

EMERGENCY MEDICAL SERVICES AUTHORITY

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



November 2, 2021

Ms. Cindy Murdaugh, Executive Director
Mountain-Valley Emergency Medical Services Agency
1101 Standiford Avenue, Suite D1
Modesto, CA 95350

Dear Ms. Murdaugh:

This letter is in response to Mountain-Valley Emergency Medical Services (EMS) Agency's 2019 EMS plan submission to the EMS Authority on May 4, 2021.

The EMS Authority has reviewed the EMS 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 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 November 2, 2022. If you have any questions regarding the EMS Plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in blue ink, appearing to read "Dave Duncan".

Dave Duncan, MD
Director

Enclosure

dd:lg

EMERGENCY MEDICAL SERVICES AUTHORITY

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



September 22, 2020

Mr. Lance Doyle, Emergency Medical Services Executive Director
Mountain-Valley Emergency Medical Services Agency
1101 Standiford Avenue, #D1
Modesto, CA 95350

Dear Mr. Doyle:

This letter is in response to Mountain-Valley Emergency Medical Services Agency's emergency medical services (EMS) plan submission to the EMS Authority on June 24, 2020. 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 documentation provided, the EMS Authority has compiled a list of your Emergency Ambulance Zone areas within your jurisdiction and has enclosed for reference.

In accordance with HSC § 1797.254, please submit an annual EMS plan to the EMS Authority on or before September 22, 2021. If you have any questions regarding the EMS Plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in blue ink, appearing to read "Dave Duncan".

Dave Duncan, MD
Director

Enclosure



2018 EMS Annual Plan Update

June 18, 2020



Executive Summary

The Mountain-Valley EMS Agency (MVEMSA) is a regional multi-county Joint Powers Authority (JPA) that serves as the Local EMS Agency (LEMSA) for the counties of Alpine, Amador, Calaveras, Mariposa and Stanislaus. The member counties have delegated all California Health and Safety Code, Division 2.5 and California Code of Regulations responsibilities for a LEMSA to MVEMSA.

The Governing Board of Directors for the JPA consists of a County Supervisor from each of the member counties. The EMS system in these counties have been developed through a partnership between the EMS Agency, 9-1-1 Public Services Answering Points (PSAPS), EMS dispatch centers, Basic Life Support (BLS) Fire Department First Responders, Advanced Life Support (ALS) Fire Department First Responders, ambulance providers, base hospitals and specialty centers.

The five counties encompass an area of some 5,300 square miles with a resident population of approximately 632,161 people. The region ranges from remote wilderness areas to large urban population centers. Extremes of weather are characteristic of the region, which encompasses the Sierra Nevada Mountain range as well as the heart of the San Joaquin Valley. Highway 99, runs through Stanislaus County from the Merced County border to the San Joaquin County border and Interstate 5 touches the western portion of Stanislaus County. Interstate 5 and Highway 99 are highly traveled freeways that run north and south through the county. Some of the areas are densely populated and others are fairly remote with less population. Highway 49 runs through Alpine, Amador, Calaveras and Mariposa Counties. Highway 88 also traverses through Amador and Alpine Counties through farmlands to wilderness areas.

The mission of the Mountain-Valley EMS Agency is to ensure the appropriate provision of quality pre-hospital care services to the public in a cost effective manner as an integrated part of the overall health care

system and to provide the framework for quality emergency medical services to the citizens of Alpine, Amador, Calaveras, Mariposa, and Stanislaus Counties.

MVEMSA, to date, has designated two (2) Level II Trauma Centers, which are located in Stanislaus County, three (3) STEMI Receiving Centers and three (3) Primary Stroke Centers. MVEMSA conducts quarterly Trauma Advisory Committees (TAC) and quarterly STEMI/Stroke QI meetings for all system participants. An objective for the Agency, as presented in the System Assessment Form, is to designate a Level III/IV Trauma Center in one of our Mountain Counties.

Approval of CE Programs and EMT Training Programs continue throughout the region along with renewals of the programs every four years. MVEMSA is conducting audits of the approved CE Provider Programs throughout the region. Our providers are currently submitting ePCR data to FirstWatch as it complies with the EMSA statewide data system.

The Agency has worked closely with the EMS providers to integrate electronic patient care reporting (ePCR) with FirstWatch/FirstPass systems. The prehospital transport agencies utilize proprietary ePCR systems which are compliant to the required CEMISIS/NEMISIS versions, and has permitted a more complete submittal of Core Measures data.

The Agency works with all EMS ambulance and fire providers to conduct numerous community education programs and events throughout the year. Through the community education program we facilitated teaching 14,937 citizens hands-only CPR over the past 4 years; including schools, community organizations and a booth at the Stanislaus County Fair. In addition, providers have become active in the Stop the Bleed program in partnership with the 2 Trauma Centers in Stanislaus County. Lastly, the Agency and EMS providers participate in public awareness/education initiatives led by area hospitals including cardiac and trauma symposiums, Every 15 Minutes and Drug Store programs.

The Agency is working with member counties to complete the inventory of resources and hospital evacuation requirements listed in the System Assessment.

The MVEMSA Executive Director is the MHOAC designee in all 5 member counties secondary to each County Health Officer with county-specific policies to support this function. In addition, MVEMSA provides 24/7/365 EMS Duty Officer coverage to all 5 member counties, also supported by policy. The MVEMSA MHOAC designee and disaster committee actively work with all member counties to implement the 17 functions of CA Health and Safety Code, Division 2.3, Section 1797.153.

The Agency worked in cooperation with the Stanislaus County Health & Human Services Agency to conduct an EMS system assessment and strategic plan. This plan will guide the design of the EMS system in Stanislaus County into the future.

Specifics of the Mountain-Valley EMS Agency EMS Plan are contained within the annual EMS Plan update.

The System Assessment Forms to include current status, needs, objectives and time frames are essentially unchanged from the 2017 EMS Plan Update.



2018 EMS Plan Update

Table 1

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

B. STAFFING/TRAINING

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

C. COMMUNICATIONS

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
4.01	Service Area Boundaries*		X	X		
4.02	Monitoring		X	X		
4.03	Classifying Medical Requests		X	N/A		
4.04	Prescheduled Responses		X	N/A		
4.05	Response Time*		X	N/A		
4.06	Staffing		X	N/A		
4.07	First Responder Agencies		X	N/A		
4.08	Medical & Rescue Aircraft*		X	N/A		
4.09	Air Dispatch Center		X	N/A		
4.10	Aircraft Availability*		X	N/A		
4.11	Specialty Vehicles*		X	X		
4.12	Disaster Response		X	N/A		
4.13	Intercounty Response*		X	X		
4.14	Incident Command System		X	N/A		
4.15	MCI Plans		X	N/A		
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X	N/A		
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		X	N/A		
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		X	N/A		
4.20	"Grandfathering"		X	N/A		
4.21	Compliance		X	N/A		
4.22	Evaluation		X	N/A		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		X	X		
5.02	Triage & Transfer Protocols*		X	N/A		
5.03	Transfer Guidelines*		X	N/A		
5.04	Specialty Care Facilities*		X	N/A		
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*		X	N/A		X
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation*		X	N/A		
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X	N/A		
5.09	Public Input		X	N/A		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X	N/A		
5.11	Emergency Departments		X	N/A		
5.12	Public Input		X	N/A		
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X	N/A		
5.14	Public Input		X	N/A		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
6.01	QA/QI Program		X	X		
6.02	Prehospital Records		X			
6.03	Prehospital Care Audits		X	X		
6.04	Medical Dispatch		X	N/A		
6.05	Data Management System*		X	X		
6.06	System Design Evaluation		X	N/A		
6.07	Provider Participation		X	N/A		
6.08	Reporting		X	N/A		
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X	X		
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X	N/A		
6.11	Trauma Center Data		X	X		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

G. PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
7.01	Public Information Materials		X	X		
7.02	Injury Control		X	X		
7.03	Disaster Preparedness		X	X		
7.04	First Aid & CPR Training		X	X		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning*		X	N/A		
8.02	Response Plans		X	X		
8.03	HazMat Training		X	N/A		
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties*		X	X		
8.06	Needs Assessment		X	X		
8.07	Disaster Communications*		X	N/A		
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		X	X		
8.10	Mutual Aid Agreements*		X	N/A		
8.11	CCP Designation*		X	N/A		
8.12	Establishment of CCPs		X	N/A		
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X	N/A		
8.16	Prehospital Agency Plans		X	X		
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X	N/A		
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X	N/A		
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X	N/A		

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less) OR Long Range (more than one year)	Progress	Objective
1.07	Trauma Planning	Yes	Long-Range	<p>Communications started</p> <p>Communications started. The process is to work with the Health Care Coalition to identify the Resource Inventory of the HPP purchases.</p> <p><u>Barriers -</u> Alpine County, there are no ALS resources and the system relies on out of county mutual aid. Mariposa, The first identified priority was the revision of the EOP. So the disaster inventory documentation is pending until revision of plans.</p> <p>Alpine - The Agency will work with the Public Health Officer to catalog resources by 06/30/2021.</p> <p>Mariposa - The Agency reviewed and revised the Mass Casualty response section of the EOP. The final completion of the EOP revision is solely dependent on OES. Based on the Agency</p>	Designate a LIII in Mountain Counties
1.09	Inventory of Resources	No	Long-Range		Alpine & Mariposa – Completion of Resource Inventory by 06/30/2021

				<p>review we will work with OES to catalog resources by 06/30/2021. The intent for the next Healthcare Coalition meetings is to determine if response activities will allow for resumption of resource catalog project development</p>	
5.06	Hospital Evacuation	Yes	Long-Range	<p>The Stanislaus County Health Care Coalition has implemented the use of the ASPIR on-line evacuation tool as a needs assessment. An April 2018 table was completed with coalition stakeholders. The after-action report from the tabletop will be presented to the mountain county coalitions (Amador, Calaveras & Mariposa) as the first step in county specific plan development.</p> <p>Stanislaus County – the priority was to create a pediatric surge plan; this has been completed. Additionally, the ASPIR tool will be used at all five (5) acute care hospitals in Stanislaus county. We anticipate a period of three (3) years, 07/31/2022 to complete a comprehensive evacuation plan. MVEMSA has confirmed that all five (5) acute care hospitals have</p>	<p>Develop MVEMSA Interim Guidance in FY 20/21 Develop MVEMSA Plan in FY 22/23</p>

**documented
evacuation plans.**

Stanislaus Healthcare
Emergency Preparedness
Coalition has created a
subgroup with MVEMSA
rep to review all hospital
evac plans in order to
develop recommendations
for a county-wide policy.

**Amador, Calaveras &
Mariposa Counties -**

The Coalition within each
county will review the
Stanislaus County
guidance to determine if
it is applicable for the
rural mountain counties.

**MVEMSA has
confirmed that all
acute care hospitals
have documented
evacuation plans.**

Review and revisions to
be completed by
12/31/2020.

Alpine County

N/A – no hospital.

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.01 LEMSA STRUCTURE

MINIMUM STANDARDS:

Each local EMS agency shall have a formal organization structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency is a regional five (5) county Joint Powers Authority (JPA) serving the counties of Alpine, Amador, Calaveras, Mariposa and Stanislaus. The Agency has a five (5) member JPA Governing Board of Directors consisting of a member of the Board of Supervisors from each participating county. The organization chart is included in this EMS Plan. There are seven (7) FTE staff that includes:

- Regional Executive Director (1 FTE)
- Deputy Director (1 FTE)
- Quality Improvement/Trauma Care Coordinator (1 FTE)
- Facilities/Disaster Coordinator (1 FTE)
- Administrative Assistant/Financial Services (1 FTE)
- Data/IT/Emergency Preparedness Coordinator (1 FTE)
- Administrative Assistant/Support Services (1 FTE)
- Response and Transport Coordinator (.60 FTE)
- Medical Director (.60 Contracted)

The Agency has the following committees that provide technical, clinical and community input and recommendations regarding the development of plans, policies and procedures:

- Regional STEMI Committee
- Regional Trauma Advisory Committee (TAC)
- Quality Improvement Committee(s)
- ED Managers Committee
- Heart Outcome Committee
- Emergency Medical Care Committee(s)

The committees include physicians, medical directors, nurses, base hospital coordinators, ED managers, paramedics, ambulance service management, fire and law enforcement officials, PSAP representatives, helicopter services, city managers, county administration, elected officials and others.

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue current actions

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.02 LEMSA MISSION

MINIMUM STANDARDS:

Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement (QA/QI) and evaluation processes to identify system changes.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency utilizes a continuing quality improvement program, in addition to other mechanisms, to plan, implement, and evaluate the member county's EMS Systems.

The quality improvement committees representing each of our member counties meet quarterly to provide feedback to the Agency or prehospital medical care. The committee is responsible for the following duties:

- Promote region wide standardization of prehospital quality improvement including medical audit review, corrective action, remedial education, and follow-up.
- Monitor, evaluate and report on quality of prehospital care and transportation including compliance with law, regulations, policy and procedure, and recommend revisions and/or corrective action as necessary
- Recommend standards, policies, protocols, and procedures as necessary to improve prehospital care, training, and quality improvement.
- Make recommendations specific to hospital and Mountain-Valley EMS Agency data collection and dissemination.

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue current actions

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.03 PUBLIC INPUT

MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism (including EMCCs and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies and procedures, as described in the State EMS Authority's EMS Systems Standards and Guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency is active in obtaining input in the development of plans, policies and procedures. There are regularly scheduled Emergency Medical Care Committee (EMCC) meetings in Amador, Calaveras, Mariposa and Stanislaus Counties. Alpine County does not have an EMCC, however, the input is relayed through the disaster committee or Agency bi-monthly JPA BOD meeting. Mountain-Valley EMS Agency also receives input from the numerous other committees/task forces as identified under Standard 1.01.

Agency collaborated with Stanislaus County stakeholders in developing an EMS System strategic plan.

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue current actions

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.04 MEDICAL DIRECTOR

MINIMUM STANDARDS:

Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

RECOMMENDED GUIDELINES:

The local EMS agency medical director should have administrative experience in emergency medical services systems.

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and pre-hospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

CURRENT STATUS:

Mountain-Valley EMS Agency is honored to have Gregory Kann, M.D. as its EMS Medical Director. Dr. Kann is a board certified EMS physician and is a full time emergency physician..

NEED(S):

Meets minimum standard and recommended guidelines

OBJECTIVE:

Continue current actions

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.05 SYSTEM PLAN

MINIMUM STANDARDS:

Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority.

The plan shall:

- assess how the current system meets these guidelines,
- identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
- provide a methodology and time-line for meeting these needs.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has developed an EMS Plan in accordance with the State EMSA guidelines as evidenced by this document. The Agency received input and collaboration from system participants within the five county region.

NEED(S):

Meets minimum standard

OBJECTIVE

Continue to provide annual updates to the EMS plan

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.06 ANNUAL PLAN UPDATE

MINIMUM STANDARDS:

Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has provided annual updates to the EMS Plan as required

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to provide annual updates to the EMS Plan

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.07 TRAUMA PLANNING

MINIMUM STANDARDS:

The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

RECOMMENDED GUIDELINES:

The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

CURRENT STATUS:

The Mountain-Valley EMS Agency has designated the following in Stanislaus County only:

- Eight (8) base hospitals
- Two (2) Level II Trauma Centers
- Three (3) STEMI Receiving Hospitals
- Kaiser (3) Primary Stroke Centers (PSCs)

Trauma system design is ongoing and changes are made based upon feedback from Trauma Advisory Committee and Evidence Based Studies that focus on enhancing or improving outcomes.

Agency participates in RTCC

Trauma Center agreements term 2020

STEMI Center agreements term 2020

Stroke Center agreements term 2020

COORDINATION WITH OTHER EMS AGENCIES:

Ongoing coordination with SJ County EMS, Tuolumne County EMS and Merced County EMS. Agency worked with Merced County EMS in assisting with development of a trauma advisory committee.

NEED(S):

To continue monitoring and evaluating Mountain-Valley EMS Agency's Trauma System and make changes based upon evidence based data.

OBJECTIVE:

To establish and designate a Level III or IV trauma center in one of our rural member counties.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.08 ALS PLANNING

MINIMUM STANDARDS:

Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The following member counties are provided with Advanced Life Support (ALS) response a part of the initial dispatch to all 9-1-1 medical emergency calls:

- Amador
- Calaveras
- Mariposa
- Stanislaus

The services are provided by Paid Fire Agency First Responders (ALS and BLS), Private Ambulance Providers, Air Ambulances and Fire Volunteer Agencies.

Alpine County provides BLS First Responder services. ALS is provided as mutual aid from neighboring areas which follow Agency policy and procedures for those wilderness areas.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Ebbetts Pass Fire Department, Lake Valley Fire Department and El Dorado County EMS Agency regarding Alpine County

Coordination continues with San Joaquin County EMS, Santa Clara County EMS, Merced County EMS and Tuolumne County EMS for mutual aid and unusual occurrence reporting

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and evaluate ALS delivery in all member counties

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.09 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Does not meet minimum standards for Alpine, Amador, Calaveras, Mariposa and Stanislaus Counties

NEED(S):

Agency working to have inventory of resources for all five (5) member counties. :

OBJECTIVE:

Complete an Inventory of Resources for the Mountain-Valley EMS Agency member counties.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.10 SPECIAL POPULATIONS

MINIMUM STANDARDS:

Each local EMS agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

RECOMMENDED GUIDELINES:

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

CURRENT STATUS:

The Mountain-Valley EMS Agency data system can identify users of the EMS System by population groups and services provided. This information is used for planning, policy and services development. This information may also be utilized for public education purposes.

Most dispatch centers access interpreter services through enhanced 9-1-1 services or through the telephone company to assist with non-English speaking consumers. Receiving hospitals are able to access interpreter services or utilize employees when needed.

Throughout initial and continuing education programs for EMTs, Paramedics and MICNs special areas of needs for elderly, pediatric and handicapped are emphasized. The Agency has developed pediatric protocols and services for pediatric medical and trauma care. STEMI and Stroke designation and policies have been developed and public education has occurred addressing Myocardial Infarction.

NEED(S):

Meets minimum standard and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.11 SYSTEM PARTICIPANTS

MINIMUM STANDARDS:

Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

RECOMMENDED GUIDELINES:

Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

CURRENT STATUS:

The Mountain-Valley EMS Agency has identified the optimal roles and responsibilities of system participants. The Agency utilizes Base Hospital agreements, Trauma designation/agreements and STEMI designation/agreements. The Agency enforces ambulance provider agreement compliance and county ambulance ordinances.

NEED(S):

Meets minimum standard and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.12 REVIEW AND MONITORING

MINIMUM STANDARDS:

Each local EMS agency shall provide for review and monitoring of EMS system operations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency provides review and monitoring of the EMS operations through various processes that include FirstWatch, Clinical Data Management (CDM), various committees, County EMCCs, TAC, EMS provider agencies and hospitals.

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.13 COORDINATION

MINIMUM STANDARDS:

Each local EMS agency shall coordinate EMS system operations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency is active in EMS System Coordination as demonstrated by committee involvement, policy and procedure development, and coordination with EMS providers, dispatch centers and hospitals.

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.14 POLICY & PROCEDURES MANUAL

MINIMUM STANDARDS:

Each local EMS agency shall develop a policy and procedures manual that includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

A Prehospital Care Policy and Procedure Manual is provided for all accredited paramedics, EMTs and MICNs. The manual is divided into the following categories:

- ALS General Guidelines
- Adult Treatment Guidelines
- Pediatric Treatment Guidelines
- Selected MVEMSA Policies
 - 236.00 EMT Scope of Practice
 - 256.00 Paramedic Scope of Practice
 - 412.20 ALS Transfer of Patient Care
 - 439.00 Controlled Substances
 - 445.00 EMS Aircraft Request/Cancellation
 - 530.00 STEMI Triage and Destination
 - 552.62 Intravenous Infusions of Heparin & Nitroglycerine
 - 553.25 Trauma/Burn Triage and Destination
 - 560.10 Reporting of Suspected Abuse
 - 570.20 Determination of Death in the Prehospital Setting
 - 570.21 DNR Orders
 - 570.30 Physician on Scene
 - 570.35 Refusal of EMS Service
- Community Paramedic Program

The manuals are available at the Mountain-Valley EMS Agency office for purchase and are also available online at MVEMSA.org or available free through MVEMSA app for smart phones.

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.15 COMPLIANCE WITH POLICIES

MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency utilizes review through the data system and quality improvement process to monitor compliance with system policies. Compliance of EMS personnel with system policies is primarily monitored by daily supervision of personnel by the provider agencies, base hospitals, and input from the receiving hospitals.

Agency is working towards implementation of FirstPass, which is a clinical quality measurement and protocol monitoring tool designed to alert users to deviations in expected treatments to medical protocols. FirstPass monitors ePCR and other data to quickly identify and provide real-time alerts related to protocol deviations, missing data elements or urgent patient safety issues.

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed with FirstPass implementation by Fall 2020

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.16 FUNDING MECHANISM

MINIMUM STANDARDS:

Each local EMS agency shall have a funding mechanism, which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency utilizes funds from the county members, specialty center monitoring fees, ambulance provider monitoring fees and the State General Fund. Additional funds are obtained from fees implemented for certification and accreditation functions, application to provide service fees,

OBJECTIVE:

Continue to explore means of maximizing funding, fees for services, and ensure cost effectiveness of programs

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.17 MEDICAL DIRECTION

MINIMUM STANDARDS:

Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of pre-hospital and hospital providers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency currently provides medical direction for the regional EMS system as defined in the Mountain-Valley EMS Agency Policies and Procedures. All medical policies are reviewed and evaluated by the Medical Director. The roles and responsibilities of base hospitals have been defined in the Base Hospital Agreement. All eight (8) hospitals are designated as base hospitals and have signed agreements on file in Agency office.

COORDINATION WITH OTHER EMS AGENCIES:

Agency Executive Director and Medical Director communicate, formally and informally, with other local EMS agencies through committees and participation with the Emergency Medical Directors Association of California (EMDAC) and Emergency Medical Services Administrators Association of California (EMSAAC).

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.18 QA/QI

MINIMUM STANDARDS:

Each local EMS agency shall establish a quality assurance/quality improvement (QA/QI) program. This may include use of provider-based programs which are approved by the local EMS agency and which are coordinated with other system participants.

RECOMMENDED GUIDELINES:

Pre-hospital care providers should be encouraged to establish in-house procedures, which identify methods of improving the quality of care provided.

CURRENT STATUS:

The Mountain-Valley EMS Agency has an active QI committee with member counties. Each base hospital and provider has a QI program and submits electronic PCR data as outlined and required in Agency policy 620.30 (Provider Agency Data Submission Requirements).

NEED(S):

Meets minimum standard and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.19 POLICIES, PROCEDURES, PROTOCOLS

MINIMUM STANDARDS:

Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to:

- triage,
- treatment,
- medical dispatch protocols,
- transport,
- on-scene treatment times,
- transfer of emergency patients,
- standing orders,
- base hospital contact,
- on-scene physicians and other medical personnel, and
- local scope of practice for pre-hospital personnel.

RECOMMENDED GUIDELINES:

Each local EMS agency should develop (or encourage the development of) pre-arrival/post dispatch instructions.

CURRENT STATUS:

The Mountain-Valley EMS Agency has a Prehospital Care Policy Manual which addresses the above areas and additional concerns. The agency's website (www.MVEMSA.org) has the policy manual and downloadable apps for cell phones.

NEED(S):

Meets minimal standard and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.20 DNR POLICY

MINIMUM STANDARDS:

Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the pre-hospital setting, in accordance with the EMS Authority's DNR guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency meets the compliance with the EMS Authority's DNR guidelines with Agency policy 570.21 (DNR Orders)

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.21 DETERMINATION OF DEATH

MINIMUM STANDARDS:

Each local EMS agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency policy 570.20 (Determination of Death) addresses standard

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.22 REPORTING OF ABUSE

MINIMUM STANDARDS:

Each local EMS agency shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency adheres to the CCR, Title 22 and the California Penal Code, Article 2.5 in regards to reporting abuse. Providers and training programs provide information concerning elder and child abuse, and suspected SIDS deaths. Agency policy 560.10 (Reporting of suspected abuse).

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.23 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

The local EMS medical director shall establish policies and protocols for scope of practice of pre-hospital medical personnel during interfacility transfers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has established policy 580.11 (Ambulance Transfers) addressing medical personnel during interfacility transfers (IFT).

Agency is currently working towards an IFT comprehensive system that monitors, tracks, and enhances with a projected completion date of Fall 2021

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.24 ALS SYSTEMS

MINIMUM STANDARDS:

Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.

RECOMMENDED GUIDELINES:

Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

CURRENT STATUS:

The Mountain-Valley EMS Agency has approved all the advanced life support (ALS) providers. The agency has submitted a plan designating exclusive operating areas in the EMS plan update.

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.25 ON-LINE MEDICAL DIRECTION

MINIMUM STANDARDS:

Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

RECOMMENDED GUIDELINES:

Each EMS system should develop a medical control plan that determines:

- the base hospital configuration for the system,
- the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and
- the process for determining the need for in-house medical direction for provider agencies.

CURRENT STATUS:

The Mountain-Valley EMS Agency's designated base hospitals utilize authorized Mobile Intensive Care Nurses (MICNs) and base hospital Emergency Department Physicians.

NEED(S):

Meets minimum standard and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.26 TRAUMA SYSTEM PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for trauma care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has developed a Regional Trauma Plan and the plan has been approved by EMSA. The Trauma Plan is updated regularly based upon the needs of the Trauma System.

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.27 PEDIATRIC SYSTEM PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for pediatric emergency medical and critical care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has established policies and an emergency medical and critical system plan for pediatric care.

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.28 EOA PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop and submit for State approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas, that determines: a) the optimal system design for ambulance service and advanced life support services in the EMS area, and b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has established exclusive operating areas by grandfathering the providers that are eligible under Health & Safety Code 1797.224. The grandfathered EOAs exist in Stanislaus County and Amador County. Calaveras County's EOA is granted by an RFP.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.01 ASSESSMENT OF NEEDS

MINIMUM STANDARDS:

The local EMS agency shall routinely assess personnel and training needs.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency currently has eight (8) approved EMT training programs in the region. No approved Paramedic programs exist in the region. Paramedic accreditation/orientation classes are conducted at the Agency on a monthly basis.

Agency staff attends all member county EMCC meetings, County Fire Chief Association meetings, Fire Training Coordinator meetings and Local Quality Improvement Committees. Through the member county committee structure and the Mountain-Valley EMS Agency regional committee structure, input is received regarding educational needs on an on-going basis.

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.02 APPROVAL OF TRAINING

MINIMUM STANDARDS:

The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs that require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has an application and approval process established to approve EMS education programs. All base hospitals and ALS providers are approved Continuing Education (CE) providers. Agency staff encourages BLS providers to become CE providers. Agency policies 283.00 (First Responder Training Program Approval), 285.10 (EMT Training Program Approval), 286.00 (AEMT Training Program Approval), 287.00 (Paramedic Training Program Approval) and 291.00 (Prehospital Care Continuing Education Provider).

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.03 PERSONNEL

MINIMUM STANDARDS:

The local EMS agency shall have mechanisms to accredit, authorize, and certify pre-hospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for pre-hospital providers to identify and notify the local EMS agency of unusual occurrences that could impact EMS personnel certification.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has established policies to accredit, authorize and certify prehospital personnel and to conduct certification reviews, in accordance with State regulations. Refer to Agency policies; 211.00 (Emergency Medical Responder Certification), 231.00 (EMT Certification), 237.00 (Continuing Education), 254.00 (Paramedic Accreditation), 254.20 (Critical Care Paramedic Accreditation) and 954.10 (Stanislaus County Community Paramedic)

The Agency has also established a process (policy) for service providers and base hospitals to notify Mountain-Valley EMS Agency of an unusual occurrence report (UOR) that could impact EMS personnel certification. The UOR is located on the Mountain-Valley EMS Agency web site - <http://www.mvemsa.org/resources3/documents/pcrs-and-forms/114-unusual-occurrences-report>

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)