

EMERGENCY MEDICAL SERVICES AUTHORITY

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



August 3, 2020

Mr. Dave Magnino, EMS Administrator
Sacramento County Emergency Medical Services Agency
9616 Micron Avenue, Suite 960
Sacramento, CA 95827

Dear Mr. Magnino:

This letter is in response to Sacramento County’s 2018 emergency medical services (EMS) plan submission to the EMS Authority on July 10, 2019. The EMS Authority has reviewed the plan, based on compliance with statutes, regulations, and case law. It has been determined the plan does not meet all EMS system components identified in Health and Safety Code (HSC) § 1797.103, and therefore, is not approved.

The area that indicates the plan is not concordant and consistent with statutes, regulations, and/or case law is indicated below.

Approved	Not Approved	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>System Organization and Management</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Staffing/Training</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Communications</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Response/Transportation</u>

Advanced life support (ALS) agreements are not in place with the following providers:

- City of Folsom Fire Department
- Cosumnes Fire Department
- Sacramento City Fire Department
- Sacramento Metropolitan Fire District
- Wilton Fire Protection District

Additional documentation was provided by Sacramento County on February 20, 2020, and February 28, 2020, in response to the EMS Authority’s letter dated January 2, 2020, requesting copies of ALS agreements or clarification on why ALS

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agreements do not exist. The EMS Authority has reviewed your letter dated February 28, 2020, and the included letter dated February 13, 2020, from the Sacramento County Fire Chief's Association regarding their belief that the stipulated agreement obviates the requirement for an agreement for the provision of ALS services. The EMS Authority does not agree with their assessment and cannot approve Sacramento County's EMS plan until it provides a signed ALS agreement with all authorized providers, in accordance with HSC § 1797.178 and California Code of Regulations, Title 22, § 100168(b)(4).

Since these organizations remain unauthorized providers, they are unable to provide ALS services within Sacramento County.

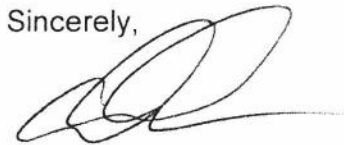
Based on the documentation provided, the EMS Authority has noted your Emergency Ambulance Zone as Non-Exclusive and has enclosed for reference.

- Facilities/Critical Care
- Data Collection/System Evaluation
- Public Information and Education
- Disaster Medical Response

Pursuant to HSC § 1797.105(b), the EMS plan may not be implemented. If you desire to appeal the EMS Authority's denial of the plan to the Commission on EMS, please notify the EMS Authority in writing within 15 days of your receipt of this letter, and the EMS Authority will schedule the appeal hearing process with the Office of Administrative Hearings.

If you have any questions regarding the plan review, please contact me at (916) 322-4336.

Sincerely,



Dave Duncan, MD
Director

Enclosure

Department of Health Services

Peter Beilenson, MD, MPH,
Director



County Executive

Navdeep S. Gill

Divisions

Behavioral Health Services
Primary Health
Public Health
Departmental Administration

County of Sacramento

November 7, 2019

David Duncan, MD,
Director
Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA. 95670

***RE: 2018 EMS Plan Annual Update - Amendment
Sent via Email on November 7, 2019***

Dear Dr. Duncan:

This letter serves as an amendment to the Sacramento County Emergency Medical Services (EMS) 2018 Annual Plan Update. It includes information requested by the EMS Authority's Systems Division regarding the followings:

- Public Information and Education
- Disaster Medical System Information
- Advanced Life Support (ALS) Agreements

Public Information and Education:

Sacramento County EMS Providers develop and offer educational opportunities based on problem identification, job scope and trend analysis. Base hospitals and critical care hospitals (Stroke, STEMI and Trauma) are required to provide public education and information and encourages Sacramento County EMS Agency (SCEMSA) to participate.

SCEMSA partners with Dignity Health Collaborative Learning Center to provide, on a continuing basis, education on sex trafficking in Sacramento County. Sacramento County EMS Agency's Medical Director provides PowerPoint presentations for STEMI, Stroke, Opioid abuse/response, video training and education located on Sacramento County EMS Agency website for review and CE.

November 7, 2019

RE: 2018 EMS Plan Annual Update - Amendment

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Disaster Medical Systems Information:

SCEMSA serves as the primary point of contact for the Medical and Health Operational Area Coordinator (MHOAC) program. The MHOAC program is established by the California Medical and Health Emergency Operations Manual. SCEMSA assists medical and health partners in the community during emergencies and disasters by coordinating resources during a response.

Advanced Life Support (ALS) Agreements:

SCEMSA has medical control oversight for all ALS providers in Sacramento County. Sacramento County's four (4) ALS 9-1-1 fire departments provide treatment and transport for the residents of Sacramento County per the 1999-2000 Sacramento County Superior Court Settlement Agreement. Additionally, one (1) ALS 9-1-1 fire department is a non-transport ALS provider per the 1999-2000 Sacramento County Superior Court Settlement Agreement. Sacramento County has nine (9) private ground ALS ambulance service providers, two (2) private air ALS ambulance service providers and one (1) ALS Non-transport service providers covered under individual contracts for ALS service. The ALS providers are listed below:

ALS 9-1-1 fire departments: Cosumnes Community Services District Fire Department, City of Folsom Fire Department, City of Sacramento Fire Department, Sacramento Metropolitan Fire District and Wilton Fire Protection District.

Private ground ALS ambulance: Alpha One Ambulance Medical Services, American Medical Response, Bay Medic Transportation, Falck Northern CA Corp., Medic Ambulance Services, Norcal Ambulance, ProTransport-1, Sacramento Valley Ambulance, TLC Transportation, Inc.

Private Air ambulance: CALSTAR and REACH.

Non-transport ALS provider: CA Highway Patrol – Capitol Protection Services Division

Please do not hesitate to call me at (916) 875-9753 if you have questions.

Sincerely,



David M. Magnino, B.S. -EMT-P
EMS Administrator

Attachments: 13

cc: Tom McGinnis
Angela Wise



County of Sacramento

July 10, 2019

Julie Souliere, CA Health and Human Services, Assistant Secretary
Emergency Medical Services Authority, Interim Director
10901 Gold Center Dr, Suite 400
Rancho Cordova, CA 95670

Dear Assistant Secretary Souliere

Please see the attached annual updates to the Sacramento County 2018 Emergency Medical Services (EMS) Plan, the 2018 Trauma System Annual Update, and the 2018 Annual Quality Improvement Program (QIP). These are submitted in accordance with *Health and Safety Code Sections 1797.103 and 1797.250 – 1797.258 and Title 22, Division 9, Chapter 12, EMS System Quality Improvement.*

EMS PLAN ANNUAL UPDATE

No significant changes have been made to the EMS Plan during the past year. Key items are noted below.

SECTION I: Summary of System Status

#1.02 – LEMSA Mission:

- Staff worked to improve the data collected from out-of-hospital providers by monitoring the quality of data submitted on a monthly basis. All ALS providers were compliant and submitted NEMSIS v3.4.
- Will continue efforts to implement NEMSIS v3.4 data submission by Basic Life Support (BLS) first responder agencies by December 31, 2019. As of December 31st, 2018, three (3) of seven (7) BLS organizations submit NEMSIS v3 data.

#1.10 – Special Populations:

- The Agency identified four special populations in 2017 and drafted plans to work with EMS providers and these populations:
 - Geriatric
 - Individuals with behavioral issues including children with autism
 - Bariatric
 - Economically disadvantaged youth
- During 2018, continued to work with EMS Providers to develop and implement the services necessary for these special populations.

SECTION III: System Resources and Operations

Table 3:

- In 2018, the number of personnel investigations increased as compared to 2017 and previous years. This increase occurred because the EMS Agency started to use and follow the EMS Authority's *Recommended Guidelines for Disciplinary Orders and Conditions of Probation for EMT (Basic) and Advanced EMT*.

Table 6:

- Section 1b-f includes data from CA Emergency Medical Services Information System (CEMSIS) from the Patient Registry.

SECTION VI: Annex

Appendix 9:

- October 10, 2018 – Approval letter/EMS Plan
- October 12, 2018 – Trauma System Status Report
- November 7, 2018 – QIP Plan

TRAUMA SYSTEM STATUS REPORT

The narrative includes improvement information provided to EMSA regarding the Sacramento County Trauma System. Highlights include:

Trauma System Goals and Objectives:

- Trauma Review Committee (TRC) provides unique educational opportunities to region wide physicians and administrators.
- The EMS Agency works closely with the trauma centers to ensure accurate data is submitted to the CA Trauma Registry and presented in the quarterly TRC meetings.
- Data includes Trauma Incidents comparison from 2017 to 2018 as requested by the TRC.
- EMS Agency data personnel attended a Trauma Registrar course to obtain certification and to improve understanding of data submitted by trauma centers.

System Performance Improvement:

- The EMS Agency continues to focus on accurate trauma data submission since the conversion to the eICD10 codes.
- Worked with trauma surgeons and managers to identify seven (7) relevant indicators to improve the trauma system.
- Encouraged the Coroner's Office to regularly participate in the TRC and to provide information on identified cases.
- Worked with prehospital EMS providers to improve documentation practices and ensure Trauma Alerts are completed and reported.
- Worked with trauma centers to amend the Diversion Policy to address overcrowding in emergency departments (ED) causing the ED to exceed patient capacity.