

EMERGENCY MEDICAL SERVICES AUTHORITY

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April 15, 2020

Ms. Donna Stone, Chief Executive Officer
Northern California Emergency Medical Services Agency
930 Executive Way, Suite 150
Redding, CA 96002

Dear Ms. Stone:

This letter is in response to Northern California Emergency Medical Services (EMS) Agency's 2018 EMS plan submission to the EMS Authority on December 11, 2019. The EMS Authority has reviewed the plan, based on compliance with statutes, regulations, and case law. It has been determined the plan meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103, and is approved for implementation pursuant to HSC § 1797.105(b).

Based on the response/transportation documentation provided, please find enclosed the ground exclusive operating areas status, as compiled by the EMS Authority.

In accordance with HSC § 1797.254, please submit an annual EMS plan to the EMS Authority on or before April 8, 2021. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in blue ink that reads 'Tom' with a stylized flourish.

Tom McGinnis, EMT-P
Chief, EMS Systems Division

Enclosure



Northern California EMS, Inc.

***2018 EMS Plan
FY 2017-18***

Dan Spiess, Chief Executive Officer

930 Executive Way, Suite 150
Redding, CA 96002

530.229.3979

Executive Summary
EMS Plan FY 2017-2018

The agency is guided by a nine director Board of Directors. The Board is comprised of one representative from each of the five contract counties, a hospital representative, an Emergency Medical Care Committee representative and that must be affiliated with an ambulance service and two Directors At Large.

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

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

Nor-Cal EMS keeps current its contracts with the five counties that have delegated LEMSA responsibilities to the agency. The contracts stipulate that all LEMSA responsibilities are delegated. These counties are Lassen, Modoc, Plumas, Sierra and Trinity. The area covers approximately 15,000 square miles with a permanent population of approximately 77,000.

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

The agency conducted its fourteenth annual Northstate Prehospital Conferences in April of 2018. At each conference registrants are asked for their suggestions for future topics. This exercise has been in place at each conference as a part of the conference evaluation form. The suggestions have guided the planning committee in the selection of future topics. Typically 150 to 200 individuals are in attendance at the conference.

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

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

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

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

During the report year there were 993 certified or accredited personnel in the Nor-Cal EMS area.

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

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

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

There are two EOAs in the Nor-Cal EMS area. One of the areas has been grandfathered with the other having been initially bid in 2005 and rebid in 2015. The successful bidder of the competitively bid EOA began their contractual obligations on July 1, 2015. The contract calls for an initial five year period with an option for an additional five year period.

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

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

The agency has maintained an approved Trauma Plan since 1988. Presently with five counties and seven small acute care hospitals, each designated as a Critical Access Hospital, the agency has designated two Level IV Trauma Centers. The most recent designation occurred at the end of the FY 2014-2015.

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

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

TABLE 1

**MINIMUM STANDARDS/RECOMMENDED GUIDELINES
SYSTEM ASSESSMENT FORMS**

Reporting Year 2018 (FY 2017-18)

[2.04 Status Update Only](#)

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT - Reporting Year: 2018 EMS PLAN (FY 2017-18)

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