roles, and technical and operational recommendations to support expanded electronic access to POLST across care settings.

Desired Outcome(s)

Identify the path(s) to get from four distinct regional POLST registries to statewide cross-setting access to POLST; increase likelihood of future interoperability of existing (and potential future) POLST registries.

Project Activities

Vision: Define and communicate a vision and way forward for increased electronic access to POLST across settings through a collaborative process led by CCCC with active participation from EMSA and involving stakeholders such as health plans, health systems, HIOs, SNFs, technology vendors, and relevant association groups.

Business case / Use cases: Assess, test, and articulate the business case / use cases for funding of future POLST eRegistry work or other mechanisms for broader access to POLST across care settings, from perspectives of health plans, health systems, and state government.

Recommended practices: Define and document minimum expectations and recommended practices for electronic exchange of POLST across settings (e.g., necessary capabilities of users, policies and procedures, technology standards), to increase the likelihood of future interoperability of existing POLST registries and provide guidance to organizations newly engaging in POLST exchange work.

Electronic form completion: Build the foundation to support increased use of electronic completion of POLST (which increases quality of POLST compared to paper forms, by disallowing invalid forms [e.g., unsigned; conflicting orders]). Activities would include assessing current electronic form completion technologies already in use by registries and health systems, developing guidelines for electronic POLST completion and information-sharing, and preparing guidelines for the EMSA Commission approval process.

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: March 20, 2019

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP, FAEMS
Director

PREPARED BY: Kim Lew, Manager
Paramedic Program Unit

SUBJECT: Paramedic Online Licensing

RECOMMENDED ACTION:

Receive information regarding the *MyLicense* paramedic online licensing project.

FISCAL IMPACT:

The *MyLicense* paramedic online licensing one-time project cost was \$119,740. This expense was 57% less than anticipated, resulting in significant procurement cost-savings.

The *MyLicense* system maintenance and hosting services cost was \$51,267/yr.; a 64% decrease in annual service costs from the prior 2018/2019 SFY. The primary reason for this cost-savings is due to EMSA transferring hosting services from California Department of Technology to the *MyLicense* system vendor.

DISCUSSION:**Background**

In the fiscal year 2013-2014, the Paramedic Program Unit conducted a three (3) week-long customer satisfaction survey of the paramedic population. Although 60% of all respondents reported a positive experience with EMSA staff and the licensing process, 20% of the respondents emphasized the desire to have online licensing.

2018 Online Licensing System Project Initiated

EMSA's current licensure system includes a license records module, *MyLicense Office*, and a public record look-up module, *MyLicense Verification*. EMSA administers and hosts this system. The system vendor, System Automation (SA), provides maintenance and support.

On March 26, 2018, EMSA procured from SA the online licensure application, *MyLicense eGov* and a required *MyLicense Office* version upgrade. As a cost-savings measure, EMSA also arranged to have SA provide system hosting services.

By providing an online licensing system for applicants, all paramedic training program graduates and paramedics requiring licensure renewal can apply online.

EMSA anticipates the following service and program operation improvements:

- Increased payment processing time due to online payment features.
- Improved efficiency of application review and approval due to fewer erroneous or illegible paper applications received.
- Improved application status transparency and availability due to real-time update features.
- Enriched communication through user-driven updates.
- Reduction in staff time addressing applicant deficiencies.
- Further support of California's sustainable state government operations initiative by reducing paper waste.

On February 25, 2019, the online system became available for applicants. Although the system did experience some technical issues initially, they were resolved on the first day of implementation and only affected a few applicants. Other than an increase in public service requests to assist applicants through the registration and log-in process, the Paramedic Licensure Unit has received nothing but positive feedback and gratitude for the opportunity to use this service.

Attachment: EMSA Online Paramedic Licensing Fact Sheet



FACT Sheet

eGov Online Paramedic License FAQs

1. What types of applications will the online license system accept?
Initial In-State, Initial Out-of-State, Initial Challenge, and Renewal (non-audit) license applications.
2. Will paper applications still be accepted?
Yes.
3. What requests and information updates will the online system accept?
Mailing and residential addresses, email, and phone information may be updated in eGov. Name changes, verification requests, and duplicate card requests must continue to be submitted through mail, fax or to paramedic@emsa.ca.gov.
4. Will the online application be secure with a username and password specific to each applicant?
Yes. Applicants will register individually and create a username and password.
5. What types of payment will the system accept?
Visa and Mastercard credit and debit cards.
6. Will the applicant receive a receipt for payment?
Yes. The applicant will receive an electronic receipt by email for each transaction; including payment status.
7. Will there be a process for fire departments/providers to pay for an individual's licensure?
No. The online licencing system is designed to allow access to individual applicant's only.
8. Will the applicant receive a summary of their application submission?
Yes. Applicants may view and print a summary of their application online.
9. Will the online licensing system notify applicants, employers, or other agencies when an individual renews, updates their information, or completes a renewal?
No. Real-time paramedic, EMT, and Epinephrine licenses/certification statuses may be viewed online on [Central Registry Verification](#) (also known as the Public-Lookup).
10. Will the EMS Authority continue to send renewal notifications to the Fire Departments/providers or will this be sent to the individual?
Yes. Renewal notifications will continue to be automatically generated to whatever address the applicant places in the "mailing" address section of the paper or online application.
11. Will the EMS Authority notify the fire departments/providers of individuals who are to be audited?
Yes. Audit notifications will continue to be automatically generated and sent to whatever address the applicant places in the "mailing" address section of the paper or online application.
12. How will applicants provide evidence of attending the Continuing Education courses for renewal?
Non-audit renewal applications, regardless of paper or online, require the medic to check a box attesting to meeting the minimum CE requirements for renewal. The online system is not available to those selected for audit. Audit applicants must continue to submit their renewal application through the mail and include copies of their CE's.

Contact Information:

Emergency Medical Services Authority
Paramedic Licensure Unit
10901 Gold Center Drive, Suite 400
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E-mail: paramedic@emsa.ca.gov

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: March 20, 2019

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP, FAEMS
Director

PREPARED BY: Lisa Galindo
EMS Plans Coordinator

SUBJECT: Local EMS Plan Status Update

RECOMMENDED ACTION:

Receive updated information on the submission activity related to Emergency Medical Services (EMS) Plans, Quality Improvement (QI) Plans, and Trauma Plans, as well as progress related to the automation process for submitting EMS Plans.

FISCAL IMPACT:

None

DISCUSSION:

Local EMS Agencies (LEMSA) must submit an EMS Plan annually to the EMS Authority, in accordance with Health and Safety Code (HSC) § 1797.254. An EMS Plan is a plan for the delivery of EMS consistent with state guidelines addressing the following components identified in HSC § 1797.103:

1. System Organization and Management
2. Staffing and Training
3. Communications
4. Response and Transportation
5. Facilities and Critical Care Centers
6. Data Collection and System Evaluation
7. Public Information and Education
8. Disaster Medical Response

The information contained in an EMS Plan is used to ensure compliance with all applicable laws, regulations, and guidelines, and to be able to assess the functionality of an EMS system to ensure safety and quality emergency medical services to the public.

EMS Plan Use:

The data and information captured in an EMS plan is used to determine the following:

- Trends
- The current number of operable resources, including level of service and physical location of:
 - Providers, hospitals, specialty care centers, dispatch providers, etc.
- Pre-hospital cost per ambulance responses
 - Assists in determining the cost of an EMS system
- Percentage of CEMIS records submitted per ambulance responses
 - Assists in determining the accuracy of transportation data reported in an EMS Plan in comparison to uploaded data
- Confirmation that multicounty EMS agencies are meeting contractual objectives
- Other ad hoc reporting to assess the EMS System's functionality consistent with HSC § 1797.102

Submission Status:

Attached is a statewide activity report on LEMSA submissions related to EMS Plans, QI Plans, and Trauma Plans. The activity report identifies LEMSAs who are current, under review, and overdue in these submissions to the EMS Authority.

Below is a statewide summary of the submission compliance:

Submission	Number of LEMSAs	Percentage Compliance
EMS Plan	26/33	79%
QI Plan	26/33	79%
Trauma Plan	21/33	64%

EMS Plan Appeals:

The EMS Authority currently has the following EMS Plan appeals in progress:

- Contra Costa County (2016 EMS Plan)
- El Dorado County (2011 EMS Plan)

The El Dorado County appeal hearing is anticipated to be held in June of 2019. The EMS Authority is awaiting dates of availability for the hearing from Contra Costa County.

EMS Plan Automation Process:

Currently, EMS Plans are manually constructed by LEMSAs using Microsoft Word templates developed by the EMS Authority. LEMSAs electronically submit EMS Plans in a pdf or Microsoft Word format, or hard copy through U.S. mail. The EMS Authority's process of review, notification, evaluation, findings, and recommendations are also paper-based. This makes it difficult for the EMS Authority and LEMSAs to generate various reports from EMS Plans since information must first be manually entered.

Automating the EMS Plan process will significantly reduce the time it takes a LEMSA to develop an EMS Plan. Additionally, through EMS Plan automation, the EMS Authority and LEMSAs will have the capability of utilizing the information more efficiently by generating meaningful reports. The data and information submitted will also be stored for longitudinal analysis.

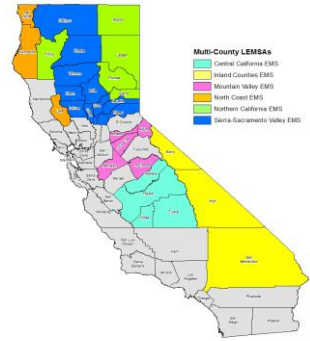
The EMS Authority has finalized the Stage 1 Business Analysis for this project, which has been reviewed by Agency, but is pending formal approval. A Request for Offer is being developed to solicit a qualified project manager who will coordinate the procurement of a solution, and will manage the project. The next step is the development of a Project Management Plan that summarizes the project scope, identifies roles and responsibilities, and outlines methodologies for project communications, schedule, issue, and risk management, to include change management, and maintenance and operations of the solution implemented under this effort.

The EMS Authority will continue to keep the Commission apprised of the activity involving EMS Plans.

Attachment



LOCAL EMS Agency EMS Plans Submission Snapshot as of February 20, 2019



EMS AGENCY	EMS PLAN		QI PLAN		TRAUMA PLAN		NOTES
	STATUS	DUE	STATUS	DUE	STATUS	DUE	
Alameda	Current		Current		Current		
Central California	Current		Current		Overdue	> 6 Months	
Coastal Valleys	Current		Current		Current		
Contra Costa	Current		Current		Current		EMS Plan appeal
El Dorado	Overdue	> 1 year	Overdue	> 1 year	Overdue	> 1 year	EMS Plan appeal
Imperial	Overdue	> 5 years	Overdue	No QI on file	Overdue	> 3 years	
Inland Counties	Under Review		Current		Under Review		
Kern	Current		Current		Current		
Los Angeles	Current		Current		Current		
Marin	Current		Current		Current		
Merced	Under Review		Under Review		Current		
Monterey	Current		Current		Overdue	> 6 months	
Mountain Valley	Current		Current		Overdue	< 1 year	
Napa	Current		Current		Current		
North Coast	Under Review		Under Review		Current		
Northern California	Current		Current		Current		
Orange	Under Review		Under Review		Current		
Riverside	Under Review		Under Review		Current		
Sacramento	Current		Current		Current		
San Benito	Under Review		Under Review		Overdue	< 1 year	
San Diego	Current		Current		Overdue	< 1 year	
San Francisco	Current		Current		Overdue	< 2 years	
San Joaquin	Current		Current		Current		
San Luis Obispo	Current		Current		Current		
San Mateo	Current		Current		Pending		
Santa Barbara	Overdue	> 1 year	Overdue	> 1 year	Current		
Santa Clara	Overdue	> 6 months	Overdue	> 6 months	Overdue	> 6 months	
Santa Cruz	Overdue	> 5 years	Overdue	No QI on file	Overdue	> 2 years	
Sierra-Sac Valley	Current		Current		Current		
Solano	Overdue	> 5 years	Overdue	No QI on file	Current		
Tuolumne	Overdue	> 3 months	Overdue	> 3 months	Overdue	> 3 months	
Ventura	Current		Current		Current		
Yolo	Current		Current		Current		

Current plan on file
Pending submission
No current plan on file

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: March 20, 2019

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP, FAEMS
Director

PREPARED BY: Adrienne Kim
CEMSIS Program Coordinator, EMS Systems Division

SUBJECT: CEMSIS Update

RECOMMENDED ACTION:

Receive information regarding California EMS Information System (CEMSIS) Data Submission for 2018.

FISCAL IMPACT:

None

DISCUSSION:

The report includes a summary of several high level items related to the status of the CEMSIS.

CEMSIS:

In response to the implementation of the NEMSIS Version 3.4 data standard, EMSA informed the Local EMS Agencies (LEMSA) in a January 5, 2016 memorandum that as of January 1, 2017, we would only accept NEMSIS Version 3.4 data into CEMSIS. As such, 2018 was considered a transition year for EMS data in California as LEMSAs and providers moved to Version 3.4.

California has the largest number of records in the country in our NEMSIS compliant data system. EMSA currently has over 7 million total records in CEMSIS, and for Calendar Year 2018, 3.6 million records were submitted. EMSA continuously reviews three metrics to determine CEMSIS participation:

1) LEMSA Submission Rate:

As of December 31, 2018, the number of LEMSAs submitting compliant data has increased over time to 31 of 33 (94%). Two LEMSAs—Los Angeles and Imperial County—are not currently submitting data. EMSA has entered into a Data Use

Agreement with the County of Los Angeles County, and we are in the process of setting up testing for its first provider agency to submit data to us. EMSA understands that Imperial County has transitioned to a NEMSIS 3.4 compliant data system however a timeline for CEMSIS submission has not been provided. The chart below shows the number of records each LEMSA put into CEMSIS for 2018.

2) Ambulance Submission Rate:

The ambulance provider submission rate is 62% based upon the number of ambulance providers submitting data compared to LEMSA EMS Plan information on the number of providers in their areas.

3) Records Submission to CEMSIS Rate:

Significant progress has been made in the submission of EMS records into CEMSIS. EMSA believes the statewide record submission rate for 2018 is 58% when considering the information EMSA receives in EMS Plans. Using data obtained from LEMSAs, EMSA created an expected number of EMS responses for CY 2018 by LEMSA using data from prior years EMS plans covering multiple years. This served as a straw man denominator for our calculations. Then, the actual number of CEMSIS records submitted served as the numerator for the calculation. This number could include duplicate records for the same incident/patient. Discrepancies could also be a result of under calculation of expected responses leading to a percentage greater than 100. Further review of expected response information from EMS Plans is needed to ensure proper representation of the total submission percentage. EMSA will work with the LEMSAs to perform validation of response information reported in EMS Plans.

These overall rates demonstrate the outstanding participation and commitment from LEMSAs to improve patient care, quality, and statewide data collection.

EMS Data Going Forward:

With 3.6 million records in 2018, we are considering the future of how EMS data will be used in a meaningful way. All LEMSAs that are submitting data to CEMSIS will receive five standardized reports in March 2019 via email. These standardized reports will be evaluated over time and can be changed based on system needs and input from the LEMSAs. The Executive Data Advisory Group will establish a group to recommend reports that will be published on the California EMS Authority website and which five standardized reports will be sent to all LEMSA Administrators.

CEMSIS Data Validation:

Additionally, as of July 1, 2019, all LEMSAs must submit ambulance patient offload time (APOT) information to EMSA consistent with HSC 1797.228 (a)(1) and based on the methodology and specifications developed by EMSA. We are currently working with multiple LEMSAs to ensure that data submitted into CEMSIS accurately represents the data in the local systems based on the APOT reports we are receiving.

The Commission will be kept informed on the progress of the statewide data program.

LEMSA Submissions to CEMSIS: 2018

LEMSA	2018 CEMSIS Records Submitted*
Alameda	189,150
Central Calif EMS	190,814
Coastal Valleys EMS	54,745
Contra Costa	136,438
El Dorado	23,821
Imperial	0
Inland Counties EMS	518,681
Kern	156,271
Los Angeles	0
Marin	7,543
Merced	30,287
Monterey	31,747
Mountain Valley EMS	80,506
Napa	18,206
North Coast EMS	27,899
Northern Calif EMS	10,804
Orange	464,701
Riverside	406,006
Sacramento	245,417
San Benito	3,425
San Diego	20,397
San Francisco	135,374
San Joaquin	127,695
San Luis Obispo	26,568
San Mateo	134,200
Santa Barbara	74,800
Santa Clara	181,540
Santa Cruz	41,395
Sierra-Sac Valley EMS	165,380
Solano	47,172
Tuolumne	7,808
Ventura	101,246
Yolo	22,122
Total	3,682,158

*CEMSIS records from CY 2018; ran 2/27/2019

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: March 20, 2019

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP, FAEMS
Director

PREPARED BY: Craig Johnson
Chief, Disaster Medical Services Division

SUBJECT: State Medical Response to the Camp Fire

RECOMMENDED ACTION:

Receive information regarding the EMS Authority's activities in response to the 2018 Butte County Camp Fire.

FISCAL IMPACT:

None

DISCUSSION:

The 2018 Butte County Camp Fire was one of the most destructive wildfire disasters in modern United States history and led to the catastrophic loss of 85 civilian lives and the destruction of 18,793 structures, including damage to Feather River Hospital and loss of numerous other healthcare facilities in Butte County. Multiple shelter sites were established to support the displaced residents, with a peak daily population of nearly 1,400 and over 700 citizens camped outside. Beginning November 9, the EMS Authority (EMSA) provided staff to support the State Operations Center (SOC), Medical Health Coordination Center (MHCC) and activated the EMSA Department Operations Center.

EMSA provided medical support and coordination for the Camp Fire under Emergency Support Function (ESF) 8 and the direction of the California Governor's Office of Emergency Services (Cal OES) and the California Health and Human Services (CHHS) Agency. EMSA's response activities included support and coordination for Ambulance Strike Team (AST) missions, deployment of California Medical Assistance Teams (CAL-MAT) for medical care at 12 treatment sites, provision of medical tent structures for patient isolation to control norovirus outbreak, and coordination of medical and veterinarian volunteers through the Disaster Healthcare Volunteer/ Medical Reserve Corp (DHV/MRC) system. EMSA also coordinated deployment of California National

Guard (CANG) and National Disaster Medical System (NDMS) personnel for medical support to multiple general population shelters. EMSA activated and deployed the Patient Unified Lookup System for Emergencies (PULSE), which successfully enabled providers in the shelter sites to retrieve patient health information, such as prescription histories, to assist with treatment. In addition to the Federal medical teams, EMSA coordinated the activation of the Federal Emergency Prescription Assistance Program (EPAP) to enable pharmaceutical support for the uninsured.

Resources Deployed:

- 5 Ambulance Strike Teams
- 135 CAL-MAT members (includes professional staff from healthcare systems)
- 28 Mobile Medical Shelter Structures for patient isolation
- 116 Disaster Healthcare Volunteers
- 416 MRC Veterinarian Volunteers
- 70 CA Air and Army National Guard members
- 28 National Disaster Medical System Task Force members to support shelter operations as part of the CAL-MAT mission

Successes:

In response to the Camp Fire, EMSA was able to successfully utilize the existing statewide medical and health disaster response structure to facilitate effective mutual aid and mutual assistance.

- EMSA worked closely with local Medical Health Operational Area Coordinators (MHOACs), Regional Disaster Medical Health Specialists (RDMHSs), State-level response agencies and the federal Office of the Assistant Secretary for Preparedness and Response (ASPR) to coordinate AST deployments, medical care in shelters, pharmaceutical support, behavioral health care, environmental health response and medical support to healthcare facilities.
- EMSA also successfully leveraged pre-existing agreements, state contracts, and partnerships to directly deploy medical providers and caches to Butte and surrounding counties.
- Significant support was possible through the effective deployment of CAL-MAT members and partnerships with local healthcare systems (Scripps, Kaiser, & Stanford Health), California Conservation Corp (CCC), CANG, and the California Department of General Services (DGS). The amalgamation of CAL-MAT, Healthcare Systems, CANG, and Federal resources under a single medical mission proved successful during the Camp Fire response and served as a model for future deployments.
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- The significant medical response supported ten shelter sites with approximately 2,500 patient encounters over the 34-day medical deployment.

Lessons Learned:

- The importance of planning and exercising with medical and health partners to ensure effective combined response during disasters.
- Increase EMSA capabilities for medical response, including greater staffing levels, updated mobile medical assets, and the reinstatement of the Mission Support Team concept to provide field level support to deployed teams.
- Need to better assess medical needs in general population shelters in order to support the needs.
- Improve the use of the Disaster Healthcare Volunteers and Medical Reserve Corps by streamlining the resource requesting process and establishing better on-site support and management of volunteers.

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: March 20, 2019
TO: Commission on EMS
FROM: Howard Backer, MD, MPH, FACEP, FAEMS
Director
PREPARED BY: Sean Trask, Chief
EMS Personnel Division
SUBJECT: Election of Officers

RECOMMENDED ACTION:

- 1. Close the nominations for Chair, Vice Chair, and Administrative Committee.
- 2. Hold the election.

FISCAL IMPACT:

There is no fiscal impact.

DISCUSSION:

The Chair of the Commission, Dr. Eric Rudnick is not eligible for re-election as his term on the Commission expired December 31, 2018.

The following individuals were nominated for Commission Officers at the December 5, 2018 Commission meeting:

Chair: Mark Hartwig
James Dunford, MD

Vice Chair: Dan Burch

Administrative Committee: Brent Stangeland
Atilla Uner, MD
Daniel Margulies, MD