

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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March 2, 2023

Larry Karsteadt, EMS Director  
North Coast Emergency Medical Services Agency  
3340 Glenwood Street  
Eureka, CA 95501

Dear Mr. Karsteadt,

This letter is in response to North Coast's Emergency Medical Services (EMS) Agency's 2019-2021 EMS, Trauma, St-Elevation Myocardial Infarction (STEMI), Quality Improvement (QI), and EMS for Children (EMSC) plan, submissions to the EMS Authority on April 26, 2022.

The EMS Authority has reviewed the EMS plan, based on compliance with statutes, regulations, and case law. It has been determined that 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 transportation documentation provided, please find enclosed the ground exclusive operating area status, as compiled by the EMS Authority.

The EMS Authority has also reviewed the Trauma, STEMI, QI, and EMSC plans, based on compliance with Chapters 7, 7.1, 7.2, and 12 of the California Code of Regulations, Title 22, Division 9, and has approved for implementation.

The Authority does not have an EMS Plan submission from the year 2022. In accordance with HSC § 1797.254, EMS Plans are required to be submitted to the EMS Authority annually. North Coast EMS Agency will not be considered current unless an EMS Plan is submitted for each year.

Your 2023 EMS plan will be due on or before March 2, 2024. Concurrently with the EMS plan, please submit an annual Trauma, STEMI, QI, and EMSC plan.

If you have any questions regarding the EMS Plan review, please contact Mr. Mark Olivas, Interim EMS Plans Coordinator, at (916) 204-7885, or [mark.olivas@emsa.ca.gov](mailto:mark.olivas@emsa.ca.gov).

Sincerely,

A handwritten signature in cursive script that reads "Tom McGinnis".

Tom McGinnis, MHA, EMT-P  
Chief, EMS Systems Division

Enclosure  
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## **Regional EMS Plan Annual Update 2019-21 Executive Summary**

North Coast EMS has served as the EMS agency since 1974 and is the designated local EMS agency for the Counties of Del Norte, Humboldt and Lake.

After an EMS stakeholder review period, the North Coast EMS Joint Powers Governing Board approved the enclosed Regional EMS Plan on April 14, 2022.

Since the last EMS Plan was approved, the following progress highlights has occurred:

1. Continued as the three-county LEMSA serving Del Norte, Humboldt and Lake Counties under the direction of the Joint Powers Governing Board.
2. Participated in numerous local, regional and state EMS meetings virtually. These include: JPA, Humboldt-Del Norte MAC, TAC & STEMI/Stroke, Lake EMCC and TAC, Fire Chiefs Association, Injury Prevention, Child Death Review, Disaster Coalition, etc.
3. The following Plans or Annual Plan Updates were approved by EMSA in 2020: Regional EMS Plan Update, Regional Trauma Plan Update, Regional Quality Improvement Plan Update, and initial EMS for Children and STEMI Plans.
4. EMSA issued an order that allowed LEMSAs to delay submission of EMS Plan Updates until after the end of the pandemic. We understand this order will be withdrawn at the end of March 2022 and we are therefore in the process of updating all Annual Plans: Regional, Trauma, EMSC, STEMI and QIP.
5. We temporarily discontinued the QIP Quarterly Reporting process due to COVID-19 and staff turnover.
6. Trauma Site Surveys and as needed, follow-up Surveys were conducted at Sutter-Lakeside, St. Joseph and Mad River Community Hospital.
7. Designations of St. Joseph Hospital as Level III Trauma Center, and Mad River Community Hospital (Probational Status), Sutter-Coast Hospital and Sutter-Lakeside Hospital as Level IV Trauma Centers were continued, as were the STEMI Receiving Center designation of St. Joseph Hospital, and Emergency Department Approved for Pediatric (EDAP) designations for all seven hospitals.
8. Potential Level IV Trauma Center designation interest by Adventist-Health Clearlake Hospital was delayed by the pandemic; Adventist-Health Clearlake is currently reassessing interest.
9. Five EDAP Site Surveys were conducted and designations were continued for all, some with ongoing opportunities for improvement.
10. The federal EMSC grant with UCD-MC expired on December 30, 2020.
11. The EDAP Fiscal Trust Fund was continued with over \$274,000 distributed to EDAPs since 2008.
12. The **Annual Trauma Center Fee Utilization Report** included within the Annual Trauma Plan Update indicates that Governing Board adopted Annual Trauma

Center Fees are inadequate to cover associated costs with over \$107,000 absorbed by the General Fund Budget since 2016.

13. The Governing Board approved Exclusive Operating Area Fees to help cover costs.
14. Regional Medical Director Dr. Karp and Executive Director Larry Karsteadt gave presentations at the EMSA's Trauma Summit.
15. Larry Karsteadt continued as an active member of the State Trauma Regulation Workgroup.
16. North Coast EMS continued participation in the North-Regional Trauma Coordinating Committee.
17. Continued or issued certifications, accreditations, or authorizations for EMTs, paramedics and Mobile Intensive Care Nurses (MICNs).
18. Approved use of Naloxone for several Public Safety agencies and continued the process to add Epi-Pens and Finger Sticks to the Public Safety, First Responder and EMT scope of practice.
19. Approved the addition of Ketamine and i-Gel, Continuation of Antibiotics for IFTs, Tranexamic Acid, Vaccine administration for both flu and Covid-19 and nasal swab testing to paramedic scope of practice.
20. Continued training program approvals for Public Safety, First Responder, EMT, Paramedic, Field Training Officer, Emergency Medical Dispatch, MICN and Continuing Education programs. The region is served by 53 fire services.
21. Continued authorizations of 4 non-transporting ALS providers, 9 transporting ALS providers and REACH Medical Holdings, (dba, REACH Air Medical, CalStar & Cal-Ore Life Flight). In Del Norte County, Cal-Ore provides ground 9-1-1 mutual aid ambulance, ALS/CCT ground Inter-facility Transfers (IFT's) (to Oregon and other out of County destinations), fixed & rotary wing IFT transfers and rotary wing scene calls. The REACH Medical Holdings companies also provides fixed/rotary wing IFT transfers services in Humboldt County and Lake Counties (this now includes a Flight Crew staffed CCT), along with rotary wing scene calls in the two counties. CAE also recently has started to provide additional IFT ground ambulance support for Lake County.
22. Continued three-county Air Medical contract with REACH Medical Holdings and the Governing Board adopted an Annual Air Medical Provider Fee.
23. Convened the Humboldt County Trauma Advisory Committee (TAC) and Lake County TAC, convened Humboldt County Cardiac Coordinating Committee (now STEMI/Stroke) meetings and participated in Medical Advisory and EMCC meetings.
24. The Stroke System review process adopted a standardized prehospital Stroke triage policy (Cincinnati) and determined that all seven EDs are utilizing rapid assessment to CT scans to determine medical need. Development of a formal Stroke Subspecialty System Plan pursuant to State Regulations is targeted for next Fiscal Year if new funding is forthcoming. Stroke mortality rates on the north coast continue to be high.
25. The five Multi- County Regional LEMSAs have been working closely with EMSA to seek the first General Fund augmentation in 20 years.

26. Hired Kayce Hurd, EMT-P as the Regional EMS/Disaster Coordinator (replaced Associate Director Louis Bruhnke who is now the Chief Deputy Director at EMSA), hired Lee Hawkins as the Fiscal Manager (replaced Maris Hawkins), promoted Wendy Chapman as the Associate Director and retitled the Executive Assistant position currently held by Nicole Mobley.
27. Continued contracts with Matthew Karp, M.D. as the Regional Medical Director, Rita Henderson, RN as the Trauma and EDAP Coordinator, Stayce Curry RN as the 5150/Behavioral Health Specialist, Selinda Shontz as the STEMI/Stroke Coordinator, Jay Myhre as the e-PCR IT, Infinite as the Office IT, Lancet re: Trauma Registry and Pam Mather RN as the Exclusive Operating Area (EOA) Oversight Officer and Quality Improvement assistance. Dr. Karp's hours were increased by Governing Board action.
28. The required Annual Fiscal Audits Reports were completed or are in the process of completion.
29. All employees and most contractors continue to be substantially underfunded relative to similar local and statewide positions.
30. Executed the Non-competitive EOA contracts with CAE in the Eureka Zone contingent upon ongoing coverage of all of Southern Humboldt County and AMRA in the Arcata Zone.
31. Initiated the formal process requested by Del Norte Ambulance to evaluate EOA grandfathering eligibility and verified eligibility. Currently working with Del Norte County representatives to identify next steps, including assessment of a Competitive Bid option.
32. The Governing Board established Annual EOA Fees to help cover costs.
33. Continued the 5150 Handbook (used by the Hospital Council of Northern and Central California), finalized the medical clearance form and prepared or updated county specific training for law enforcement, EMS, fire and Behavioral Health.
34. Participated in EMSA required EMSA/LEMSA meetings and submitted required General Fund quarterly reports.
35. Discontinued participation in the federal HRSA EMS for Children Regionalization grant with UC – Davis Medical Center (UCDMC).
36. Continued the CDPH HPP Disaster grant.
37. Completed the CDPH HPP Covid grant.
38. Continued contracts with Kimberly Baldwin Lake County Disaster Liaison, Dennis Louy Del Norte County Disaster Liaison, and Patrick Lynch Humboldt County Disaster Liaison.
39. Participated in the three county and State COVID-19 disaster planning process, including adding sample collection for PCR testing and use of vaccinations by prehospital personnel.
40. Submitted the North Coast EMS Core Measures reports to EMSA.
41. Continued use of ImageTrend e-PCR program for providers and approved utilization of two other programs for use within the region. All providers are successfully transmitting data to ICEMA thanks to efforts by Kayce Hurd to identify and fix population issues at a few providers.

42. Received JPA Governing Board approval to assess Annual e-PCR Access Fees by all providers to cover ICEMA Image Trend costs. To date, all but one provider has remitted invoiced fees.
43. Continued to monitor Trauma Center compliance with State Trauma Registry transmission efforts to ICEMA.
44. Continued the more streamline policy and protocol approval process using the Policy Review Committee. We are currently assessing other options to improve the policy development process.
45. Participate in the Statewide C.A.R.E.S. project and currently, all but one hospital has submitted the requested data.
46. Submitted Ambulance Patient Offload Times (APOT) reports to EMSA. We are fortunate to have relatively low APOT times.
47. Continued policy to ensure that providers plan for anticipated drug shortages.
48. Completed participation in the Wellness Roadmap initiative in Lake County to reduce the number of repeat users of the EMS system through data integration.
49. Continued to work with Public Health and others on COVID-19 planning and decision-making.
50. Initiated an update to the Regional MCI Plan but this has been postponed due to the lack of staff time.
51. Participated in the process in all three counties to streamline the IFT processes and reduce delays for medical and Behavioral Health patients. This included an effort to promote revision of the Lake County Ambulance Ordinance.

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Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.01	LEMSA Structure	X	X	X	<p>North Coast EMS (NCEMS) continued as the LEMSA on behalf of Del Norte, Humboldt and Lake Counties under the direction of the Joint Powers Governing Board.</p> <p>NCEMS currently has 5 full-time employees: Executive Director Larry Karsteadt, Associate Director Wendy Chapman, Regional EMS/Disaster Coordinator Kayce Hurd (replaced Louis Bruhnke), Executive Assistant Nicole Mobley, Fiscal Manager Lee Hawkins (replaced Maris Hawkins). NCEMS has numerous part time independent contractors: Regional Medical Director Matt Karp, M.D., EDAP and Trauma RN Rita Henderson, e-PCR IT Jay Myhre, Office IT - Infinite, Auditor, Image Trend ICEMA, Lancet and Digital Innovations – Trauma Registry, Mental Health RN Stayce Curry, County Disaster Liaisons: Dennis Louy Del</p>	<p>Continue to convene JPA meetings to ensure oversight of NCEMS and utilize existing committees to ensure region-wide input.</p> <p>See quarterly General Fund reports, and the most recent Trauma, EMSC and STEMI Annual Plan Revisions, HPP Disaster and COVID Progress Reports.</p> <p>Please note that we have removed details covered in each of the three EMSA approved specialty care plans: STEMI, Trauma and EMSC to reduce redundancy and because each is compliant with current state regulations.</p>

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					<p>Norte, Patrick Lynch Humboldt, Kimberly Baldwin Lake, STEMI/Stroke Coordinator Selina Shontz, County Counsel Cathy Childs.</p> <p>NCEMS completed the final year of a federal EMSC TACTICAL grant with UC Davis Medical Center (UCDMC) and continued the HPP Disaster grant with CDPH. We also completed the HPP COVID one-year CDPH grant and the Wellness Roadmap initiative in Lake County.</p> <p>NCEMS continued to utilize or participate in numerous committees and as needed, local and state specialty resources to ensure technical and clinical expertise in our decision-making process.</p>	
1.02	LEMSA Mission	X	X	X	<p>The mission of NCEMS is to enhance the EMS system consistent with California state laws and continuous quality improvement principles, through the pursuit of personnel excellence, effective leadership and positive working relationships.</p>	Continue mission.



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					See 1.01 above.	
1.03	Public Input	X	X	X	<p>Staff attended numerous and convened several committees: Medical Advisory (MAC), Trauma Advisory (TAC), Humboldt County Cardiac Coordinating (now the Humboldt-Del Norte STEMI and Stroke Coordination Committee), Emergency Medical Care Committee (EMCC), EMS for Children (EMSC), Disaster, Child Death Review, Injury Prevention, Fire Chiefs Association, COVID-19 and other local committees to ensure region-wide input into the planning, policy and procedure development processes utilized by NCEMS.</p> <p>These meetings have been virtual since the beginning of the Pandemic.</p> <p>We also continued the North Coast EMS Policy Review Committee process to ensure regional input and to help streamline the policy review, revision and creation process.</p>	<p>Continue to attend and utilize existing EMCC, TAC STEMI &amp; Stroke, EMSC, Disaster and MAC, EMSC, COVID-19 and other committees, and create or participate in new committees as needed.</p> <p>Continue to utilize the Policy Review Committee process.</p>
1.04	Medical Director	X	X	X	Matthew Karp, M.D. continues as the Regional	Nothing new.

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					EMS Medical Director. His contractor hours were increased by Governing Board action in 2021.	
1.05	EMS Plan	X	X	X	<p>The last NCEMS Regional Plan revision was approved by the EMSA in 2019. The EMSA also approved the 2019 Trauma Plan Update, the 2018 Quality Improvement Plan (QIP) Plan Update, the 2019 EMS for Children Plan, the STEMI Care Plan and, previously, the Humboldt County Transportation (EOA) Plan (HCTP).</p> <p>Submission of this EMS Plan Update was delayed, pursuant to the EMSA extensions, by the SARS CoV-2 Pandemic</p> <p>This update covers the period since the last Plan Update was approved by EMSA through December 31, 2021.</p>	<p>Following EMS stakeholder review, submit revised 2019-21 Regional EMS Plan Update (this document is part of that Plan), the Regional Trauma Plan Update, the STEMI Plan Update, the EMSC Plan Update and the QIP Plan Update for review by EMSA.</p> <p>We are planning to submit these Plan Updates to the JPA Governing Board for acceptance at the end of April 2020.</p> <p>NCEMS plans to review the draft Chapter 13 revision and comment when available.</p>
1.06	Annual EMS Plan Update	X	X	X	See 1.05 above.	See 1.05 above.
1.07	Trauma Planning	X	X	X	See 2019-21 Trauma Plan Update.	See 1.05 above.

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1.08	ALS Planning	X	X	X	North Coast EMS requested EMSA and received approval for the extension of all our optional scope items and added Ketamine, Tranexamic Acid, Continuation of Antibiotics for interfacility transports, Administration of Intermuscular influenza and/or COVID- vaccine, and Nasopharyngeal Specimen Collection to the Paramedic Scope of Practice.	<p>Modify <b>ALS</b> policies as needed.</p> <p>Continue to work with counties <b>and</b> providers to assess <b>need</b> for additional ALS non-transporting or ambulances, implement the EOAs in Humboldt County (planned for January 1, 2022, take the Del Norte Ambulance EOA grandfather request to the Del Norte County Board of Supervisor, and continue seek approval of expanded scope as needed from EMSA.</p>
1.09	Inventory of Resources	X	X	X	The updated Inventory sections are included as part of this Regional EMS Plan update.	
1.10	Special Populations	X	X	X	<p>North Coast EMS completed the eight-year federal EMSC TACTICAL grant with UCD-MC, conducted EDAP site surveys to five of the seven hospitals, and continued to provide guidance for the management of behavioral health patients, etc.</p> <p>Also see the NCEMS Trauma, STEMI and EMSC Plan Updates.</p>	<p>Seek <b>new</b> fiscal resources to help replace the discontinuation as of May 2020 of <b>the</b> federal UCD-MC grant <b>specific</b> to the EMSC program. Continue to work with regional partners to enhance the management of Behavioral Health patients, and <b>proceed</b> with designation of an additional trauma center in Lake County <b>if</b> interest is</p>

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					<p>We conducted an informal assessment of prehospital and hospital stroke patient care to help address high mortality rates in all three counties, including discussion and reinforcement of best practice models.</p> <p>We are also discontinued preparation of a Stroke System Plan due to the Pandemic and lack of funding.</p> <p>We recently met with the Prehospital Care Medical Director at Adventist-Health Clearlake Hospital who expressed interest in Level IV Trauma Center designation.</p>	<p>formalized.</p> <p>Also see the EMSA approved NCEMS Trauma, STEMI and EMSC Plans Updates</p> <p>Continue efforts to enhance stroke patient care with best practice modeling and continue to assess potential development of a regional Stroke program when staff time allows following new state regulations and with sustainable funding.</p> <p>Submit requested Trauma documents to the PCMD at Adventist Clearlake for review and to help determine next steps.</p>
1.11	System Participants	X	X	X	<p>EMS System participant roles and responsibilities have been identified through written agreements, hospital designations, and in two Humboldt County zones, two EOAs. The NCEMS Air Medical and updated ALS contract, with roles and responsibilities etc., with REACH Medical Holdings LLC., was expanded.</p>	<p>Execute EOA contracts with performance measures, roles and responsibilities and implement the Humboldt County Transportation Plan on January 1, 2022.</p> <p>Initiate the EOA monitoring process in Humboldt County.</p> <p>Continue to process to grandfather Del Norte</p>

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					Both the EOA contract with AMRA and CAE have been or will soon be executed with and effective implementation date of January 1, 2022.	Ambulance EOA status by requesting support in concept by the DNC Board of Supervisors.  Assess new EOA related requests as needed.
1.12	Review & Monitoring	X	X	X	<p>NCEMS providers continued to submit CEMSIS – EMS data to EMSA; quarterly QIP focused review summaries were received from hospitals and providers and were reviewed as staff time allowed. Training programs were monitored as limited staff time allowed. EDAP follow-up site surveys were conducted after a delay because of COVID-19.</p> <p>NCEMS reviewed patient care related cases, and conducted disclosure protected case review meetings (HCCC, TAC). Patient Care Records, data reports, patient charts and other records were used to help evaluate and enhance the EMS System.</p> <p>NCEMS submitted the Quality Improvement Plan (QIP Plan) to EMSA that details system review, monitoring and evaluation processes. EMSA</p>	<p>Continue to ensure submission of provider CEMSIS/NEMSIS EMS data to EMSA &amp; evaluate for system improvement; continue to review STEMI data as part of STEMI System and trauma data as part of the Trauma System evaluation; monitor and review submitted QIP reports from hospitals and providers as staff time allows.</p> <p>Submit the QIP Annual Update to EMSA.</p> <p>Conduct site visits to approved training programs, designated hospitals and ALS Providers as needed and as staff time allows.</p> <p>Continue to monitor EMD programs.</p> <p>Continue to review and</p>

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					<p>approved the Plan.</p> <p>Relative to the Regional Trauma System review and monitoring, see 1.06 and 1.07 above and the Trauma Plan Update.</p> <p>Relative to EOA implementation, see 1.11 above.</p>	<p>monitor EMS system operations as needed, including evaluation of patient care throughout the region.</p> <p>Continue to address the need to ensure transmission of trauma registry data from all trauma centers to the state repository, continue monitoring and compliance assessment of designated hospitals, ALS Providers, EMD programs as time allows, and implement the Exclusive Operating Area Transportation Plan in Humboldt County. Monitor training programs and review quarterly QIP reports as staff time allows. Continue with the process to secure, or not, Del Norte County BOS support of the EOA grandfathering request, and if approved in concept, draft the DNC Transportation Plan.</p> <p>Continue to monitor and as needed conduct site surveys to Trauma Centers, STEMI Center and EDAPs. See STEMI, EMSC ad Trauma</p>
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						Plans.
1.13	Coordination	X	X	X	A primary role of NCEMS is to coordinate regional EMS operations. NCEMS utilizes or participates in numerous EMS related committees and maintains policies to help ensure ongoing EMS system operations with public input.	Continue EMS system coordination in the three-county region.
1.14	Policy and Procedures Manual	X	X	X	<p>The NCEMS Policy and Procedures Manual was periodically updated and expanded by the Policy Review Committee as described above in 1.03 and 1.08.</p> <p>Added Epinephrine Pens to the Public Safety, First Responder and EMT scope of practice.</p> <p>Discontinued review of the Del Norte Ambulance request to establish an AEMT pilot project in Del Norte County due to limited staff time.</p> <p>Hired Kayce Hurd as the Regional EMS/Disaster Coordinator.</p>	<p>Continue to revise and add new policies as needed through the Policy Review Committee process, including: additional EMS System, EMT-I, EMT-P modifications as needed.</p> <p>Expand the optional EMT and paramedic scope of practice as needed.</p>
1.15	Compliance with Policies	X	X	X	See 1.12, Section F, the Quality Improvement Plan and Trauma Plan updates.	Continue to review volume and workload data.

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					<p>Annual Trauma Center Fees were set by the JPA Board.</p> <p>NCEMS continued the oversight of EMS system compliance with statutes, regulations and policies through numerous mechanisms, including contracts, policies, site surveys, ongoing EMS system evaluation, etc.</p>	<p>Continue to oversee compliance of the NCEMS regional EMS system.</p>
1.16	Funding Mechanism	X	X	X	<p>Continued state GF contract, completed the federal EMSC TACTICAL subcontract with UCDMC, completed the HPP COVID grant, and continued the HPP Disaster contract with CDPH.</p> <p>Local funds were received as projected, with ongoing Maddy Funds and continuation of county shares by all three JPA member counties, in addition to certification and other ongoing fees. The annual STEMI Receiving Center Fee was received from SJH. The JPA Governing Board adopted Annual Trauma Center Fees that were received from all four trauma centers.</p>	<p>Continue efforts to increase and stabilize funding, such as: secure additional grants; work with EMSA to increase the State GF augmentation; etc.</p> <p>Consider utilization of a portion of the Richie's Maddy Fund to help replace the UCDMC grant if needed.</p> <p>Continue annual collection of the ImageTrend Data Access Fee, hospital fees, EOA fees and adopt new or increased fees as needed with JPA Board approval.</p> <p>Continue efforts to maintain funding for Medical Director</p>



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					<p>Annual EOA fees were received from City Ambulance of Eureka and Arcata Mad River Ambulance, and Pam Mather RN continued as the contracted EOA Oversight and QI Officer.</p> <p>Retrospective reimbursement of NCEMS ImageTrend Data Access costs by providers was collected with one exception after the JPA Board approved the associated fee.</p> <p>An annual Air Medical Fee was received as well and the new contract with REACH Medical Holding, LLC was executed.</p> <p>EMSA and the Regional Directors compiled requested information to help justify an augmentation for the first time in 20 years.</p> <p>Hired Lee Hawkins as the Fiscal Manager.</p>	<p>increased hours to enhance medical and trauma oversight responsibilities help monitor enhanced program compliance.</p> <p>Continue efforts to reimburse staff comparable salaries to other LEMSAs.</p> <p>Assess feasibility of establishing and fiscally sustaining a Stroke program.</p> <p>Plan for the eventual replacement of e-PCR contractor Jay Myhre if needed and evaluate other e-PCR data platform options as needed prior to the expiration of this years ICEMA contract.</p> <p>Plan to secure new revenue to increase or maintain staff size.</p> <p>Complete the annual Fiscal Audit Report.</p>
1.17	Medical Direction	X	X	X	<p>Six of seven hospitals within the region are designated as Modified Base Hospitals and one as a Base Hospital with</p>	<p>Continue efforts to increase funding for Medical Director and increase staff size to ensure designated Base</p>

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					MICNs – all provide medical direction to EMT-Ps.  See 1.04.	Hospitals are compliant with contracts.
1.18	QA/QI	X	X	X	See 1.12, 1.15, Section 6 and annual QI Plan update.  Initiated the process to revise the QIP Plan update.	See 1.12, 1.15, Section 6 and submit annual QI Plan update.
1.19	Policies, Procedures, Protocols	X	X	X	See 1.14 and 1.15. Approval of Emergency Medical Dispatch (EMD) program continued for two PSAPs in Humboldt County, and jointly with Napa County EMS, the EMD program for Napa Cal-Fire Communications Center used by Lake County.	See 1.14 and 1.15.
1.20, 1.21 and 1.22	DNR, Determination of Death and Reporting of Abuse	X	X	X	DNR policy has been updated to “End of Life Care” to address the many alternatives to end of life care. Determination of Death policy has been updated with the changes recommended the American Heart Association. N	Continue to monitor federal and state End of Life care policies and update as needed. . Updating of Reporting of Abuse Policy is in progress..
1.23	Interfacility Transfer	X	X	X	Attended IFT meetings in Lake County and continued review of the NCEMS IFT Policy. Suggested changes to be considered at a future Policy Review Committee meeting. The IFT policy is	Continue process to update IFT Policy and revise this year.

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					lengthy and is currently under revision. The Lake County Priority One flow chart is now in the final stage and will assist in updating the IFT policy when finalized.	
1.24	ALS Systems	X	X	X	See 1.08, 1.11 and 1.28.  All providers utilizing paramedics are authorized ALS Providers by NCEMS via ongoing contracts.	See 1.08, 1.11. and 1.28.
1.25	On-line Medical Control	X	X	X	See 1.15, 1.17 and 1.24. All seven hospitals within the region are NCEMS designated Base or Modified Base via ongoing contracts.	See 1.15, 1.17 & 1.24.
1.26	Trauma System Plan	X	X	X	See annual Regional Trauma Plan Update and 1.07.	See annual Regional Trauma Plan update and 1.07.
1.27	Pediatric System Plan	X	X	X	See EMSA annual EMSC Plan Update and 1.01, 1.02, 1.03, 1.12, 1.15 & 1.16 & Section E.  EDAP site surveys were conducted at Sutter-Lakeside, Adventist-Clearlake, J. Phelps, MRCH and Sutter-Coast.	See EMSA EMSC Plan Update and 1.01, 1.02, 1.03, 1.12, 1.15 & 1.16 & Section E.  Conduct EDAP site surveys for Redwood and SJH as needed.

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1.28	EOA Plan	X	X	X	<p>See 1.16. and Section 4. Continued process to implement the Humboldt County Transportation Plan (HCTP) as approved by EMSA to non-competitively grandfather two providers, City Ambulance of Eureka (CAE) and Arcata Mad River Ambulance (AMRA). Soon to execute contracts that will implement the EOAs.</p> <p>Initiated process to evaluate EOA grandfathering eligibility of Del Norte Ambulance and determined that they are eligible as the sale in 1984 was full and complete.</p> <p>South Lake County Fire Protection District (SLCFPD) previously inquired about possible EOA grandfathering but withdrew their request by mutual agreement to give us more time to complete the Humboldt County, and now Del Norte County, EOA processes. They recently renewed their request.</p>	<p>Execute <b>the ARMA and CAE EOA contracts</b> and activate the EOAs. Initiate EOA monitoring.</p> <p>Present the DNA request for EOA support to the DNC BOS. If <b>supported</b>, prepare the draft DNC Transportation (EOA) Plan. If approved by JPA Board submit Plan to EMSA for review.</p> <p>North Coast EMS plans to conduct an assessment of SLCFPD EOA grandfather eligibility next fiscal year. <b>This</b> will include advance reimbursement of the JPA approved fee, and if eligibility is determined, we plan to conduct a non-competitive EOA process similar <b>to</b> that utilized in Humboldt County.</p>
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Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.01	Assessment of Needs	X	X	X	<p>NCEMS assessed EMS system needs through a variety of mechanisms and targeted best practices and current EMS system enhancements.</p> <p>Added i-Gel, Ketamine, Continuation of Antibiotics for IFTs, Tranexamic Acid, Vaccine administration for both flu and Covid-19 and nasal swab testing to paramedic scope of practice and Narcan and continued process to add Epi-Pens and Finger Sticks to the Public Safety, First Responder and EMT scope.</p> <p>Solicited input on possible training programs at various meetings – testing the Regional MCI Plan update next was suggested as a disaster medical exercise.</p>	<p>Continue to assess EMS system <b>needs</b>, implement best practices and EMS system enhancements.</p> <p>Continue process to implement Epi-Pens and Finger Sticks.</p> <p>Ensure ongoing ALS coverage of southern Humboldt and full EMS OA disaster integration through the EOA provider contract process.</p> <p>Work with the EMDAC Scope of Practice Committee and EMSA as needed to continue to retain and expand the optional paramedic scope of practice.</p> <p>Continue process to enhance and streamline the policy development process.</p> <p>Host or support additional training programs and/or</p>

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						disaster medical exercises as determined.
2.02	Approval of Training	X	X	X	<p>NCEMS continued approval of EMD, Public Safety, First Responder, EMT, paramedic, MICN, FTO and other training programs according to state regulations, guidelines and local policy. Continued monitoring of training programs and CE Providers was limited by available staff time.</p> <p>Facilitated behavioral health patient management processes in each county, continued the 5150 Manual (now posted on the Hospital Council of Middle and Northern California's website), updated 5150 training documents, completed development of a behavioral health medical screening form in Humboldt and supported development of Behavioral Health/EMS trainings. Participated in numerous regional and state Behavioral Health/EMS meetings. Established a Behavioral Health COVID work group to optimize efficiencies, minimize</p>	<p>Approve new Public Safety, EMD, First Responder, Naloxone, MICN, EMT and Paramedic training programs as needed after compliance verification.</p> <p>Continue to monitor and update above programs to ensure ongoing compliance with state and regional standards.</p> <p>Continue process to develop AEMT program policies, support a Paramedic training program near Lake County and oversee Behavioral Health/EMS program enhancements.</p> <p>See above.</p>

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					<p>exposure at Sequoia Sempervirens, and try to reduce overload at EDs. Helped bring attention to the need for Behavioral Health and EMS to integrate at the State level.</p> <p>See above.</p>	
2.03	Personnel	X	X	X	<p>See 2.01 and 2.02</p> <p>NCEMS has numerous mechanisms to accredit, authorize and certify EMS personnel, including policies and procedures.</p> <p>We also follow state standards relative to the review of unusual occurrences that could impact certifications. A few occurrences were reviewed but no action needed to be taken.</p> <p>The total number of NCEMS certified, accredited and authorized personnel is 516 EMTs, 153 paramedics and 9 MICNs.</p> <p>Hired Lee Hawkins as our Fiscal Manager.</p>	<p>See 2.01 and 2.02</p> <p>Reassess possible expansion to include ways to streamline certification, accreditation and FTO approval.</p> <p>Continue to review discovered unusual occurrences and take action as appropriate and in accordance with state standards.</p> <p>Continue to plan for and if possible secure additional revenue to help cover the loss of the UCD-MC EMSC grant to minimize impact on current staff and contractors, including seeking a State GF Augmentation to increase employee and contractor</p>

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						reimbursement and add the fulltime RN.
2.04	Emergency Medical Dispatch (EMD) Training	X	X	X	See 1.12, 2.01 & 2.02  Two EMD programs in Humboldt County continue to be approved and monitored and a third EMD program, for Lake County, is jointly approved with Napa County.  Approved EMD variance as required including potential screening for COVID-19.	See 1.12, 2.01 and 2.02  Monitor <b>EMD</b> Program as needed.  Approve new EMD providers if interested.
2.05	First Responder Training	X	X	X	See 2.01, 2.02 & 2.03  Public Safety and First Responder training programs policies and procedures are adopted and implemented.  NCEMS currently has 5 approved First Responder training programs.  All first out ambulances are staffed by at least one EMT and paramedic with a few exceptions. Some back-up units utilize two EMTs.	See 2.01, 2.02 & 2.03  Monitor existing Public Safety and First Responder training programs.  Approve new Public Safety and First Responder training programs as needed.
2.06	Response	X	X	X	Numerous public safety and first responder agencies, and others, respond to medical emergencies according to state standards and NCEMS	See 2.01, 2.02 & 2.03  Approve new Public Safety, First Responder, EMT, Paramedic training



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					<p>policies. Several are now using Naloxone pursuant to state regulation.</p> <p>We assessed the proposed BLS ambulance plan by CAE.</p>	programs as requested.
2.07	First Responder Medical Control	X	X	X	See 1.04, 1.12, 1.15, 1.17, 1.24 & 1.25. All non-transporting and transporting ALS (paramedic) providers are authorized by NCEMS and assigned to a designated base hospital that oversees medical control by contract.	See 1.04, 1.12, 1.15, 1.24 & 1.25.
2.08	EMT-I Training	X	X	X	<p>See 2.01, 2.02, 2.03, 2.06 and 2.07.</p> <p>NCEMS currently has 5 approved EMT-I training programs.</p> <p>All county permitted or contracted ambulances predominantly utilize at least one currently certified EMT-I and one NCEMS accredited paramedic. Occasional exceptions occur within the region for BLS only ambulances in the region and non-EMT drivers in Lake County.</p>	See 2.01, 2.02, 2.03, 2.06 and 2.07
2.09	CPR Training	X	X	X	All health or EMS personnel who provide direct emergency patient care are required by	See 2.01, 2.02, 2.03, 2.04, 2.05, 2.06 and 2.08.

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					state standards to be trained in CPR. NCEMS approved Public Safety, First Responder, EMT and Paramedic training programs include or require current CPR training.  See 2.01, 2.02, 2.03, 2.04, 2.05, 2.06 and 2.08.	
2.10 2.11 2.12 2.13	Advanced Life Support Accreditation Process Early Defibrillation Base Hospital Personnel	X X X X	X X X X	X X X X	See 1.08, 1.12, 1.15, 1.17, 1.24 1.25, 2.02 & 2.07.  Accreditation processes, set by state regulations, are followed. All licensed nurses and physicians who provide direct emergency care are required to be trained in ALS and, to our knowledge, most ED MDs are Boarded in Emergency Medicine.  All Base Hospital personnel ED MDs and RNs are also required to be oriented to NCEMS policy and procedures.  All accredited ALS personnel are required to be oriented to NCEMS policies and procedures.	See 1.08 1.12, 1.15, 1.17, 1.25, 2.02, 2.03 & 2.07.
3.01	Communication Plan	X	X	X	NCEMS developed a Communications Plan and	Continue to work with all three counties to identify

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				<p>purchased a Med Net Communications system in the mid-1970s for field to base hospital medical control communications. Ownership and maintenance/replacement responsibility was transferred to each county for the Mt-Top Repeaters, to each hospital for the hospital radios and to each provider (transporting and ALS) in the 1980's. All Med Net Equipment was replaced with narrow band compatible equipment within the last several years, and Humboldt County and Lake County (this needs to be confirmed) enhanced the system for MCIs (WIDE-AREA) and medical surge respectively. NCEMS started the process to update the Regional MCI Plan but it was delayed by other priorities including the pandemic. NCEMS also maintained the Med-Net Repeater Trust Fund. The Del Norte County Med-Net Mt-Top Repeater has been dysfunctional for years and we previously agreed that paramedics could utilize cell phones for Base Hospital communications.</p>	<p>and resolve Med Net System issues as needed.</p> <p>Utilize Med-Repeater Trust Fund as needed with JPA Governing Board approval.</p> <p>Re-assess status of the redundant Med-Net communications system in Lake County.</p>
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<p>3.02, 3.03, 3.04, 3.05, 3.06, 3.09, 3.10</p>	<p>Radios, IFTs, Dispatch Center, Hospitals, MCI/Disaster Communications, Dispatch Triage, Integrated Dispatch</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>See 2.04, 3.01.</p> <p>Each of the three counties continued to utilize a single dispatch center for all emergency ambulances, with the exception of dispatch of Hoopa (K'ima:w) Ambulance by the Hoopa Tribal Dispatch Center.</p> <p>Humboldt and Lake County have redundant Med Net Repeaters that allow WIDE-AREA hospital to hospital and medical surge communications respectively.</p> <p>NCEMS continued designation of two EMD providers, CALFIRE in Fortuna and Eureka PD, and continued joint approval of the Napa CAL-FIRE Com Center EMD program with Napa County EMS.</p> <p>Most regional hospitals currently utilize transfer centers located out of the area.</p> <p>All three counties experience delays in IFTs due to limited staffed beds for both medical and behavioral health</p>	<p>See 2.04, 3.01.</p> <p>Monitor EMD programs in Humboldt and in Napa for Lake County, with Napa County EMS, as needed.</p> <p>Continue to assist with JPA Board approved Med-Net Mt. Top Repeater maintenance needs.</p> <p>Re-assess the status of the Med-Net Redundant Repeater in Lake County.</p> <p>Continue to work with EMS partners to minimize IFTs delays, particularly of urgent patients. This is a statewide wide problem and includes working with the EMSA, CDPH, EMSAAC, EMDAC, Partnership and the Hospital Council of Northern and Central California.</p>
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					<p>patients, and due to limited transfer vehicles. We have been working with EMS partners to enhance IFT efficiencies, evaluate opportunities to access issues and better coordinate transfer needs, etc. This included working with County Behavioral Health, all hospital and providers, Sempervirens, EMSA, EMSAAC, EMDAC, CDPH, the Hospital Council of Northern and Central California, Partnership, etc., and with the help of contractor Stayce Curry we have helped shed light on the Behavioral Health issue in the State.</p> <p>In Lake County, we participated in IFT and Priority 1 meetings to enhance the process to utilize ALS units to promptly transfer urgent patients.</p>	
4.01	Service Boundaries	X	X	X	<p>Based upon traditional practices, each county has long established ground ambulance transportation service areas.</p> <p>The service area in Del Norte</p>	<p>Continue to work with county, hospitals, providers, committee and other representatives to help ensure ongoing provision of an adequate number of appropriately staffed</p>

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					<p>County includes the entire county and a portion of southwestern Oregon, however, the BOS discontinued the Ambulance Ordinance this year (the County currently contracts with Del Norte Ambulance and sets minimum ambulance standards).</p> <p>Ambulance service boundaries are set in the Humboldt County BOS adopted county Ambulance Ordinance, and in Lake County, service areas are included in or as an addendum to the BOS approved ordinance. The BOS decided to revise the ordinance last year but this process has been delayed.</p> <p>The service area in eastern Humboldt has long been covered by K'ima:w (Hoopa) Ambulance with ALS units in Hoopa and Willow Creek. The Humboldt County BOS again earmarked funds to help ensure continuation of current service levels.</p> <p>See 1.28 above.</p>	<p>ambulances as needed throughout the region.</p> <p>Participate in the process to update the Lake County Ambulance Ordinance when this moves forward.</p> <p>After consultation with CAE and AMRA, we do not plan shift the oversight of the Humboldt County Ambulance Ordinance as part of the EOA process.</p> <p>If we move forward with the EOA process in DNC with BOS support, we plan to work with the County and DNA to assess the pros and cons of integrating the County contract with DNA.</p> <p>See 1.28 above.</p>
4.02, 4.03,	Monitoring, Classifying Medical	X	X	X	See 1.28 and 4.01.	See 1.28 and 4.01.

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4.04 & 4.05	Requests, Prescheduled Responses and Response Time Standards				<p>NCEMS submitted A-POT data to EMSA.</p> <p>Excluding Del Norte County as of this year, each county has a BOS approved Ambulance Ordinance.</p> <p>NCEMS as a classifying medical requests policy and approved EMD utilize the national standards for classifying medical requests, the latter with Regional Medical Director approval.</p> <p>NCEMS encourages transferring hospitals to pre-schedule IFTs when possible to minimize negative impact on the 9-1-1 system and urgent IFTs.</p> <p>NCEMS continued to monitor authorized ALS Providers and work with JPA member counties as needed to help monitor ambulance services through the existing QI and data collection programs.</p> <p>NCEMS response time guidelines utilize the state response time guidelines.</p>	<p>Submit A-POT data to EMSA.</p> <p>Effective 1/1/2022 shift to EOA contract monitoring in Humboldt County.</p> <p>If the BOS in DNC supports the DNA EOA process, include response time standards based upon several years of experience in the DNC Transportation (EOA) Plan.</p>
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					Both HCTP (EOA) contracts in Humboldt County include response time standards based upon several years of performance. Both contracts were executed for EOA grandfathering implementation on 1/1/2022.	
4.06	Ambulance Staffing	X	X	X	See 1.08, 1.24, 1.28, 2.03, 2.08	See 1.08, 1.24, 1.28, 2.03, 2.08
4.07	First Responder Agencies	X	X	X	See 2.01, 2.02, 2.05 & 2.07 NCEMS currently has 53 first responder, three non-transport agencies, nine ground ambulance services operating within the region. One rotor air medical provider is operating within Lake County under Coastal Valley's EMS oversight and the contract with REACH Medical Holdings. The latter also covers the two fixed wing and one CCT unit in Humboldt and Del Norte Counties.	See 2.01, 2.02, 2.05 & 2.07.  Assess the need to update the contract with REACH and other ALS providers and update as needed.
4.08 & 4.09	Medical & Rescue Aircraft Air Dispatch Center	X X	X X	X X	See 1.08, 3.04 & 3.06.  NCEMS has a policy for categorizing medical aircraft that is consistent with state guidelines.  The CAL-FIRE	See 1.08, 3.04 & 3.08



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						Communications Center in Fortuna, Humboldt County dispatches all EMS rotor aircraft for Del Norte and Humboldt Counties, although none are located within the two counties. The Napa CAL-FIRE Communications Center dispatches rotor air medical resources for Lake County.	
4.10	Aircraft Availability		X	X	X	See 4.08. One REACH air medical unit continued to be located in Lake County, with written confirmation of oversight with Coastal Valley's EMS and the contract with REACH Medical Holdings LLC. The latter also covers Cal-Ore Life Flight for IFT only in Humboldt and Del Norte Counties, and CCT unit in Del Norte County. Air medical providers routinely operating within the region from outside the region should have written agreements with North Coast EMS.	See 4.08.
4.11, 4.12, 4.13, 4.14, 4.15	Specialty Vehicles, Disaster Response, Intercounty Response, ICS & MCI Plans		X	X	X	See Section 8.  NCEMS region stakeholders utilize specialty vehicles and/or equipment as needed to access, transport and transfer patients.	See Section 8.  Implement the disaster requirements in Humboldt County, and if it moves forward, in Del Norte County as part of the EOA process.

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						<p>Continued the HPP Disaster contract with CDPH. The Regional EMS Coordinator is also the Regional Disaster Coordinator and each county has an NCEMS County EMS Disaster Liaison.</p> <p>This year NCEMS continued the HPP Disaster Liaison contracts in Humboldt with Patrick Lynch, in Lake County with Kimberly Baldwin, and in Del Norte County with Dennis Louy.</p> <p>Dennis conducted test of the Regional MCI Plan.</p> <p>The EOA contracts include provider related disaster requirements as stated in the HCTP.</p> <p>NCEMS has reciprocity agreements with surrounding LEMSAs specific to cross-jurisdictional use of paramedics and ambulance mutual aid resources.</p>	<p>Assist with processes to utilize specialty ambulances and ambulance mutual aid resources as needed.</p> <p>Complete the internal review and update of the Regional Multi Casualty (MCI) Plan including incorporation of relevant Mass Casualty considerations.</p> <p>Conduct MCI Plan exercises in each County.</p>
4.16	ALS Staffing		X	X	X	See 1.08, 1.24, 2.02, 2.03, 2.10 & 4.06	See 1.08, 1.24, 2.02, 2.03, 2.10 & 4.06
4.17 and 4.18	ALS Equipment and Compliance		X	X	X	See 1.08, 1.24, 2.02, 2.03, 2.10, 4.06 and 4.16.	See 1.08, 1.24, 2.02, 2.03, 2.10, 4.06 & 4.16

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						<p>All private ambulances operating within the region maintain CHP approval for BLS equipment and approved NCEMS ALS Providers are required to follow the ALS equipment policy.</p> <p>NCEMS has written agreements with all approved ALS provider that ensure compliance with NCEMS policies, state standards, etc.</p>	
4.19	Transportation Plan		X	X	X	<p>The Humboldt County Transportation (EOA) Plan is approved by EMSA. Both EOA contracts were executed in Humboldt County effective 1/1/2022.</p> <p>We received the EOA grandfathering request from Del Norte Ambulance and determined that they are eligible to be grandfathered.</p> <p>Secured JPA approved annual EOA fees from CAE, AMRA and DNA.</p> <p>We contracted with Pam Mather to coordinate the EOA processes in Humboldt and</p>	<p>See 1.11, 1.12, 1.16, 1.28, 2.01, 4.01, 4.05, 4.15, 4.19, 4.20, 4.21, 4.22.</p> <p>In Humboldt County, initiate the EOA monitoring process on 1/1/2022.</p> <p>In Del Norte County, with BOS support, initiate the process to prepare the DNC Transportation Plan, obtain public input, BOS support and JPA Board approval, and submit Plan to EMSA.</p>

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						Del Norte Counties.  See 1.11, 1.12, 1.16, 1.28, 2.01, 4.01, 4.05, 4.15, 4.19, 4.20, 4.21, 4.22.	
4.20	“Grandfathering”		X	X	X	See 1.11, 1.12, 1.16, 1.28, 2.01, 4.01, 4.05, 4.15, 4.19, 4.20, 4.21, 4.22.	See 1.11, 1.12, 1.16, 1.28, 2.01, 4.01, 4.05, 4.15, 4.19, 4.20, 4.21, 4.22.
4.21	EOA Compliance		X	X	X	See 1.11, 1.12, 1.16, 1.28, 2.01, 4.01, 4.05, 4.15, 4.19, 4.20, 4.21, 4.22.	See 1.11, 1.12, 1.16, 1.28, 2.01, 4.01, 4.05, 4.15, 4.19, 4.20, 4.21, 4.22.  Implement EOA compliance measures pursuant to HCTP.
4.22	EOA Evaluation		X	X	X	See 1.11, 1.12, 1.16, 1.28, 2.01, 4.01, 4.05, 4.15, 4.19, 4.20, 4.21, 4.22.	See 1.11, 1.12, 1.16, 1.28, 2.01, 4.01, 4.05, 4.15, 4.19, 4.20, 4.21, 4.22.  Implement EOA evaluation process pursuant to HCTP.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.01	Assessment of Facilities Capabilities	X	X	X	See recent Trauma Plan, STEMI Plan, Quality	See recent Trauma Plan, STEMI Plan, Quality

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				<p>Improvement and EMSC Plan submissions.</p> <p>NCEMS has executed Paramedic Base Hospital and EDAP designation agreements with all seven hospitals, four Trauma Centers and one STEMI Receiving Center (St. Joseph) pursuant to state regulations.</p> <p>Conducted Trauma Center Site Surveys at Sutter-Lakeside, St. Joseph and Mad River Community Hospitals, and follow-up surveys at Lakeside and Mad River. All remain designated or provisionally designated.</p> <p>Conducted EDAP site surveys at Sutter Lakeside, Adventist Health Clearlake, Jerold Phelps Community, Mad River Community, and Sutter Coast Hospitals. All designations were continued with some follow-up requirements.</p> <p>Conducted Humboldt County Cardiac Committee (now STEMI and Stroke), Lake Trauma Advisory (TAC) and</p>	<p>Improvement Plan and EMSC Plan submissions.</p> <p>Continue Stroke Patient assessment of EMS system enhancements and determine feasibility and need to develop a formal Stroke System.</p> <p>Conduct site surveys to the following EDAPs: Providence Redwood Memorial and St Joseph Hospitals. Conduct a STEMI Center site survey at SJH. Conduct Trauma Center redesignation site survey at Sutter Coast Hospital.</p> <p>Assess Paramedic Base Hospitals as needed and as staff time allows.</p> <p>Conduct STEMI/Stroke Committee and TAC meetings, including disclosure protected case review.</p> <p>Continue C.A.R.E.S. project and trauma data review and cases.</p>
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					<p>Humboldt-Del Norte TAC Committee meetings that included disclosure protected case review.</p> <p>Continued discussion of best practice modeling of regional prehospital and hospital Stroke Patient care due to high mortality rates.</p> <p>Reviewed trauma registry submission at all Trauma and STEMI Centers.</p> <p>Completed the C.A.R.E.S. data collection project at all but one hospital.</p>	
5.02	Triage & Transfer Protocols	X	X	X	<p>See 1.08 and 1.23.</p> <p>Continued process to review the NCEMS IFT Policy and implemented a Re-triage Policy.</p> <p>Continued the Policy Review Committee process.</p> <p>Hospital designation site surveys review transfer policies and ensure transfer agreements.</p>	<p>See 1.08 and 1.23.</p> <p>Revise <b>IFT</b> Policy and Re-triage Policies as needed.</p>
5.03	Transfer Guidelines	X	X	X	<p>See 1.23 &amp; 5.02</p> <p>NCEMS has a Transfer Policy</p>	<p>See 1.23 &amp; 5.02.</p> <p>Update <b>the</b> NCEMS</p>

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					<p>and continued the review process.</p> <p>NCEMS participates in North-RTCC meetings that review cross-jurisdictional trauma patients transfers for educational purposes. We also participate in Lake County IFT meetings and discussed transfer issues at the Humboldt Del Norte MAC and other meetings.</p>	Transfer Policy with stakeholder input as needed.
5.04	Specialty Care Facilities	X	X	X	See 1.26, 1.27 and 5.01	See 1.26, 1.27 and 5.01
5.05 5.06	Mass Casualty Management Hospital Evacuation	X	X	X	<p>See Section 8 and 4.12, 4.13, 4.14 and 4.15.</p> <p>As part of the HPP grant, NCEMS and County Disaster liaisons encourage hospital and county representatives to prepare for mass casualty management.</p> <p>Initiated the process to update the Regional MCI Plan but this was delayed by the pandemic.</p>	<p>See Section 8 and 4.12, 4.13, 4.14 and 4.15.</p> <p>Work with Public Health and Provider representatives in each county to review MHOAC and Disaster roles and responsibilities as needed.</p> <p>Continue to oversee the NCEMS HPP program and continue contracts with the three County Disaster Liaisons.</p> <p>Continue to work with MHOACs, hospitals,</p>

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						Disaster liaisons, EMS providers and others to assist hospital preparation for mass casualty and pandemic patient management.
5.07	Base Hospital Designation	X	X	X	See 1.07, 1.12, 1.15, 1.17, 2.07, 2.10 & 5.01  NCEMS has Base Hospital designation contracts with all seven hospitals in the region. All but one hospital are “Modified” Base Hospitals that are not required to utilize MICNs.  The two stand-by hospitals are approved as Alternative Base Stations.	See 1.07, 1.12, 1.15, 1.17, 1.25, 2.07, 2.10 & 5.01  If requested, continue the process to designate Sutter-Lakeside Hospital as a Modified Base Hospital and complete update of the contract.  Assess Base Hospital contract compliance for cause and if we have sufficient staff/contractor time.
5.08 and 5.09	Trauma System Design and Public Input	X	X	X	See 1.07, 1.26, 5.01, 5.02 & Trauma System Plan Update.	See 1.07, 1.26, 5.01, 5.02 & Trauma System Plan Update.
5.10 5.11 5.12	Pediatric System Design Emergency Departments Approved for Pediatrics Public Input	X	X	X	See recent EMSC Plan Update and 1.03, 1.27 & 5.01	See EMSC Plan Update and 1.03, 1.27 & 5.01 .
5.13	<b>Specialty System Design – Cardiac/Stroke:</b>	X	X	X	See recent STEMI Plan Update and 4.17 & 5.01.  Currently assessing and implementing Stroke System	See STEMI Plan Update and 4.17 & 5.01.  Continue best practice assessments and modeling



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					best practices due to high mortality rates in all three counties.	and consider adoption of a formal <b>Stroke System Plan</b> pursuant to new state regulations.
5.14	Specialty Planning Public Input	X	X	X	See Trauma, EMSC and STEMI Plans and 1.03, 5.09 and 5.12.	See Trauma, EMSC and STEMI Plans and 1.03, 5.09 and 5.12.  Convene Stroke Committee to ensure public input.
5.15	Subsystem Evaluation and Data Collection Program: <ul style="list-style-type: none"> <li>A. Patient Registry – an ImageTrend e-PCR is completed on each field transported STEMI, medical, pediatric and trauma patient. All providers submit ImageTrend data to the ICEMA repository.</li> <li>B. Designated trauma centers are required to submit Trauma Registry data to ImageTrend with NCEMS access.</li> <li>C. In Humboldt County we will receive &amp; review cardiac patient information for review at HCCC meetings (now STEMI and Stroke meetings).</li> <li>D. NCEMS is coordinating implementation of the C.A.R.E.S. program.</li> <li>E. NCEMS submits A-POT data as required by EMSA.</li> </ul>	X	X	X	See recent Trauma, STEMI and EMSC Plan Updates and 1,12, 4.02, 5.01, 5.13 & Section 6.  Conducted several STEMI/Stroke and TAC meetings. Reviewed cardiac and trauma cases and C.A.R.E.S. data.  NCEMS recovered most of our ALS Provider costs for access to ImageTrend e-PCR program data through ICEMA. The JPA Board approved annual per volume fees and all but one provider has submitted these thus far.  North Coast EMS submitted Core Measures to EMSA and C.A.R.E.S. data to Coastal Valley's EMS	See Trauma, STEMI and EMSC Plan Updates and 1.12, 4.02, 5.01, 5.13 & Section 6.  Ensure that NCEMS Core Measures are submitted to EMSA. Review STEMI Receiving Center and Trauma Center data and reports, and conduct case review at disclosure protected meetings.  Collect, review and submit C.A.R.E.S. data.  Prepare, review and submit A-POT data.

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Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.01	QA/QI Program	X	X	X	<p>See 1.12, 1.15, 1.18, 1.27, 2.04, 4.02, 5.13, 5.15 and Annual QIP Plan Update.</p> <p>NCEMS has a robust, coordinated and evolving QA/QI program that meets or exceeds state guidelines and standards. A primary mission of NCEMS is to ensure delivery of quality patient care and continuously enhance the EMS System.</p> <p>As staff time allowed, reviewed QIP Reports from all Base Hospitals and ALS providers; reviewed PCRs, ImageTrend, cardiac, EMSC and trauma data and investigated cases brought to our attention. The QIP Reports are intended to be quarterly but were delayed by</p>	<p>See 1.12, 1.15, 1.18, 1.27, 2.04, 4.02, 5.13, 5.15 and Annual QIP Plan Update.</p> <p>Secure additional funds to increase staff FTE to help review &amp; summarize quarterly QIP Reports, review PCRs, field data, REACH records, and cases as needed.</p> <p>Submit the QIP Plan Update to EMSA in early 2022 after acceptance by the JPA Board.</p> <p>Continue to oversee and monitor the Regional EMS, STEMI, Trauma and EMSC systems.</p> <p>Assess available stroke data.</p>

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					<p>pandemic.</p> <p>Administered and provided medical oversight of the NCEMS QA/QI program.</p> <p>Continued QI oversight of the EMS System and STEMI, EMSC, Trauma Specialty Care Subsystems.</p> <p>The QIP Plan Update was delayed by the pandemic but will be submitted in early 2022.</p> <p>Conducted or participated in HCCC, TAC, EMSC, EMCC, IFT and MAC meetings.</p>	
6.02	Prehospital Records	X	X	X	<p>See 1.12, 1.15, 1.18, 1.27, 2.04, 4.02, 5.13 &amp; 5.15.</p> <p>NCEMS continues to approve use of the ImageTrend program administered by ICEMA. Four providers are also approved to utilize other programs: Del Norte Ambulance – Collector, and a proprietary ImageTrend program (AMRA, CAE and REACH Medical Holdings, LLC.).</p> <p>All approved ALS providers</p>	<p>See 1.12, 1.15, 1.18, 1.27, 2.04, 4.02, 5.13, 5.15 and 6.01.</p> <p>Continue to ensure transmission of provider e-PCR data to EMSA.</p> <p>Continue to recoup NCEMS ImageTrend costs for provider use. Consider shifting to direct providers payments to ICEMA.</p> <p>Continue to participate in EMSA Core Measures</p>

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					<p>transmit e-PCR to the state repository.</p> <p>Core measures data was submitted to EMSA.</p> <p>C.A.R.E.S. data was submitted to Coastal Valley's EMS.</p> <p>NCEMS utilizes an e-PCR programmer to assist with e-PCR data retrieval, queries, reports, etc., from the state repository.</p> <p>Implemented an annual per volume ImageTrend user base rate to NCEMS to access.</p>	<p>program.</p> <p>Ensure that any e-PCR programs acquired by providers meets state and local requirements for data transmission and QI.</p> <p>Continue to mine ImageTrend data for reports, queries, etc.</p>
6.03	Prehospital Care Audits	X	X	X	<p>See 6.01 &amp; 6.02.</p> <p>All ALS Providers and Base Hospitals continue to conduct audits on patient care activity and are required to follow associated NCEMS policies, including Field Care Audits conducted by each Base Hospital. These were postponed and/or delayed by the pandemic.</p> <p>The Regional EMS Coordinator identifies</p>	<p>See 6.01 &amp; 6.02</p> <p>Send quarterly QIP focus topics to hospitals and providers and review and compile as staff time allows.</p>

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					quarterly QIP focused audits.	
6.04	Medical Dispatch	X	X	X	See 2.04, 3.01, 3.02, 3.04, 3.09, 4.03 and 4.09.	See 2.04, 3.01, 3.02, 3.04, 3.09, 4.03 and 4.09.
6.05	Data Management System	X	X	X	See 1.12, 1.15, 1.18, 1.26, 1.27, 2.04, 4.02, 4.18, 4.21, 4.22, 5.08, 5.10, 5.11, 5.13, 6.01, 6.02 and QIP Plan Update.	See 1.12, 1.15, 1.18, 1.26, 1.27, 2.04, 4.02, 4.18, 4.21, 4.22, 5.08, 5.10, 5.11, 5.13, 6.01, 6.02 and QIP Plan Update.  Complete revision of the QIP Plan Update for submission to EMSA.
6.06	System Design Evaluation	X	X	X	See 1.12, 1.15, 1.18, 1.26, 1.27, 2.04, 4.02, 4.18, 4.21, 4.22, 5.08, 5.10, 5.11, 5.13, 6.01, 6.02 and QIP Plan Update.	See 1.12, 1.15, 1.18, 1.26, 1.27, 2.04, 4.02, 4.18, 4.21, 4.22, 5.08, 5.10, 5.11, 5.13, 6.01, 6.02, 6.05 and QIP Plan Update.
6.07	Provider Participation	X	X	X	See 6.01, 6.02, 6.03, 6.05 & 6.06.  NCEMS QIP Plans are approved for all providers. Provider and Base Hospital  Quarterly QI Reports reviewed & summarized by NCEMS as staff time and the pandemic allows.	Secure additional funds for increased staff help to continue to receive, monitor and summarize QIP Reports, enhance QI System and patient care.
6.08, 6.09	Reporting and ALS Audit	X	X	X	See Section 1, 2, 4, 5.14, 5.15, 6.01, 6.02, 6.03, 6.05, 6.06, 6.07 and the QIP Plan Update.	See Section 1, 2, 4, 5.14, 5.15, 6.01, 6.02, 6.03, 6.05, 6.06, 6.07 and the QIP Plan Update.

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					<p>Interested JPA Governing Board, MAC, STEMI/Stroke, TAC and EMCC members are included in the annual EMS, Trauma, STEMI, EMSC and QIP Plan Update review process.</p> <p>North Coast EMS submits required progress reports to EMSA, CDPH and UCD-MC. These are made available to JPA Board members, EMS stakeholders and the public as appropriate.</p>	Continue to prepare, submit and distribute required reports to EMSA and regional EMS partners.
6.10, 6.11	Trauma System Evaluation and Data	X	X	X	See annual Trauma Plan Update & 1.07, 1.26, 5.04, 5.08, 6.10 and 6.11.	See annual Trauma Plan Update & 1.07, 1.26, 5.04, 5.08, 6.10 and 6.11.
7.01 7.02 7.03 7.04	Public Information Materials Injury Control Disaster Preparedness First Aid & CPR	X	X	X	<p>Continued limited participation in PIE Activities, mostly related to EMSC.</p> <p>Associate Director continues to attend and participate in: Car Seat programs, Child Death Review meetings, etc.</p> <p>Executive Director, Regional EMS/Disaster Coordinator and County Disaster Liaisons continue to participate in disaster preparedness planning activities.</p>	<p>Continue participation as staff time allows.</p> <p>See quarterly GF and HPP progress reports.</p>

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					<p>See quarterly General Fund and HPP reports.</p> <p>NCEMS approves Public Safety, First Responder, EMT and Paramedic training programs that ensure training in first aid, CPR, BLS and ALS as appropriate.</p>	
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North Coast Emergency Medical Services (NCEMS)  
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Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.01 8.02 8.03 8.04 8.05 8.06 8.07 8.08 8.09 8.10 8.11 8.12 8.13 8.14 8.15 8.16 8.17 8.18 8.19	Disaster Medical Planning, Response Plans, HazMat Training, ICS, Casualty Distribution, Needs Assessment Disaster Communications, Inventory of Resources, DMAT Teams, Mutual Aid Agreements, CCPs, Training, Plans, Communications, Policies, Roles, and Waiving Exclusivity	X	X	X	See 3.01, 3.02, 3.04, 3.05, 3.06, 3.09, 4.12, 4.13, 4.14, 4.15, 5.05, Section 7, and CDPH Disaster Work Plan and Progress Reports.  Continued to support and work with MHOACs and HPP personnel in each county.  Participated in County Disaster Medical planning & drills.  Completed seventh year of Regional HPP Disaster project with CDPH funding.  Continued contracts with County Disaster HPP Liaisons.  Shifted to Executive Director and Regional EMS/Disaster Coordinator oversight of the HPP grant with the departure of Associate Director Louis Bruhnke. Worked collaboratively with EMSA, CDPH, OES, JPA Member	See 3.01, 3.02, 3.04, 3.05, 3.06, 3.09, 4.12, 4.13, 4.14, 4.15, 5.05, Section 7, and CDPH Disaster Project Work Plans and Progress Reports.  Submit the CDPH Mid-Year, Year-End and 2022 Capabilities documents.  Continue to participate in and help coordinate disaster medical activities.  Continue Regional HPP Disaster grant.  Continue HPP program with focus on planning of the regional disaster medical response system in collaboration with EMSA, CDPH, EMSAAC, JPA-member counties, EMS partners and the MHOAC program.  Continue to help identify future HPP LEMSA deliverables and accomplish



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					counties, providers and others to address CDPH targeted deliverables.  Incorporated disaster medical and transportation responsibilities into the EOA contracts.	targeted deliverables as part of the HPP grant with CDPH.
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**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT**

Reporting Year: 2020/21

**NOTE:** Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:  
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: Del Norte, Humboldt, Lake

A. Basic Life Support (BLS)	<u>          </u> %
B. Limited Advanced Life Support (LALS)	<u>0</u> %
C. Advanced Life Support (ALS)	<u>100</u> %

2. Type of agency
- a) Public Health Department
  - b) County Health Services Agency
  - c) Other (non-health) County Department
  - d) Joint Powers Agency
  - e) Private Non-Profit Entity
  - f) Other: \_\_\_\_\_

3. The person responsible for day-to-day activities of the EMS agency reports to
- a) Public Health Officer
  - b) Health Services Agency Director/Administrator
  - c) Board of Directors
  - d) Other: \_\_\_\_\_

4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	<u>underway</u>
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	<u>X</u>
Designation of other critical care centers	<u>X</u>
Development of transfer agreements	<u>X</u>
Enforcement of local ambulance ordinance	<u>          </u>
Enforcement of ambulance service contracts	<u>          </u>
Operation of ambulance service	<u>          </u>
Continuing education	<u>X</u>
Personnel training	<u>X</u>
Operation of oversight of EMS dispatch center	<u>EMD ONLY</u>
Non-medical disaster planning	<u>X</u>
Administration of critical incident stress debriefing team (CISD)	<u>          </u>

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

**5. EXPENSES**

Salaries and benefits (All but contract personnel)	\$ <u>449,977.00</u>
Contract Services (e.g. medical director)	<u>176,919.00</u>
Operations (e.g. copying, postage, facilities)	<u>68,646.00</u>
Travel	<u>24,471.00</u>
Fixed assets	_____
Indirect expenses (overhead)	_____
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: <u>Current Liabilities</u>	<u>14,457.00</u>
Other: <u>Audit</u>	<u>6,700.00</u>
Other: _____	_____
<b>TOTAL EXPENSES</b>	<b>\$ <u>741,170.00</u></b>

**6. SOURCES OF REVENUE**

Preventive Health and Health Services (PHHS) Block Grant	<u>\$56,127.00</u>
Office of Traffic Safety (OTS)	_____
State general fund	<u>241,868.00</u>
County general fund (mednet)	<u>1,500.00</u>
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	<u>63,053.00</u>
Certification fees	<u>15,000.00</u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

Trauma center application fees

IV = \$20,000 III = \$40,000

Trauma center designation fees

IV = \$5,000 IV + = 15,000

III = \$15,000 \$40,000

Pediatric facility approval fees \_\_\_\_\_

Pediatric facility designation fees \_\_\_\_\_

Other critical care center application fees 10,000.00

Type: STEMI Receiving Center

Other critical care center designation fees \_\_\_\_\_

Type : \_\_\_\_\_

Ambulance service/vehicle fees \_\_\_\_\_

Contributions (unassigned reserve) 38,535.00

EMS Fund (SB 12/612)(Richie&Maddy) 193,000.00

Other grants: UC DAVIS 50,987.00

Other fees:

Other (specify): Trauma Center Fees 40,000.00

Other (specify): Air MED 10,000.00

Other (specify): EOA Fee 20,000.00

Other (specify): Interest 300.00

**TOTAL REVENUE**

\$ 741,170.00

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.  
IF THEY DON'T, PLEASE EXPLAIN.*

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

We do not charge any fees

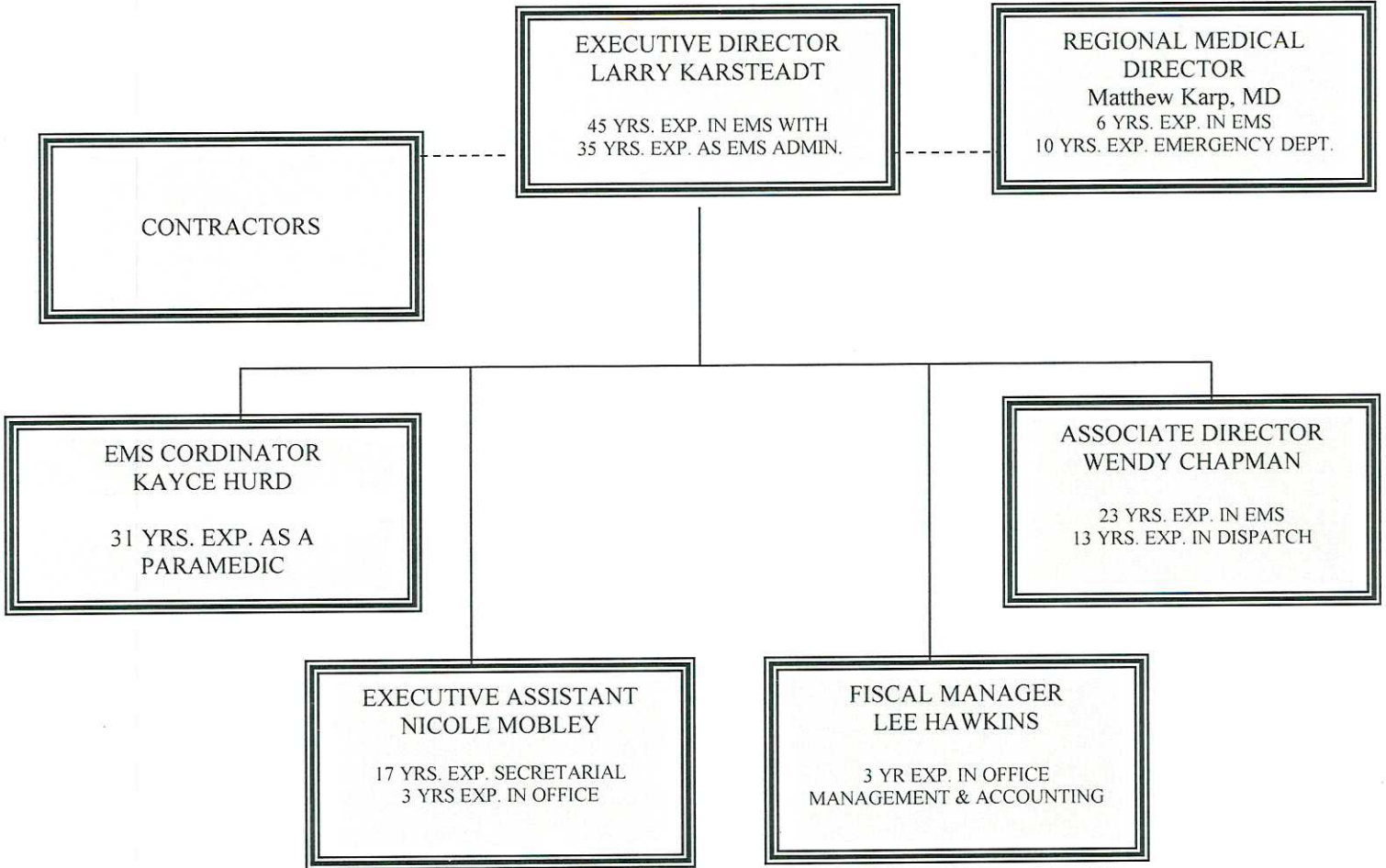
Our fee structure is:

First responder certification	\$ <u>NA</u>
EMS dispatcher certification	<u>NA</u>
EMT-I certification	<u>40/20</u>
EMT-I recertification	<u>40/20</u>
EMT-defibrillation certification	<u>NA</u>
EMT-defibrillation recertification	<u>NA</u>
AEMT certification	<u>NA</u>
AEMT recertification	<u>NA</u>
EMT-P accreditation	<u>150</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	<u>\$80</u>
MICN/ARN recertification	<u>\$50</u>
EMT-I training program approval	<u>None at this time</u>
AEMT training program approval	<u>None at this time</u>
EMT-P training program approval	<u>None at this time</u>
MICN/ARN training program approval	<u>None at this time</u>
Base hospital application	<u>None at this time</u>
Base hospital designation	<u>None at this time</u>
Trauma center application	<u>2,500</u>
Trauma center designation	<u>\$5,000-15,000</u>
Initial Level III	<u>\$40,000</u>
Initial Level IV	<u>\$20,000</u>
Pediatric facility approval	<u>None at this time</u>
Pediatric facility designation	<u>None at this time</u>
Other critical care center application	
Type: <u>STEMI</u>	<u>Initial \$15,000</u> <u>Annual \$10,000</u>
Other critical care center designation	
Type: <u>TRAUMA Site Survey</u>	<u>3,500</u>
Ambulance service License	<u>County Function</u>
Ambulance vehicle permits	<u>County Function</u>
Other: <u>EOA</u>	<u>20,000</u>
Other: <u>Aero Medical</u>	<u>10,000</u>
Other: _____	_____

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Executive Director	1.0	96,158.00	25,685.00	
Asst. Admin./Admin.Asst./Admin. Mgr.	Assistant Director	1.0	81,106.00	21,664.00	
ALS Coord./Field Coord./Trng Coordinator	Program Manager	1.0	68,007.00	16,630.00	
Program Coordinator/Field Liaison (Non-clinical) EMSC UC Davis	Project Manager	0.10	6,968.00	1,861.00	
Trauma Coordinator					
Medical Director	Medical Director		25,000.00	N/A	
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	Administrative Assistant	1.0	34,481.00	9,210.00	
Other Clerical	Fiscal Manager	.8	49,882.00	13,325.00	
Data Entry Clerk					
Other					

# FY 2021-2022 NORTH COAST EMS PERSONNEL ORGANIZATIONAL CHART



**TABLE 3: STAFFING/TRAINING**

Reporting Year: 2020/21

**NOTE:** Table 3 is to be reported by agency.

	<b>EMT - Is</b>	<b>EMT - IIs</b>	<b>EMT - Ps</b>	<b>MICN</b>
Total Certified	464	NA	136	7
Number newly certified this year	NA	NA	NA	NA
Number recertified this year	NA	NA	NA	NA
Total number of accredited personnel on July 1 of the reporting year	456	NA	95	15
Number of certification reviews resulting in:				
a) formal investigations	0	0	0	0
b) probation	0	0	0	0
c) suspensions	0	0	0	0
d) revocations	0	0	0	0
e) denials	0	0	0	0
f) denials of renewal	0	0	0	0
g) no action taken	0	0	0	0

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs

464

b) Number of public safety (defib) certified (non-EMT-I)

NA

2. Do you have an EMR training program= First Responder

yes  no



**TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications**

**Note:** Table 4 is to be answered for each county.

County: Del Norte

Reporting Year: 2020/21

- |  |   |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP)  | <u>1</u>  |
| 2. Number of secondary PSAPs   | <u>0</u>  |
| 3. Number of dispatch centers directly dispatching ambulances  | <u>1</u>  |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines  | <u>0</u>  |
| 5. Number of designated dispatch centers for EMS Aircraft  | <u>1</u>  |
| 6. Who is your primary dispatch agency for day-to-day emergencies?<br><u>Del Norte Sheriff Dispatch Center</u>         |   |
| 7. Who is your primary dispatch agency for a disaster?<br><u>Del Norte Sheriff Dispatch Center</u>                     |   |
| 8. Do you have an operational area disaster communication system?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>155.175</u>  |   |
| b. Other methods <u>Cell Phone</u> <u>Satellite Phone</u>  |   |
| c. Can all medical response units communicate on the same disaster communications system?                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)?                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications**

**Note:** Table 4 is to be answered for each county.

County: Humboldt

Reporting Year: 2020/21

- |    |   |   |
|----|---|---|
| 1. | Number of primary Public Service Answering Points (PSAP)  | <u>8</u>  |
| 2. | Number of secondary PSAPs   | <u>1</u>  |
| 3. | Number of dispatch centers directly dispatching ambulances  | <u>2</u>  |
| 4. | Number of EMS dispatch agencies utilizing EMD guidelines  | <u>2</u>  |
| 5. | Number of designated dispatch centers for EMS Aircraft  | <u>1</u>  |
| 6. | Who is your primary dispatch agency for day-to-day emergencies?<br>Humboldt County Sheriff<br>Eureka Police Department<br>Cal Fire Humboldt-Del Norte Unit<br>CHP<br>Fortuna Police Department<br>Arcata Police Department<br>Humboldt State University<br>Hoopa Tribal Police Department |   |
| 7. | Who is your primary dispatch agency for a disaster?<br>Humboldt County Sheriff<br>Eureka Police Department<br>Cal Fire Humboldt-Del Norte Unit<br>Fortuna Police Department<br>Arcata Police Department<br>Humboldt State University<br>Hoopa Tribal Police Department                    |   |
| 8. | Do you have an operational area disaster communication system?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|    | a. Radio primary frequency <u>Med Net Tx 467.950→468.175</u><br><u>Rx 462.950→463.175</u><br><br><u>Rx 146.310 Calcord Tx 156.075 Rx 156.075</u><br><u>Cell Phone</u>   | No  |
|    | c. Can all medical response units communicate on the same disaster communications system?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

d. Do you participate in the Operational Area Satellite Information System (OASIS)?  Yes  No

1) Within the operational area?  Yes  No

2) Between operation area and the region and/or state?  Yes  No

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**TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications**

**Note:** Table 4 is to be answered for each county.

County:                     Lake                      
 Reporting Year:                     2020/21                    

- |    |   |   |
|----|---|---|
| 1. | Number of primary Public Service Answering Points (PSAP)  | <u>                    1                    </u>  |
| 2. | Number of secondary PSAPs   | <u>                    1 (Just for<br/>City of<br/>Clearlake,<br/>PD)                    </u> |
| 3. | Number of dispatch centers directly dispatching ambulances  | <u>                    1                    </u>  |
| 4. | Number of EMS dispatch agencies utilizing EMD guidelines  | <u>                    1                    </u>  |
| 5. | Number of designated dispatch centers for EMS Aircraft  | <u>                    1                    </u>  |
| 6. | Who is your primary dispatch agency for day-to-day emergencies?<br><u>          Lake/Napa/Sonoma CALFIRE Communications Center          </u>  |   |
| 7. | Who is your primary dispatch agency for a disaster?<br><u>          Lake/Napa/Sonoma CALFIRE Communications Center          </u>              |   |
| 8. | Do you have an operational area disaster communication system?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                           |
|    | a. Radio primary frequency <u>          Med Net          </u>   |   |
|    | b. Other methods <u>          Redundant Programmable Portable Repeaters, Ham<br/>Radios, Mobile Command Communications Vehicle.          </u> |   |
|    | c. Can all medical response units communicate on the same disaster<br>communications system?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                           |
|    | d. Do you participate in the Operational Area Satellite Information System<br>(OASIS)?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                           |
|    | e. Do you have a plan to utilize the Radio Amateur Civil Emergency<br>Services (RACES) as a back-up communication system?                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                           |
|    | 1) Within the operational area?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                           |
|    | 2) Between operation area and the region and/or state?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                           |

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS**  
**Response/Transportation**

Reporting Year: 2020/21

**Note:** Table 5 is to be reported by agency.

**Early Defibrillation Providers**

1. Number of EMT-Defibrillation providers 50

**SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)**

Enter the response times in the appropriate boxes:

	<b>METRO/URBAN</b>	<b>SUBURBAN/ RURAL</b>	<b>WILDERNESS</b>	<b>SYSTEMWIDE</b>
BLS and CPR capable first responder	Does not exceed 5 minutes	Does not exceed 15 minutes	As quickly as possible	5 minutes to as quickly as possible
Early defibrillation responder	Does not exceed 5 minutes	As quickly as possible	As quickly as possible	5 minutes to as quickly as possible
Advanced life support responder	Does not exceed 8 minutes	Does not exceed 20 minutes	As quickly as possible	8 minutes to as quickly as possible
Transport Ambulance	Does not exceed 8 minutes	Does not exceed 20 minutes	As quickly as possible	8 minutes to as quickly as possible

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS  
Facilities/Critical Care**

Reporting Year: 2020/21

**NOTE:** Table 6 is to be reported by agency.

**Trauma**

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>653</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>653</u>
3. Number of major trauma patients transferred	<u>156</u>
4. Number of patients meeting triage criteria who were not treated at a trauma center	<u>0</u>

**Emergency Departments**

Total number of emergency departments	<u>7</u>
1. Number of referral emergency services	<u>0</u>
2. Number of standby emergency services	<u>2</u>
3. Number of basic emergency services	<u>5</u>
4. Number of comprehensive emergency services	<u>0</u>

**Receiving Hospitals**

1. Number of receiving hospitals with written agreements	<u>7</u>
2. Number of base hospitals with written agreements	<u>7</u>

TABLE 7: SYSTEM RESOURCES AND OPERATIONS – DISASTER MEDICAL

Reporting Year: 2020/21

County: Del Norte

**NOTE:** Table 7 is to be answered for each county.

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? See below
- b. How are they staffed? See below
- c. Do you have a supply system for supporting them for 72 hours?  Yes  No

Although it is desirable to pre-identify potential field treatment sites, the emergency itself will ultimately determine whether these pre-identified sites are most appropriate for the given circumstances. North Coast EMS will continue to work with the county to process guidelines for the identification of field treatment sites. These guidelines will highlight the desirability of choosing a site that:

- Ensures care provider safety.
- Is upwind, uphill, or remote from the incident.
- Is easily accessible to emergency vehicles and provide for a one-way traffic plan.
- Is near a clean water source.
- Is near a power source unless adequate independent power generation is available.
- Is large enough to accommodate the anticipated needs of the incident, including parking and responder support services.
- Ideally - allows for rotor wing aircraft access and staging.
- Ideally – is accessible to wireless communications.
- Ideally – is near restrooms.
- Ideally – is near existing medical facilities/personnel (e.g. a hospital).

North Coast EMS has made preliminary inquiries into previously identified FTS in our three constituent counties, and will be working with local EMS response agencies, hospitals, and public health representatives to catalogue and share the locations of potential FTSs among appropriate agencies.

2. CISD

Do you have a CISD provider with 24 hour capability  Yes  No

3. Medical Response Team

a. Do you have any team medical response capability?  Yes  No

TABLE 7: SYSTEM RESOURCES AND OPERATIONS – DISASTER MEDICAL

- b. For each team, are they incorporated into your local response plan?  Yes  No
- c. Are they available for statewide response?  Yes  No
- d. Are they part of a formal out-of-state response system?  Yes  No
- 4. Hazardous Materials
  - a. Do you have any HazMat trained medical response team?  Yes  No
  - b. At what HazMat level are they trained? \_\_\_\_\_
  - c. Do you have the ability to do decontamination in an emergency room?  Yes  No
  - d. Do you have the ability to do decontamination in the field?  Yes  No

**OPERATIONS**

- 1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?  Yes  No
- 2. What is the maximum number of local jurisdictions EOCs you will need to interact with in a disaster? 2 cities
- 3. Have you tested your MCI Plan this year in a:
  - a. real event?  Yes  No
  - b. exercise?  Yes  No
- 4. List all counties with which you have a written medical mutual aid agreement. Del Norte and Humboldt Counties
- 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? X Yes No
- 6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? X Yes No
- 7. Are you part of a multi-county EMS system for disaster response? **Good informal relationships**  Yes  No
- 8. Are you a separate department or agency?  Yes  No
- 9. If not, to whom do you report? \_\_\_\_\_



TABLE 7: SYSTEM RESOURCES AND OPERATIONS – DISASTER MEDICAL

- 8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?  Yes  No

TABLE 7: SYSTEM RESOURCES AND OPERATIONS – DISASTER MEDICAL

Reporting Year: 2020/21

County: Humboldt

**NOTE:** Table 7 is to be answered for each county.

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? See Below
- b. How are they staffed? See Below
- c. Do you have a supply system for supporting them for 72 hours?  Yes  No

Although it is desirable to pre-identify potential field treatment sites, the emergency itself will ultimately determine whether these pre-identified sites are most appropriate for the given circumstances. North Coast EMS will continue to work with the county to process guidelines for the identification of field treatment sites. These guidelines will highlight the desirability of choosing a site that:

- Ensures care provider safety.
- Is upwind, uphill, or remote from the incident.
- Is easily accessible to emergency vehicles, and provide for a one-way traffic plan.
- Is near a clean water source.
- Is near a power source unless adequate independent power generation is available.
- Is large enough to accommodate the anticipated needs of the incident, including parking and responder support services.
- Ideally - allows for rotor wing aircraft access and staging.
- Ideally – is accessible to wireless communications.
- Ideally – is near restrooms.
- Ideally – is near existing medical facilities/personnel (e.g. a hospital).

North Coast EMS has made preliminary inquiries into previously identified FTS in our three constituent counties, and will be working with local EMS response agencies, hospitals, and public health representatives to catalogue and share the locations of potential FTSs among appropriate agencies.

2. CISD

Do you have a CISD provider with 24 hour capability  Yes  No

3. Medical Response Team

- a. Do you have any team medical response capability?  Yes  No
- b. For each team, are they incorporated into your local response plan?  Yes  No

TABLE 7: SYSTEM RESOURCES AND OPERATIONS – DISASTER MEDICAL

- c. Are they available for statewide response?  Yes  No
- d. Are they part of a formal out-of-state response system?  Yes  No
- 4. Hazardous Materials
  - a. Do you have any HazMat trained medical response team?  Yes  No
  - b. At what HazMat level are they trained? Specialist
  - c. Do you have the ability to do decontamination in an emergency room?  Yes  No
  - d. Do you have the ability to do decontamination in the field?  Yes  No

**OPERATIONS**

- 1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?  Yes  No
- 2. What is the maximum number of local jurisdictions EOCs you will need to interact with in a disaster? 7\*
- \*List all seven (7) to ensure accuracy
- 3. Have you tested your MCI Plan this year in a:
  - a. real event?  Yes  No
  - b. exercise?  Yes  No
- 4. List all counties with which you have a written medical mutual aid agreement. Del Norte and Humboldt Counties
- 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?  Yes  No
- 6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response?  Yes  No
- 7. Are you part of a multi-county EMS system for disaster response?  Yes  No
- 8. Are you a separate department or agency?  Yes  No
- 9. If not, to whom do you report? \_\_\_\_\_
- 8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?  Yes  No

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS—Disaster Medical**

Reporting Year: 2020/21

County: Lake

**NOTE:** Table 7 is to be answered for each county.

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? See Below
- b. How are they staffed? See Below
- c. Do you have a supply system for supporting them for 72 hours?  Yes  No

Although it is desirable to pre-identify potential field treatment sites, the emergency itself will ultimately determine whether these pre-identified sites are most appropriate for the given circumstances. North Coast EMS will continue to work with the county to process guidelines for the identification of field treatment sites. These guidelines will highlight the desirability of choosing a site that:

- Ensures care provider safety.
- Is upwind, uphill, or remote from the incident.
- Is easily accessible to emergency vehicles and provide for a one-way traffic plan.
- Is near a clean water source.
- Is near a power source unless adequate independent power generation is available.
- Is large enough to accommodate the anticipated needs of the incident, including parking and responder support services.
- Ideally - allows for rotor wing aircraft access and staging.
- Ideally – is accessible to wireless communications.
- Ideally – is near restrooms.
- Ideally – is near existing medical facilities/personnel (e.g. a hospital).

North Coast EMS has made preliminary inquiries into previously identified FTS in our three constituent counties, and will be working with local EMS response agencies, hospitals, and public health representatives to catalogue and share the locations of potential FTSs among appropriate agencies.

2. CISD

Do you have a CISD provider with 24-hour capability  Yes  No

3. Medical Response Team

- a. Do you have any team medical response capability?  Yes  No
  - b. For each team, are they incorporated into your local response plan?  Yes  No
  - c. Are they available for statewide response?  Yes  No
-

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS—Disaster Medical**

- d. Are they part of a formal out-of-state response system?  Yes  No
- 4. Hazardous Materials
  - a. Do you have any HazMat trained medical response team?  Yes  No
  - b. At what HazMat level are they trained? Specialist
  - c. Do you have the ability to do decontamination in an emergency room?  Yes  No
  - d. Do you have the ability to do decontamination in the field?  Yes  No

**OPERATIONS**

- 1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?  Yes  No
  - 2. What is the maximum number of local jurisdictions EOCs you will need to interact with in a disaster? 3- Lakeport, Clearlake, County Lake
  - 3. Have you tested your MCI Plan this year in a:
    - a. real event?  Yes  No
    - b. exercise?  Yes  No
  - 4. List all counties with which you have a written medical mutual aid agreement. Del Norte and Humboldt Counties
  - 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?  Yes  No
  - 6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response?  Yes  No
  - 7. Are you part of a multi-county EMS system for disaster response?  Yes  No
  - 8. Are you a separate department or agency?  Yes  No
  - 9. If not, to whom do you report? Lake County Health Services
  - 8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?  Yes  No
-

**Table 8: Resource Directory**

Reporting Year: 2020

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Humboldt **Provider:** Arcata-Mad River Ambulance LLC **Response Zone:** 1

**Address:** 220 F Street **Number of Ambulance Vehicles in Fleet:** 5  
Arcata, CA 95521

**Phone Number:** (707) 822-3353 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water  <input checked="" type="checkbox"/> IFT</p>
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<p><b><u>Ownership:</u></b></p> <p><input type="checkbox"/> Public  <input checked="" type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City <input type="checkbox"/> County  <input type="checkbox"/> State <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

4,204 Total number of responses  
3,152 Number of emergency responses  
1,051 Number of non-emergency responses

3,222 Total number of transports  
56 Number of emergency transports  
3,167 Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2020/21

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Humboldt      **Provider:** City Ambulance of Eureka Inc.      **Response Zone:** 3 & 4

**Address:** 135 W. 7th Street      **Number of Ambulance Vehicles in Fleet:** 13  
Eureka, CA 95501

**Phone Number:** (707) 445-4907      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 7

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

11,748 Total number of responses  
8,527 Number of emergency responses  
3,221 Number of non-emergency responses

10,437 Total number of transports  
7,579 Number of emergency transports  
2,858 Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2020/21

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Del Norte      **Provider:** Del Norte Ambulance, Inc.      **Response Zone:** Del Norte County

**Address:** Post Office Box 306      **Number of Ambulance Vehicles in Fleet:** 7  
Crescent City, CA 95531

**Phone Number:** (707) 487-1116      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p><input checked="" type="checkbox"/> Transport   <input checked="" type="checkbox"/> ALS      <input checked="" type="checkbox"/> 9-1-1   <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport   <input checked="" type="checkbox"/> BLS      <input type="checkbox"/> 7-Digit   <input type="checkbox"/> Air  <input type="checkbox"/> 7-Digit      <input type="checkbox"/> CCT      <input type="checkbox"/> Water  <input checked="" type="checkbox"/> IFT</p>
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<p><b><u>Ownership:</u></b></p> <p><input type="checkbox"/> Public  <input checked="" type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other  Explain: _____</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City      <input type="checkbox"/> County  <input type="checkbox"/> State      <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

<u>4988</u> Total number of responses	<u>3937</u> Total number of transports
<u>4838</u> Number of emergency responses	<u>3797</u> Number of emergency transports
<u>150</u> Number of non-emergency responses	<u>140</u> Number of non-emergency transports

**Air Ambulance Services**

<u>0</u> Total number of responses	<u>0</u> Total number of transports
<u>0</u> Number of emergency responses	<u>0</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports



**Table 8: Resource Directory**

Reporting Year: 2020/21

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Humboldt Provider: K'ima:w Ambulance Response Zone: 2

Address: Post Office Box 1288 Number of Ambulance Vehicles in Fleet: 4

Hoopa, CA 95546

Phone Average Number of Ambulances on Duty: 2

Number: (530) 625-4261 ex 0322 At 12:00 p.m. (noon) on Any Given Day:

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>Hoopa Valley Tribe.</u>	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>1,185</u>	Total number of responses	<u>785</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>785</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

**Air Ambulance Services**

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2020/21

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Humboldt      **Provider:** Humboldt Bay Fire Authority      **Response Zone:** \_\_\_\_\_

**Address:** 533 C St      **Number of Ambulance Vehicles in Fleet:** NA  
Eureka, CA 95501

**Phone Number:** (707) 441-4000      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p><input type="checkbox"/> Transport   <input checked="" type="checkbox"/> ALS      <input checked="" type="checkbox"/> 9-1-1   <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport   <input type="checkbox"/> BLS   <input type="checkbox"/> 7-Digit   <input type="checkbox"/> Air  <input type="checkbox"/> 7-Digit   <input type="checkbox"/> CCT   <input type="checkbox"/> Water  <input type="checkbox"/> IFT</p>
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<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City      <input type="checkbox"/> County <input type="checkbox"/> State      <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

15 (ALS) Total number of responses  
15 (ALS) Number of emergency responses  
0 Number of non-emergency responses

N/A Total number of transports  
N/A Number of emergency transports  
N/A Number of non-emergency transports

**Air Ambulance Services**

6618 Total number of responses  
6618 Number of emergency responses  
0 Number of non-emergency responses

N/A Total number of transports  
N/A Number of emergency transports  
N/A Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2020/21

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Lake      **Provider:** Kelseyville Fire Dept.      **Response Zone:** Kelseyville Fire District

**Address:** 4020 Main Street      **Number of Ambulance Vehicles in Fleet:** 4  
Kelseyville, CA 95451

**Phone Number:** (707) 279-4268      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2-4

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

2752      Total number of responses  
1,669      Number of emergency responses  
1083      Number of non-emergency responses (IFT)

1673      Total number of transports  
626      Number of emergency transports (911)  
1047      Number of non-emergency transports (IFT)

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2020/21

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Lake      **Provider:** Lake County Fire Protection District      **Response Zone:** 65/70 (1-2-3)

**Address:** 14815 Olympic Drive      **Number of Ambulance Vehicles in Fleet:** 3  
Clearlake, CA 95422

**Phone Number:** (707) 994-2170      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2 (ALS) & 0 (IFT)

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

4700 Total number of responses  
4508 Number of emergency responses  
192 Number of non-emergency responses

2666 Total number of transports  
2521 Number of emergency transports  
145 Number of non-emergency transports

**Air Ambulance Services N/A**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2020/21

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Lake      **Provider:** Lakeport Fire Dept.      **Response Zone:** Lakeport

**Address:** 445 Main Street      **Number of Ambulance Vehicles in Fleet:** 4  
Lakeport, CA 95453

**Phone Number:** (707) 263-4396      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p><input checked="" type="checkbox"/> Transport   <input checked="" type="checkbox"/> ALS      <input checked="" type="checkbox"/> 9-1-1   <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport   <input checked="" type="checkbox"/> BLS   <input type="checkbox"/> 7-Digit   <input type="checkbox"/> Air  <input type="checkbox"/> 7-Digit   <input type="checkbox"/> CCT   <input type="checkbox"/> Water  <input checked="" type="checkbox"/> IFT</p>
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<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City      <input type="checkbox"/> County <input type="checkbox"/> State      <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

1710      Total number of responses  
1667      Number of emergency responses  
43        Number of non-emergency responses

981      Total number of transports  
938      Number of emergency transports  
43        Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
\_\_\_\_\_ Number of emergency responses  
\_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
\_\_\_\_\_ Number of emergency transports  
\_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2020/21

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Lake      **Provider:** Northshore Fire Protection District      **Response Zone:** Northshore Fire District

**Address:** Post Office Box 1199      **Number of Ambulance Vehicles in Fleet:** 5  
Lucerne, CA 95458

**Phone Number:** (707) 274-3100      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

3584 Total number of responses  
3584 Number of emergency responses  
0 Number of non-emergency responses

1,735 Total number of transports  
1735 Number of emergency transports  
0 Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 9: Resources Directory**

**Facilities**

County: Humboldt

Note: Complete information for each facility by county. Make copies as needed.

Facility: St. Joseph Hospital Telephone Number: (707) 445-8121  
 Address: 2700 Dolbeer Street  
Eureka, CA 95501

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV <input type="checkbox"/> Level 0
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

County: Humboldt

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Redwood Memorial Hospital Telephone Number: (707) 725-7382  
**Address:** 3300 Renner Drive  
Fortuna, CA 95540

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input type="checkbox"/> Referral Emergency    <input type="checkbox"/> Standby Emergency  <input checked="" type="checkbox"/> Basic Emergency        <input type="checkbox"/> Comprehensive Emergency</p>	<p><b><u>Base Hospital:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p><b>Pediatric Critical Care Center<sup>1</sup></b>            <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>EDAP<sup>2</sup></b>    <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>PICU<sup>3</sup></b>    <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I    <input type="checkbox"/> Level II  <input type="checkbox"/> Level III     <input type="checkbox"/> Level IV  <input checked="" type="checkbox"/> Level 0</p>	
<p><b><u>STEMI Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Stroke Center:</u></b></p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>		

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



**Table 9: Resources Directory**

**Facilities**

County: Humboldt

Note: Complete information for each facility by county. Make copies as needed.

Facility: Jerold Phelps Hospital Telephone Number: (707) 923-3921  
 Address: 733 Cedar Street  
Garberville, CA 95542

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency  <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><b><u>Base Hospital:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p><b>Pediatric Critical Care Center<sup>1</sup></b>  <b>EDAP<sup>2</sup></b>  <b>PICU<sup>3</sup></b></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II  <input type="checkbox"/> Level III <input type="checkbox"/> Level IV  <input checked="" type="checkbox"/> Level 0</p>
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<p><b><u>STEMI Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Stroke Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

County: Humboldt

Note: Complete information for each facility by county. Make copies as needed.

Facility: Mad River Community Hospital Telephone Number: (707) 822-3621  
 Address: P.O. Box 1115  
Arcata, CA 95521

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency  <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><b><u>Base Hospital:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p><b>Pediatric Critical Care Center<sup>1</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>EDAP<sup>2</sup></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>PICU<sup>3</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II  <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level IV  <input type="checkbox"/> Level 0</p>
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<p><b><u>STEMI Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Stroke Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

County: Del Norte

Note: Complete information for each facility by county. Make copies as needed.

Facility: Sutter Coast Hospital Telephone Number: (707) 464-8888  
 Address: 800 E. Washington  
Crescent City, CA 95531

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

County: Lake

**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Adventist Health Clear Lake Telephone Number: (707) 994-6486  
 Address: Post Office Box 6710  
Clearlake, Ca 95422

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency  <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><b><u>Base Hospital:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p><b>Pediatric Critical Care Center<sup>1</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>EDAP<sup>2</sup></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>PICU<sup>3</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II  <input type="checkbox"/> Level III <input type="checkbox"/> Level IV  <input checked="" type="checkbox"/> Level 0</p>
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<p><b><u>STEMI Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Stroke Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

County: Lake

Note: Complete information for each facility by county. Make copies as needed.

Facility: Sutter Lakeside Hospital Telephone Number: (707) 262-5008  
 Address: 5176 Hill Road East  
Lakeport, Ca 95451

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p><b><u>Service:</u></b></p> <p><input type="checkbox"/> Referral Emergency    <input type="checkbox"/> Standby Emergency  <input checked="" type="checkbox"/> Basic Emergency        <input type="checkbox"/> Comprehensive Emergency</p>		<p><b><u>Base Hospital:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p><b>Pediatric Critical Care Center<sup>1</sup></b></p> <p><b>EDAP<sup>2</sup></b></p> <p><b>PICU<sup>3</sup></b></p>		<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p><b><u>Trauma Center:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I                      <input type="checkbox"/> Level II  <input type="checkbox"/> Level III                     <input checked="" type="checkbox"/> Level IV  <input type="checkbox"/> Level 0</p>	
<p><b><u>STEMI Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p><b><u>Stroke Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>					

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

County: Del Norte

Reporting Year: 2020/21

**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name/Address

Del Norte Fire Consortium 520 I Street Crescent City, CA 95531		Cindy Henderson (707) 487-1116
Student Eligibility:  Open to general public	Cost of Program  Basic <u>\$ 700</u>  Refresher <u>\$ 40</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>30</u> Refresher: <u>15</u> Cont. Education: <u>Yes</u> Expiration Date: <u>7-31-22</u>  Number of courses: <u>2</u> Initial training: <u>1</u> Refresher: <u>1</u> Cont. Education: <u>Yes</u>

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

County: Humboldt

Reporting Year: 2020/21

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name/Address

College of the Redwoods 7351 Tompkins Hill Road Eureka, CA 95501-9300		Virginia Plambeck (707) 476-4236; (707) 476-4214
Student Eligibility:* Open to CR students	Cost of Program Basic Tuition + fees, plus books, uniform and immunization. Refresher <u>\$125</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>65</u> Refresher: <u>20</u> Cont. Education: <u>Yes</u> Expiration Date: <u>7-31-22</u>
		Number of courses: <u>Fall &amp; Spring (semesters)</u> Initial training: <u>2</u> Refresher: <u>1</u> Cont. Education: <u>Yes</u>

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

Training Institution Name/Address

Humboldt State University, Center Activities Arcata, CA 95521		Melanie Rowsy-McWilliams (707) 826-3357
Student Eligibility:* Open to the general public	Cost of Program HSU Students Basic <u>\$235</u> Refresher <u>\$125</u>	**Program Level: <u>EMT-I, Refresher</u> Number of students completing training per year: Initial training: <u>50</u> Refresher: <u>30</u> Cont. Education: <u>Yes</u> Expiration Date: <u>7/31/22</u> Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: <u>Yes</u>

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

Training Institution Name/Address

North Coast Paramedic Program College of the Redwoods 7351 Tompkins hill Road Eureka, Ca. 95501		Doug Boileau (707) 822-3353 David Bazard (707) 476-4211
Student Eligibility:*  Must be currently certified EMT-I	Cost of Program  Basic <u>Tuition, fees, books, uniform and immunizations</u>  Refresher <u>N/A</u>	**Program Level: <u>EMT-P</u> Number of students completing training per year: Initial training: <u>15</u> Refresher: <u>          </u> Cont. Education: <u>YES</u> Expiration Date: <u>2/28/23</u>  Number of courses: <u>1</u> Initial training: <u>1</u> Refresher: <u>          </u> Cont. Education: <u>yes</u>

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.



**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

County: Lake

Reporting Year: 2020/21

**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name/Address

Lake County Fire 14805 Olympic Dr. Clearlake, CA 95422		Marc Hill (707) 994-2170
Student Eligibility:*  Open to general public	Cost of Program  Basic <u>  \$140  </u>  Refresher <u>   \$0   </u>	**Program Level: <u>  EMT-I  </u> Number of students completing training per year: Initial training: <u>   20   </u> Refresher: <u>   10   </u> Cont. Education: <u>  Yes  </u> Expiration Date: <u>  7/31/22  </u>  Number of courses: <u>   2   </u> Initial training: <u>   1   </u> Refresher: <u>   1   </u> Cont. Education: <u>  Yes  </u>

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

Training Institution Name/Address

Mendocino Community College P.O. Box 3000 Ukiah, CA 95482		Theresa Gowan 707-467-1048
Student Eligibility:*  Open to general public	Cost of Program  Basic <u>  \$130  </u>  Refresher <u>  \$100  </u>	**Program Level: <u>  EMT-I, Refresher  </u> Number of students completing training per year: Initial training: <u>   15   </u> Refresher: <u>   20   </u> Cont. Education: <u>  Yes  </u> Expiration Date: <u>  7/31/22  </u>  Number of courses: <u>   3   </u> Initial training: <u>   2   </u> Refresher: <u>   1   </u> Cont. Education: <u>  Yes  </u>

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

County: Del Norte

Reporting Year: 2020/21

**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name:		Del Norte County Sheriff Office		Primary Contact:	
Address:		650 5th St Crescent City, CA			
Telephone Number:		(707) 464-4191			
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		Number of Personnel Providing Services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
				If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

County: Lake

Reporting Year: 2020/21

**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name:	SLNU CALFRIE Communications Center		Primary Contact:	Brian York
Address:	<u>1199 Big Tree Rd</u> <u>St. Helena, CA 94574</u>			
Telephone Number:	<u>(707) 967-1400</u>			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>13</u> EMD Training <u>      </u> EMT-D <u>      </u> ALS <u>      </u> BLS <u>      </u> LALS <u>      </u> Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

**TABLE 11: RESOURCES DIRECTORY – Dispatch Agency** with dispatch units. City Ambulance dispatches EMS.

Question was raised as to whether this table was to reflect only PSAPs or all Agencies

County: Humboldt

Reporting Year: 2020/21

**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name: <u>Humboldt County Sheriff</u>		Primary Contact: <u>Morgan Schlesiger</u>
Address: <u>826 4<sup>th</sup> Street</u> <u>Eureka, CA 95501</u> <u>707-445-7251</u>		
Telephone Number: <u>707-445-7251</u>		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster Number of Personnel Providing Services: ___ EMD Training    ___ EMT-D    ___ ALS ___ BLS    ___ LALS <u>9</u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name: <u>Eureka Police Department</u>		Primary Contact: <u>Michelle Reynosa- Sanchez</u>
Address: <u>604 C Street</u> <u>Eureka CA, 95501</u>		
Telephone Number: <u>707-441-4060</u>		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster Number of Personnel Providing Services: <u>11</u> EMD Training    ___ EMT-D    ___ ALS ___ BLS    ___ LALS    ___ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name:	Cal Fire Humboldt- Del Norte Unit		Primary Contact:	Battalion Chief Andrew Gonzales
Address:	118 South Fortuna Boulevard Fortuna, CA 95540			
Telephone Number:	707-725-2728			
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>11</u> EMD Training <u>      </u> EMT-D <u>      </u> ALS <u>      </u> BLS <u>      </u> LALS <u>      </u> Other	
Ownership:		If Public:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		

Name:	CHP		Primary Contact:	Jennifer Campbell
Address:	255 East Samoa Blvd Arcata, CA 95521			
Telephone Number:	707-268-2000			
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<u>      </u> EMD Training <u>      </u> EMT-D <u>      </u> ALS <u>      </u> BLS <u>      </u> LALS <u>13</u> Other	
Ownership:		If Public:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		

Name:	<u>Fortuna Police Department</u>		Primary Contact:	Sgt. Jason Kadle
Address:	<u>621 11<sup>th</sup> Street</u>			
	<u>Fortuna, CA 95540</u>			
Telephone Number:	<u>707-725-7550</u>			
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: ___ EMD Training    ___ EMT-D ___ ALS ___ BLS                    ___ LALS <u>  5  </u> Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

Name:	<u>Arcata Police Department</u>		Primary Contact:	Leah Brazil 707-825-1168
Address:	<u>736 F Street</u>			
	<u>Arcata, CA 95521</u>			
Telephone Number:	<u>707-822-2428</u>			
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: ___ EMD Training    ___ EMT-D ___ ALS ___ BLS                    ___ LALS <u>  5  </u> Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

Name:	<u>Humboldt State University Police</u>	Primary Contact:	Jen Gomes
Address:	<u>1 Harpst Street</u> <u>Arcata, CA 95521</u>		
Telephone Number:	<u>707-826-5555</u>		
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: ___ EMD Training    ___ EMT-D ___ ALS ___ BLS                    ___ LALS <u>5</u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

Name:	<u>Hoopa Tribal Police Department</u>	Primary Contact:	Lt. Buckman
Address:	<u>530-625-4202</u> <u>Hoopa, CA</u>		
Telephone Number:	<u>530</u>		
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: X <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: ___ EMD Training    ___ EMT-D ___ ALS ___ BLS                    ___ LALS <u>4</u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: _____ <u>EMS</u>	If Public: <input type="checkbox"/> City <input type="checkbox"/> County    State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Tribal	

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<p><b>Local EMS Agency or County Name:</b></p> <p style="margin-left: 20px;">North Coast EMS</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="margin-left: 20px;">Humboldt County— Zone 1 North</p>
<p><b>Name Of Current Provider(S):</b>  <small>Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.</small></p> <p style="margin-left: 20px;">REACH Medical Holdings, LLC (Arcata-Mad River Ambulance Service)          (provider since at least 1962)</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="margin-left: 20px;">Humboldt County—see map</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="margin-left: 20px;">Exclusive</p>
<p><b>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</b>  <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p style="margin-left: 20px;">Emergency Ambulance Service, 9-1-1, 7-digit, BLS non-emergency and Standby Service</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <small>If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p> <p style="margin-left: 20px;"><small>If <u>competitively -determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p style="margin-left: 20px;">The existing ambulance service in this zone will be granted exclusive operating rights under 1797.224.</p> <p style="margin-left: 20px;">REACH Medical Holdings, LLC (formerly Arcata-Mad River Ambulance) has provided ambulance service in Humboldt County— Zone 1 North in the same scope and manner since the June 1, 1981 under 1797.224, H&amp;SC. There have been no other ambulance services operating within this area.</p> <p style="margin-left: 20px;">Arcata-Mad River Ambulance Service was sold in 1983 and was sold again in 2017 to REACH Medical Holdings, LLC. The sale included the physical assets and the name under which the prior owner conducted the business such that the service continued without interruption.</p>



**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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<p><b>Local EMS Agency or County Name:</b> North Coast EMS</p>
<p><b>Area or Subarea (Zone) Name or Title:</b> Humboldt County -Zone 3</p>
<p><b>Name of Current Provider(s):</b> City Ambulance of Eureka Inc. (exclusive provider since approximately 1964)</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b>  Humboldt County</p>
<p><b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action.  Exclusive</p>
<p><b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Emergency Ambulance Service, 9-1-1, 7-digit, BLS non-emergency and Standby Service</p>
<p><b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  City Ambulance of Eureka, Inc. has provided ambulance service in Humboldt County – Zone 3 in the same scope and manner since the June 1, 1981 under 1797.224, H&amp;SC. There have been no other ambulance services operating within this area.  City ambulance of Eureka, Inc, was incorporated in 1975. While there have been changes in stock ownership of the corporation, the entity has continued to provide service continued without interruption.</p>

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> North Coast EMS
<b>Area or subarea (Zone) Name or Title:</b> Humboldt County, Zones 4, Fortuna/Garberville
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City Ambulance of Eureka, Inc., 34 years of operation
<b>Area or subarea (Zone) Geographic Description:</b> Zone 4 begins North at Hookton Road and Hwy. 101. South to Dyerville Bridge and Hwy. 101 and Alderpoint Blocksburg Road 7 miles south of SR 36. East Showers Pass Humboldt County Line. West to the Pacific Ocean.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Non-Exclusive
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

North Coast Emergency Medical Services

**Area or subarea (Zone) Name or Title:**

Del Norte County

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Del Norte Ambulance, uninterrupted service starting in the mid 70's with no decrease in service or changes to zone.

**Area or subarea (Zone) Geographic Description:**

Del Norte County (entire county)

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Non-Exclusive

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

North Coast EMS- Lake County

**Area or subarea (Zone) Name or Title:**

Kelseyville Fire District

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Kelseyville Fire District

**Area or subarea (Zone) Geographic Description:**

Kelseyville Fire District

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Non-Exclusive

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> North Coast Emergency Medical Services
<b>Area or subarea (Zone) Name or Title:</b> Humboldt County, Zone 2, East
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Kíma:w Medical Center Rescue Ambulance, 29 years of operation
<b>Area or subarea (Zone) Geographic Description:</b> Eastern Humboldt County, Zone 2 Extends from the North Humboldt County Line to the South at Redwood Creek Bridge Hwy. 299. East on Humboldt County Line. West to School House Peak on Bald Hills Road.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Non-Exclusive
<b>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<p><b>Local EMS Agency or County Name:</b> North Coast EMS- Lake County</p>
<p><b>Area or subarea (Zone) Name or Title:</b> Lake County Fire District</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Lake County Fire District</p>
<p><b>Area or subarea (Zone) Geographic Description:</b> Lake County Fire District</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Non-Exclusive</p>
<p><b>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Lake County Fire Protection District (LCFPD) provide EMS services over a 165-square mile service area to include the City of Clearlake and the Town of Lower Lake with an average call volume of approximately 5,200 annually. The LCFPD operates two ALS ambulances and one BLS engine 24/7/365. At peaks calls times the LCFPD has an automatic aid agreement with the remaining Lake County Fire Service agencies. Throughout the County of Lake the Fire Districts of Lake County have a fleet of 27 equipped ambulances. Out of those 27 ambulances 13 of those run 911 calls for service 24/7/365 with an additional 5 are set for IFT operations leaving 9 ambulances as reserves or to be staffed in the event of an MCI as when Lake County responded to the Lone Star MCI in Colusa County in 2008 with 9 ambulances while maintaining 12 ambulances for 911 service.</p>

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> North Coast EMS- Lake County
<b>Area or subarea (Zone) Name or Title:</b> Northshore Fire Protection District
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Northshore Fire Protection District
<b>Area or subarea (Zone) Geographic Description:</b> Lucerne Fire District, Nice Fire District, Upperlake Fire Department, Clearlake Oaks Fire Department
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Non-Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> North Coast EMS- Lake County
<b>Area or subarea (Zone) Name or Title:</b> Lakeport
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Lakeport Fire
<b>Area or subarea (Zone) Geographic Description:</b> Lakeport Fire District
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Non-Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.



**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

North Coast EMS- Lake County

**Area or subarea (Zone) Name or Title:**

South Lake County Fire District

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

South Lake County Fire District

**Area or subarea (Zone) Geographic Description:**

South Lake County Fire District

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Non-Exclusive

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service.

Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

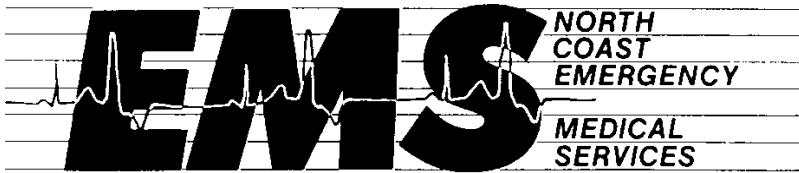
If competitively-determined, method of competition, intervals, and selection process.

Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> North Coast EMS
<b>Area or subarea (Zone) Name or Title:</b> Del Norte, Humboldt and Lake Counties
<b>Name Of Current Provider(S):</b> Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea. REACH Medical Holdings, LLC ((dba, REACH Air Medical, CalStar and Cal-Ore Life Flight)
<b>Area or subarea (Zone) Geographic Description:</b> In Del Norte County, Cal-Ore provides ground 9-1-1 mutual aid ambulance, ALS/CCT ground IFT's (to Oregon and other out of County destinations), fixed & rotary wing IFT transfers and rotary wing scene calls. The REACH Medical Holdings companies also provide fixed/rotary wing IFT transfers services in Humboldt County and Lake Counties, along with rotary wing scene calls in the two counties.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Non-Exclusive
<b>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively -determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.



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**The North Coast EMS Quality Improvement Program  
April 2015 Plan  
2019 Plan Update  
2020-2021 Plan Update – 3-17-2022 DRAFT**

**Executive Summary**

Quality improvement in Emergency Medical Services (EMS) is a process as much as an objective. North Coast EMS believes that all of our region's EMS participants wish to provide our communities with the best prehospital and hospital care possible. Together our agency and fellow EMS system participants have an ongoing responsibility to define - and redefine - the elements of the Quality Improvement Program (QIP) that help ensure optimal patient care, and to adopt a systematic approach to achieving this shared objective. This systematic approach includes an ongoing collaborative efforts to develop agreed upon measurements of a high quality EMS system.

The purpose of the North Coast EMS Quality Improvement Program (QIP) Plan is to identify individual components of the North Coast EMS System that can be measured and/or evaluated, regularly reviewed, and modified to ensure optimal EMS system performance. The North Coast EMS QIP Plan and the Annual QIP Plan Updates satisfy the requirements of Title 22, Chapter 12, Section 4 of the California Code of Regulations.

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## **The Quality Improvement Regulations**

Most if not all caregivers strive to ensure the care they provide is of the highest quality. Competing demands for limited human and material resources make it difficult, however, to dedicate the time needed to develop and maintain an effective quality improvement program. By adopting regulations that require all EMS system participants to develop a QIP Plan, the State provided a framework for the four principal institutions within the California EMS system - the California EMS Authority, the Local EMS Agencies, Base Hospitals, and Advanced Life Support Provider Agencies – to engage in meaningful and sustained quality improvement processes.

The Quality Improvement Regulations further define the EMS quality improvement framework by identifying eight components of the EMS System:

- Personnel
- Equipment and Supplies
- Documentation
- Clinical Care and Patient Outcome
- Skills Maintenance/Competency
- Transportation/Facilities
- Public Education and Prevention
- Risk Management

## North Coast EMS's Commitment to Quality Improvement

As the Local EMS Agency (LEMSA) for Del Norte, Humboldt and Lake Counties, North Coast EMS ensures that our region's designated Paramedic Base Hospitals and authorized ALS Provider Agencies fulfill their requirement to adopt hospital or agency specific Quality Improvement Plans. It is the responsibility of our region's Base Hospitals and ALS Provider Agencies to engage in planning which encompasses the eight Quality Improvement components enumerated in the Quality Improvement Regulations and listed above.

The North Coast EMS Policy Manual, Base Hospital Agreements, and ALS Provider Agreements establish the regulatory and contractual basis for Quality Assurance (aka: Improvement) in each of the eight components listed within the California Quality Improvement Regulations. Additions or modifications to existing policies are initiated when opportunities for improvements are identified through the Quality Improvement Process. The following policies represent those most pertinent to achieving system improvement through the North Coast EMS QI process\*:

- Personnel
  - Continuous Quality Improvement – North Coast EMS Policy # 2101
  - Certification/Accreditation/Authorization Process Policy # 4001
  - Certification Review Process Policy # 2109
  - Prehospital Care Medical Director and Nurse Coordinator Responsibilities Policy # 2109
  - Quality Assurance Committee Policy # 2110
  - EMT Incident Investigation, Determination of Action, Notification, and Administrative Hearing Process Policy # 4010
  - First Responder Certification Process Policy # 4202
  - EMT-I Certification Process Policy # 4302
  - EMT-P Accreditation to Practice Within the North Coast EMS Region Policy # 4603
  - MICN Authorization Maintenance Requirements Policy # 4704
  - Field Training Officer Authorization Requirements Policy # 4802
- Equipment and Supplies
  - First Responder/BLS Supply and Equipment Standard Policy # 2202
  - EMT-P Standard Drug/Intravenous Solution List Policy # 2205
  - Controlled Substances Policy # 2209
- Documentation
  - Chart Audit Guidelines Policy # 2106
  - Prehospital Care Report Policy # 2402
  - Access, Release, and Confidentiality of EMS Data Policy # 2403
  - Standing Orders and Radio Failure Reporting Policy # 2404
  - Contact Hospital Policy # 2501
  - Radio Communication Policy # 2502
  - Radio Communication Log Policy # 2403
- Clinical Care and Patient Outcome
  - Case Review Policy # 2104

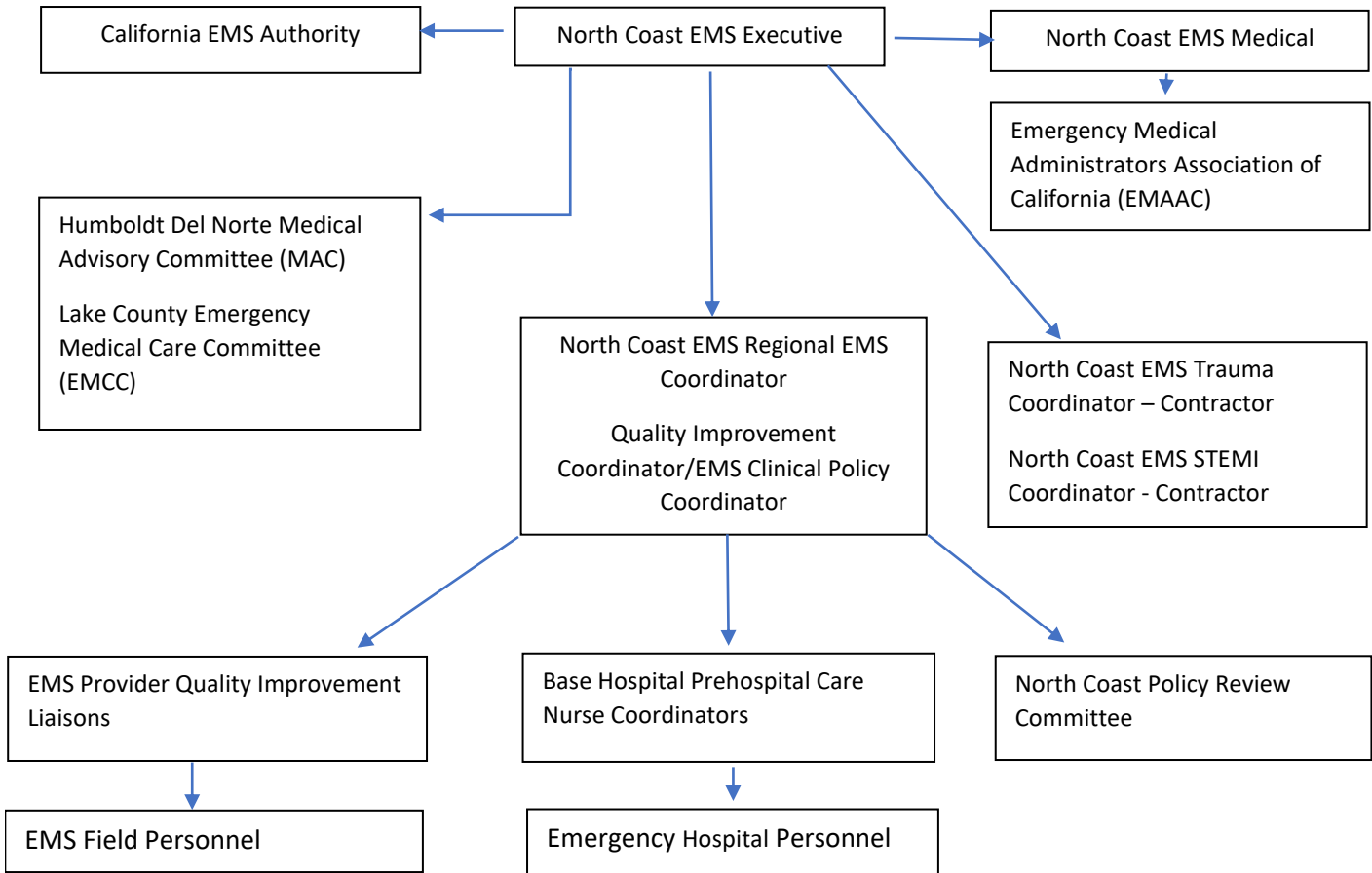
- Cancellation and Transfer of Patient Care Policy # 2302
- Care of Minors in the Field Policy # 2303
- AEMT/BLS Determination of Death Policy # 2304
- ALS – Determination of Death Policy # 2305
- Patient Refusal of Service Policy # 2312
  
- Skills Maintenance/Competency
  - Continuous Quality Improvement – Providers/Hospitals Policy # 2101.1
  - Field Care Audit Guidelines Policy # 2106
  - Field Care Audit Guidelines (Category II Continuing Education) Policy # 2108
  - Training Program Approval Policy # 3001
  - Instructor Qualifications Policy # 3002
  - Testing Procedure Policy # 3003
  - AEMT/ALS Field Internship Procedure Policy # 3004
  - Student Eligibility to Enter an MICN Training Program Policy # 3602
  - MICN – Training Structure and Instructor Qualifications Policy # 3603
  - MICN – Training Program Required Hours and Content Policy # 3605
  - Continuing Education Provider Approval Policy # 3702
  - FTO Training Structure and Instructor Qualifications Policy # 3802
  - FTO Training Program and Course Content Policy # 3804
  - New Personnel Orientation and Field Preceptorship for MICN Policy # 4004
  - New Personnel Orientation and Field Preceptorship for EMT-P Policy # 4005
  
- Transportation/Facilities
  - Base Hospital Designation Policy # 2103
  - Application for Emergency Medical Dispatch Center Provider Accreditation Policy # 2201
  - Emergency Medical Dispatch Center Provider Accreditation Policy # 2201.1
  - Paramedic Transfer Provider Policy # 2203.2
  - EMS Aircraft Services Policy # 2206
  - EMS Aircraft Classifications and Definitions Policy # 2206.1
  - EMS Aircraft Services – Service Request/Dispatch Center Guidelines Policy # 2206.2
  - EMS Aircraft Services – Patient Care and Destination Policy # 2206.3
  - EMS Aircraft Services – Transportation Criteria Policy # 2206.4
  - Interfacility Transfer Procedure Policy # 2208
  - STEMI Receiving Center Designation Criteria Policy # 2215
  - Reduction of Closure of Hospitals Policy # 2301
  - Destination Determination Policy # 2309
  - MCI Communications Plan Policy # 2506
  - Med Net Communications Guidelines Policy # 2508
  - Trauma Triage Destination Guidelines Policy # 7000
  - Trauma Center Marketing and Advertising Policy # 7002
  - Repatriation of Stable Trauma Service Health Plan Policy # 7003



- Trauma Registry Data Collection and Management Policy # 7004
- Trauma Quality Assurance/System Improvement Policy # 7005
- Patient Care – Trauma System Rapid Re-triage of Critically Injured Patient Policy # 7007
  
- Public Education and Prevention
  - Injury Prevention Programs Policy # 7006

\*Additions or significant modifications to existing policy are subject to a required public comment period per North Coast EMS Policy Review and Development Policy # 2006.

## NORTH COAST EMS QUALITY IMPROVEMENT TECHNICAL ADVISORY COORDINATION STRUCTURE



## **Matching quality improvement to local resources**

The EMS Quality Improvement Regulations recognize the significant differences in size, resources, and needs that distinguish EMS jurisdictions, hospitals, and providers. For the many different jurisdictions and EMS entities within the State, quality should be defined according to a baseline assessment and different starting points. The quality improvement of any EMS system participant should be measured against that participant's prior quality achievements.

Similarly, there are differences between hospitals and providers within the North Coast EMS region. North Coast EMS therefore encourages designated Base Hospitals and authorized ALS Providers to set objectives and build hospital and provider QI teams, in accordance with the goals set by their leadership, and commensurate with their quality improvement training, experience of their hospital and agency, and existing QIP Plans.

## **Constantly improving quality**

It is not a simple matter to separate quality assurance from quality improvement. Typically, quality improvement and quality assurance responsibilities are assumed by the same individuals or teams within an institution, organization, or agency. Regardless, the distinction between these two quality objectives is less important than is the need for those individuals with "quality" responsibilities to challenge the notion that quality expectations will ever remain static. It is essential that QI leaders question today's goals and benchmarks and seek to continuously refine them considering new evidence or evolving standards.

In devising a Regional QIP Plan, North Coast EMS worked with system participants through our primary EMS community, the Humboldt/Del Norte Medical Advisory Committee, the Lake Emergency Medical Care Committee, and other committee forms, to establish a system of quarterly reporting on the eight Quality Improvement components and subsequently adopted a concurrent periodic "focused review." These reports have been delayed or temporarily discontinued by the COVID pandemic and staff turnover, but periodic QIP Reports are an important QI monitoring tool that verifies ongoing patient care and EMS system quality review.

## **Periodic focused reviews**

Focused reviews generally target clinical or operational issues, such as the treatment of pain or the adoption of internal hospital or provider agency training and guidelines for the treatment and transport of patients potentially exposed to an emerging disease. As staff time permits, periodic review of focused QI Reports gives North Coast EMS the opportunity to identify potential EMS system needs and enhancements.

Because the reviews are conducted periodically, regional hospital and provider liaisons are provided with routine opportunities to devise review criteria and methodologies. As staff time permits, North Coast EMS distributes a summary of submitted reviews, highlighting the most informative or well-designed reviews, and allowing all system participants an opportunity to compare their review approaches to their colleagues and for best practices to emerge.

Frequently review topics are drawn from discussions at regional prehospital meetings like the Medical Advisory Committee or Emergency Medical Care Committee meetings. On other

occasions review results inform the agendas of state or regional EMS meetings. On occasion, North Coast EMS uses the review as an opportunity to ensure that base hospitals and provider agencies have familiarized themselves with an issue of concern to our agency, to other LEMSAs, and/or to the California EMS Authority. On other occasions, North Coast EMS uses the review to solicit input into policy additions or modifications.

In selecting a topic for region-wide focused review, North Coast EMS gives preference to those topics that encourage reviewers to work with their hospital or provider colleagues. Frequently, for instance, North Coast EMS chooses focused reviews that require input from hospital or agency disaster planners. In framing the focused review “question” North Coast EMS promotes a “team” approach to devising and conducting the hospital or provider agency specific review.

### **Just Culture**

Progressive quality improvement methodologies have long recognized that failures to achieve sought after quality goals or to meet “industry” standards are generally not due to the failures of individuals, but instead can be more accurately and constructively identified in the procedural or structural shortcomings within their work environments. In seeking solutions to problems or opportunities for improvement, North Coast EMS works with other EMS System participants to analyze the root causes of problems, and looks for the means to optimize the energy, talent, and dedication of all our system partners.

### **Identifying and Prioritizing Opportunities for Improvement**

EMS system participants engage in a wide and varied assortment of activities. Based on their own personnel and material resources, each institution or agency can best achieve improvement by carefully targeting quality improvement goals and objectives.

North Coast EMS encourages regional base hospital and EMS provider agency Quality Improvement Liaisons and other key personnel to adopt a Quality Improvement Program Plan structured according to the eight system components. North Coast EMS is responsible for planning and overseeing regional systems that encompass multiple EMS components. EMS Subspecialty Care Systems, such as Trauma, STEMI, Disaster or EMS for Children, and the Regional EMS System as a whole, include most if not all EMS quality improvement components. Because responsibilities for these systems fall to different North Coast EMS representatives - who in turn engage with different State, regional, other LEMSA, local hospital, and local EMS provider agency representatives - it is practical to adopt a North Coast EMS systemic quality improvement framework structured according to QIP Regulations and individual EMS system needs and capabilities.

Though it is helpful to adopt a conceptual framework to structure quality improvement efforts, it is essential that chosen framework not dictate those quality improvement objectives that receive the most agency attention or focus. North Coast EMS strives to ensure that those quality needs most pertinent to optimal patient care and the support of prehospital and hospital personnel be prioritized. Regardless of origin of the identified quality improvement opportunity, pursuit of that opportunity should then benefit from a structured quality improvement approach

## **The Eight Quality Improvement Components (Structure, Committees and Mechanisms)**

### **Personnel**

North Coast EMS is committed to facilitating the certification and employment of the highest possible level of qualified prehospital personnel within our region. This objective is accomplished, in part, by providing clear requirements for regional training of Public Safety personnel, certification of EMT-Is and accreditation of state licensed Paramedics in accordance with State regulations, and authorization of Mobile Intensive Care Nurses (MICNs) following local policy (relevant forms and policies are easily accessible to a visitor to North Coast EMS's web site [www.northcoastems.com](http://www.northcoastems.com)). North Coast EMS also approves prehospital Continuing Education (CE) Providers, Field Training Officers (FTOs) and First Responder training consistent with established standards or guidelines. North Coast EMS supports prehospital provider education, both directly through occasional training programs, and indirectly through approval of training programs, and the personnel requirements included in provider agency and hospital agreements.

North Coast EMS participates, as staff time allows, in state committees and task forces, and reviews and comments on proposed changes to the state regulations concerning EMS certification, licensure, and accreditation. North Coast EMS also publicizes and solicits comment from other North Coast EMS system participants concerning possible state or local EMS personnel changes to ensure that new State requirements are implemented, and local training needs are addressed. Availability of training in the more rural and remote communities is an ongoing problem. North Coast EMS regularly alerts system participants to changes in State requirements that may affect their personnel or potential hires.

The North Coast EMS region shares challenges faced by other rural areas in assuring access training, maintaining certification, accreditation, and licensure, particularly testing requirements. As with all noteworthy issues, interested parties are advised via memos, regular meetings (Medical Advisory Committee {MAC} for Humboldt and Del Norte Counties, Emergency Medical Care Committee {EMCC} for Humboldt and Lake, the North Coast EMS web site, and other mechanisms.

### **Certification/Accreditation**

North Coast EMS prioritizes the processing of new certifications/accreditations to support providers staffing requirements. Time allowed for certification/accreditation "turn around" is usually three working days or less, and in all cases North Coast EMS accomplishes these certifications/accreditations well within the maximum allowable times. Provided certification/accreditation documentation is properly filed, North Coast EMS attempts to fulfill special provider requests for accelerated personnel accreditation. North Coast EMS continues to assess and adopt enhanced methods to streamline these processes, recently including discontinuation of the Prehospital Medical Care Director signature requirement for new Paramedics and FTOs.

Local accreditation of new Paramedics includes requirements that the individual receives focused orientation to local practices and protocols. New Paramedics are proctored by locally approved FTOs who must meet minimum requirements and be approved by their provider agency. Local FTO training program instructors work closely with North Coast EMS to periodically enhance the FTO training program. Prior to recommending local accreditation of

Paramedics new to the area, the North Coast EMS Coordinator reviews at least five (5) of the new Paramedics' prehospital care reports, and ten (10) in the case of newly State licensed Paramedics. In addition, the North Coast EMS Regional Coordinator, acting as the agency QI Coordinator, takes concerns to the North Coast EMS Regional Medical Director who may require additional evaluation or orientation of the newly accrediting Paramedics.

## **Training**

North Coast EMS approves and monitors (pending staff time) all regional First Responder, Public Safety First-Aid, EMT-I, Emergency Medical Dispatch (EMD), EMT-Paramedic, FTO and MICN training programs. In addition to the above courses, North Coast EMS approves policies that include training requirements for the State approved expanded Basic Life Support (e.g., Naloxone, Epi-Pens, finger sticks) and Advanced Life Support scope of practice (e.g., Heparin/Nitro Drips and Blood Products, Ketamine, etc.) North Coast EMS strives to ensure that training programs meet the State and National standards.

North Coast EMS has developed policies regarding required training program approval of Public Safety, First Responder, EMD, EMT-I, EMT-P, FTO and MICN training programs, consistent with state laws, regulations and/or local policy. As time permits, Agency staff attempt to meet with each of the newly approved training program personnel to discuss California state laws and regulations, North Coast EMS policies and procedures, and expectations for training. North Coast EMS personnel monitor each training program to the extent possible, optimally followed by review of written evaluation results. North Coast EMS also approves CE providers following the EMSA CE Regulations. There are around 40 approved CE providers.

Students attending courses overseen by North Coast EMS are encouraged to complete surveys evaluating the instruction received in all approved training programs. Survey results can be used to guide policy and procedural changes to improve training program effectiveness and the overall EMS System.

Due to stagnant staff size and new state mandates and local priorities, North Coast EMS has been unable to directly monitor approved training programs for several years other than for cause. Increased funding and FTE's are needed to do so.

## **Equipment and Supplies**

### **Ambulance stocking**

Requirements for the stocking, maintenance and security of prehospital equipment and supplies are promulgated in North Coast EMS Policies 2202 (First Responder/BLS Supply and Equipment Standard) 2205 (EMT-P Standard Drug/Intravenous Solution List), and 2209 (Controlled Substances). North Coast EMS may conduct spot check visits at the discretion of the North Coast EMS Executive Director and Regional Medical Director. These visits are generally made in response to Case Review requests when concerns, e.g., about stocking or narcotic security are brought to the Agency.

Medication and supply chain shortages over the last few years have resulted in situations when regional ALS Providers must consider how to address situations when they do not have access to ambulance stocks they need to comply with North Coast EMS treatment guidelines and to treat their patients properly. We continue to work with our regional ALS Provider agencies to ensure inventory monitoring with the special attention to anticipating possible shortages.

Requests to consider the elimination, or inclusion of, drugs or supplies to the required list are reviewed by the Agency. During the years of 2020 and 2021 the North Coast EMS Regional Medical Director took several requests to expand the local scope of practice to Emergency Medical Directors Association of California (EMDAC) for discussion. The EMDAC Scope of Practice Committee, and the EMSA, approved North Coast EMS requests for the additional medications and Covid related policies.

### **Communications Coverage**

North Coast EMS provides oversight and consultative support for medical communications within the North Coast EMS region between prehospital and Base Hospital personnel. North Coast EMS Policies 2404 (Standing Orders and Radio Failure Reporting), 2501 (Contact Hospital), 2502 (Radio Communication). See - "Clinical Care and Patient Outcome –Medical Oversight" below.

North Coast EMS also helps to coordinate region wide maintenance and enhancement of the Med Net Communications system. All agency participation agreements with Paramedic Base Hospitals and ALS Providers specify communications requirements, including. The Paramedic Base Hospitals are required to maintain their own Emergency Department Med-Net radios (with one exception due to a dysfunctional Mtn. Top Repeater, cell phones are used in Del Norte County) and recording systems; ALS Providers maintain their own mobile and portable Med-Net radios; and, each county is responsible for providing maintenance for the Med-Net Repeaters located within their County. North Coast EMS maintains a Med Net Trust Fund to assist with Med-Net Mtn. Top Repeater replacement or maintenance. The Med-Net System, however, is utilizes old technology and is becoming more and more difficult to maintain, and alternative or new field to hospital communications systems will be needed in the future.

North Coast EMS also facilitates coordination of Public Safety Answering Points (PSAPs) and 9-1-1 dispatch, and approves Emergency Medical Dispatch (EMD) training programs at Cal-Fire in Fortuna and jointly with Napa County EMS for Lake County.

### **Documentation**

#### **Data Submission and Validation**

As part of the required EMSA General Fund contract, North Coast EMS has consistently submitted quarterly reports that updated and addressed contract Objectives and identified significant EMS Plan changes. We also submit the annually required Regional EMS, STEMI, EMSC, QIP (this report) and Trauma Plan Updates to the EMSA, and HPP Disaster progress reports to CDPH. Please note that these required submissions were waived or delayed due to the pandemic.

Prior to submitting most documents to the EMSA, North Coast EMS circulates draft copies to

providers, hospitals, county representatives and other interested parties with the special knowledge needed to identify omissions, inaccuracies, and/or answer questions.

Most documents circulated by the Agency are also made available on the North Coast EMS website, and we are attempting to make sure this is done more consistently. North Coast EMS also solicits suggestions for additions or changes to the website. Most site updates are performed by the North Coast EMS Executive Assistant and the Regional EMS Coordinator.

North Coast EMS was the first LEMSA to successfully transmit CEMSIS data to the State EMS Authority EMS data repository. In the years following this success, North Coast EMS continues to meet the State's requirements for e-PCR, and when required, hospital data submission, such as: Core Measures, C.A.R.E.S., APOT and Trauma Registry.

The cost to maintain e-PCR data platform is now being shared with all ALS Providers who are required by statute to ensure LEMSA access to their prehospital data. The Regional EMS Coordinator, STEMI and Trauma Contractors, and others, continue efforts to ensure that accurate data is entered on all EMS System patient contacts.

### **Security**

Requests for documentation by outside individuals or entities are answered according to North Coast EMS's Policy 2304 "Access, Release and Confidentiality of EMS Data."

North Coast EMS maintains disclosure and password protected Case Review documentation that is provided on a need to see basis to individuals who have previously signed the Agency's confidentiality agreement. Rarely requested subpoenaed documentation is released only after consultation with assigned County Counsel. Disclosure protected committees, such as: the Humboldt-Del Norte and Lake Trauma Advisory Committees (TACs) and the STEMI/Stroke Committee also confidentially discuss pre-reviewed educational cases selected to enhance the EMS System.

Email communications, including patient specific information, by North Coast EMS personnel utilizing the northcoastems.com email address is encrypted, and confidential external emails can be encrypted as well. Prehospital data is password protected and access is limited to office personnel and restricted and limited access is provided to hospital and prehospital personnel for legitimate quality assurance and quality improvement purposes, according to relevant North Coast EMS quality assurance and quality improvement Policies (see Policies 2100 – 2111) and pursuant to Evidence Code Section 1157.7. Trauma Registry and C.A.R.E.S. data is also protected. Only authorized personnel may access the registry program.



## **Clinical Care and Patient Outcome**

### **Treatment Guidelines**

North Coast EMS directly influences patient care through the development and revision of Treatment Guidelines (including medical protocols, procedures and policies). Changes to Treatment Guidelines may be inspired by the needs of our providers, suggestions from base hospitals, ongoing review of the EMS literature including changes recommended by institutions and associations such as the AHA and NAEMSP, and discussion at conferences and meetings. Among the most important sources of input and sounding boards for changes are the EMSA, EMS Commission, EMSAAC, EMDAC, Trauma Workgroup, and the EMSC Coordinators meetings and conferences. Other meetings regularly attended by North Coast EMS staff, and whose discussions may provoke or contribute to policy changes include, EMCC, MAC, TAC, Fire Chiefs Association, STEMI/Stroke, Child Death Review, Injury Prevention, Child Passenger Seat, and the Humboldt/Del Norte Redwood Coast, and Lake Healthcare Coalitions (RHCs). Significant changes to the Treatment Guidelines are reviewed by the Policy Review Committee administered by the Regional EMS Coordinator and reviewed by the Regional Medical Director for clinical efficacy and the Executive Director for administrative consistency.

National and State efforts to synchronize the scopes of practice of various EMS field providers are generally driven by research conducted, and needs identified, in densely populated urban centers. While North Coast EMS endorses the adoption of evidence-based EMS clinical interventions, we recognize that our local providers confront staffing limitations and long transportation times that defy simple comparisons with urban circumstances. Frequent changes in national and state EMS standards, as well as the evolution of scopes of practice for all levels of field care providers have challenged our small staff. To address a growing backlog of policy revisions, North Coast EMS contracted with a web designer who converted the North Coast EMS website to “Word Press,” an intuitive program that facilitates web site changes, including frequent policy updates. This change means that the North Coast EMS Executive Assistant and the Regional EMS Coordinator can more readily shepherd policies through the revision process, including uploading new and revised policies to the North Coast EMS website.

### **Committee Structure**

The following committees are tasked with evaluating and offering input into a variety of EMS related issues, including clinical, operational, and administrative. Although the entire committee may discuss general clinical matters, specific cases are only dealt with in a disclosure protected sitting as described in Security section above.

### **Emergency Medical Care Committee (EMCC), Trauma Advisory Committee (TAC), Inter-facility Transfer (IFT) and Priority 1 – Lake County**

The statutorily authorized Lake County EMCC is an advisory body to the Lake County Board of Supervisors and North Coast EMS. The Committee is charged with the review ambulance operations, first aid/CPR training and emergency medical care provided in Lake County. The EMCC is composed of North Coast EMS personnel and Lake County Board of Supervisors appointees, and includes representatives of public and private services, the health department, local hospitals, and other agencies involved in EMS. The Lake IFT and Priority 1 Committees are locally overseen subcommittees of the EMCC and the Lake TAC is advisory to North Coast EMS

specific to Trauma System related matters.

The EMCC and TAC Committees can be disclosure protected and used to discuss confidential QI patient information. This regularly occurs in the TAC meetings.

### **EMCC and Medical Advisory Committees (MAC) – Del Norte and Humboldt**

The Humboldt-Del Norte EMCC is an advisory body to the Humboldt and Del Norte County Boards of Supervisors and North Coast EMS. The EMCC is charged with the responsibility to review ambulance operations, first aid/CPR training and emergency medical care provided in the Del Norte and Humboldt Counties. The EMCC is composed of North Coast EMS personnel and Humboldt County Board of Supervisors appointees, and includes representatives of prehospital and hospital agencies involved in EMS.

The Humboldt and Del Norte Medical Advisory (MAC), TAC and STEMI/Stroke Committees are Subcommittees of the Humboldt County EMCC. The MAC, TAC and STEMI/Stroke Committees are the primary advisory bodies to North Coast EMS in Humboldt and Del Norte Counties for overall EMS, Trauma, and STEMI Subsystem oversight, coordination and operations. Members on these subcommittees consist of hospital, Trauma Center, STEMI Receiving Center, ALS Provider, fire, public health and other representatives. Del Norte County also has a MAC-North Committee that may periodically to discuss and resolve EMS related issues specific to Del Norte County; this group has not met for several years.

The EMCC, TAC and STEMI/Stroke Committees can be disclosure protected and used to discuss confidential QI patient information. This regularly occurs during TAC and STEMI meetings.

North Coast EMS Policy Review Committee - The Committee attempts to meet quarterly and includes representation from each of our region's 3 constituent counties.

### **Medical Oversight**

North Coast EMS oversees the Regional QIP and pursuant to statute, oversee the medical control of the Regional EMS System. Clinical aspects of these program are overseen by the Regional Medical Director and administrative by the Executive Director. Medical oversight and QI are critically important components of the statutorily required LEMSA responsibility for EMS System evaluation. The EMS System and all subsystems (see the Regional EMS, Trauma, STEMI and EMS for Children Plan Updates) have extensive policies, procedures and processes to oversee patient care, utilize data and case review processes, and other tools to promote and enhance overall EMS System effectiveness. Virtually all aspects of North Coast EMS operations are designed by law, regulation, policies and procedures to oversee EMS System clinical care, including : pre-approval and monitoring of training programs; certification and recertification of personnel; approval of EMD programs; authorization of ALS Providers; designation and monitoring of Paramedic Base Hospitals, Modified (non-MICN) Base Hospitals, Trauma Centers, Emergency Departments Approved for Pediatrics (EDAPs) and the STEMI Receiving Center in Eureka, Cal; etc.

Additionally, North Coast EMS provides retrospective medical oversight through the case review process (North Coast EMS policy 2104), through review of new and accrediting paramedics 10 and 5 “calls”, i.e. the PCRs written by paramedic interns and paramedics prior to accreditation, through review of calls using the prehospital data base for specific chief complaints or according to other criteria, and through policies and agreements obliging base hospitals and providers to provide prospective, online and/or retrospective review and input. All hospitals within the region have access to all patient care charts of patient brought their facility. Over the last two years, no hospital has reported that they were unable to access and locate a needed patient chart with the except of very temporary times. All vendors who are providing e-PCR programs outside the ICEMA ImageTrend program are responsive to inquiries and have worked closely with North Coast EMS to resolve uploading and posting errors.

### **Skills Maintenance/Competency**

#### **Scope of Practice**

North Coast frequently receives requests to consider the addition or elimination of skills or medications from our regional EMS scope of practice. Each of these requests receives careful consideration, although many are immediately identified as required or prohibited by Title 22.

The North Coast EMS Regional Medical Director may make determinations about additions or eliminations independently, but generally these requests receive further review among office staff and the EMCC, MAC, TAC, etc., including an evaluation of the EMS literature, relevant prehospital data available through our prehospital data collection system, and hospital data collection via the State Trauma Registry and other mechanisms. Further evaluation may require input from fellow LEMSAs and the regional EMS community, and in the past North Coast EMS has considered the relevant medical literature, local prehospital care data, national and state best practices, and the results of queries of field and hospital personnel to determine whether modifications in scope could be justified by an objective evaluation of patient presentations, response and transport times, and existing prehospital intervention options. All new Basic Life Support and Advanced Life Support scope additions must be approved by the EMDAC Scope of Practice Committee and the EMSA through an application process.

North Coast EMS has determined that “trial studies” require more staff time than is feasible for the foreseeable future and will not attempt these unless the need is decisive, or the trial is done in conjunction with one or more other LEMSAs with whom North Coast EMS may divide administrative duties. In certain cases, the North Coast EMS Regional Medical Director may elect to request a further review of possible additions or eliminations by EMDAC and/or EMSA.

Recent scope of practice additions are included in the most recent Regional EMS Plan Update.

#### **Skills Utilization Benchmarking**

North Coast EMS follows all relevant state statutes and regulations, including skills benchmarking when and if appropriate. The Agency will also remain attentive to ongoing benchmarking efforts documented in the EMS literature and in the national, state and LEMSAs experience, and consider benchmarking standards as needed.

## **Skills – Advanced Provider**

See “Skills Utilization Benchmarking” above.

## **Transportation/Facilities**

Two of the counties, Humboldt and Lake, in the North Coast EMS region have a Board of Supervisors approved ambulance ordinance that provides a mechanism to permit and monitor emergency medical transportation services. Del Norte County has an ambulance specific contract with the local ambulance service.

North Coast EMS assists Counties, when possible, through its QI System.

The Agency also approves all ALS Providers; approves and monitors ALS Provider and Base Hospital QIP Plans and reviews periodic updates; and designates Paramedic Base Hospitals, Trauma Centers, a STEMI Receiving Center and EDAPs. We conduct periodic site surveys to subspecialty centers and, due to chronic understaffing, to ALS Providers and Base Hospitals for cause only. We also prepare and review APOT, Trauma Registry, cardiac and other relevant prehospital and hospital data.

North Coast EMS developed and submitted the Humboldt County (Exclusive Operating Area) Transportation Plan to EMSA. It was approved, contracts were executed, and effective January 1, 2022, non-competitive exclusivity was granted to City Ambulance of Eureka, Inc. in the Eureka zone (contingent on ongoing coverage of the Fortuna and Garberville subzones), and, to Arcata-Mad River Ambulance in the Arcata zone. The Agency has entered into the monitoring phase. North Coast EMS also reviewed and determined that Del Norte Ambulance is eligible for non-competitive grandfathering and we are currently working with County leadership to review potential EOA options, including competitive bid.

## **Hospital Diversion**

North Coast EMS does not recognize hospital diversion, i.e. patients re-directed to more distant hospitals due to ED saturation. Automatic hospital bypass or redirection is permitted only in case of internal hospital disaster and must be documented by the hospital to North Coast EMS according to North Coast EMS policy 2309.

## **Specialty Care Centers Destination**

See the North Coast Regional EMS Plan, Trauma System Plan, STEMI Plan and EMSC Plan Updates.

North Coast EMS has four designated Trauma Centers: Sutter Lakeside Hospital as a Level IV, St Josephs as a Level III, Mad River Community Hospital as a Level IV, in collaboration with the State of Oregon, Sutter-Coast Hospital as a Level IV Trauma Center. North Coast EMS has defined destination determination for critical trauma patients in Policy 7000A and registry data collection and management requirements in Policy 7004. The Agency also recent adopted a Trauma Re-triage Policy.

Emergency Department Approved for Pediatrics (EDAP) was established in the North Coast EMS region in 1989. All seven hospitals are currently EDAP designated.

North Coast EMS recently re-activated the process to designate St. Joseph Hospital in Eureka as a STEMI Receiving Center.

## **Public Education and Prevention**

### **Community Involvement**

North Coast EMS participates as staff time allows in Humboldt County community involved groups, such as Childhood Injury Prevention, Child Passenger Safety Committee, Child Death Review Team, and the Water Safety Coalition. Involvement in the other regional counties is limited at this time but all Trauma Centers and EDAPs are required or encouraged to provide public educational opportunities.

### **Prevention Programs**

See above. North Coast EMS recently worked and continues to work closely with Public Health the EMS communities on mitigating the impact of the pandemic.

### **Customer Satisfaction**

In the development and implementation of all Agency programs, North Coast EMS continually solicits comments and questions from system participants. During MAC, EMCC and other meetings, and in their periodic QI report submissions, North Coast EMS region base hospitals and ALS Provider agencies routinely make suggestions regarding North Coast EMS administrative practices, and North Coast EMS routinely adopts administrative changes based on these recommendations.

North Coast EMS encourages input from the public and thoroughly reviews concerns brought to the agency by members of the public. Generally North Coast EMS will discuss these concerns with the provider agency or hospital in question, and will ask that identified problems be addressed, that a report be made to North Coast EMS and that the member of the public who initiated the review be contacted and provided with relevant non-confidentiality protected information.

### **Risk Management**

#### **Issue Resolution Process**

North Coast EMS requires that all system participants to document time/date specifics for all their quality concerns. North Coast EMS encourages all issues to be resolved between parties directly affected. When this approach proves impractical or impossible for any reason, or when local issues may benefit from system wide review or changes, North Coast EMS may assume responsibility for review and resolution. In cases where issues may be beyond the resources or jurisdiction of North Coast EMS (generally those concerning paramedic licensure) North Coast EMS advises EMSA.

Resolution of all issues includes a review of all relevant State regulations, North Coast EMS policy and prior practice. Due process is afforded all concerned individuals and agencies.

### **System Monitoring**

North Coast EMS is responsible for overall evaluation, planning, maintenance and enhancement of the EMS System, and virtually all activities are designed to continuously improve patient care

and best practices. North Coast EMS has several EMS system evaluation programs and tools in use:

ImageTrend, the electronic prehospital care reporting system used to record prehospital care patient documentation.

Training and CE programs are evaluated based on state standards, agency policies and procedures, site visits and written reports as needed.

ALS providers are evaluated based on state standards and written reports, and have approved CQI Programs in place. Site visits are conducted if needed, such as for a new provider or to investigate problems. The agency also conducts certification and accreditation reviews of personnel.

Base hospitals are evaluated based on state standards, site visits and written reports, and all facilities have written participation agreements with North Coast EMS. These site visits are no longer possible other than for cause.

The EDAP Program evaluates pediatric capabilities of EDs based on local standards and state regulations, site visits and reports. All EDAPs have written participation agreements with North Coast EMS and five of seven were surveyed this last year.

The Trauma and STEMI/Stroke Programs evaluate trauma and STEMI patient care based upon local standards and state regulations, site surveys and reports. All have written agreements with North Coast EMS and three of the four Trauma Centers were surveyed this last year. A site survey to the STEMI Center, the other two EDAPs and the remaining Trauma Center is planned for next year.

North Coast EMS's Executive Director, Regional Medical Director and Associate Director participate on various committees at the State level to improve EMS system evaluation mechanisms statewide. North Coast EMS staff routinely review and provide comments on draft documents distributed by the State EMS Authority.

North Coast EMS has implemented and will monitor provider and hospital compliance with the QIP regulations. As part of this program, North Coast EMS requires periodic reporting from each provider and hospital's QIP activities. These summaries are reviewed by the Agency as staff time allows to identify targets for county or region wide improvement that can be pursued jointly by all concerned system participants.

## North Coast EMS Quality Improvement Plan Matrix of Indicators

### Quality Improvement Goals and Objectives

North Coast EMS has a long evolving and very robust Quality Improvement Program (QIP) that currently follows the recently adopted State QI Regulations. The regulations require development of a QIP Plan with Annual EMS Plan Updates. This document is the most current Update to the EMSA approved QIP Plan. North Coast EMS is also required to review and approve ALS Provider and Paramedic Base Hospital QIP Plans pursuant to state regulations, and we uniquely require periodic QIP Reports of those same entities to ensure ongoing quality improvement processes are in place and active. As stated previously, virtually all North Coast EMS activities are designed or influenced by the overall QIP Plan: training, personal certification, approval or designation of EMD, prehospital responders, hospitals, data review, etc.

More generally, EMS System quality improvement is best conceptualized as a cyclical process involving the identification of quality improvement objectives, development of the Quality Improvement Program (QIP) Plan to achieve those objectives, implementation of the quality improvement objective plan, an assessment of the results of that plan implementation, and the further identification of quality improvement opportunities – e.g., a refinement of the QIP Plan and updates to it, based on assessment results and state standards. Validating the value of EMS community quality improvement efforts benefits is achieved through outside oversight, when feasible, and an ongoing public discussion of the cyclical quality improvement process. That public discussion encourages continued public, EMS community, and political leadership support for the use of system personnel and material resources to achieve identified quality improvement objectives.

Based on input and indicators from EMS system participants, and from quality assurance and improvement mechanisms – including but not limited to priorities established by federal objectives, the California EMS Authority, discussions with administrative and medical counterparts at EMSAAC and EMDAC meetings, input from the North Coast EMS Governing Board, local EMS System participants, the disclosure protected case review processes, and electronic system data collected through ImageTrend, the State Trauma Registry and other modalities - the North Coast EMS Executive and Medical Directors establish the North Coast EMS quality improvement goals with identification of specific staff and/or contractor leadership. The overall administrative process is overseen by the Executive Director and Regional EMS Coordinator.

The following North Coast EMS Quality Improvement Plan Matrix of Indicators defines our agency's current and ongoing goals and quality improvement priorities, along with the objectives established to meet those goals, the staff or contractor (**in bold**) with primary responsibility for coordinating the objective, the team members, the metric adopted to measure progress towards achieving the objective, and the individuals, agencies or organizations who will receive reports on progress toward achieving the objective:



**North Coast EMS Quality Improvement Plan Matrix of Indicators**

<b>Goal</b>	<b>Objectives (Activities)</b>	<b>Topic QI Review Committee</b>	<b>Metric</b>	<b>Reporting method/target audience</b>
<p><b>Goal 1</b>  <i>Enhance processes for the evaluation and improvement of the EMS system</i></p>	<p><i>Periodic (quarterly if staff time allows) QI Reports submitted by ALS Provider QI Liaisons and PCNCs, or assigned personnel. Focused topic selected by Regional EMS Coordinator with input from providers and the Regional Medical Director. Copies submitted to PCMD, PCNC and Regional EMS Coordinator for review.</i></p>	<p><b>NCEMS EMS Coordinator,</b>            Provider QI Liaisons,            PCMDs, PCNCs,            Regional EMS Coordinator.</p>	<p>90% submission by Provider QI Liaisons to PCNCs with copies to PCMD, NCEMS. <b>Improvement in compliance noted.</b>  <b>Continued need to prompt certain provider agencies fortimely reporting.</b>  <b>Unable to document % compliance currently due to limited staff time.</b>            2017 In collaboration with Eureka mediadesign.com have developed a program to allow for online QI Report submissions and tracking of those reports. We anticipate that the system will be operational at the beginning of 2018. This system is designed to speed the evaluation of submissions.            2018 Due to a serious illness of the Eureka mediadesign.com staff, this project has been delayed indefinitely.            2020/2021 This project is once again being reviewed to allow provider liaisons to submit QIPs Reports electronically in a standardized format.</p>	<p>NCEMS Executive Director, NCEMS Medical Director</p>

	<p><i>Consistent review of provider hospital quality improvement reports to identify trends and capture provider and hospital recommendation</i></p>	<p><b>NCEMS EMS Coordinator,</b> Provider QI Liaisons, Base Hospital PCNCs</p>	<p>90% review of provider and hospital QI Reports <b>Due to limited staff time, and time required to solicit late reports, unable to review all submissions. Approximate review of 50% of submitted reports.</b>  2017 Reviews continue to be approximately 50% due to time limitation. As described above, the system for online submission should allow those submissions to be reviewed more quickly.  2018 No change in the status of this objective. Fully reviewing all submissions remains a challenge due to limited available staff time.  2019 No change from previous year. Most submissions are reviewed. There may be opportunities to share in the review of submissions with the NCEMS EOA Oversight Officer once the EOA Contract is completed and signed by the Humboldt County EOA providers.  2020/2021 Limited submissions of quarterly reports from agencies and hospitals. Numerous hurdles and staff shortages due to COVID responses. 100% of submissions were reviewed.</p>	<p>Provider QI Liaisons, Hospital PCMDs/PCNCs , NCEMS Executive Director, NCEMS Medical Director, Executive Assistant (webpage posting)</p>
	<p><i>Consistent re-evaluation of provider and hospital QI plans</i></p>	<p><b>NCEMS EMS Coordinator,</b> Provider QI Liaisons, Hospital PCNCs</p>	<p>Annual 100% internal review and revision of provider and base hospital QI Plan Updates by provider QI Liaisons and Hospital PCNCs to include provider and</p>	<p>Re-submission of QI Plan Updates by Provider Liaisons and Hospital PCNCs to Regional EMS Coordinator as needed.</p>

			<p>hospital specific indicators <b>Currently working with PHP web designerto implement an onlinesystem for provider and hospital plan revision.</b></p> <p>2017 Have initiated soliciting QI Plan resubmissions using the Online QI Plan Assistant developed with Eureka mediadesign.co m . This system, designed in collaboration with other LEMSA QI representatives, is nowavailable for use by other interested LEMSAs.</p> <p>2018 NCEMS has used recent QI Focused reviews to concentrateon implementing measures to address and mitigate medications shortages.Further work on provider QI Plan revisions should recommence in the first half of this fiscal year.</p> <p>2019 Due to priority being given to STROKEand other QI considerations, QI Focused Reviews havebeen directed towards these.</p> <p>2020/2021 This project is once again under review to assist providers and hospitals in their QI submissions. Medication shortages continue to exist throughout the region and State.</p>	<p>Posting of All QI Plan Updates on theNCEMS Web Site with most recent revision date.</p>
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Goal	Objectives (Activities)	Topic QI Review Committee	Metric	Reporting method/target audience
<p><b>Goal 2</b> Provide and/or promote QI educational opportunities to EMS system participants</p>	<p>Provide and/or promote training in QI principles, the development of QI indicators, and root cause analysis to NCEMS provider agencies</p>	<p><b>Regional EMS Coordinator or designee, as time allows.</b> Updates at MAC – Humboldt-Del Norte County EMCC – Lake County</p>	<p>Periodic QI training/orientation for Provider and Hospital QI Liaisons</p> <p>QI orientation for Base Hospital PCNCs within 1 year of position assignment</p> <p>2020/2021 NCEMS summarized the overall QIP processes at MAC and Lake EMCC meetings.</p>	<p>Regional EMS Coordinator, Executive Director, Provider and Base Hospital QI verbal updates at meetings as needed. Regular written reports of the QIP Reports requires more staff time but can be requested.</p>

Goal	Objectives (Activities)	Topic QI Review Committee	Metric	Reporting method/target audience
<p><b>Goal 3</b> Promote the use of routine provider and hospital specific quality indicators</p>	<p>Verify that providers and hospitals include relevant quality indicators in their periodic QI Reports</p>	<p>Committee of Provider QI Coordinators and Hospital PCNCs for each county facilitated by <b>Regional EMS Coordinator as needed and staff time allows.</b></p>	<p>Periodic or as needed QI Committee meeting to review current provider and hospital goals and associated quality indicators  <b>Have asked all provider and hospital QI liaisons to create a “quality indicator” using a standardized template developed for this purpose.</b>  2017 Due to time and resource constraints, have not been able to provide QI training. In lieu of such training, have employed a strategy of pairing EMS provider agency QI representatives with their base hospital counterparts (PCNCs) in the development of provider specific data indicators. This program has proven effective where adopted. Will continue to encourage use of this “buddy system” to</p>	<p>Report to NCEMS Executive or Associate Director by NCEMS EMS Coordinator with updates to the MAC, Lake EMCC and Governing Board as needed.</p>

			<p>promote greater provider facility with the development of data indicators.</p> <p>2018 This project was initiated last year and will continue this year.</p> <p>2019 Due to priority being given to STROKE and other QI considerations, QI Focused Reviews have been directed towards these.</p> <p>2020/2021 Staff turnover has made developing training programs difficult. NCEMS provided QIP orientation at Mac and Lake EMCC meetings. NCEMS continues to review all cases STEMI and Critical Trauma and reviews selected cases in disclosure protected meetings.</p>	
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Goal	Objectives (Activities)	Topic QI Review Committee	Metric	Reporting method/target audience
<p><b>Goal 4</b></p> <p><i>Improve the capabilities and efficiency of the Agency</i></p>	<p>Review or create</p> <p>Alternative models to enhance the processes to issue certifications and streamline Agency operations.</p>	<p><b>NCEMS</b></p> <p><b>Associate Director and Executive Assistant Regional EMS Coordinator</b></p>	<p>Implement feasible enhancements to the certification processes such as: eliminating the PCMD signature.</p> <p>2020/2021 online options were reviewed but are not needed at this time. Current certification/accreditation/FTO approval processes usually take 3-working days, the timeline can be speeded up if needed, and this timeline exceeds many other LEMSAs and the EMSA.</p> <p>Additional process efficiency mechanisms have been discussed and input solicited at MAC and Lake EMCC meetings.</p> <p>Policy updates are underway to drop the PCMD signature.</p>	<p>NCEMS Executive Director and Regional EMS Coordinator</p> <p>NCEMS Region Provider</p>

Goal	Objectives (Activities)	Topic QI Review Committee	Metric	Reporting method/target audience
<p><b>Goal 5</b> Enhance Policy Review processes</p>	<p>Established a Regional Policy Review Committee</p>	<p><b>Regional EMS Coordinator</b></p>	<p>Designation of a representative group of provider QI liaisons and hospital PCNCs for clinical policy review  A group of interested PCNCs and provider liaisons was assembled. The NCEMS Clinical Policy Contractor was tasked with arranging in tele and or videoconference meetings with these individuals.  2017 Due to interruptions in contractor availability, the policy review committee did not meet in fiscal 2016-17, but as of July 2017, have been conducting internal to NCEMS policy review meetings with the contractor with a focus on re-initiating a policy review committee with regionwide participation.  2018 The North Coast EMS Policy Review Committee resumed</p>	<p>Regional policies, protocols and procedures sent to NCEMS Medical Director and Executive Director for final approval, including revised and new policies</p>



			<p>meetings last year. The Committee meets quarterly.</p> <p>2019 The North Coast EMS Policy Review Committee continues to meet regularly with participants from all 3 counties.</p> <p>2020/2021 Administrative policies and QI policies have been heavily reviewed by the agencies. Multiple policies were updated and finalized. Policy Review Committee meetings were put on hold due to the pandemic and staff turnover. Additional efficiencies are under review such as earlier clinical review by the Regional Medical Director and administrative review by the Executive Director</p>	
		<p><b>Regional EMS Coordinator</b></p> <p>Medical Director,</p> <p>Associate Director, Provider QI Liaisons and Hospital PCNCs</p>	<p>Periodic meetings to review clinical policy changes</p> <p>Two quarterly meetings held.</p> <p>Progress was interrupted when the home of the contractor was completely destroyed by fire.</p> <p>2017 See above note.</p> <p>2018 The North Coast EMS Policy Review Committee</p>	<p>DRAFT policies circulated via</p> <p>Informational Mailings and/or website.</p> <p>Finalized DRAFTs sent to NCEMS Medical Director and Executive Director for final approval and signature.</p> <p>Signed Policies issued via Informational Mailing and posted to NCEMS</p>

		<p>meetings last year. The Committee meets quarterly.</p> <p>2019 The North Coast EMS Policy Review Committee continues to meet regularly with participants from all 3 counties. Most meetings are conducted via Teleconference</p>	<p>web site. Considering eliminating signatures similar to other LEMSAs.</p>

			rather than video conference due to circumstances and participant preference. 2020/2021 Meetings have been limited to two annually via zoom, but numerous policies have been reviewed and updated with the staff of NCEMS and agencies.	
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Goal	Objectives (Activities)	Topic QI Review Committee	Metric	Reporting method/target audience
<p><b>Goal 6</b> Continue to approve and monitor EMS educational offerings and increase NCEMS educational offerings as staff time and funding allow.</p>	<p>As staff time and funding allow, sponsor, or conduct EMS classes, seminars, panels, speakers or conferences that offer CEUs</p>	<p><b>NCEMS Associate Director, Regional EMS Coordinator,</b> Executive Director, Medical Director</p>	<p>Periodic NCEMS sponsored educational opportunities conducted as staff time and funding allows. NCEMS currently approves numerous regional educational offerings .</p> <p>2019 Conducted the annual EMSC Conference where CE's were provided. Also provided Public Safety First Aid course in Lake and Humboldt County and CE hours were available if needed.</p> <p>2020/2021 Due the COVID pandemic educational offering were placed on hold. NCEMS continued to share other online seminars with all agencies with several very good programs provided excellent educational opportunities. The Regional Medical Director and Executive Director participated as</p>	<p>NCEMS Governing Board, NCEMS region provider agencies, posted on NCEMS Web Site</p>

			lecturers in the virtual EMSA Trauma Summit.	
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Goal	Objectives (Activities)	Topic QI Review Committee	Metric	Reporting method/target audience
<p><b>Goal 7</b> Promote EMS initiatives to ensure EMS system access to the spectrum of all regional geographical and cultural communities.</p>	<p>Seek input from representatives of geographical and cultural communities as staff time and funding allow.</p>	<p><b>NCEMS Executive Director, Regional EMS Coordinator</b></p>	<p>Establishment and maintenance of a list of representatives of geographical and cultural communities willing to offer input in regard to EMS system access issues. NCEMS participated in an eight-year federal EMSC grant with UDCMC that reached out to numerous geographical and cultural groups. This effort was discontinued after the grant ended. Additional state funding and increased staff time is needed to continue this effort.</p>	<p>NCEMS Governing Board, NCEMSregion provider agencies, localEMS Committees, posted on NCEMS Web Site</p>
	<p>Identify and address the unmet needs of pediatric and medical fragile populations</p>	<p><b>NCEMS Associate Director, EDAP Contractor,</b> Executive Director, Medical Director, EMS stakeholders.</p>	<p>NCEMS has a several decades long robust EMS for Children program, with a EMSA approved EMSC Plan, seven designated EDAPs, ongoing site surveys, and EDAP Trust Fund that has provided over \$240,000 in funding of pediatric beneficial equipment, supplies, training etc. to EDAPs. During the 8-year long EMSC grant with UDCMC, pediatric needs were assessed and many EMSC System enhancements were implemented. This effort was summarized in a recently published peer reviewed paper.</p>	<p>NCEMS Governing Board, NCEMSregion provider agencies, posted on NCEMS Web Site</p>

<p>Monitor national and state community paramedic initiatives for local compatibilities</p>	<p><b>NCEMS Regional EMS Coordinator</b>, Executive Director, Medical Director</p> <p>MAC North – Del Norte County  MAC – Humboldt County EMCC – Lake County</p>	<p>Periodic query for input/recommendation from North Coast EMS stakeholders <b>NCEMS Associate Director met quarterly with statewide QI Coordinator group. Discussions included such initiatives. No formal query completed at this time due to limited staff time.</b></p> <p><b>2017 Have continued to monitor pilot projects. Have supported the development of a Lake County multidisciplinary initiative to reduce use of the 911 system</b></p>	<p>Continue to monitor state Community Paramedic draft regulations and report as needed to the regional EMS stakeholders, Governing Board. Pending outcome of the final regulatory process, reassess feasibility.</p>
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			<p>through patient data sharing.</p> <p>2018 The Associate Director continues to monitor and support the Lake County "Wellness Roadmap" initiative.</p> <p>2019 The Lake County "Wellness Roadmap" has completed its deliverables.</p> <p>2020/2021 NCEMS has participated and comments on the current Community Paramedicine regulations currently in draft. At this time, these draft regulations seem unfeasible for this rural region.</p>	
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Goal	Objectives (Activities)	Topic QI Review Committee	Metric	Reporting method/target audience
<p><b>Goal 8</b> Improve NCEMS, provider, and hospital prehospital and hospital database access</p>	<p>Create a management module for North Coast EMS</p>	<p><b>North Coast EMS Coordinator</b> JayMyhre,</p>	<p>An intuitive PCR report/query module similar to the EPCIS management module that can be accessed by North Coast EMS staff</p> <p><i>This initiative was pursued under a grant, but thus far the cost of adopting data interface with the PCR program used locally has proven prohibitive. Requests for such a system continue to be made by NCEMS region EMS providers and hospitals.</i></p> <p>2017 Have received representatives of other PCR programs to initiate a</p>	<p>NCEMS Executive Director and Medical Director</p>

			<p>community wide discussion about adopting one or more alternative PCR systems that may better serve local needs and practices.</p> <p>2018 The cost of alternative PCR systems have proven prohibitive and NCEMS is exploring more cost-effective ways of performing data analysis using our current system and innovations suggested by Redwood MedNet</p> <p>2019 North Coast EMS has entered into a tentative agreement with some regional providers which will help to sustain NCEMS access to regional PCR data through ICEMA's ImageTrend. North Coast EMS continues to explore other options.</p> <p>2020/2021 North Coast EMS implemented a volume-based fee schedule with all agencies who transport patients within the NCEMS region. All but one agency has reimbursed</p>	
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		<p>NCEMS for the cost of accessing our current data platform. NCEMS for years has utilizes the contract services of Jay Myhre to develop canned state required other EMS System reports and is usually immediately available by request to make new data queries. Our Regional EMS Coordinator is also continuing to learn how to access PCR data as well. We also have direct contractor access to the State Trauma Registry and can match field and hospital data. We participate in the CARES program and collect and review STEMI Center outcome data as well.</p>	
<p>Create a management module for Providers and Hospitals</p>	<p><b>North Coast EMS</b></p> <p><b>Associate Director, Jay Myhre, MAC North – Del Norte County</b></p>	<p>An intuitive PCR report/query module similar to the EPCIS management module that can be accessed by NCEMS PCNCs</p>	<p>NCEMS Executive Director and Medical Director</p>

		<p>MAC – Humboldt County EMCC – Lake County</p>	<p>and Provider QI Liaisons  <b>Cost of such a system continues to be prohibitive.</b>  2017 After initial discussions with representatives of other PCR systems, have identified other, potentially affordable alternatives to our current PCR system. Further discussions anticipated for the beginning of 2018.  2018 The cost of alternative PCR systems has proven prohibitive and NCEMS is exploring more cost-effective ways of performing data analysis using our current system and innovations suggested by Redwood MedNet  2020/2021 All agencies have the option to utilize other PCR programs and those programs are compatible with the current data platform that NCEMS utilizes. NCEMS IT contractor and the Regional EMS Coordinator have worked together to more efficiently</p>	
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			and effectively run audit reports and data queries.	
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Goal	Objectives (Activities)	Topic QI Review Committee	Metric	Reporting method/target audience
<p><b>Goal 9</b> Identify and address potential patient care record security and confidentiality threats</p>	<p>Confer with IFT on security and confidentiality issues</p>	<p><b>NCEMS Executive Director,</b> Regional EMS Coordinator</p>	<p>A synopsis of LEMSA PCR security and confidentiality best practices or EMSAAC recommendation Awaiting further EMSAAC action to address with issue. 2017 No change. 2018 No change. 2019 No Change. 2020/2021 North Coast EMS has increased server security with our IT contractor, utilizes encryption emails for patient confidential QI review, and utilizes Evidence Code Section 1157.7 to disclosure protection QI related meetings. We also have increased reference to 1157.7 in our QIP correspondence.</p>	<p>NCEMS Governing Board if needed.</p>

Goal	Objectives (Activities)	Topic QI Review Committee	Metric	Reporting method/target audience
<p><b>Goal 10</b> Ensure ready access to regional EMS information for EMS system participants</p>	<p>Issue periodic Informational Mailings, and/or convene Policy Review Committee meetings, utilize the website, and assess other ways to ensure information access.</p>	<p><b>NCEMS Executive Assistant</b> Regional EMS Coordinator</p>	<p>An Informational Mailing issued quarterly</p>	<p>Executive Director</p>
	<p>Include an explanatory synopsis of all included policy changes in each Informational Mailing</p>	<p><b>NCEMS Regional EMS Coordinator</b> , Executive Assistant</p>	<p>A current policy change synopsis included with each Informational Mailing 2017 Anticipated beginning in 2018 with future policy changes after review by the policy review committee. 2019 A policy change synopsis was provided to system participants after the Fall Policy Review Committee meeting. 2020/2021 Policy change synopsis is still provided to the system but is not effect in</p>	<p>Executive Director</p>

		reaching the prehospital personnel. NCEMS is reviewing adding a "Change Policy" that will be accessible on the website as well as the mobile site.	
Update the North Coast EMS website within one month of issuing an Informational Mailing	<b>NCEMS Administrative Assistant,</b> Associate Director, Web Site Contractor	NCEMS website updated within one month of issuing an Informational Mailing 2017 Anticipated beginning in 2018 with future policy changes after review by the	NCEMS Governing Board, NCEMS region provider agencies, regional base hospitals, posted on NCEMS Web Site



			<p>policy review committee.  2019 This goal has been achieved.  2020/2021 Currently any policy that is finalized by the Medical Director and Executive Director is signed and posted to the website within 24 to 48 hours of final approval.</p>	
	<p>Publish the policy change explanatory synopsis on the North Coast EMS website within one month of issuing policy changes</p>	<p><b>NCEMS Administrative Assistant,</b>  Clinical Policy Revision Contractor,</p>	<p>Current policy change synopses published on the NCEMS website within one month of issuing an Informational Mailing  2017 Anticipated beginning in 2018 with future policy changes after review by the policy review committee.  2019 We anticipate this goal will be achieved in 2020.</p>	<p>NCEMS Governing Board, NCEMS region provider agencies, regional base hospitals, posted on NCEMS Web Site</p>

	Update the web site Table of Contents and Policy Index within one month of issuing an Informational Mailing	<b>NCEMS Administrative Assistant, Associate Director, Web Site Contractor</b>	Updated website Table of Contents and Policy Index within one month of issuing an Informational Mailing 2017 Anticipated beginning in 2018 with future policy changes after review by the policy review committee.	Executive Director
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			2019 This goal has been achieved. 2020/2021 When final policies are posted to the website all providers, PCNCs and PCMDs are notified via email that same day.	
	Ensure that all regional EMS related meetings are posted on the North Coast EMS Calendar	<b>NCEMS Administrative Assistant,</b> Associate Director, Web Site Contractor	All regional EMS related meetings posted on the online NCEMS EMS Calendar 2017 not yet attempted due to the prioritization of the policy review committee. 2019 This goal has been Achieved 2020/2021 This goal is being met.	NCEMS Governing Board, NCEMS region provider agencies, regional base hospitals, posted on NCEMS Web Site
	Routinely verify that the policy manual and web site are synchronized	<b>NCEMS Administrative Assistant,</b> Associate Director, Program Manager, Web Site Contractor	Annual review to verify that policy manual and website are synchronized. 2017 Need to return to this objective in 2018. 2019 This goal has been achieved 2020/2021 This goal is currently being maintained.	NCEMS Executive Director, Associate Director, Regional EMS Coordinator, Administrative secretary

Routinely post North Coast EMS regional Core Data Indicator results on North Coast EMS website	<b>NCEMS Regional EMS Coordinator</b>	Annual update of NCEMS regional Core Data Indicators posted to NCEMS website Not initiated due to staff change at NCEMS (new Administrative Assistant) 2017 Not accomplished due to need to questions	Executive Director
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			<p>regarding the reliability of these results after a region wide focused review indicated that results may not reflect actual field practice. Compilation of core indicators complicated by transitions between NEMSIS versions.</p> <p>2018 As yet NCEMS has not been able to send this year's core measures results to EMSA due to concerns regarding data validity.</p> <p>2019 While there has been continuing improvement to the Core Indicators in past years, we have determined that we should wait to post any data until we can post results that more accurately communicate the quality of care being provided by our region's EMS providers.</p> <p>2020/2021 Core Data indicators are regularly reviewed and verified by the EMS Regional Coordinator</p>	
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			<p>and results being emailed to all listed parties. Elements of the Core data provided by the state have been run at the LEMSA level identifying agencies and paramedics with those results sent back to the agencies for review. That information is not currently available on the website, but is available by request.</p>	
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Goal	Objectives (Activities)	Topic QI Review Committee	Metric	Reporting method/target audience
<p><b>Goal 11</b> Adopt forthcoming EMS for Children state regulations when available to ensure hospital and provider compliance with national and state EMS for Children standards</p>	<p>Continue Emergency Dept Approved for Pediatric (EDAP) designations and transition to new state standards when available.</p>	<p><b>NCEMS Emergency Department Approved for Pediatrics Nurse Coordinator,</b> Executive Director, Medical Director, Associate Director, Program Manager,</p>	<p>Verification that NCEMS required equipment includes EMSC standards, verify that ED physician and nursing staff receive pediatric CEUs, and designated EDAPs have a pediatric QI program. <b>2018 No change. EDAP site visits for continuing compliance conducted at St. Joseph Hospital and Redwood Memorial Hospital, completed June 2018</b> <b>2019 EDAP site visits scheduled for Sutter Lakeside, Adventist Clearlake, Jerold Phelps, Mad River Community, and Sutter Coast Hospitals in March 2020. All hospitals were provided with pre-survey documentation tools for the scheduled site visit.</b> <b>2020/2021 Five of seven EDAP site</b></p>	<p>NCEMS Governing Board, Executive and Medical Directors, NCEMS region provider agencies, regional EDAPS,</p>

			visits were completed in 2021 with finalize reviews completed in 2022. All hospitals met or exceeded the requirements to continue as EDAPs. The other two EDAPs will be surveyed next year. Five of the seven EDAPs completed the National Pediatric Readiness Surveys, and all have higher than average scores.	
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	<p>Hospital PCNCs regularly provide pediatric specific Field Care Audits in coordination with assigned PdLNs.</p>	<p><b>NCEMS Emergency Department Approved for Pediatrics Nurse Coordinator,</b> Program Manager, Executive Director, Associate Director</p>	<p>All North Coast EMS PCNCs provide at least one pediatric specific FCA annually No change 2019 No change and will be verified at EDAP site survey visits. 2020/2021 EDAP site surveys were completed in 2021 with all requirements met.</p>	<p>NCEMS Governing Board, NCEMS region provider agencies, regional EDAPs and base hospitals, posted on NCEMS Web Site</p>
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Goal	Objectives (Activities)	Topic QI Review Committee	Metric	Reporting method/target audience
<p><b>Goal 12</b> Rationalize the care and transport of mental health emergency medical patients.</p>	<p>Identify EMS field and ED challenges in the assessment, treatment and transport of mental health patients</p>	<p><b>5150 Behavioral Health Specialist (contractor),</b> NCEMS Executive Director, Medical Director, Regional EMS Coordinator</p>	<p>Develop and submit annual survey to EMS stakeholders to determine the needs confronting prehospital care providers and hospital EDs in the assessment, transport and treatment of 5150 patients</p> <p>2017 Continue Meeting monthly with the Medical Society, Mental Health &amp; local hospitals to address issues as they arise. Meeting monthly with the nurse managers from local ER's, clinics. Law enforcement and mental Health Developing information on the 72 hour clock laws. Assessing the impact of minors in psychiatric crisis on the adult psych setting and the effect on ER's</p> <p>2018 Continue Meeting monthly with the Medical Society, Mental Health &amp; local hospitals to</p>	<p>NCEMS Governing Board, Executive Director, NCEMS region provider agencies, regional base hospitals, posted on NCEMS Web Site</p>

			<p>address issues as they arise.  Meeting quarterly with the nurse managers from local ER's, clinics.  Law enforcement and mental Health  Participating in the Medical Society's "small group" to develop collaborative pilot programs regarding when the 72 hour clock starts, HSC 1799.111, ER MD designation criteria for eligibility to rescind 5150 holds and develop a collaborative pilot protocol for minors to be seen at ER by mental health mobile response teams to address the impact of minors in psychiatric crisis on the adult psych setting and the effect on ER's</p> <p><b>2019</b> Continue to meet monthly with the Medical Society, Behavioral Health &amp; local hospitals to address issues as they arise.  Chair &amp; meet quarterly with the nurse managers from local ER's, clinics. Law</p>	
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			<p>enforcement and Behavioral Health. Participating in the Medical Society's "small group" continued development of collaborative policy/programs defining when the 72 hour clock starts, training programs on HSC 1799.111, ER MD 5150 writing designation certification training as well as, collaborative pilot protocol for minors to be seen at ED by behavioral health mobile response teams to address the impact of minors in psychiatric crisis on the adult psych setting and the effect on ED 2021/2022 NCEMS with leadership our contractor continues to be actively involved with local, regional, and statewide Behavioral Health/EMS collaborations, has conducted regular meetings, many COVID related, developed and maintained a 5150 Handbook,</p>	
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			worked to increase efficiencies and cooperation to help offload 5150 patients from the crowded EDs with few available beds statewide and transportation challenges.	
	Update as needed reference materials regarding the clinical and legal framework for assessment, treatment and transport of mental health patients	<b>5150 Specialist,</b> NCEMS Executive Director, Medical Director,	Update reference materials designed to support EMS and ED personnel in the assessment, transport and treatment of 5150 patients <b>2017 Continue to Update NCEMS 5150 web guide annually &amp; as needed. Created a standardized</b>	NCEMS Governing Board, Executive Director, Public and Behavioral Health, NCEMS region provider agencies, regional base hospitals, posted on NCEMS Web Site

			<p>Medical Clearance form for admittance to designated psych facility document. Piloted for 3 months with success. Now in review for revisions. Plan to assist Detox &amp; Jail with creating medical clearance forms for their facilities.</p> <p>Assisting ER's with information on tele-psychiatrist's ability to treat &amp; process to enable them to lift 5150 holds if the person can be properly served without being detained.</p> <p>2018 Continue to Update NCEMS 5150 web guide annually &amp; as needed.</p> <p>Medical Clearance form for admittance to designated psych facility document successfully piloted, now in full effect. Jail medical clearance completed.</p> <p>Assisting ER's with information and being the bridge of collaboration between MH, ER, EMS &amp; Law enforcement</p>	
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			<p>regarding WIC 5150 HOLDS</p> <p>2019 Continue to Update NCEMS 5150 web guide annually &amp; as needed. Meet bi-weekly with Behavioral Health Admin. Update bi-annually &amp; prn, the Medical Clearance form for admittance to designated psych facility document successfully being utilized. Assisting ED's with information and facilitating the bridge of collaboration between Behavioral Health, ED, EMS &amp; Law enforcement regarding WIC 5150 HOLDS. Attend Humboldt Overdose Prevention meetings.</p> <p>2021-22 See above</p>	
	Promote education for the EMS community regarding the optimal assessment, treatment and transport of 5150 patients	<p><b>5150 Specialist,</b> NCEMS Executive Director, Medical Director, Associate Director</p>	<p>Promote training opportunities for EMS responders in Del Norte/Humboldt County and Lake County</p> <p>2017 Created 5150 training videos for each of the 3 counties to be accessible any time. Held Field Care Audit trainings on</p>	<p>NCEMS Governing Board, Executive Director, Public and Behavioral Health, NCEMS region provider agencies, regional base hospitals, posted on NCEMS Web Site</p>

			<p>medical clearance, and medical detox &amp; 5150 Holds. Educate staff at monthly Medical Advisory Committee meetings, as well as field emails, &amp; questions as they come in. Have trainings scheduled for 2018. Plan to update videos yearly.</p> <p><b>2018 Created training videos and links to the 5150 web guide following annual update. Created videos for each of the 3 counties to be accessible any time. Held Field Care Audit trainings on medical clearance, and medical detox &amp; 5150 Holds. Educate staff at monthly Medical Advisory Committee and Medical Society meetings, as well as field emails, &amp; questions as they come in. Plan to update videos yearly.</b></p> <p><b>2019 Continue creating &amp; updating of training videos as well as, links to the 5150</b></p>	
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			<p>web guide following annual update. Create videos for each of the 3 counties to be accessible any time with multiple devices via a new collaborative platform (ispring) linking tests results directly to Behavioral health dept in each individual county. Educate staff at monthly Medical Advisory Committee and Medical Society meetings, as well as Nurse managers &amp; behavioral Health meetings, field emails, &amp; questions as they come in. Plan to update videos yearly.</p> <p>2021-22: See above.</p>	
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Goal	Objectives (Activities)	Topic QI Review Committee	Metric	Reporting method/target audience
<p><b>Goal 13</b></p> <p>Participation in assessment and identification of collaborative opportunities to address and resolve IFT delays</p>	<p>Participate in discussions, meetings to assess and reduce IFT delays, particularly of urgent transfers.</p>	<p><b>NCEMS Executive Director</b></p> <p>Regional EMS Coordinator,</p> <p>Medical Director</p>	<p>NCEMS continue to participate in Lake County Priority 1 and IFT meetings. Medical Director is now a call list option to assist with difficult transfer decisions in Lake County. NCEMS promoted revision of the Lake County Ambulance Ordinance to include consideration of IFT unit criteria. NCEMS coordinates or participates in the review of disclosure protected cases involving IFTs during TAC and other meetings. Rural IFTs delays are an increasing problem in the State, particularly due to the pandemic,</p> <p>Emergency IFT reporting requirements incorporated into EMS Provider and Agreements and Base Hospital Contracts</p> <p><b>No action taken pending Humboldt</b></p>	<p>NCEMS</p> <p>Governing Board, Public Health, NCEMS Region Provider Agencies Regional Base Hospitals</p>

			<p><b>County EOA implementation.</b></p> <p>2107 North Coast EMS has contracted with a EOA Oversight Officer and is developing contracts for the EOA providers.</p> <p>2018 This project was interrupted due to the contractor moving out of the area unexpectedly.</p> <p>2019 Lake County stakeholders undertook to establish universally understood data points to better evaluate system IFT performance. This project is ongoing. See above.</p>	

Goal	Objectives (Activities)	Topic QI Review Committee	Metric	Reporting method/target audience
<p><b>Goal 14</b> Monitoring of key specialty care metrics - TRAUMA</p>	<p>Implement program and process for verification of trauma registry data entry</p>	<p><b>NCEMS Regional Trauma Nurse Contractor,</b> Executive Director, Medical Director</p>	<p>A process for verification of trauma center registry data entry 2017 completed trauma registry data submission from each trauma center to NCEMS and the State Trauma Registry for first quarter in 2018. This requires continued coordination with Lancet Technologies and Digital Innovations, the vendors used by the trauma hospitals for their registries. 2018 No change in the status of this objective. Fully reviewing all submissions remains a challenge due to interface issues with the state trauma registry and limited available staff time. 2019 No change in matrix expectation. The NCEMS Regional Trauma Nurse Contractor has access to all four trauma center's data (Sutter Coast, Mad River Community, St Joseph, and Sutter Lakeside Hospitals) as well as the CA EMSA trauma data bank. Challenges still exist with continuity of data entered into the local hospital registries and export of that data to the State; however, there is ongoing improvement and focus in this area. Time is still very limited for the review of the data by the NCEMS Regional</p>	<p>Executive Director</p>

			<p>Trauma Nurse Contractor.</p> <p>2020/2021 No change in matrix expectation. The NCEMS Regional Trauma Nurse Contractor has access to all four trauma center's data as well as the CA EMSA (CEMSIS) trauma data bank. Access and export issues have resolved for all four trauma centers. Nurse Contractor's hours are insufficient to routinely review the data. See Trauma Plan Update</p>	
	<p>Improve suitability and compliance with North Coast EMS policies specific to designated Trauma Center activities.</p>	<p><b>NCEMS</b></p> <p><b>Regional Trauma Nurse Contractor,</b> Executive Director, Medical Director</p>	<p>To be determined in 2016.</p> <p>2017 completed update of policy #7000 - Triage Determination and Transport Destination Policy, specific to each trauma center.</p> <p>Additional policies, #7001-7006 to be reviewed and updated in 2018, with coordination from TAC team members.</p> <p>2018 No change in the status of this objective. Policies 7001-7006 will need to be updated in 2019.</p> <p>2019 No change in matrix expectation. Policy 7000 was twice updated to reflect national standards and current practice in the NCEMS region. Policies 7001 – 7006 will need further review and specifically, 7001 and 7005 will need to be updated in 2020.</p> <p>2020/2021 No change in matrix expectation. Policy 7000 was again reviewed and updated to reflect updates in the NCEMS</p>	<p>Governing Board as needed.</p>

			<p>Trauma System, specifically the change of Mad River Community Hospital reducing its designation status to a basic Level IV Trauma Center, thereby requiring a change of destination for the most critical trauma patients to go directly to the higher-level Trauma Center at Providence St Joseph Hospital – Eureka, a Level III designated Trauma Center with full-time Orthopedics and near full-time Neurosurgical coverage.</p> <p>A new policy for rapid Re-triage was established and tracking and trending of events that fit the direction of that policy are ongoing. Plan for the current additional trauma policies to be consolidated in 2022 due to redundancy.</p> <p>See Trauma Plan Update</p>	
Improve oversight and assurance of internal performance improvement requirements of designated Trauma Centers	<p><b>NCEMS Trauma Contractor,</b> Executive Director, Medical Director</p>	<p>To be determined in 2016.</p> <p>2017 Currently trending patient demographics, ISS, injury type and patient outcomes/dispositions. Continue in 2018 to work with trauma center representatives and TAC team members to establish and enhance QI and case review processes. Will conduct</p>	<p>NCEMS Governing as needed</p>	

			<p>quarterly data review and sharing with TPMs to increase familiarity with report development and facilitate accuracy of data.</p> <p>2018 No change in the status of this objective. This continues to be a challenge due to technical issues with Lancet Trauma Registry and lack of access to Digital Innovations Trauma Registry. Pending JPA resolution of annual fees to fund Trauma Nurse Contractor time is necessary to coordinate quarterly data review/TAC meetings and evaluate the data.</p> <p>2019 No change in matrix expectation. The Humboldt-Del Norte County TAC meetings were held quarterly in February, May, August, and November. No TAC meetings were convened in Lake County due to time constraints and multiple personnel turnovers at Sutter Lakeside Hospital. Quarterly data review is being completed by the NCEMS Regional Trauma Nurse Contractor and shared with the JPA, as well as with the individual trauma centers. Sutter Lakeside has an antiquated trauma registry program and is working towards updating that program in order to collect and report out meaningful</p>	
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			<p>data. Key standards being evaluated each quarter are:</p> <ol style="list-style-type: none"> <li>1. Time of patient's hospital arrival to data entry in the hospital registry, with a goal of 80% of charts entered within 60 days.</li> <li>2. Export of local hospital trauma data to the CA EMSA trauma registry (CEMSIS), with a goal of quarterly submission, exporting data from the previous quarter.</li> <li>3. Accuracy of entering trauma patient data into the local hospital trauma registry, using the NTDS algorithm as a standardized tool, in order to collect true and similar data between the Trauma Centers.</li> </ol> <p>2020/2021 No change in matrix expectation. The Humboldt-Del Norte County and Lake TAC meetings were held quarterly. Sutter Lakeside Hospital has updated their Trauma registry to reflect the same data collection points as Sutter Coast Hospital and is now able to review data and plan appropriate PI interventions. The key standards from 2019 are still being reported out at quarterly TAC meetings by Trauma Centers in all three counties.</p> <p>See Trauma Plan Update</p>	
<b>Goal</b>	<b>Objectives (Activities)</b>	<b>Topic QI Review Committee</b>	<b>Metric</b>	<b>Reporting method/target audience</b>
<b>Goal 15</b> Monitoring	Improve NCEMS access to STEMI	<b>NCEMS STEMI</b>	The identification of a set of	NCEMS



<p>of key specialty care metrics - STEMI</p>	<p>data within the ImageTrend database</p>	<p><b>Contractor,</b> Executive Director, Medical Director,</p>	<p>ImageTrend/NEMSIS data elements relevant to STEMI  2017  Due to staff constraints and challenges with ImageTrend, unable to utilize ImageTrend at this time.  2017  <b>2019</b>  We continue to work with the challenges presented by staff constraints and ImageTrend.  2020/2021 STEMI contractor, Regional EMS Coordinator and the STEMI receiving center have developed a system to facilitate prehospital information to the STEMI team in real time. Image Trend was able to provide a work sheet to the STEMI contractor to assist her in working with the CARES program.</p>	<p>Governing Board as needed</p>
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	<p>Refine and expand the STEMI indicators used by NCEMS to assess STEMI care at designated STEMI Receiving Centers</p> <ul style="list-style-type: none"> <li>• Time of first medical contact to ECG</li> <li>• Advance hospital notification for suspected STEMI</li> <li>• Scene time for suspected STEMI</li> <li>• Transport of suspected STEMI to PCI hospital</li> </ul>	<p><b>NCEMS STEMI Contractor,</b> Executive Director, Medical Director, Associate Director</p>	<p>A set of STEMI Indicators to be generated at least quarterly  <a href="#">2017 STEMI Receiving Center collects data on all key STEMI indicators</a>  <b>2019 STEMI Receiving Center collects data on all key STEMI indicators</b>  <b>2020/2021 STEMI receiving center continues to collect data on all key STEMI indicators.</b>  <b>2021/22: Convened periodic STEMI/Stroke meetings in Humboldt/Del Norte (with case and data review) and reported in Lake. See STEMI Plan Update.</b></p>	<p>NCEMS Governing Board as needed.</p>
	<p>Track provider compliance with STEMI reporting requirements</p>	<p><b>NCEMS STEMI Contractor,</b> Executive Director, Medical Director, Associate Director</p>	<p>A tracking system, with compliance metrics for NCEMS region transport agencies  <b>2019 STEMI Receiving Center submits required STEMI data to NCEMS for review on a quarterly basis. In addition, NCEMS reviews the minutes of STEMI Receiving Center in-house STEMI review committee.</b>  <b>2020/2021 STEMI</b></p>	<p>NCEMS Governing Board as needed.</p>

			receiving Center continues to submit data to NCEMS for review on a quarterly basis. See above and STEMI Plan Update.	
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Goal	Objectives (Activities)	Topic QI Review Committee	Metric	Reporting method/target audience
<p><b>Goal 16</b> Monitoring of key specialty care metrics - STROKE</p>	<p>Develop stroke system knowledge and awareness</p>	<p><b>NCEMS Executive Director,</b> Medical Director, QI Coordinator</p>	<p>Evaluation of Stoke education opportunities for NCEMS EMS personnel. (Using NCEMS Quarterly Focused Review)  2017 No progress made on this goal due to competing priorities.  2018 No progress made on this goal due to competing priorities.  2019 – preliminary assessment of hospital stroke capabilities completed.  2020/2021 The forward movement for development of a Stroke receiving has been limited due to the ongoing pandemic. If additional state funding is secured and additional staff are hired, assess development of a formal Stroke System.</p>	<p>NCEMS Governing Board, NCEMS region provider agencies, regional base hospitals.</p>

## **Statewide Core Indicators**

North Coast EMS actively supports the California EMS Authority's data standardization efforts, and the establishment of measurable standardized indicators of quality EMS systems and patient care. North Coast EMS believes that the development of standards should be process driven. Successful standardized indicators will emerge from a process that prioritizes the full participation of all those agencies, institutions and individuals who must ultimately persuade other individual system participants of the value of the standardization goal. Meaningful, comparable system and patient care measures will be achieved most readily when those engaged in the activities being measured understand and appreciate the value of their participation. Meaningful indicators require a development process that anticipates ongoing adjustments as well as the refinement of the tools, such as uniform terminology and data sheets that conform to the data elements and values of a single standard (i.e. CEMSIS). Agencies, institutions and individuals will support a standardization process that they feel accommodates their priorities and respects their experience and the investment of their time and effort.

North Coast EMS continues to support state data collection initiatives and associated regulations. North Coast EMS notes that State core indicator conformance to the fields and values in the State required version of CEMSIS continues to improve.

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[https://www.hca.wa.gov/health-care/medicaid/medicaid](#)

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Executive Director

A. The contract is a CAR program.

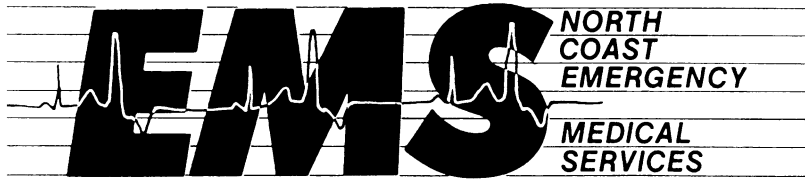
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3340 Glenwood Street, Eureka, CA 95501 (707) 445-2081 (800) 282-0088 FAX (707) 445-0443

March 9, 2022

Elizabeth Winward  
State Trauma System Coordinator  
California EMS Authority  
10901 Gold Center Drive, Suite 400  
Rancho Cordova, CA 95670

**Re: North Coast EMS Plan Update – Trauma System Status Report, including the Trauma Center Fee Utilization Report**

Dear Ms. Winward:

The North Coast EMS (NCEMS) *Annual Trauma System Status Report Update* is attached. Because of the pandemic and subsequent EMSA direction, we did not submit an annual update last year, so this update covers the period from our last submission (2019) to the end of December, 2021. The Annual Trauma Center Fee Utilization Report is also attached. This report was also delayed by the pandemic.

Please note the following since our last revision was submitted:

- 1) Our commitment to the transfer of CEMSIS/Trauma Data submissions to the State EMS Authority on a quarterly basis continues. Three of four NCEMS trauma centers have exported data through September 2021. We continue to work closely with Trauma Center representatives to ensure uniform trauma patient data entry and timely submission to the State.
- 2) The Lake County Trauma Advisory Committee (TAC) has convened on a regular basis, now that there has been a renewed commitment at Sutter Lakeside Hospital for a Trauma Program. Permanent staff have been appointed to the key positions of Trauma Medical Director, Trauma Coordinator, Trauma Registrar, and ED Nurse Manager. The TAC gave input on refining the Trauma Catchment Area Boundaries in policy.

The Humboldt-Del Norte TAC has convened on regular basis since the last submission of this report. A Re-triage policy was introduced, and the Destination Determination policy was modified with input from this Committee. Both have been put into practice and data is being reviewed regularly for ongoing Performance Improvement (PI).

- 3) Adventist Health Clearlake formally requested to proceed with Level IV Trauma Center Designation in 2020. Due to the ongoing pandemic, this process was mutually put on hold due to other priorities. Adventist Health Clearlake and North Coast EMS have renewed discussions regarding Level IV Trauma Center Designation late in 2021. North

Coast EMS is awaiting a formal Letter of Intent from Adventist Health Clearlake to restart the process.

- 4) Annual Trauma Center Fees, approved by the NCEMS Joint Powers Governing (JPA) Board, have been paid by all four NCEMS Trauma Centers. Please see the attached Annual Trauma Center Fee Utilization Report. This six and one-half-year report indicates that Trauma Center Fee levels are consistently inadequate to cover North Coast EMS Trauma System related costs, which we may recover by statute. The Agency has therefore continued to utilize our decreasing fiscal reserve to subsidize the Trauma System and designated Trauma Centers so we can carry out statutory and regulatory LEMSA requirements. The Fees will be reviewed in 2022 and will be discussed with the JPA Board in a future meeting.
- 5) Sutter Coast Hospital completed a joint Oregon-California designation survey for Level IV Trauma Center on November 14, 2019 and was awarded continued Level IV Trauma Center designation in both states. They are due to be reevaluated November 2022 by both entities, date yet to be determined. Mad River Community, Providence St Joseph-Eureka, and Sutter Lakeside Hospitals all successfully completed redesignations of their respective Trauma Centers in 2021. Mad River Community and Sutter Lakeside Hospitals, both currently designated as a Level IV, were provisionally designated until 2022 with a final decision to designate through 2023. Providence St Joseph-Eureka, a Level III Trauma Center was fully redesignated through 2023 without conditions.

We look forward to your positive review of our Trauma Plan update.

Sincerely,



Larry Karsteadt, Executive Director  
North Coast EMS

cc:

Tom McGinnis, EMS Systems Division Chief, California EMS Authority  
JPA Board Members: Rex Bohn, Humboldt County; Darrin Short, Del Norte County  
North Coast EMS Trauma Centers: St Joseph Hospital, Mad River Community Hospital,  
Sutter Coast Hospital and Sutter Lakeside Hospital  
CAO, Trauma Medical Directors, Trauma Program Managers  
Lake County Trauma Advisory Committee Members  
Humboldt/Del Norte Trauma Advisory Committee Members  
Matthew Karp, M.D., North Coast EMS Medical Director  
Rita Henderson, R.N., Regional Trauma and EMSC Nurse Contractor  
Kayce Hurd, Regional EMS and Disaster Coordinator

## **NCEMS Plan: TRAUMA SYSTEM STATUS REPORT, March 3, 2022**

Rita Henderson, RN, Regional Trauma and EMSC Nurse Contractor and North Coast EMS personnel, including: Larry Karsteadt, Executive Director, Kayce Hurd, Regional EMS and Disaster Coordinator, and Matthew Karp, MD, Regional Medical Director.

This **EMS Plan: Trauma System Status Report** is based upon the Emergency Medical Services Authority, *Trauma System Plan Revision & Annual Trauma System Status Report Guidelines*, approved by EMSA August 2016.

- I. **Trauma System Summary:** North Coast EMS (NCEMS) serves as the local EMS agency for Del Norte, Humboldt, and Lake Counties.
  - A. Del Norte County: Sutter Coast Hospital in Del Norte County provides trauma care as part of the California and Oregon Trauma System and is jointly designated as a Level IV Trauma Center by the State of Oregon and NCEMS. The last site survey was conducted on November 19, 2019 for continued designation and will be again jointly conducted in 2022, yet to be scheduled. Due to the large service area, and geographical isolation to neighboring facilities, Sutter Coast Hospital directly receives all trauma patients from Del Norte County and southwestern Oregon. Sutter Coast Hospital is the only hospital within an 80-mile radius, and the closest higher-level Trauma Center is many miles away. We coordinate ongoing monitoring and evaluation of the Trauma System with the Sutter Coast Hospital Trauma Coordinator, Pati Tucker-Hoover, RN and Sandy Saunders, MD, Trauma Medical Director, both of whom continue in these roles since the last report and site survey. The position of Trauma Registrar has been intermittently vacant, causing delays in entries to the trauma registry and exporting of data to CEMESIS. Evaluation is ongoing through updates received from participation with CEMESIS/Trauma data collection as available, periodic attendance at monthly Medical Advisory Committee (MAC), periodic Trauma Advisory Committee (TAC) meetings, and ongoing dialog with NCEMS staff. Del Norte County Trauma Center representatives also function as part of the Oregon Trauma System, ATAB #5, which convenes routinely with Trauma Coordinator attendance. Additionally, Sutter Coast Hospital representatives attend the Humboldt-Del Norte TAC and the North-Regional Trauma Coordinating Committee (N-RTCC) as time allows.
  - B. Humboldt County: North Coast EMS last conducted designation surveys in Humboldt County at Providence St. Joseph Hospital – Eureka (SJE) and Mad River Community Hospitals (MRCH) on November 18 and 19, 2020 respectively, using the ACS standards as criteria for designation. SJE sufficiently met the ACS standards for designation as a Level III Trauma Center with the next site survey due the end of 2023. Kari Vandiver, RN, and Adam Mulvey remain as the full-time Trauma Program Manager and Trauma Registrar. As of October 2021, Tuan Hoang, MD became the Trauma Medical Director, replacing Lisa Neuger, MD.

MRCH was probationally designated as a Level IV Trauma Center through January 2022, after a return focused survey on June 10, 2021. North Coast EMS reviewed additional documentation from MRCH in January 2022 to determine final designation status and has continued probational designation until the next site survey at the end of 2023. Through the site survey process, MRCH and North Coast EMS mutually agreed to proceed with a change in designation level to a basic Level IV designation, thereby eliminating the “Level IV with Level III Surgical Commitment” unique designation that was awarded in 2017. Tina Wood, RN, remains as the Trauma Program Manager and Lindsey Adams, serves as the Trauma Registrar. Bruce Barker, MD replaced Luther Cobb, MD, as the Trauma Medical Director in February 2021.

Both trauma hospitals in Humboldt County continue to have established trauma transfer agreements between the two hospitals, shared imaging and real-time call schedule sharing/tracking. The Humboldt - Del Norte TAC meetings have been convened regularly on a quarterly basis. Case review has been a priority for the TAC meetings and continues ongoing. Data collection standardization and timely submission to CEMISIS have also been standing discussion items on the TAC agendas. The Destination Determination policy has been updated to reflect SJE as the only Level III Trauma Center in the county and therefore the most critical patients brought in by EMS go directly to that Trauma Center. A new Re-triage policy has been implemented, also directing the most critical patients to the Level III Trauma Center at SJE and allowing for life saving measures to be completed at other Emergency Departments as a “quick stop” and then onto definitive care. Both Trauma Centers continue to use Digital Innovations as their trauma registry, and this is working well for the hospitals and NCEMS. NCEMS continues to monitor the Humboldt County Trauma System and is working with both facilities to ensure review of Trauma Triage activations and ongoing PI. Both hospitals actively participate in the Humboldt – Del Norte TAC and attend the North-Regional Trauma Coordinating Committee as time allows.

C. Lake County: Sutter Lakeside Hospital (SLH) is designated as a Level IV Trauma Center. Trauma patients meeting Trauma Triage Criteria are most commonly flown out of Lake County to the Level II Trauma Center in Santa Rosa, the Level I in Sacramento, and to a Level III in the Napa region. NCEMS coordinates ongoing monitoring and evaluation of the Trauma System with the newly appointed Trauma Program Coordinator, Najia Sadiq, RN, and Matthew Karp, MD as Trauma Medical Director. Please note that Dr. Karp is also the North Coast EMS Medical Director and as such, has recused himself from all North Coast EMS Trauma Center designation functions regarding Sutter-Lakeside Hospital. Also, outside, non-affiliated EM MD surveyors were utilized for the initial and follow-up surveys. Debbie Arrington has become the Trauma Registrar, with all three being newly appointed to their roles in 2021. The consultation/educational site survey scheduled for November 12, 2019, was canceled due to turnover of staff and administration at SLH. With support of the Trauma Program from the new CAO, Scott Knight, the site survey was rescheduled and conducted on November 11, 2020, using the ACS standards as criteria for designation; Troy Falck, M.D., Medical Director of S-SV EMS was the lead surveyor. SLH was probationally designated as a Level IV Trauma Center through

January 2022, after a return focused survey was completed on June 8, 2021, with Zita Konik, M.D., Medical Director of Napa County EMS as the lead surveyor. North Coast EMS has reviewed additional documentation received from SLH in January 2022 to determine final designation status and has awarded full designation status until the next site survey at the end of 2023.

NCEMS has Agreements with Coastal Valley EMS, Napa County EMS and Sacramento County EMS regarding reciprocal quality review. Lake County TAC meetings were convened quarterly in 2021 and regular updates on Trauma System developments are also provided at the bi-monthly Lake County EMCC meetings. Coastal Valley's EMS agency representatives continue to invite NCEMS representatives, as well as Sutter Lakeside Hospital's Trauma Program Coordinator and Medical Director attend quarterly their TAC meetings. Sutter Lakeside Hospital's representatives also attend the N-RTCC meetings as time allows.

Sutter Lakeside Hospital updated their trauma registry, Trauma One, in early 2021 to reflect the same data fields as Sutter Coast Hospital's registry, thereby standardizing data collection throughout the region. SLH also plans to replace their current Trauma One product with a stand-alone server to decrease transmission complications and better manage the registry without having to remotely connect to North Coast EMS' server.

## **II. Changes/Updates in the Trauma System:**

Rita Henderson, MSN, RN, continues as an independent contractor with NCEMS as the Regional Trauma and EMSC Nurse Contractor. Rita coordinates Trauma System oversight activities and Trauma Advisory Committee meetings. She helps ensure implementation, standardization, and ongoing submission of the Trauma One and Digital Innovations trauma registry data. She routinely attends N-RTCC meetings, JPA meetings, and the State Trauma Summit and provides technical expertise relative to numerous other aspects of trauma care and the area Trauma System. She serves as a part-time, contractor, approximately 12-15 hours per week. Annual Trauma Center Fees continue to be approved by the JPA Governing Board, and all four NCEMS Trauma Centers have paid the annual fee, allowing limited, though ongoing oversight of the three-county Trauma System.

All key Trauma System personnel remain in place at NCEMS, unchanged from last reporting in 2019. Matthew Karp, MD, continues as the part-time Regional Medical Director for NCEMS and has added on the role at SLH as the Trauma Medical Director as addressed above.

As noted in the cover letter attached, Adventist Health Clearlake Hospital (AHCH) has resumed discussions with NCEMS regarding Level IV Trauma Center designation. NCEMS and AHCH have participated in virtual meetings to discuss the process and next steps to move forward towards Trauma Center designation and NCEMS is awaiting a renewed commitment Letter of Intent from AHCH to proceed.

### III. Number and Designation Level of Trauma Centers:

The NCEMS region currently has four designated **Trauma Centers**.

- Level IV, Mad River Community Hospital, Arcata, CA (Humboldt County), on probation.
- Level III, with 24/7 Neurosurgery: St. Joseph Hospital, Eureka, CA (Humboldt County), fully designated.
- Level IV: Sutter Lakeside Hospital, Lakeport, CA (Lake County), fully designated.
- Level IV: Sutter-Coast Hospital, Crescent City, CA (Del Norte County), fully designated.

### IV. Trauma System Goals and Objectives:

<b>1</b>	<b>Ensure that <i>ESO Trauma One</i> trauma registry, utilized by Sutter Coast (the Oregon web-based version) and Sutter Lakeside Hospitals, and the <i>Digital Innovations</i> trauma registry utilized by Providence St Joseph- Eureka and Mad River Community Hospitals transmit required trauma registry data to the state registry, with review accessible by the NCEMS Regional Trauma Nurse Contractor.</b>	
	<b>Action Steps</b>	
	<b>Specific</b>	Completion of successful trauma registry data transmission from each Trauma Center to ImageTrend/CEMSIS and the ability for NCEMS Regional Trauma Nurse Contractor to review.
	<b>Measurable</b>	NCEMS continues to coordinate with ESO/Lancet, Oregon Trauma Registry representatives, Digital Innovations and the four Trauma Centers to facilitate completion. Trauma Nurse Contractor identified opportunities for improvement specific to uniform data entry by all Trauma Centers. Focused discussions continue at TAC meetings to ensure standardization throughout the Trauma System.
	<b>Attainable</b>	Trauma registry data transmission to EMSA trauma registry and access to data for contractor and NCEMS.
	<b>Relevant</b>	Initiate, reinstate, and ensure timely and complete trauma registry data transmission to ImageTrend/CEMSIS from Sutter Coast Hospital, Sutter Lakeside Hospital, Providence St. Joseph- Eureka Hospital, and Mad River Community Hospital. Ensure ability to review by contractor and NCEMS.
	<b>Time-specific</b>	Ongoing progress reports from Trauma Centers to NCEMS at quarterly TACs and as needed. Data transmission from the Trauma Centers to ImageTrend/CEMSIS quarterly, under the following schedule: first quarter submitted by June 30, second quarter submitted by September 30, third quarter submitted by December 31, and fourth quarter submitted by March 31, the following year. Ongoing and unencumbered access for review by contractor and NCEMS.

2	<b>NCEMS utilization of CEMSIS- Trauma One Data and Digital Innovations registry data, and/or other data as determined, to assess quality of care and ensure Trauma System oversight pursuant to state regulations.</b>	
<b>Action Steps</b>		
	<b>Specific</b>	Ongoing learning and development of customized queries and reports to support evaluation of trauma care and trends in the NCEMS region. This currently involves review of Trauma Registry data from the designated Trauma Centers by Regional Trauma Nurse Contractor and NCEMS and disclosure protected case reviews at TAC meetings. This also requires uniform data entry into the registry to allow “apples to apples” comparison of trauma patient volumes, etc.
	<b>Measurable</b>	<p>At a minimum, track and trend the following data points region-wide and Trauma Center specific:</p> <ul style="list-style-type: none"> <li>• Trauma patient volumes and activations</li> <li>• Population demographics</li> <li>• Injury type</li> <li>• Injury Severity Scores</li> <li>• Patient outcomes/disposition</li> <li>• Opportunities for Provider, Trauma Center, LEMSA and Trauma System enhancement</li> </ul> <p>Evaluate appropriateness and need of specific data points through direct discussion with Trauma Program Managers and PI review at TAC meetings. Communicate with ESO/Lancet Technology and Digital Innovations as well as Trauma Center informatics representatives to facilitate review, of all four Trauma Center’s registry data, by contractor and NCEMS. Work with Trauma Center representatives to establish and enhance PI and case review processes. Communicate as needed with ImageTrend contact for EMSA regarding error reports as they occur.</p>
	<b>Attainable</b>	Regional Trauma Nurse Contractor to attend ESO/Lancet Technology Trauma One and Digital Innovations training when available. Additionally, seek out web-ex educational offerings for continued opportunities to improve utilization of registry. Conduct, at minimum, quarterly data review and sharing with Trauma Program Managers to increase familiarity with report development and facilitate accuracy of data. Review reports from EMSA utilizing regional data transferred to the state’s system. Continue to work collaboratively with Trauma Center and other EMS representatives to enhance the Trauma PI, data utilization and case review processes.
	<b>Relevant</b>	Reporting will be shared with Trauma Centers to assist identification of internal and Trauma System performance improvement goals. On-going review to facilitate accuracy of data targeted for transmission to state and national levels.
	<b>Time-specific</b>	<ul style="list-style-type: none"> <li>• ESO/Lancet Technology Trauma One training as needed to continue with any identified transmission issues and Sutter-Lakeside Hospital to implement stand-alone server by beginning of 1Q22.</li> </ul>

		<ul style="list-style-type: none"> <li>Quarterly data export, facilitated by ESO/Lancet Technology between Oregon Trauma One &amp; Sutter Coast Hospital, to ensure successful transmission of data to CEMISIS. Quarterly data export, facilitated by ESO/Lancet Technology from Sutter Lakeside Hospital, and the same for Mad River Community and Providence St Joseph- Eureka Hospitals with Digital Innovations.</li> <li>Trauma Program Managers/Nurse Coordinators to submit data and case reports to NCEMS as requested for quarterly TAC meetings.</li> </ul>
<b>3</b>	<b>Ongoing development of the Trauma Advisory Committee (TAC) combined for Humboldt - Del Norte Counties and Lake County with attendance, leadership, and coordination of meetings by the Trauma Centers and NCEMS.</b>	
	<b>Action Steps</b>	
	<b>Specific</b>	Improve communication and ensure oversight of EMS and trauma related activities throughout the region. Develop formal, constructive and collaborative case and data review processes.
	<b>Measurable</b>	Trauma Nurse Contractor and NCEMS representatives will coordinate, lead and attend quarterly TAC meetings. Humboldt, Del Norte, and Lake representatives to regularly attend monthly Humboldt-Del Norte MAC, Lake EMCC, and quarterly TAC meetings.
	<b>Attainable</b>	Quarterly meetings scheduled were an original goal and have been attainable for all three counties this past year through a virtual “Zoom” platform. A standardized case review process has been established and is attainable using existing models. It is the responsibility of the Trauma Managers/Trauma Nurse Coordinators to complete ongoing PI/QA internally and work together within the region on shared patients to ensure that this is successful. NCEMS will ensure that internal PI/QA is happening at each Trauma Center and will convene the TAC for oversight of educational cases and opportunities for improvement. PI/QA is an important process for NCEMS, and we are working diligently throughout the region to prioritize this in a way that is meaningful, relevant and productive.
	<b>Relevant</b>	TAC meetings are exclusively related to the evaluation and input of Trauma Centers and Trauma System related processes. TAC meetings allow for data and disclosure protected case review, state, regional and county Trauma Systems updates, provides a forum to gain insight on Trauma Center functions and creates opportunities for Regional Trauma System improvement. Attendees have been able to attend meetings virtually through the Zoom platform in 2020/2021 and ongoing.
	<b>Time-specific</b>	Convene quarterly TAC meeting in Lake and Humboldt-Del Norte Counties , continuing use of the virtual Zoom platform. The next scheduled Humboldt-Del Norte TAC meeting will be February 9, 2022, and for Lake County, February 17, 2022, both by Zoom.



<b>4</b>	<b>Continue Trauma System and Trauma Center oversight in all three-counties and ensure ongoing funding the Regional Trauma Nurse Contractor position with Annual Trauma Center Fees.</b>	
	<b>Action Steps</b>	
	<b>Specific</b>	Annual Trauma Center fees from the four Trauma Centers have helped ensure the oversight of the Regional Trauma Nurse Contractor for the 2020-2021 fiscal year at 30% time (0.3 FTE). However, as stated previously, combined Annual Trauma Center Fees are currently inadequate to cover North Coast EMS Trauma System related costs (see Section VIII and the attached Annual Trauma Center Fee Utilization Report) and increased fees will have to be considered in the future unless other new revenue is forthcoming. NCEMS will continue to develop, coordinate, and expand the process to oversee, evaluate and enhance the three-county Trauma System. This includes TAC meeting coordination, data collection and review, PI and case review, Trauma Center compliance processes, site surveys as needed, and state required Trauma System oversight responsibilities.
	<b>Measurable</b>	Monthly Medical Advisory Committee (MAC), bi-monthly Lake County EMCC and quarterly TAC meetings, attended by representatives of key stakeholders, remains an ongoing opportunity for dissemination of information and enhancement of the Regional Trauma System.
	<b>Attainable</b>	NCEMS remains available to accomplish Trauma Center site visits within Humboldt, Del Norte and Lake Counties. Quarterly TAC meetings will be scheduled to review/share data and implement PI. Governing Board approved Annual Trauma Center Fees, though currently inadequate to cover associated Trauma System costs, helps NCEMS to continue to oversee the regional Trauma System with the availability of a qualified and independent Trauma Nurse Contractor.
	<b>Relevant</b>	The Joint Powers Governing Board approved an Annual Trauma Center fee for each of the four Trauma Centers in both 2020/2021. The statutorily required fees are inadequate to cover associated costs of mandated Trauma System and Trauma Center oversight. Annual Trauma Centers Fees will be periodically reassessed as we collaboratively work to ensure uniform data entry to accurately assess trauma patient volume, trauma activations, etc.
	<b>Time-specific</b>	Attendance at Medical Advisory Committee meetings, monthly, and Trauma Advisory Committee meetings, quarterly. Trauma Center contract modification by July 2022 if needed to reflect any changes and review of the Annual Trauma Center Fees by June 30, 2022.
<b>5</b>	<b>North RTCC and State Trauma Regulation Workgroup participation.</b>	
	<b>Action Steps</b>	
	<b>Specific</b>	The development of a standardized regional approach to trauma care remains a priority mission. Participation by NCEMS Executive Director, Medical Director and Regional Trauma Nurse Contractor has been limited by time, budget, and travel. However, with the ability to virtually attend these meetings, Rita Henderson, RN, and Larry Karsteadt have attended

		the meeting by teleconference and Zoom in 2020/2021. Regional Medical Director, Matthew Karp, M.D., and representatives of designated Trauma Centers are also encouraged to attend. Executive Director Larry Karsteadt was appointed to the State Trauma Regulation Workgroup as the rural EMSAAC representative and continues in this important role.
	<b>Measurable</b>	North- RTCC subcommittee activities and attendance remain relevant to the NCEMS region. Direct representation of the North Coast and rural trauma system needs as a member of the Trauma Workgroup is essential to the development of effective and feasible Trauma System standards within California.
	<b>Attainable</b>	North RTCC membership has established a meeting schedule rotation between Sacramento, Chico, and Redding. With the ongoing pandemic, these meetings have been held virtually on Zoom with an anticipated hybrid model of in-person/virtual meetings continuing in 2022. Rita Henderson, RN has attended all the quarterly meetings in 2020/2021 by teleconference/Zoom, with Larry Karsteadt and Matthew Karp, MD attending routinely. Larry collaborates with other LEMSA rural advocates prior to and after each Workgroup meetings to ensure statewide representation and will continue such.
	<b>Relevant</b>	Ability to participate is balanced by current LEMSA workload, ongoing approval of Annual Trauma Center Fees and use of the North Coast EMS limited and decreasing fiscal reserve. He also plans to continue to keep regional TAC and key EMSAAC members informed of critical changes to the existing regulation.
	<b>Time-specific</b>	NCEMS Regional Trauma Nurse Contractor and Executive Director have provided recent representation via teleconferencing/Zoom into the meetings. North RTCC Chair provides annual meeting schedule with 30-day reminders, supportive of allowing schedule adjustments for our region's attendees. Several Trauma Workgroup meetings are pre-scheduled for 2022. <ul style="list-style-type: none"> <li>• Target – Continue N-RTCC and Trauma Workgroup meetings via teleconference/Zoom for priority accessibility and ongoing attendance.</li> </ul>
<b>6</b>	<b>University of California Medical Center – Davis and HRSA EMS for Children Grant participation</b>	
	<b>Action Steps</b>	
	<b>Specific</b>	FY 2019-20 was the last year of an eight year federally (HRSA) funded EMS for Children grant that was scheduled to terminate the end of May 30, 2020. The termination date was extended to November 2020 by request of NCEMS. NCEMS concluded the grant funding to help conduct 2020 Trauma Center site surveys at Mad River Community, Providence St Joseph-Eureka, and Sutter Lakeside Hospitals, as well as Emergency Department Approved for Pediatrics (EDAP) surveys in all three counties, at Sutter Coast, Mad River Community, Jerold Phelps, Adventist Health Clearlake, and Sutter Lakeside Hospitals. All four Trauma Centers are also NCEMS designated EDAPs.

	<b>Measurable</b>	Invite UCDMC EMSC experts to participate in site-surveys.
	<b>Attainable</b>	UCDMC EMSC representatives participated in site surveys.
	<b>Relevant</b>	Ability to participate is balanced by other grant priorities.
	<b>Time-specific</b>	<ul style="list-style-type: none"> <li>• Three Trauma Center and five EDAP site surveys were completed prior to the end of the grant.</li> </ul>

**V. Changes to Implementation Schedule:**

**Last Submission:** November 6, 2019, with State approval on November 16, 2019. Due to the ongoing COVID pandemic, the schedule for submission of this report has been delayed by the State; however, we decided to proceed with the update at this time.

**VI. System Performance Improvement:**

**A. Sutter Coast Hospital:**

Performance Improvement processes begin with analysis of data collected on all patients meeting trauma criteria. Data sources are from PCRs, electronic health records, receiving facilities, medical examiner reports and the trauma registry. Processes are monitored for compliance with hospital specific indicators including ED length of stay > 6 hours with admission, delays in transfers, documentation specific to policy, all trauma related transfers. Levels of review begin with the Trauma Coordinator. Opportunities for improvement are further reviewed by the Trauma Program Medical Director and when appropriate by a multi-disciplinary physician review committee. Systems issues are addressed by the Quality and Patient Safety Committee. Action plans are developed with loop closures identified and maintained by the Trauma Coordinator.

**B. Sutter Lakeside Hospital:**

The performance improvement process is coordinated by the Trauma Program Coordinator and Trauma Medical Director. This process is well defined in the newly created hospital Trauma PIP plan (Performance Improvement Plan) and begins with the identification of patients utilizing trauma triage criteria along with trauma related ICD-10 codes. Review is conducted on all traumatic deaths, delayed transfers, trauma admission with subsequent transfer, ED discharge with readmission within 72 hours, errors in assessment or treatment, complications, field transport issues, and any system issues. Results of findings are provided to the Trauma Medical Director for review, comments and involvement of appropriate Medical Staff Committees including a Trauma Multi-Disciplinary Review Committee. Additionally, there is a Quality Improvement Program Trauma Committee established in the Performance Improvement Plan. Educational opportunities may be provided at staff meetings and field care audits.

### **C. St. Joseph Hospital:**

Trauma Services has a formal performance improvement process. This allows for a multidisciplinary approach for rapid problem identification, data-driven analysis, and resolution of issues. The hospital Performance Improvement Quality Indicators include Readmission Rate, Partial Activation status with a disposition within 4 hours of registration, full activation status has a disposition within 120 minutes and 1-hour door-to-antibiotic time for all open fractures. Department specific core measures include mortality review, Trauma and Orthopedic Surgeon response time, appropriate neurosurgical care, etc. The process includes three levels of review starting with the Trauma Program Manager, escalating to the Trauma Medical Director and then to Trauma Peer Review Committee, as needed. Trauma Peer Review Committee meets quarterly and is multidisciplinary. Action plans are created by the Trauma Medical Director or Trauma Program Manager. The Trauma Program Manager is responsible for monitoring that the action plan is implemented, results are followed, and documented in the trauma registry.

### **D. Mad River Community Hospital:**

The PI (Performance Improvement) for the Trauma Program follows the guidelines of Mad River Community Hospital QA/PI. 100% review of all Trauma admits to the ED/in-patient is completed by the Trauma Program Manager. All trauma deaths, ED or in-patient, are reviewed by the Trauma Medical Director. Data points as defined by ACS that do not meet benchmark are reviewed by the Trauma Program Manager and Trauma Medical Director and the following items are identified:

- System failures: EMS radio failure, EMS fails to follow NCEMS protocol, delay in admitting patient to the ED bed, inadequate monitoring, delay in initiating standard interventions (as defined by ACS and TNCC)
- Medical decision making delayed
- Transfer, if indicated, delayed
- Admission delayed
- Failure to follow MRCH Trauma Protocol

Any of the above items that are identified are documented along with a plan of correction which is approved by the Trauma Program Manager and the Trauma Medical Director and then presented to the Surgery Committee. The plan of correction will be put in place and monitored by the Trauma Program Manager. When the plan of correction is complete, the data points will be measured as scheduled and the determination of how effective the plan of correction was will be evaluated. The results of the plan of correction and any other follow-up will be presented to the Surgery Committee. Routine quarterly monitoring of all data points will continue, even when a plan of correction is being carried out. The Trauma Registry is used as a measuring tool for additional data points identified by the Trauma Medical Director and/or the Surgery Committee as having validity for reporting, to improve any step in the MRCH Trauma Program. Any additional data collection/action identified by the NCEMS TAC will also be included in the PI Plan.

**VII. Progress on Addressing EMS Authority Trauma System Plan Comments:**

No required actions/recommendations/comments were received in the North Coast EMS Agency's 2019 Trauma System Status Report approval letter.

**VIII. Trauma System Fiscal Status Update: Annual Trauma Center Fee Utilization**

**Report:** Statute requires a LEMSA to annually report Trauma System Fiscal Status and submit this report to the EMSA as part of the Annual Trauma System Update. We previously submitted our first report to the EMSA, Trauma Centers and our Governing Board separately from this report and the next report was delayed by the pandemic. The attached, expanded, and updated Trauma Center Fee Utilization Report indicates that after the initial two-year period supported by Governing Board approved Initial Trauma Center Fees and Site Survey Fees, we have continued to support the Regional Trauma System at an increasing loss. The Report verifies that collective Costs since 2016 have conservatively totaled \$225,117 and combined Trauma Center Revenue has totaled \$115,000. We have therefore had to absorb \$99,359 out of the General Fund budget net positive position. This is unsustainable and if no new revenue is secured annually, NCEMS must discontinue the Trauma System or face critical fiscal shortfall or collapse.

**IX. Other Issues:** As an appointed member of EMSAAC, Executive Director will continue to participate in the process to update Trauma Regulations and provide opportunities for rural and regional participation in the review process. NCEMS Executive Director Larry Karsteadt served as the rural EMSAAC representative on the last Trauma Regulation revision.