

CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY

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August 5, 2016

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

Dear Mr. Burch:

This letter is in response to San Joaquin County's 2015 EMS Plan Update submission to the EMS Authority, dated July 11, 2016.

I. Introduction and Summary:

The EMS Authority has concluded its review of San Joaquin County's 2015 EMS Plan Update and is approving the plan as submitted.

II. History and Background:

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

San Joaquin County received its last full EMS Plan approval for its 2014 plan submission, and its last annual Plan Update for its 2012 plan submission. Historically, we have received EMS Plan submissions from San Joaquin for the following years:

- 1994
- 2003
- 2006
- 2007
- 2009
- 2010
- 2011
- 2012
- 2014

The H&SC § 1797.254 states:

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

III. Analysis of EMS System Components:

Following are comments related to San Joaquin County's 2015 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations and H&SC § 1797.254 and the EMS system components identified in H&SC § 1797.103 are indicated below:

Approved Not
Approved

A. System Organization and Management

1. System Assessment Form

- Standard 1.27 is identified as "Does not currently meet standard." In the next plan submission, please provide a System Assessment Form for this standard with an update to the current status, objective, and timeframe for meeting the objective.

B. Staffing/Training

C. Communications

D. Response/Transportation

1. Table 8 (Response/Transportation)

- The number of responses for non-transport providers is not identified. In the next plan submission, please include these numbers.

2. Ambulance Zones

- Based on the documentation provided by Alameda County, please find enclosed the EMS Authority's determination of the exclusivity of San Joaquin County's EMS Agency's ambulance zones.

E. Facilities/Critical Care

F. Data Collection/System Evaluation

1. CEMSIS EMS Data

- Using information submitted by the Local EMS Agency, the EMS Authority shall assess each EMS area or the system's service area to determine the effectiveness of emergency medical services (H&SC § 1797.102) as it relates to data collection and evaluation (H&SC § 1797.103). To enable the EMS Authority to make this determination, information shall be made available by data submission using the current versions of NEMSIS and CEMSIS standards (H&SC § 1797.227).

G. Public Information and Education

H. Disaster Medical Response

IV. Conclusion:

Based on the information identified, San Joaquin County may implement areas of the 2015 EMS Plan Update that have been approved. Pursuant to H&SC § 1797.105(b):

"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."

V. Next Steps:

San Joaquin County's annual EMS Plan Update will be due on or before August 31, 2017. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,



Howard Backer, MD, MPH, FACEP
Director

Enclosure

2015 San Joaquin EMS Transportation Plan
Approved

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

Emergency Medical Services Plan Update 2015



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

Dan Burch, EMS Administrator
Richard N. Buys, M.D., EMS Medical Director

Submitted July 11, 2016

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EXECUTIVE SUMMARY

The San Joaquin County Emergency Medical Services (EMS) Agency was created by the Board of Supervisors as a department within Health Care Services Agency in 1982, in order to fulfill the responsibilities of a local EMS agency as contained in Health and Safety Code, Division 2.5 et seq. By statute, the primary responsibility of the San Joaquin County EMS Agency is to plan, implement and evaluate an emergency medical services system, in accordance with the provisions of Division 2.5 of the Health and Safety Code, consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures. Section 1797.254 of the Health and Safety Code requires local EMS agencies to annually submit a plan for their EMS area to the State EMS Authority. These plans must be consistent with the EMS System Standards and Guidelines established by the EMS Authority.

The plan update provides information relevant to the time period of July 1, 2014 through June 30, 2015. As demonstrated in the San Joaquin County 2014 EMS Plan, the San Joaquin EMS System generally meets or exceeds the State EMS Authority's minimum standards and recommended guidelines. This document adheres to the EMSA requirements for an EMS Plan Update at a yearly interval.

MAJOR NEEDS AND PROGRAM SOLUTIONS

Need: Update OES Region IV MCI Manuals 1 – 3.

Program Solution: Update Manuals.

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

Program Solution: Provide routine feedback via reports that show average and 90th percentile "wall time" to hospitals in San Joaquin County.

Need: The SJCEMSA needs to integrate the use of air ambulance services into the EMS system to ensure that such services do not delay, disrupt, or impede the services of emergency ambulance service providers.

Program Solution: Develop and implement air ambulance agreements with REACH, CALSTAR, PHI, Mercy Air Methods, and Stanford Life Flight containing language necessary to address this issue.

Need: The SJCEMSA needs to develop a single platform from which to receive patient care report data from providers that use a variety of platforms.

Program Solution: Modify current data report generator to accept data in a generic format and require all provider to submit data in the generic format when adopting NEMSIS 3.x criteria.

Need: The SJCEMSA needs to develop successor agreements with ground ambulance providers currently providing exclusive Emergency Ambulance Services at the 911 Emergency Response, the "7-Digit" Emergency Response and ALS Ambulance Response levels in Zones D, E, and F.

Program Solution: Write a first draft successor agreement and begin negotiations with the ambulance provider in Zone D.

Need: The SJCEMSA needs to develop policies to designate Stroke Centers capable of identifying and treating patients that will benefit from either TPA or those that require rapid transfer to an interventional stroke center.

Program Solution: Write draft policies to designate Stroke Centers and to direct the appropriate transport of patients to Stroke Centers from the prehospital setting.

SUMMARY OF CHANGES

Trauma System: Completed process to designate a trauma center and trauma system in San Joaquin County. San Joaquin General Hospital officially began providing Level III Trauma Center services on August 1, 2013.

Ground Ambulance Services: The SJCEMSA finalized the Request for Proposal (RFP) document to acquire an exclusive emergency ambulance services provider for Zones A, B, and C. The SJCEMSA implemented a competitive process through the RFP to select an exclusive provider for Zones X-1 through X-11 (formerly Zones A, B, and C). The SJCEMSA negotiated a written agreement with AMR for the exclusive rights to provide all 9-1-1 /Public Service Answering Point (PSAP) requests for ambulance service; requests for emergency ambulance service made directly to the provider from any telephone; ambulance transports to an emergency department from the scene of an emergency; ALS interfacility ambulance transports from a general acute care hospital in Zone X to any other general acute care hospital; and CCT ambulance transport.

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

B. STAFFING/TRAINING

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

C. COMMUNICATIONS

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